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Exploring the Behavioral Health Clinician Shortage at a Rural Midwestern U.S. Agency

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MS, Murray State University, 2014

BS, University of Phoenix, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

Behavioral health clinician shortages are a significant and ongoing problem in the United States, especially in rural areas, which have higher rates of homelessness, suicide, substance use, and violence rates than urban areas. The purpose of this qualitative case study was to explore factors contributing to the behavioral health clinician shortage in a rural midwestern U.S. public health department. The goal was to gain a better understanding of this shortage and explore strategies and solutions for recruiting and retaining behavioral health clinicians at the agency's facilities. The Baldrige excellence framework undergirded the investigation. Data sources included interviews with three administrative staff, archival data from the organization, agency websites, and data from a review of scholarly literature. Results indicated several factors impacting clinician recruitment and retention, including salary, qualifications, credentials, distance, and lack of applicants. Recommendations included developing and implementing a phased recruitment and retention strategic plan over a 1-year period. Study findings may contribute to positive social change by suggesting approaches for recruiting and retaining behavioral health clinicians in rural areas. Implementing these approaches could reduce clinician burnout from high caseloads, billing demands, and complex clients and promote retaining these health care providers. This could foster better access to clinical services, which could lead to reductions in mental health hospitalizations, incarcerations, homelessness, and suicides, which continue to be increasing concerns in rural areas.

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Dedication

This study is dedicated to all the behavioral health clinicians who devote their time to providing care and support for those struggling daily to make their way through life. I hope you feel supported and appreciated for the difficult work you do as you continue changing one life at a time. This is also dedicated to those who are struggling to find the care and support they need. It is my hope that you will find that support.

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My doctoral journey has been the most challenging endeavor in my life thus far, filled with moments of second-guessing myself and of self-reflection I did not always want to see. However, I had an excellent support team. To my best friend and loving husband, Jim, who stood beside me, forever cheering me on and lifting me up. Jim, without you I honestly think I would have given up months ago. Thank you for the shoulder to cry on and the ear to vent my frustrations. This would not have been possible without your love and support. To my son, Tim, thank you for being there with the much-needed distractions to keep balance in my life when I struggled to stay standing. To my bonus daughter, Dawn, who continues to provide me with inspiration to better myself. I am so thankful to have you in my cheering section. It means the world to me. To my mom, Vicki, I cannot thank you enough for your unconditional love and support. I appreciate your continued words of encouragement. To my dad, Steve, thank you for always being there for me to give me love, support, encouragement, and a good laugh when I sometimes wanted to cry. I am eternally grateful to have such loving and caring parents.

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Section 1a: The Behavioral Health Organization

Introduction

The behavioral health organization (BHO) that served as the site for this study is a rural for-profit public health department located in the midwestern United States. I gathered background information for Agency A from various sources, including personal communications, email correspondence, website searches, and social media. At the time of this study, Agency A had six locations serving four counties, with its main office located in a rural midwestern town. The agency provides many services to the community, including public health services, environmental health services, health education, substance use prevention and recovery, and behavioral health services for adults, children, and adolescents. Agency A also provides after-hours crisis services to the community for people struggling with various problems. The agency's website notes that the goal of crisis interventions is to relieve distress in clients by helping them use various coping skills to the point of emotional regulation or to facilitate hospital admittance if clients are unable to regulate or are having suicidal ideation.

According to Agency A's website, the organization was founded in 1952 as a public health department and expanded to provide behavioral health services in 1972. The agency began with three locations that served three counties. It has expanded rapidly since 1972 to its current size and reach. Because it is a public health department, the agency has led the fight in its service area against the COVID-19 pandemic, providing screening, current information, updates, vaccines, and education on the virus, it notes on its website.

On its website, Agency A also stated that its mission is to provide human services that support and enhance the lives of individuals, families, and groups in its service area. The director of the adult mental health division for the agency noted that the organization is moving toward becoming a health home facility by integrating behavioral health and medical health services to provide a more comprehensive approach to wellness in the community. Agency A recently received a CCBHC grant to further increase community access to mental health and substance use disorder treatment and to improve the quality of these services, the director of the adult mental health division noted. The agency is the leader in its area for the services it provides to the community.

Agency A has a continuous quality improvement (CQI) committee as part of its commitment to deliver quality service, improve client outcomes, and build organizational excellence, according to the agency's website. The committee meets monthly to review and discuss statistics on various agency elements to ensure the agency meets its highest standards and stays on track with its goals according to its strategic plan. The strategic plan is evaluated annually and adjusted if necessary.

According to its website, Agency A provides services ranging from public health, environmental health, and behavioral health to health education and integrated health care programs. As such, its workforce consists of employees with a variety of skills. With six separate locations, many employees are needed to cover all positions. Administration consists of the CEO, the chief financial officer (CFO), the chief information officer (CIO), a public health administrator, and four directors. The four directors cover the agency's four main departments: adult mental health, youth and adolescent mental health,

nursing, and administration. An agency psychologist and the agency's computer technician complete the administration staff, according to the agency's website.

At the time of this study, Agency A needed more employees to fill the positions created by its ongoing expansion since 1972. The CEO indicated a shortage of behavioral health clinicians, including employees who provide prevention, intervention, and treatment services and various forms of rehabilitation for mental health diagnoses and substance use problems at Agency A's facilities. The CEO further indicated that the agency had over 200 employees across its facilities.

The agency continues to struggle to find qualified applicants for open positions, particularly for behavioral health services, according to the CEO. Agency A's website job openings page listed 17 open positions in July 2022; however, the listings for behavioral health positions have been there since at least January 2022. The CEO also planned to hire over 70 new employees for positions that will be created as part of a planned expansion.

Practice Problem

The practice problem is that Agency A continues to experience a shortage of behavioral health clinicians in its facilities. This shortage creates an issue for the organization and the community in that it limits the number of consumers with mental health diagnoses who can be effectively served. It also affects employees' abilities to maintain efficient and effective levels of assistance as staffing shortages often result in higher caseloads and difficulties for employees in managing their duties.

In this study, I explored the contributing factors to the behavioral health clinician shortage in Agency A. I used the study results to provide recommendations to the agency

for resolving this issue. Research prior to the COVID-19 pandemic indicated that the behavioral health field was in the middle of a crisis in terms of available qualified behavioral health clinicians to meet the demands of those needing help (Beck, Mandersheid, et al., 2018). In 2016, some midwestern states reported an overwhelming need for behavioral services in three quarters of their counties (Nayar et al., 2016).

Throughout the 2000s, changes in behavioral health services, as well as various forms of health care reform, contributed to increases in the availability and need for mental health services and providers in the United States (Beck, Singer, et al., 2018). Not only did the need for behavioral services rapidly increase since 2000, the onset of the COVID-19 pandemic in early 2020 introduced additional stressors for the health care workforce and the population at large (Krider & Parker, 2021). Issues related to the pandemic heightened the demand for qualified clinicians to meet patient needs (Tucker et al., 2020).

One of the COVID-19 protocols led to many people being released from prisons and jails as a way to limit or prevent transmission due to the close contacts in these facilities (Krider & Parker, 2021). Many areas stipulated that inmates being released must seek out behavioral health services, which also contributed to an already massive shortage of qualified clinicians (Krider & Parker, 2021). In 2018, Beck, Singer, et al. reported a behavioral workforce shortage in the United States that could be considered at crisis level. The shortage could be partially attributed to a lack of clinicians but also an uneven distribution of clinicians, which has left some communities, particularly in rural areas, without any behavioral health providers (Beck, Singer, et al., 2018). With many of the COVID-19 protocols put into place in 2020, the behavioral health clinician shortage

became even more difficult to navigate for those in rural areas where in-person and on-site mental health service access was already more limited (Krider & Parker, 2021).

Beck, Manderscheid, et al. (2018) reported that more than 40,000,000 U.S. adults had a mental health diagnosis in 2018. Major depression, specifically, continues to grow in the youth population, and these numbers continue to rise with COVID-19 still being prevalent (Acuff et al., 2022). Death by overdose, primarily from opioid misuse, tripled between 1999 and 2016 (Beck, Manderscheid, et al., 2018). By the end of 2020, alcohol use had increased substantially as people were struggling with the stress of COVID-19, social isolation, and financial difficulties that arose for those who either could not work or were let go from their jobs (Acuff et al., 2022).

Prior to COVID-19 and into 2022, primary care physicians became more focused on the behavioral health needs of their caseloads as well, which leads to higher referrals to behavioral health facilities (Bukach et al., 2017). Also, following the passage of the Affordable Care Act in 2014, more people were likely to seek mental illness and substance use disorder treatment (Bukach et al., 2017). These factors may have contributed to an increase in needed behavioral health services beginning in the mid-2010s, and the need continues to increase.

Agency A has continued to expand its services since 1972, with the most extensive expansion occurring since 2017. It now needs more employees to fill the necessary positions. The CEO directly indicated a shortage of behavioral health clinicians at the facility, and the agency continues to struggle to find qualified applicants for the positions needing to be filled. The following practice-focused question, which reflects the concern Agency A's CEO identified during preliminary interviews, underpinned this

study: What factors are contributing to the difficulties in finding and retaining qualified behavioral health clinicians in this rural midwestern U.S. public health department?

Purpose

The purpose of this qualitative case study was to explore factors contributing to the behavioral health clinician shortage in a rural midwestern U.S. public health department. The goal was to gain a better understanding of this shortage and explore strategies and solutions for recruiting and retaining behavioral health clinicians at the agency's facilities. Using the Baldrige excellence framework (Baldrige Performance Excellence Program, 2021), I conducted a case study of the agency to better understand its strengths and weaknesses and to assist the agency with the continuing problem of clinician shortages in this community. The Baldrige excellence framework consists of seven criteria for assessing organizational effectiveness: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results (Baldrige Performance Excellence Program, 2021). The framework is used to educate organization leaders on best practices and empower them to meet goals and expectations, to improve outcomes, and to become more competitive with others in its field (Baldrige Performance Excellence Program, 2021).

I used the framework to systematically identify Agency A's strengths and limitations that may be contributing to its leaders' difficulties in recruiting and retaining behavioral health clinicians. The goal was to provide agency leaders with strategies and practical solutions to this problem. I mainly drew from the Workforce Engagement section of the Baldrige excellence framework as my key focus was on the clinicians and how the organization interacts with them.

I conducted interviews with the CEO, the director of the adult behavioral health division, and the human resources (HR) specialist at Agency A to gather primary data. Topics of interest included how the agency advertises for employment, responses from potential employees, desired employee qualifications, and trends in employee recruitment and retention since 2017. Secondary data, which were redacted, included

- employee qualifications for various positions,
- employee exit interview information to possibly shed light on reasons clinicians leave the facility,
- the ratio of submitted applications to new hires from 2017 to 2022 (including how many potential employees went through the interview process), and
- consumer satisfaction surveys to determine possible issues between employees and consumers.

I gathered these secondary data to identify factors that may affect the likelihood of qualified clinicians applying for positions at the facility.

Significance

The present study focused on the lack of qualified behavioral health clinicians at a rural midwestern U.S. public health department and the barriers contributing to this shortage. Exploring barriers to recruiting and retaining qualified clinicians could provide strategies and solutions that organizational leaders, at Agency A and elsewhere in the United States, can use to secure the numbers of qualified behavioral health clinicians needed to meet community demands for mental health and/or substance use treatment. The quality and effectiveness of the behavioral health services may improve when there are an adequate number of clinicians to meet community needs and when these clinicians

do not have extremely high caseloads. This may further ensure consumers are able to return to a level of daily functioning that satisfies them.

Research has shown that if behavioral health clinicians have high caseloads, they also tend to be overextended, stressed, and more dissatisfied with their jobs. These issues can lead to negative effects on consumers, as the employees are not providing the best service possible (Bukach, 2017). Developing strategies for recruiting and retaining qualified behavioral health clinicians may improve Agency A's ability to provide the best service possible to its community and result in more of the community reaching out for behavioral health assistance.

Summary and Transition

Agency A, a rural community and public health department in the midwestern United States, struggles with clinician shortages in its behavioral health department. This is a growing problem for the agency as well as in the midwestern United States in general since the early 2010s and has now risen to what some researchers refer to as crisis-level proportions (Beck, Manderscheid, et al., 2018). The focus of the present case study was on exploring Agency A's strengths and weaknesses regarding recruiting and retaining behavioral health clinicians by researching factors contributing to the behavioral health clinician shortage in rural areas in the midwestern United States. The goal was to use the information gathered on these factors to provide strategies and practical solutions to Agency A that could help the organization's leaders manage clinician shortage problems.

In Section 1b, I provide further organizational information about Agency A. The information in the section includes profile information and organizational key factors regarding background, environment, structure, and processes. The Baldrige excellence

framework (Baldrige Performance Excellence Program, 2021) was used as a guide in compiling this profile.

Section 1b: Organizational Profile

Introduction

The description of Agency A in Section 1a is integral to understanding the organization's environment and work processes and its employee makeup. This contextual information is a critical element of this qualitative exploration of the behavioral health clinician shortage in this rural midwestern U.S. public health department. In this section, I provide a more comprehensive discussion of Agency A, including key factors of strategic importance. Details are provided on Agency A's services for its clients and community, its strategic direction, mission statement, its vision for the future, and the values it upholds in serving the community. Agency A's need for this study is summarized. I also discuss the relationship of the identified problem areas in the organization to this study's practice problem.

Organizational Profile and Key Factors

Agency A provides many services to the community throughout its six locations, including behavioral health services for adults, children, and adolescents; substance use prevention and recovery services, including group counseling; health education, including several evidence-based groups involving diabetes education, stress management, and other health-related classes; environmental health services involving a food service program, a sewage program, and solid waste management; and public health services, including family case management, immunization, a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, home health services, and COVID-19 education. Key areas of strategic importance include using CCBHC grant funds to foster a more comprehensive approach to wellness for the

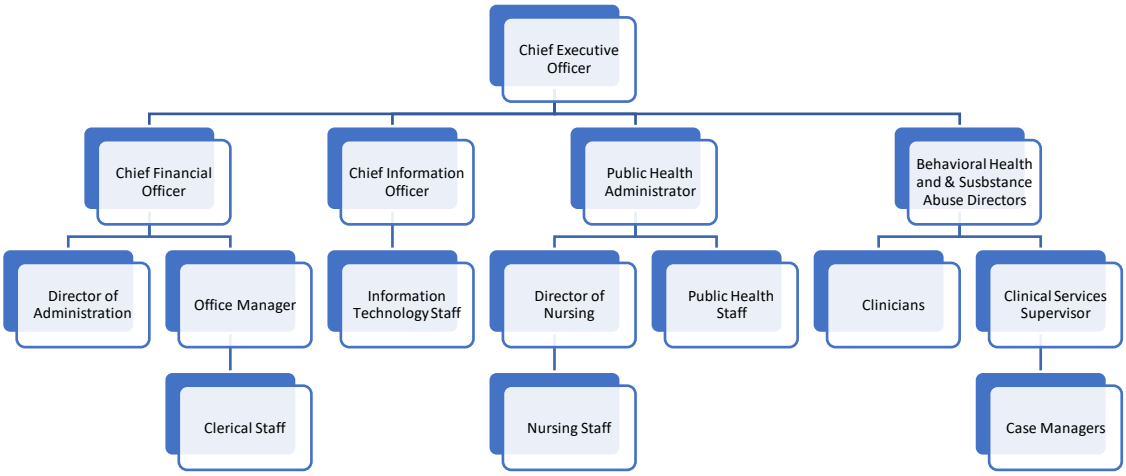
agency's stakeholders. Leaders also want to use the CCBHC grant funds to further increase access to mental health and substance use disorder treatment in the community and improve the quality of these services. Agency leaders place significant importance on its CQI initiatives to ensure that the agency provides quality services to the community. These factors drive the organization's vision for the future of wellness in the community it serves. Per its mission statement, Agency A is "dedicated to providing human services that support and enhance the lives of individuals, families, and groups in [location redacted]."

Organizational Structure

At the time of this study, Agency A employed approximately 200 full-time employees across all six locations, including administrators, behavioral health and substance use clinicians, nurses, community support team members, and office staff. The agency's organizational chart is shown in Figure 1. Agency leaders use this structure to implement both long-term and short-term organizational goals.

Figure 1

Agency Organizational Chart



The organizational structure, which I obtained through personal communications with the CEO and from data available on the agency website, is as follows:

- The CEO serves as the overseer of the entire facility and provides management and leadership for Agency A. She provides the backbone of the organization and supervises all staff.
- The CFO performs administrative duties involving accounting services and supervises all office staff.
- The CIO oversees technical and informational needs for the agency, which include anything concerning network and internet needs and electronic health record software issues as well as providing support for the other information technology employees at Agency A.
- The public health administrator is the facility's supervisor for all employees and provides public health services, including environmental health services.

- The directors of behavioral health services, both the adult and child-adolescent divisions, supervise mental health clinicians in these divisions. The directors of nursing and administrative services supervise their respective employees in these divisions.
- Mental health and substance use clinicians provide services directly to clients needing therapy for various behavioral health diagnoses and/or substance-related services.
- Community support staff, including the case management supervisor, provide a wide range of services to agency clients needing a higher level of care.
- The office manager and other clerical staff provide services to the clients from a frontline perspective. They are often clients' first contacts with the agency.

Organizational Background and Context

Agency A is a public health department that provides a wide range of services to the surrounding community. Employees provide therapeutic services to clients, both individually and in group settings, who are struggling with mental health disorders, substance use issues, judicial issues, and Department of Child and Family Services (DCFS) involvement. Staff members provide various educational opportunities regarding public health, environmental health, and overall physical well-being through a variety of evidence-based informed groups to assist clients with chronic health issues. Agency A also advocates for many people in the community who are struggling with various forms of oppression by providing presentations, fundraising, resourcing, and giving them a voice.

Agency A continues to grow and add more services annually. Organization leaders works closely with many local and state businesses and organizations to further meet client needs. By gathering information regarding Agency A's staff, I sought to provide a better understanding of the organization's challenges in acquiring and retaining employees. This knowledge reinforces the significance and importance of exploring the practice problem.

Summary and Transition

In summation, Agency A, a public health department in a rural area in the midwestern United States, is a significant source of health and wellness solutions in the communities it serves. Agency A's administrative personnel indicated that the organization struggles to find and retain enough qualified behavioral health clinicians to meet community needs, as more people are needing mental health care, particularly in rural areas of the midwestern United States. In the next section, I discuss the literature that helped to inform this study, including research on the behavioral health clinician shortage, particularly in community and public health organizations and specifically in rural areas of the midwestern United States.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The practice problem that led to this study is the ongoing behavioral health clinician shortage in rural areas in the midwestern United States. Growing numbers of people in these areas, specifically individuals living in lower-income housing, are attempting to cope with mental health problems and seeking help. However, few treatment options exist, due in part to the shortage of qualified behavioral health clinicians (Snell-Rood & Carpenter-Song, 2018).

Many researchers have focused on the behavioral health clinician shortage in the United States, but few have focused specifically on this issue as it affects rural areas in the midwestern United States. Even fewer have focused on community and/or public health with respect to engaging an adequate clinical workforce. This gap in the research has resulted in a lack of information regarding the behavioral health clinician shortage in rural areas of the midwestern United States, specifically in community and/or public health facilities. I conducted the present study to narrow this knowledge gap and provide data to inform practical solutions to the problem.

Supporting Literature

I searched databases available in Walden University's Library and the search engine Google Scholar for scholarly literature related to the practice problem. Searches were limited to peer-reviewed materials published from 2016 to 2022. Seminal sources on the research methodology for the study were also included. Table 1 is a summary of the search tools and terms used for the literature search.

Table 1

Databases, Search Engines, and Terms Used to Conduct Research

Database or search engine	Search term
ScienceDirect Gale Academic OneFile Select MEDLINE ProQuest (all databases)	Behavioral health workforce and definition or define or meaning or description, behavioral health and workforce and shortage, behavioral health services and COVID-19 or coronavirus
Google Scholar	Case study research design and methods and Robert K. Yin
Education Source	COVID-19 pandemic and mental health or behavioral health
CINAHL Plus	Behavioral health and rural areas or rural communities
Sage Publications	Qualitative research and Ravitch & Carl
Complementary Index	Behavioral health and burnout, behavioral health and attrition or retention or turnover and Midwest, counselor or therapist or psychologist and behavioral health and shortage
ERIC	Shortage and behavioral health and community-based, effects of impact or consequences and behavioral health shortage, behavioral health and attrition or retention or turnover and Midwest
Public Health Education Source Supplemental Index	Counselor or therapist or psychologist and behavioral health and shortage, behavioral health and acquisition or retention or attrition

Mental illness issues in the United States have increased since the 1980s (Nayar et al., 2017). These issues have become even more prominent recently, due in part to the distressing news seen daily on social media and television, culminating with the COVID-19 pandemic that has transformed life since late 2019. The pandemic brought a unique set of stressors, including unemployment, food insecurity, social isolation, and school closures (Morse & Dell, 2021). There were increases in reported anxiety, depression, stress symptoms, and alcohol and/or substance use behaviors, particularly between March

and April 2020 when the pandemic first came to the forefront of the world's attention (Lamar et al., 2021).

In times of infectious disease outbreaks such as the current pandemic, feeling safe becomes more difficult. Not feeling safe can contribute to feelings of despair, anxiety, depression, and posttraumatic distress symptomatology with both the general population as well as health care and behavioral health providers (Morse & Dell, 2021). Symptomatology increased with increased exposure to COVID-19-focused social media, which tended to amplify the seriousness of the pandemic (Morse & Dell, 2021). The pandemic also possibly led those with existing serious mental health issues to be at higher risk for exacerbated health conditions, which in turn can affect mental illness status (Morse & Dell, 2021).

With the upsurge in mental health difficulties comes the need for qualified behavioral health clinicians to assist and treat those having these difficulties. The increased need for mental health care could lead to a decrease in the number of available clinicians to provide the needed services. Clinicians also have a higher risk of experiencing symptoms of burnout, emotional exhaustion, and lowered skill efficacy (Morse & Dell, 2021), which may lead them to no longer provide services, thus contributing to the behavioral health clinician shortage.

To better understand potential shortages in available clinicians, it may be helpful to define what constitutes a qualified clinician. The broadest definition of the behavioral health workforce includes anyone who provides services designed to prevent and/or treat mental health and substance use disorders (Beck, Singer, et al., 2018). This includes psychiatrists, psychologists, social workers, counselors, therapists, community

rehabilitation clinicians, behavior analysts, substance abuse counselors, and many other licensed mental health practitioners. Primary care providers, nurses, nurse practitioners, and pharmacists with specializations in behavioral health can also be included in this definition (Nayar et al., 2017), considering that many therapeutic mental health interventions occur in primary care settings (Al Achkar et al., 2020).

Currently, many people seek behavioral health treatment from primary care providers. This pattern is more evident in rural areas than in urban areas partly because of a lack of mental health and substance use disorder specialty services in the rural United States (Al Achkar et al., 2020). As such, most of the treatment in primary care settings is pharmacotherapy, with little other therapeutic intervention (Snell-Rood & Carpenter-Song, 2018). When primary care providers attempt to make referrals to behavioral health treatment centers, more than half of those with mental health illnesses sometimes go unserved, are unable to follow through with the referral, or return to their primary care provider for help because they are still distressed (Lloyd-Hazlett et al., 2020).

Mental health concerns do not necessarily occur more often in rural areas compared to metropolitan areas. Rates between the two are comparable (Tarlow et al., 2020). Fewer than 20% of U.S. residents live in rural locations. However, these rural areas represent more than 85% of behavioral health clinician shortage areas in the United States (Tarlow et al., 2020). Untreated and undiagnosed mental health issues among rural residents are high, due in part to geographic inaccessibility to qualified behavioral health clinicians (Tarlow et al., 2020). People with behavioral health difficulties in rural areas are at higher risk for poor outcomes, including substance abuse and suicide (Dan et al.,

2020). Suicide rates are higher in rural areas, particularly in the midwestern United States, as firearm access is higher in these communities (Tarlow et al., 2020).

The stigma around mental health illness is stronger in the rural United States as well, which also may contribute to the reasons why people seek treatment with their primary care providers. These providers tend to be generalists, as opposed to specialists, due to the wide range of presenting symptoms they typically treat (Dan et al., 2020), which can lead to misdiagnosis, particularly with mental health diagnoses. Rural areas in the midwestern United States have poorer economies, more dead-end jobs, higher unemployment levels, higher poverty levels, and higher young adult pregnancy levels (Snell-Rood & Carpenter-Song, 2018), all of which increase the stigma about behavioral health problems as stereotypical of this U.S. region. It is common for clients/patients to succumb to pressure of this stigma and cope with medication alone because of their wanting immediate help without worrying about possible ridicule from others if seeking regular therapeutic intervention (Snell-Rood & Carpenter-Song, 2018).

Sources of Evidence

Data collection for the present qualitative case study included interviews with Agency A's CEO, the HR specialist, directors of the adult behavioral health and the child-adolescent behavioral health division, and the director of the substance abuse division. I designed the interview questions to gather information on Agency A's behavioral health division and the perceived clinician shortage, with the goal of better understanding the problem, Agency A's experiences with the problem, and possible organizational solutions for the problem. I also collected redacted secondary data, including expected qualifications for potential clinicians in the behavioral health division

and clinician exit interviews. These data provided relevant information on difficulties in clinician recruitment and patterns with turnover.

I also made a request for the number of applications submitted for the behavioral health clinician positions from 2017 to 2022 and the number of new hires during the same time frame. This information, combined with information gathered from the interviews with the directors of the behavioral health division regarding hiring decisions, provided a more thorough exploration into the problem from the point of application submittal to the hiring process. This information also provided insight on whether there were too few applications being submitted or not enough qualified prospective clinicians applying in the first place.

Leadership Strategy and Assessment

Agency A's governing body includes the organization's administration; stakeholders, including community members; and the board of health in the tri-county area. There are 10 administrative positions, including the organization's CEO. Regarding stakeholders, there are several collaborative organizations that aid Agency A. The actual governing body is the board of health in the agency's region. Funding comes from several sources, as noted in Agency A's annual report. Grants account for the biggest percentage, with Medicaid a close second. Societal responsibility, regarding the board of health's role, is significant.

Because Agency A is a public health department, it provides many health benefits for the community, of which the board of health leads. Agency A is responsible for environmental, public, behavioral, and food service health in the community. The agency

is a leader in its community for COVID-19-related information, including providing vaccines and up-to-date information, facts, and figures daily.

Agency A's leadership indicated that they set goals that align with the agency vision. Plans for executing the plan to reach these goals have been demanding and challenging for Agency A since 2017. With the agency's vision constantly at the forefront of importance, the organization relies on educating and training staff in leadership positions to ensure board members stay up to date. The energy and the passion of the board members, the community, and its partners are relied upon as well as a form of support for providing assets necessary for Agency A to reach its goals. Agency personnel have implemented many innovative programs, including outreach events, housing aid, and transportation, to work toward achieving the goals in the agency's strategic plan.

Clients/Population Served

Agency A provides services to clients in a tri-county area. The agency serves all age groups, including infants, who are seen in the public health department for various wellness checks, immunizations, and other services related to the baby's well-being. Clients seek a variety of services from the agency, such as mental health therapy, substance use counseling, home health services, vaccinations, WIC and other public health needs, crisis invention, parenting classes, and evidence-based wellness groups. The agency also provides various community support services, including supportive employment, housing assistance, transportation services for existing clients, medication management, and much more. Agency A accepts private pay for insurance, but the majority of the agency's clients have Medicaid. The agency does not accept Medicare.

Agency A's first contact with clients can come in several forms. Referrals from outside personnel and facilities, which could include primary care physicians, schools, the DCFS, and probation and/or parole offices, are the most common. Clients can also walk in or call to enroll in services themselves. The enrollment process begins when reception staff takes down the client's information and the reason for enrollment. If the client wishes to enroll in mental health or substance abuse services, an appointment with an assessment specialist is made to collect information from the client regarding the problem areas. The client is then assigned to a therapist or counselor. To provide the best service possible for its clients, Agency A frequently provides existing clients with satisfaction surveys and other ways for clients to express any concerns about their treatment or service in the organization.

As Agency A is a public health department serving several counties, the organization has a strong presence in the community. The agency provides many services that are not readily available elsewhere, such as environmental services. The food service program is designed to eliminate factors leading to food-borne illness through regular inspection of food service establishments. The agency's water program works with the state public health department to test for chemical and bacterial components in the area water and uses treatments to make the water safe to drink. The sewage program works to prevent disease due to improper sewage handling. The broad reach of its services garners significant exposure for Agency A, resulting in many people wanting to seek out these and other services, such as behavioral health, substance abuse counseling, public health, and health education. Because of Agency A's strong presence, referrals to the agency are frequently made by primary care groups, hospitals, the DCFS, and probation offices.

Agency A organizes several community-based events to raise awareness on many medical and mental health issues. These events are well attended, according to the CEO. The agency has a social media presence, which includes the company website, a Facebook page, and an Instagram account. Flyers, posters, and banners posted around the community promote agency events. Job opportunities are advertised through a local newspaper. All of these initiatives give the agency community exposure. Referrals for clients to other services provided by the agency when requested or needed are common. For example, a client who is enrolled in mental health therapy may be referred by the therapist to the agency's psychiatrist for medication. The referrals help clients receive the help they need from the agency, which in turn helps to build solid relationships between the clients and Agency A.

Analytical Strategy

Approval from Walden University's institutional review board was obtained prior to conducting this study. Following approval, data involving the agency's employee and service needs, present and future goals for expansion, leadership roles and strategies, and some budgeting/financial information were gathered through personal communications, email correspondence, and various forms and surveys provided by the HR specialist.

Participants and Procedures

Structured interviews with three key administrative staff members, including the CEO, were primary data source on the agency's inner workings. I obtained written informed consent from each participant before the interviews. The participants were chosen based on their leadership roles in the organization and their direct experiences with the practice problem of the shortage of behavioral health clinicians at Agency A.

Interviews with these individuals were scheduled via email and conducted based on the participant's availability. Interview questions were carefully developed to reflect both information from preliminary interviews and from the literature reviewed. The questions were then revised to elicit information specific to the practice problem. I transcribed the interviews. Participants reviewed their respective transcripts.

Summary and Transition

The behavioral health clinician shortage is a problem, particularly for community public health facilities in rural areas of the midwestern United States. Agency A leadership indicated this shortage being one of the most difficult problems they face. The CEO speculated on reasons for the problem, specifically in the agency, but also stressed that the shortage is an ongoing problem in the region. The ongoing shortage leads to higher caseloads for clinicians currently employed at the organization but has the potential for much greater problems with the employees, for the employer, and for client care.

The present study was conducted to explore the practice problem of the shortage of behavioral health clinicians at Agency A to provide a more detailed picture of the problem and to explore explanations and strategies for addressing the shortage. Literature searches revealed a number of possible reasons for the clinician shortage, including a lack of qualified clinicians available in this area, lower pay grades, clinician burnout, and less-than-desirable work environments. Findings in the research reviewed also suggested that this problem may not be specific to rural areas of the midwestern United States but could be considered a problem nationwide.

In Section 3, I examine Agency A's analytical strategy, workforce and operations, and knowledge management to determine how they relate to the practice problem indicated by the organization's leadership. Information on the agency's recruitment and training approaches, workforce support and supervision, and workforce communication provide further insights into the organization.

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

Introduction

Agency A is a community public health facility that provides numerous services, including mental health and substance abuse services, to residents in a rural tri-county area in the midwestern United States. The practice problem was staffing shortages at the agency. The shortage reflects a behavioral health clinician shortage in rural areas of the midwestern United States. Staffing shortages in Agency A's clinical services were the present study's focus. The practice-focused question was, what factors contribute to the difficulties a rural midwestern U.S. public health department has experienced in finding and retaining qualified behavioral health clinicians?

Evidence sources for this study included local and state government websites, Agency A's website and social media presence, and information gathered through interviews with several administrative personnel. I also accessed strategic planning information and organizational performance data from Agency A's CQI department. HR staff provided several documents regarding new employee orientation and satisfaction and a copy of the exit interview questions given to those who had recently left the agency. I was denied access to the answers to the exit interview questions, however. These data provided important information needed to address the practice problem.

I transcribed the administrative staff interviews and uploaded the text into NVivo coding software for the purpose of identifying themes among the interviewees' responses. These themes were created using both automated and manual coding techniques, which allowed for a more thorough data analysis. I entered key words and phrases into a word

cloud application, accessed through the wordclouds.com web site to generate emerging themes and identify the words that appeared most frequently throughout the interviews. I used the following words to narrow the focus to the identified themes: salary, qualifications and credentials, lack of applicants, and distance. I discuss this process in more detail in Section 4.

Analysis of the Organization

Agency A has provided behavioral health services since 1972. It has become a leading organization, in terms of behavioral health, in its community, and its leaders continue to build its workforce and its available services to provide a well-rounded mental health resource in its community. In this subsection, I address behavioral health clinician shortages in the midwestern United States and how they have affected Agency A. In doing so, I focus on Agency A's workforce operations and knowledge management.

Workforce and Operations

Agency A provides some information on its public website regarding employment incentives, which includes a generous benefits package. The organization provides a retirement fund; health insurance; a 35-hr workweek with a 4-day option; and an abundance of paid time off, including vacation days that increase over time, sick days, a personal day, and 15 paid holidays. The number of paid holidays is unusual in Agency A's service area. According to research gathered from other nearby facilities' benefits listed on their web sites, ten to 12 days are rare; 15 are rarely available. Salaries are based on education and experience, which encourages employees to further their education and build seniority. The employee handbook indicates that bonuses are provided for years of

service given to the agency as an employee. The handbook also mentions bereavement pay for extended family.

Agency A provides supervision to its behavioral health staff and encourages and facilitates ongoing training, both in the agency and from outside training opportunities. Agency A encourages internship experiences to assist student behavioral health clinicians, which often results in the interns becoming full-time employees at the agency following graduation. Recent grant awards have resulted in rapid employment increases in some Agency A departments. However, a shortage remained in the behavioral health department as of April 2022.

Salaries paid at Agency A are not public information, but the agency's handbook provides some information on salaries. Although the agency attempts to provide competitive salaries, they are below average overall. However, the administrative staff has indicated that many employees who leave Agency A for better pay return because of the facility's supportive and family-oriented atmosphere. Administration also reported that the agency provides many incentives for educational and career advancement of its employees. Administrative staff have considered the below average salaries as a potential roadblock in attaining and retaining qualified behavioral health clinicians; these issues constituted the practice problem in this study.

According to Agency A's website, the organization's administration consists of the CEO, the CFO, the CIO, a public health administrator, four directors to cover their four main departments (adult mental health, youth and adolescent mental health, nursing, and administration), an agency psychologist, and a computer technician. The CEO earned a master's degree in rehabilitation administration and completed the Harvard Kennedy

School Executive Education program. She is a licensed clinical professional counselor, a certified rehabilitation counselor, and a licensed social worker. Behavioral health clinicians at Agency A are required to hold at least a bachelor's degree in a psychology- or social work-related field, with preference toward licensure and master's-degree qualifications. Those clinicians providing therapy require a master's degree. These are the organization's requirements as stipulated by the Medicaid program. Agency leaders continue to encourage employees to further their knowledge by offering incentives to those furthering their education, certifications, and licensures, as well as offering opportunities for a multitude of trainings.

I had access to limited information regarding budget operations, and I found only a few pieces of information through an internet search. However, the CEO indicated that Agency A was doing well financially and had received several large grants since 2018. The reported receipt of grants explains the continued development of new departments in the organization and its plans for building more office space to accommodate the numbers of new employees the agency expects to hire within the next year.

Workforce Recruitment and Training

Agency A uses several recruitment strategies, including advertisements in the local newspaper, posts on social media, job listings on its website, and an employee referral program or word of mouth. The agency also frequently offers college internships, which may lead to permanent employment if the student so chooses. Despite Agency A's concerted recruitment efforts, and although it has an excellent recruitment rate for various other departments, the behavioral health division is struggling with a low application rate of qualified behavioral health clinicians to fill available positions. This issue further

confirms the need to explore the identified practice problem to provide agency leaders with some possible strategies to address it.

Workforce Support and Supervision

Agency A has a caring, family-oriented environment that welcomes both its employees and the community. Through correspondence with the CEO, including direct contact during an interview, as well as through various videos posted on the organization's social media pages, I observed obvious and genuine care and concern for the employees and clientele. The CEO stated many times how much she appreciates all of the agency's employees for their arduous work. She also makes it a point to connect and engage with employees as often as she can to support them and address any concerns they may have with the organization or otherwise. Those in administrative roles are helpful and willing to listen to employee issues, providing both support and constructive criticism through annual employee evaluation and continued supervision.

The family-oriented office leads to many opportunities for group employee activities and group employee interaction. An agency tenet is that a happy employee is a productive, effective, and efficient employee. Until COVID-19 put some limitations on gatherings, Agency A hosted various get-togethers, including employee/company picnics, annual Christmas parties, and lunch-time events including birthday celebrations, baby showers, and other celebrations for the employees. The CEO frequently addresses the importance of employee fellowship to continue ensuring that staff feels their work life is as comfortable and supportive as possible.

As mentioned in the Workforce and Operations subsection, the company's benefits package exceeds those of other organizations providing similar services. In

keeping with the organization's goals of having happy and healthy employees, Agency A provides generous paid vacation days, accrued monthly, and sick leave starting the first year of employment and increasing with length of employment. The agency also provides employees with 15 paid holidays every year. Finally, the organization also offers 4-day work week options for flexible work weeks. This encourages and promotes staff to consider their personal mental and physical well-being.

Searches for publicly available information on Agency A's workforce engagement led to some employee reviews on several websites. There were some recurring critiques that indicated positive workforce engagement. Many current and/or former employees mentioned the benefits package. In comparison to similar facilities in Agency A's area, the agency has an excellent benefits package, including many paid days off, 4-day work week options, and flexible schedules to suit employees' needs.

The next positive recurring critique involved the workplace atmosphere. Many of the reviewers mentioned the camaraderie and family-oriented atmosphere at Agency A. There were also some negative reviews, most of which focused on below average pay. This information seems integral to the current practice problem of a clinician shortage, as it speaks to how the company attempts to encourage potential employees to accept the hire offer and then to stay.

Workforce Communication

During an interview, Agency A's CEO indicated her pride in how the agency's employees work with its clients. There are several divisions in the organization in which the employees work very closely with clients, and empathy is necessary in building the rapport needed to create positive and professional relationships between employees and

clients, according to the CEO. The agency works closely with several local and state affiliates to collaborate and provide support, education, and advocacy for numerous causes, including child and domestic abuse awareness, substance addiction and recovery, gambling addiction, and child and family services needs and requirements. Personnel also advocate for oppressed populations such as those who are lesbian, gay, bisexual, transgender, and queer/questioning; people of color; Indigenous people; people experiencing homelessness, people with criminal backgrounds, and those with mental health illnesses.

Knowledge Management

Agency A's CQI plan provides both quantitative and qualitative output incorporating the facility's strategic initiatives and mission statement to build a level of organizational excellence needed to ensure the delivery of quality services. These efforts help to produce continued improvement of client outcomes. The CQI committee includes directors of the various behavioral health departments, the CFO, and a few other employees. This allows for input from nonadministrative staff.

These meetings occur monthly, and then quarterly updates are reported to the board of directors. Deficiencies in any of the measurable areas are promptly addressed, and the team works diligently to make improvements. Behavioral health clinicians are frequently assessed to ensure they carry out work processes in a timely and quality fashion. Program directors make it a point to address any problems in a timely manner to further ensure that clients get the most effective and efficient care possible.

Summary and Transition

In Section 3, I provided an overview of Agency A's workforce, including an assessment of the agency's methods for building a supportive and effective workforce environment, an evaluation of the organization's engagement of staff to achieve a high-performance workforce environment, and a description of the facility's continuous improvement of work processes and available services. Furthermore, this section included synthesized information on how Agency A's leaders measure, analyze, and improve their organization performance. The result of this assessment is that Agency A has created a workforce environment that supports its employees in many ways, including the encouragement of continuous opportunities for training and advancement, the availability of a generous benefits package, ongoing supervision, and a family-oriented workplace environment. The organization further strives to maintain an efficient and quality level of care for its clients and staff.

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

Introduction

The purpose of this qualitative case study was to explore the behavioral health clinician shortage in a rural midwestern U.S. public health agency. Study participants were three administrative team leaders at the host organization, Agency A, a community mental health facility in the aforementioned U.S. region. The study focus was on gaining a better understanding of shortages in rural midwestern U.S. community health organizations by investigating the experiences with clinician attainment and retention of leaders at one agency. I also investigated how the agency functions, how the study's practice problem influences this agency, and what steps the agency's leaders may take to improve behavioral health clinician attainment and retainment.

I began this study by focusing on the practice problem of the behavioral health clinician shortage and searching databases for related literature. I developed a set of practice problem-related questions for interviews with Agency A's administrative staff and collected information from other sources of evidence, including the agency's website and online social media presence. These sources provided a wealth of information about the agency, including its mission statement, services provided, administrative team members, and CQI operations.

I interviewed three agency leaders to obtain additional information on how the agency handles issues related to the practice problem. Agency A's HR specialist provided several documents, including a list of the qualifications of new clinician hires, a follow-up letter that HR provides to new employees after they are hired, a survey given to

employees after 90 days (about 3 months) for organization evaluation, and an employee exit checklist for clinicians who leave the facility.

The Baldrige excellence framework consists of seven criteria for assessing organizational effectiveness: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results (Baldrige Performance Excellence Program, 2021). The framework is used to educate organization leaders on best practices and empower them to meet goals and expectations, improve outcomes, and become more competitive with others in their field (Baldrige Performance Excellence Program, 2021). I used the framework to assess Agency A systemically for efficiency and effectiveness, particularly as they relate to the practice problem, to identify strengths and limitations in the organization that contribute to difficulties in recruiting and retaining behavioral health clinicians.

Analysis, Results, and Implications

I transcribed my interviews with Agency A's behavioral health leaders and uploaded the text to NVivo coding software, which provides both automated and manual management options for thematic data coding (QSR International, 2022). Using NVivo's automated coding facilitated creating categories or nodes and identifying themes to see patterns of words and phrases in these interviews. Manual coding of the transcribed interviews allowed for identifying themes that the automated coding may not have recognized.

The patterns of words and phrases revealed a series of emerging themes, which I entered into a word cloud application. This application provided a visual interpretation of the most frequently used words in the interviews: shortage, salary, requirements,

credentials, barriers, lack of applicants, distance, travel, benefits, and family. Words used slightly less frequently included incentives, culture, recruit, and advertise. Secondary data helped to strengthen the value of the emerging themes as they related to this study. I discuss these themes in more detail next.

Emerging Theme 1: Salary

Salary was the first theme to emerge and was identified as the biggest factor in both recruiting and retaining behavioral health clinicians at Agency A. All interviewees indicated that potential applicants who refused hiring offers tended to do so because the salary was less than that in other offers made to them. The agency leaders also indicated that salary was a common theme in the exit interviews that HR staff conduct with employees who leave the agency.

In her interview, the CEO stated that many other agencies statewide were experiencing similar problems, resulting in competition between the agencies.

> Everybody ha[s] raised their base range salaries, and then other providers would raise it a little more and everybody's in this. I'll raise mine and then you have to raise yours a little more than mine. And then everybody is kind of in that race, if you will, and it's like you would never be able to be stabilized.

The CEO added that salary was only one aspect of employment. The following excerpt from her interview illustrates how important she believes the work environment is. The excerpt also illustrates her perception that it provides a space where the employees feel comfortable and connected with each other, providing a family away from home. She believes Agency A's work environment further helps employees find meaning in their jobs.

> Then you look at culture, and what can we do to create not just more benefits, but a work environment where people want to come where they want to stay where they feel like it's their family and feel like the work that they do is very meaningful.

Emerging Theme 2: Qualifications and Credentials

The second emerging theme was difficulty in finding qualified applicants with the required credentials. Both the job descriptions provided by the HR specialist and the interviewees indicated that many applicants for behavioral health clinician positions do not have the qualifications Agency A requires. Agency A's director of adult behavioral health indicated that the agency recently changed its qualifications to meet the new qualifications required by the Medicaid program. The qualifications changed from a minimum of a bachelor's degree to a minimum of a master's degree, with a preference for licensed applicants. The director indicated that several of the last applicants she reviewed only had a bachelor's degree, which disqualified these individuals from the position.

When asked about how the decision was made for requirements for any given position at the facility, the CEO stated, "The majority of the time it is established for us because our agency is involved with a grant, whether it's an existing contract or a new project, you have to submit job descriptions and classifications of positions" to meet the requirements of the grant. She also indicated that the agency has been "hiring smart, and that all new staff we bring on are very qualified and committed."

Emerging Theme 3: Lack of Applicants

The third emerging theme indicated a lack of applicants for the behavioral health clinician positions available at Agency A. All three of the agency's administrative staff mentioned this in their interviews. Each spoke of noticing a decline in the number of applicants for these positions over the course of a 5-year period from 2017, before COVID-19, to 2022. The HR specialist noted a decline in applications for every position.

Emerging Theme 4: Distance

Theme 4 involved distance. Agency A is a rural organization and is located many miles from the nearest 4-year university. Its location limits options for applicants who may be coming into the workforce right after graduation, as the distance to work may be too great. Also, more seasoned applicants may not want long commutes to work. The director of adult behavioral health stated, "Our agency has grown to probably 225 employees. So, we've pretty much exhausted the workforce in our area. So, you know, we have to look for other areas."

Client Programs and Services

Agency A has undergone many changes in the last 2 years. It has expanded its number of facilities to accommodate more counties in the area. It has received several grants, which have led to major changes in how the agency works with clients. It is taking a more integrated approach to clients, combining both mental well-being and medical health, to better serve more client needs. These expansions have necessitated hiring many new employees, many of whom were not in clinician roles but more in medical/nursing or public health roles. Because of these expansions, the organization is currently planning an expansion of its primary office to accommodate the influx of new employees. Agency

A provides a well-rounded set of services to the community, including adult and child/adolescent behavioral health, substance use prevention and recovery, public health, environmental health programs, a health care integration program, and health education. It also provides case management, community support, and psychological and psychiatric services. Assertive community treatment services are also available for clients needing more elevated levels of care due to having more unpredictable and pervasive needs and who have persistent or more serious mental illnesses, multiple diagnoses, and/or co-occurring disorders with the goal of providing them more stability (Lesser, 2021).

Telehealth services are a major change that resulted from the COVID-19 pandemic. Agency A offered some clients the option for occasional telephonic sessions prior to the pandemic. After the onset of the pandemic in March 2020, the agency implemented rules and regulations allowing clients to receive services only via telehealth during the pandemic. This initiative resulted in significant opportunities for the agency to reach more clients. Those in the community who struggled with social anxiety or agoraphobia and had difficulty leaving their homes or being around people in a waiting room setting no longer had to address their problems by themselves. Others who worried about or feared the stigma surrounding mental health could seek services from the privacy of their homes without concerns of encountering people they know in the waiting room. Another bonus for telehealth clients is that transportation was no longer a hinderance, although Agency A does provide transportation to clients if needed and when possible.

Client-Focused Results

Agency A's leadership did not provide much information in the way of client-focused results. However, they did indicate surveying clients at certain times to gather perceptions of care and satisfaction with services provided by the organization. They noted that only a few people at the facility see this information, and it is confidential, so I was unable to access it. I gathered some information regarding client satisfaction from the internet and social media.

Agency A does use its measurements from its CQI community to view results that are client focused, but again, this was not something leadership readily shared. Clinicians frequently administer various measures individually with clients to assess improvement and for treatment planning purposes. However, the clinicians decide which measures to use for these purposes.

Workforce-Focused Results

Through reviewing information on the agency's website and interviews with the leaders, I was able to access several sources of evidence, including clinician requirements, employee benefits packages, and various surveys. I was not allowed access to the actual exit interviews due to confidentiality. However, I was given a checklist of questions asked during the interview. I was also provided access to a follow-up letter HR provides to employees after they are hired and a survey given to employees after 90 days (about 3 months), which again did not include any completed surveys but only the questions asked.

Several recurring themes appeared. One involved the benefits package. All administrators emphasized that the organization's benefits package is far above average

for the area. The HR specialist also talked about how she strongly stresses the importance of the retirement plan to new employees, particularly to younger employees who may not be thinking about retirement yet.

The second theme involved the work environment. Again, all administrators talked about how much they work to keep the workforce environment friendly, family oriented, and nurturing. They all mentioned employees telling them that this type of environment contributed to their long-time employment with the agency. Agency A administrators also indicated that they welcome and encourage continued training and require regular supervision to ensure clients receive the most effective and efficient care. From the information gathered, wages appeared to be the biggest issue in finding qualified applicants, although the CEO stressed that the organization has worked diligently to establish more comparable wages to other facilities in the area.

Leadership and Governance Results

Administration at Agency A consists of the following: a CEO, a CFO, a public health administrator, a CIO, directors of adult and child-adolescent services, an agency psychologist, a director of nursing, a director of administrative services, and a computer technician/webmaster. The agency is governed by the board of health for its tri-county area and a board for behavioral health services in its community. The organization's CQI plan incorporates strategic planning and initiatives as well as its mission statement to provide quality services to provide continually improving client outcomes. CQI workgroups meet monthly to discuss initiatives, after which they report results to the board of directors on a quarterly basis.

The agency leaders indicated their pride in maintaining an employee-friendly environment. As such, administrative staff are open to ideas and suggestions from the other staff members on how improvements might be made. Collaboration is emphasized throughout the organization. The agency has state regulations to follow regarding licensure, insurance compliance, and, most recently, COVID-19 protocols. The CEO frequently attends conferences and other events held in the state to ensure compliance and to further educate herself on ways to expand the organization to better serve the community.

Financial Performance Results

As this study was an exploration of the behavioral health clinician shortage, financial reports were not made available to me. However, the CEO noted that Agency A recently received several major grants, which allowed making major expansions in its facilities and workforce. These expansions include the upcoming construction of a new building on the same property as the agency's main office, which is intended to help address the problem of space for current and future employees. Agency A's main office currently struggles to make room for current employees, and several employees must share offices, particularly employees in other departments not directly related to behavioral health. The CEO was excited about the growth and what it will mean for the organization as well as the community.

The CEO also addressed the insurance aspect of the organization's financial health. Aside from grant money, most of the organization's funding comes from Medicaid, as Agency A accepts Medicaid from its clients as a means of payment for all

services currently offered. Some clients do pay by other means, but Medicaid is the predominant form of payment for services rendered, according to the CEO.

Potential Impact—Individual, Community, and Positive Social Change

Agency A continues its strong focus on the substance abuse crisis. It recently opened the Recovery Resource Center, also referred to as the Recovery Harbor, designed to serve as a hub for information and resource linkage and provide access to substance abuse treatment and recovery support services, including group counseling. As methamphetamine addiction is an escalating problem in the United States (Hansen et al., 2021), the agency provides the Anchor Program, available through the Recovery Harbor, which helps program participants and their loved ones gain a better understanding of addiction and the paths available for beginning the recovery process.

Because the organization recognizes addiction as chronic, it stresses the necessity for lifetime addiction treatment and management. This program consists of an interdisciplinary team of qualified professionals who work to ensure patients receive help in all aspects of their addiction as well as any co-occurring disorders present. The Anchor Program is a 16-week intensive outpatient program, consisting of 9 treatment hours weekly. It provides assistance in the following areas: detox, medication-assisted treatment, mental health treatment, medical care referrals as needed, harm reduction services, strategies for craving management, blood pressure monitoring, community support, drug testing, a crisis hotline, and family support/treatment.

Agency A also has a strong team of employees who provide health education to individuals in the community. The agency recently partnered with the Illinois Tobacco Quit Line to further provide education and resources to people wanting to quit. It

provides evidence-based group counseling for clients with diabetes, chronic disease, or other medical conditions. The evidence-based Coordinated Approach to Child Health program coordinates with schools to promote healthy choices with both food and exercise and to prevent tobacco use in children. All of these programs and others available through Agency A have positive social change implications for the well-being of individuals, families, and the community. The organization's focus on the substance abuse epidemic and its attention to prevention services for youth through education and interaction could lead to positive social change in many areas, including reductions in crime, alcohol/substance use, and homelessness.

Strengths and Limitations of the Study

Strengths

The Baldrige excellence framework provided the foundation for analysis in the present study. This framework is a nationally recognized model that is used to evaluate a health care organization's business practices per the following dimensions: leadership; strategy; customers; measurement, analysis, and knowledge management; workforce; operations; and results (Baldrige Performance Excellence Program, 2021). Using these criteria to analyze Agency A provided a solid foundation for this study and resulted in findings that helped to inform suggestions to help the organization be aware of and improve any weaknesses in its structure and/or limitations among administrative staff. The findings may also assist agency leaders in improving their ability to meet, and possibly exceed, goals set forth in the organization's strategic plan, which include client-oriented outcomes such as increased efficiency, effectiveness, and quality of care for its clients and the surrounding community.

Interviews with three key leaders in the organization were conducted, transcribed and participant confirmed for authenticity. Because the agency leaders all had long employment histories with the organization, their knowledge of the agency's inner workings was vast, which provided more insights into potential barriers to recruitment and retention of behavioral health clinicians in the agency. I also gathered information through Agency A's website and a few documents provided by the HR specialist to fill gaps in information not provided by the interview participants. As I was also an Agency A employee at the time of this study, I took great care to prevent researcher bias and to ensure that only information gathered through the aforementioned sources, and not from any personal knowledge I had of the agency, was used during this study.

Limitations

The small sample size in this study was a limitation, as small samples affect generalizability regarding internal and external validity (Murphy et al., 2017). This study reflected case study design; as such, only one organization was involved. Furthermore, only three leaders were interviewed, all from the same organization. These interviews focused on the experiences of these three specific leaders and may not apply to other leaders at this facility or administrative staff within other similar organizations. Furthermore, as I focused on processes as opposed to outcomes, the findings, although appropriate for this study's purpose, may not be generalizable to other agencies.

Restricted access to the organization's data was a key limitation. Only a few forms were made available to me. Some of the data requested were confidential; as such, they were not available to me. The HR specialist stated that only two people view the

information to ensure anonymity for exit interviews. Information from these interviews may have shed some light on the thoughts of employees leaving the organization.

As previously noted, I was an employee of the organization at the time of this study, and as such I demonstrated reflexivity by examining any judgments, biases, or belief systems I may have that could have affected study outcomes. These examinations included my positionality in the agency as an employee with existing knowledge of the organization prior to the study in comparison to my role as a researcher.

The goal of these examinations was to identify possible relational conflicts during the research and to ensure that my influence over interviewees was limited. I noted my thoughts during the interviews and continually asked myself questions about my subjectivity. Because qualitative research is contextual, acknowledging the relationship between myself and the study participants increased the credibility of the findings while also providing a deeper understanding of the research (Dodgson, 2019).

Summary and Transition

I provided information on data analysis and results in Section 4. I also discussed implications of the data and their possible impact on social change. Analysis of the interviews and secondary data provided by Agency A indicated four emerging themes that could be barriers to recruiting and retaining behavioral health clinicians: salary, qualifications and credentials, lack of applicants, and distance. I broke down the results into client focused, workforce focused, leadership and governance, and finance.

This section also contained discussions on this study's implications for the organization and the community it serves. I also discussed study strengths and limitations. In Section 5, I present recommendations and possible solutions, which

include implementing a phased implementation plan. I also explore possible areas for future research that may expand on the present study's findings.

Section 5: Recommendations and Conclusion

In Section 5, I use the data analysis results reported in Section 4, including interview transcriptions from several administrative staff and various forms and surveys, to provide recommendations and conclusions regarding this study's practice problem of barriers to recruiting and retaining behavioral health clinicians at the participating site, Agency A. I also discuss the potential implications for positive social change of increasing recruitment and retention of qualified, effective, and efficient behavioral health clinicians. The following is a detailed description of these recommendations and conclusions.

Recommendations

Behavioral Health Care Organization Recommendations

Agency A offers many services to clients in its surrounding counties, including public health, environmental health, and health education as well as behavioral health services for children, adolescents, and adults and substance use counseling and prevention services. The clinicians working at this organization provide various forms of treatment for individuals struggling with mental health issues, including depression, anxiety, schizophrenia, and posttraumatic stress disorder, according to the agency's website. They also treat co-occurring disorders involving addictions and substance use.

Interviews with agency leaders indicated difficulties in finding, recruiting, and retaining qualified behavioral health clinicians in this area. There has been an overwhelming need for mental health services since the onset of COVID-19 in 2020. Administrative staff further indicated that some of the barriers to hiring new staff included salary, lack of credentials and qualifications, distance, and lack of applicants.

My recommendations involve introducing change to Agency A in the processes they currently use to find and recruit behavioral health clinicians. A focus on the idea and implementation of change, rather than developing an elaborate plan to present to the organization, may be less daunting and overwhelming to the administrators, who may be more receptive to this focus. In creating the recommendations, I used McNamara's (2006) suggested criteria for helping agency leaders feel empowered to make positive changes in their facilities. When organization leaders have a better idea of where the agency's current limitations are, they may be more capable of making improvements and strengthening the organization.

Workforce Environment, Engagement, and Training

When meeting with Agency A's leaders, I found they all felt very strongly about the camaraderie and family-oriented workforce environment at the agency. Some said that even though the organization may struggle to provide competitive pay, its family-focused environment often draws new employees in and keeps existing employees working there. Furthermore, the CEO indicated that she attempts to stay as engaged as possible with the staff and to convey to them how appreciated they are for what they do. Continual training is encouraged at the facility, and annual employee evaluations are used to assess for any areas where improvement is needed. These areas are not topics for recommendations of change.

However, moving forward, implementing the following plan will require active engagement from the administrative team as well as other staff involved in making the recommended changes. This engagement should also include communication with the rest of the staff to ensure employees will be properly informed and trained in the new

policies and procedures that will be used to improve recruitment. Informing staff of changes that may improve employees wanting to stay at the organization may also improve retention of said employees.

Regarding workforce environment, recommendations include creating stronger and more consistent communication between the administration and the rest of staff in the organization regarding the benefits package, which may strengthen recruitment and retention efforts (Maczuga, 2021). The HR specialist indicated that she makes it a point to highlight certain benefits she sees as important to new hires, such as stressing the importance of the retirement plan to the younger employees. Younger adults may not yet see the importance of a retirement plan or do not have knowledge or the understanding of the importance of creating a retirement plan at a young age (Forster et al., 2019). Aside from this initial mention of benefits, there is no indication of ongoing correspondence with staff to revisit and possibly revise the employee's needs with benefits such as this.

I recommend that regular email announcements, possibly quarterly or annually, be sent to existing employees to highlight possible changes to the benefits package and/or to remind employees to revisit or revise their benefits as needed according to their current circumstances. The website could also be updated to highlight the benefits package for potential employees. Administrative staff stated in their interviews how important they viewed their benefits package to be. Increasing the benefit package's visibility may make the organization more appealing for those looking to gain employment with the organization and may be seen as helpful to existing staff, as a comprehensive benefits package indicates to employees that the organization cares about them and their families (Uzma et al., 2020).

Leadership and Governance

There does not seem to be an inherently obvious issue with leadership and/or governance regarding the practice problem in this study. Simply put, administration may just need to know more about the problem and how to address it. I offer the following recommendations to help leadership staff better understand areas in which they may want to work on improving their ability to recruit and retain clinicians in the behavioral health department. I will address these areas when I present the executive summary to the agency's CEO.

Recommended Implementation

The recommendation for Agency A for addressing the shortage of behavioral health clinicians is to identify and create a team that could develop a strategic plan for recruiting qualified clinicians and retaining existing clinicians. Once a solid plan of action is created, implementation can begin. Developing the team and implementing the strategic plan should happen in phases, which could streamline the process and make it more efficient. This approach would also allow for regular review of the plan and help keep the plan effective and result oriented. Table 2 shows the recommended phases and time line.

Table 2

Phases and Implementation Time Line

Phase	Description	Time frame
1	Create team/identify leader.	Month 1
2	Develop strategic plan.	Month 2
3	Focus on recruitment strategies.	Month 3
4	Focus on retention strategies.	Month 4
5	Implement strategic plan.	Month 5
6	Engage in a 3-month assessment/evaluation.	Month 8
7	Make changes to accommodate limitations or weaknesses.	Month 9
8	Reevaluate plan on a quarterly basis in the first year after implementation and annually thereafter.	Months 12, 15, 18, 21, and 24, then annually

Phase 1 would involve creating the team and identifying a team leader. The team leader would be responsible for setting goals for each meeting, assigning roles for all members, delegating tasks to each member of the team, using the recommendations and brainstorming sessions to develop the finalized strategic plan, and ensuring planning and implementation continue to move forward smoothly and in a timely manner throughout the developmental stages of the plan as well as the implementation of the plan. The team leader would also be responsible for weekly progress reports to Agency A's administrative staff during the beginning planning stages and monthly reports after implementing the strategic plan begins.

To ensure several perspectives for strategic planning, the team should include members from various educational backgrounds and professional expertise—for example, business management, case management, recruitment, clinical psychology, and

social work. Members should be recruited both internally and externally to account for internal bias and to gather external perspectives. It is important that staff members from the behavioral health department, namely the director and an existing clinician, be a part of this team, as well as at least one of Agency A's administrative team.

Strategic plan development begins in Phase 2. As discussed in Section 4, barriers to recruiting and retaining behavioral health clinicians included salary, qualifications, credentials, distance, and lack of applicants. These barriers should be prioritized as the focus of the strategic plan. An assessment plan should also be created and implemented to facilitate evaluating the efficiency and effectiveness of strategies used to overcome these identified barriers.

Phase 3 focuses on the recruitment strategies that will be used to account for the identified barriers and what these strategies will look like for the implementation phase. The director of behavioral health at Agency A indicated in her interview that it seemed as if the organization had nearly exhausted pool of possible qualified candidates in the area. Because of this, recruitment strategies may include looking outside of this area. COVID-19 restrictions increased telehealth needs at Agency A. Expanding recruitment efforts to other parts of the United States could result in a larger pool of potential employees.

Other strategies for recruiting candidates outside of Agency A's area may include motivational incentives for relocation to work at the organization. Individuals have different thoughts on what is considered an incentive, and as such, an organization may need a variety of incentives for personal and professional growth. These may include monetary incentives, such as a sign-on bonus, relocation assistance, student loan payoff assistance, a holiday bonus, or more personal incentives such as a fitness center

membership, supplementary health insurance, or life insurance (Ozimec & Lisanin, 2011). Locale might be an incentive for qualified clinicians who are burned out from working in larger cities and who are looking for opportunities in areas with friendlier, slower-moving atmospheres, particularly after COVID-19 (Szilagyi, 2021).

Phase 4 focuses on identifying strategies for retaining employees at Agency A. Expanding on the recommendations regarding benefit packages, research indicates that motivational packages positively affect clinical staff performance (Uzma et al., 2020). Employees are motivated by recognition, which can not only improve performance but may also encourage employees to stay at the organization. Incentives such as advancement options, career support, encouragement to further education and certification in different specializations, recognition and appreciation incentives, bonuses, and student loan assistance are just a few possible items to consider in building a motivational package (see Uzma et al., 2020). Once administration approves the strategies, they can proceed in Phase 5 to implementing the plan.

Phase 6 involves the assessment and evaluation process. The team will use the evaluation and assessment tools developed for this initiative to ensure that the new strategic plan is helping facility leaders find and keep employees in the behavioral health department. Assessment and evaluation may include surveying employees for input on their experiences as staff, surveying clients to assess their perceptions of care, and gathering outside data to assess competitiveness between Agency A and similar facilities. In Phase 7, the team compiles and analyzes the data gathered in Phase 6 and accommodates limitations and weaknesses in the plan by making changes where necessary.

Phase 8 is for ongoing evaluation of the plan to ensure its success and/or make changes where needed to optimize the plan. Reevaluation should happen quarterly during Year 1 to quickly address any problems that might occur and get the plan back on track. After quarterly evaluation during Year 1, the plan should be evaluated annually. Adjustments should be made as needed following each evaluation, to ensure success in recruiting and retaining behavioral health clinicians.

Social Impact

The practice problem for this study was the ongoing shortage of behavioral health clinicians at the participating organization, a rural midwestern U.S. public health agency. This shortage creates an issue for the organization and the community in that it limits the number of consumers with behavioral health issues the agency can effectively serve. It also affects employees' abilities to maintain efficient and effective assistance levels as staffing shortages often result in higher caseloads and employees struggling to manage their duties.

About 20% of the U.S. population lives in rural locations. Of them, approximately 20%, almost 6,500,000, struggle with mental illness (Morales et al., 2020). The prevalence of mental health disorders is similar when comparing urban and rural locations in the United States. However, people in rural areas are less likely to receive adequate behavioral health care, and when they do, it more frequently occurs with primary care providers, who have less training in psychiatric treatment (Morales et al., 2020).

Throughout the 2000s, changes in behavioral health services and various forms of health care reform contributed to an increase in the availability and need for mental

health services and providers (Beck, Singer, et al., 2018). Not only has the need for the behavioral services continued to rapidly increase since 2000, the onset of COVID-19 in early 2020 and its related stressors (Krider & Parker, 2021) caused an alarming increase in these needs, thus leading to an overwhelming demand for qualified clinicians to meet these demands (Tucker et al., 2020). As part of COVID-19 protocols, many incarcerated people were released from jails and prisons to prevent transmission of the virus, with the stipulation they seek behavioral health services. This contributed to an already significant shortage of qualified clinicians (Krider & Parker, 2021). The shortage appears to be due to the lack of clinicians and uneven distributions of clinicians, which leaves some communities, particularly rural areas, without behavioral health providers (Beck, Singer, et al., 2018).

Implementing changes in Agency A's facility to increase recruitment and retention of qualified, effective, and efficient behavioral health clinicians to serve its rural community could result in more people receiving the much-needed quality care they deserve. These changes could also lead to reductions in hospitalizations, incarcerations, homelessness, and suicides, all of which continue to be increasing concerns in rural areas. At the time of this study, hospitalizations were at an all-time high in this area, and finding beds for individuals needing psychiatric hospitalization was difficult. If clinician quality, effectiveness, and efficiency improved, the need for hospitalization to treat mental health issues might decrease.

Homelessness rates tend to be higher among people with severe mental illness diagnoses. Individuals who are homeless and struggling with mental illness are commonly stigmatized, ostracized, and isolated socially. Those without homes often

times have less access to medical and mental health services (O'Donovan et al., 2019), particularly in rural areas where access in general is more difficult. More clinician availability may also increase service access for this population. Also, suicide rates continue to increase, following the isolation brought on by COVID-19. Increased service availability may also increase suicide prevention intervention.

Further Recommendations

Although not discussed in length in this study, burnout in behavioral health clinicians, especially in public health clinics, was a recurring theme in the existing literature. Burnout is an ongoing response to persistent stressors, both interpersonal and emotional, leading to ineffectiveness, cynicism, and mental and physical exhaustion (Carmel et al., 2014). High caseloads, billing demands, and difficult or complex clients can quickly lead to burnout in these facilities. Behavioral health workforce turnover numbers, due in part to clinician burnout, are between 30%–50% annually, and in some areas the percentage rises to almost 70% (Herschell et al., 2020).

Although Agency A's CEO indicated that the organization's benefits package includes many paid holidays, vacations, and sick time, I would recommend providing onsite access to some forms of relaxation, decompression, or meditation during break times and lunches, as well as encouragement to engage in self-care outside of working hours. Ko and Lee (2021) found a correlation between self-care and burnout in counselors. The behavioral health clinicians who regularly engaged in self-care reported less burnout and less deterioration in life satisfaction.

Behavioral health clinicians, as they are considered helping professionals, are susceptible to compassion fatigue, which is similar to burnout. As such, they are

encouraged to engage in forms of self-care to mitigate or eliminate compassion fatigue (Szilagyi, 2021). Many types of self-care activities mirror activities clinicians often recommend to clients but do not engage in regularly themselves (Rivera-Kloeppel & Mendenhall, 2021).

Personal communication with Agency A's leaders indicated that prior to COVID-19, the agency frequently had lunch-and-learns featuring fun and relaxing activities. I would encourage agency leaders to revisit holding these get-togethers and reinstate them. Doing so may reduce turnover and increase retention of qualified behavioral health clinicians at the agency. Also, making these types of activities readily known as part of the benefit package to potential employees, possibly via the agency website, social media sites, and other forms of advertisement, could be an important selling point for behavioral health clinicians seeking employment.

Future Research

Because secondary data to inform this case study were somewhat limited, a suggestion for future research is to gather more data by interviewing more than three agency leaders on their perspectives regarding the behavioral health clinician shortage. Expanding the number of agency leaders interviewed may provide a more informed view on this problem. Future researchers may want to focus on the lack of qualified applicants. Existing literature provided possible explanations for this lack, including that fewer people may be furthering their education in the behavioral health field, resulting in smaller pools of qualified clinicians to manage the overwhelming need for mental health services (Beck, Manderscheid et al., 2018).

Future researchers could also focus on helping organizations formulate and implement strategies for encouraging more people to seek careers in behavioral health services, including high school presentations on the field and what it involves, opportunities for tuition reimbursement if pursuing further education in the field, and incentives for entering this type of occupation.

Finally, gathering data on behavioral health clinician salaries across several disciplines, including psychology, psychiatry, substance abuse counseling, social work, and mental health counseling, may be of value. Having more information about how salaries compare could expand on ways to improve clinician recruitment and retention. Investigating salary differences between urban and rural behavioral health organizations may also be beneficial for understanding why these shortages occur in rural areas. Also, gathering data on salary differences in public health facilities compared to other behavioral health organizations may provide further insights, answers, and potential solutions to the shortage of qualified clinicians.

Plan to Disseminate Findings and Recommendations to Organization

I plan to create a thorough, organized report, including a research summary, data analysis discovery, and proposed recommendations, for presentation to Agency A's leadership. Following the presentation to the organization, I will allot time to address questions from the administrator to further clarify any questions or concerns and to any hear comments.

Summary

The purpose of this qualitative case study was to explore the behavioral health clinician shortage in a public health agency located in the rural midwestern United States.

The reviewed literature identified some barriers to recruiting and retaining behavioral health clinicians, particularly in rural areas and in the public health realm, including lack of qualifications or credentials for the available positions. Other factors impacting this shortage included fewer people furthering their careers in the behavioral health field or not entering the field at all.

Because of the limited availability of qualified candidates in rural areas, Agency A's applicant pool remains small. Another issue was salary, which affected both recruitment and retention. The study goal was to better understand what might be contributing to this shortage in order to improve Agency A leadership's ability to recruit and retain qualified employees for its behavioral health department.

Interviews with agency leaders provided a better understanding of how this problem was unique to this facility and yielded data that were used to recommend approaches for improving Agency A's situation. The study's results also contributed to the existing literature regarding behavioral health clinician shortages in rural areas of the midwestern United States by exploring potential barriers and providing some possible solutions. Study findings could contribute to positive social change in that by understanding the shortage more fully, solutions to creating an increase in behavioral health clinicians and services could be developed, which in turn could result in more individuals having the opportunity to address their mental health issues.

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