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How Behavioral Health Leaders Overcome Barriers to Perinatal Mental and Psychoeducation

Jaime Lorraine Bailey
Walden University

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Walden University

College of Management and Human Potential

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Jaime Lorraine Bailey

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

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Walden University
2023

Abstract

How Behavioral Health Leaders Overcome Barriers to Perinatal Mental and
Psychoeducation

by

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MS, Walden University, 2013

BS, Marian University, 2009

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

Walden University

August 2023

Abstract

Behavioral health supportive services are increasingly becoming integrated into primary care settings. This study focused on strategies to strengthen the knowledge of behavioral health leaders and address the barriers to perinatal mental health support in primary care. A case study was designed to explore the obstacles behavioral health leaders faced managing the limited access to perinatal mental health care, along with the lack of provider psychoeducation on perinatal mental health, in integrated care settings in primary care. This study sought to provide options for better access and quality of care to perinatal patients and increase provider psychoeducation on perinatal mental health at a healthcare organization in the midwestern region of the United States. The core values of the Baldrige Framework were used to conceptualize the organization, explore core values, and understand critical factors to organizational success. The case study included an interview with a behavioral health leader and an analysis of secondary data provided by the organization. Findings indicated perinatal mental health services in integrated care and increased provider psychoeducation on perinatal mental were critical to increasing access to quality patient care. This case study contributes to positive social change by providing insight into the importance of provider psychoeducation on perinatal mental health and addressing barriers to treatment for perinatal patients.

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Dedication

This project is dedicated to my loving husband, Adam; my three beautiful children, Keira, Cameron, and Kyleigh; and my amazing parents, Dale and Kwei Lan.

Acknowledgments

I am sending a sincere thank you to all my family and friends for their support throughout the many years of my studies. The love and support have undoubtedly helped me reach this point in my academic career. I also want to thank all my professors throughout my undergraduate and graduate degrees for their knowledge and guidance. I especially want to thank Dr. Kristen Chesser for her expertise during this project.

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Section 1a: The Behavioral Health Organization

Introduction

A not-for-profit, academic healthcare organization located in the midwestern region of the US referred to as Behavioral Health Organization 1 (BHO1) is the focus of this study. Since becoming a healthcare organization in 1924, BHO1 has become a prominent, leading midwestern healthcare organization in the United States. BHO1 provides medical and behavioral health services to 700,000 patients each year.

The primary care, integrated behavioral health department will be the focal point of analysis. The BHO1 employs 38 primary care behavioral health clinicians within 25 primary care clinics. Primary care behavioral health clinicians supply counseling services to family medicine, general internal medicine, geriatric, and pediatric patients. Primary care behavioral health is an integrated, collaborative approach to providing mental health support to patients in a medical setting. The team consists of a behavioral health clinician, a psychiatrist, and the patient's primary care physician. Behavioral Health Clinicians are licensed mental health professionals: Psychologists (Psy.D. and Ph.D.), Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), and Licensed Marriage and Family Therapists (LMFT). BHO1 promotes healthcare services through knowledge, societal advocacy, and science. The vision of the BHO1 is to provide exceptional health care while upholding fundamental values. Additionally, BHO1 partners with a local university and medical foundation as an integrated healthcare system.

A review of the organization's employee website in September 2022 showed how the governance of BHO1 is provided by its hospitals and clinics, along with partnership with a local university's school of medicine and public health. The government and partners work with the BHO1 to provide patient care, conduct research, provide education, and serve the community.

Perinatal mental health is essential to this organization as it has become aware of barriers to mental health treatment and provides psychoeducation for perinatal patients. According to Harvey et al. (2022), prevalence of perinatal mental health among women and difficulties finding access to care are common issues. According to Postpartum Support International (2022), one in seven women suffer from postpartum depression. Daeh et al. (2022) mention that the perinatal period is a vulnerable time for women to develop mental health concerns. Often, people think about the joys and excitement of motherhood; however, the changes and challenges can present difficulties for women (Daeh et al., 2022). The changes and challenges can show symptoms during pregnancy up until 12 months after birth (Postpartum Support International, 2022). Symptoms include feeling sad, irritable, difficulty bonding with the baby, anxiety, changes in appetite, sleep disturbance, scary thoughts, feeling out of control, regrets about becoming a parent, and fear of harming self or baby (Postpartum Support International, 2022). Women that require support for perinatal mental health often go untreated (Young et al., 2019). When left untreated, women are at risk for developing adverse effects. Perinatal mental illness can cause preterm labor, low birth weight, insecure infant attachment, and child development issues (English, 2020).

Jhawar et al. (2022) provide insight into the importance of healthcare systems prioritizing services for perinatal depression due to its impact on both the mother and child. Barriers to treatment for perinatal patients include mental health awareness, failure to understand symptoms, stigma, and uncertainty about whom to contact for support (Bayrampour et al., 2018). Postpartum Support International (2022) provides insight into practical, research-based interventions that can help women recover. Primary care physicians are often the mothers' first point of contact and are uniquely positioned to provide integrated and supportive care (Crawford et al., 2022).

Practice Problem

This study will address the organizational problem of determining how primary care behavioral health leaders address barriers to treatment, as well as the limitations of psychoeducation on perinatal mental health. Though BHO1 has become a well-known healthcare organization, it still faces challenges overcoming barriers to perinatal mental health services and psychoeducation. According to Behavioral Health Leader 1 (BHL1), primary care physicians, pediatric providers, and obstetricians at the organization have been in conversation with mental health providers since 2019 about finding better ways to support perinatal patients. According to the BHL1, barriers to treatment and lack of perinatal education for providers are both problematic. The BHL1 indicates that the organization is aware of barriers to mental health treatment for perinatal patients but has not intentionally provided supportive direction to behavioral health providers.

English (2020) mentions low mental health support for perinatal women. According to Madden et al. (2018), providers report varying knowledge and practices on

the best ways to support perinatal patients. Provider education and analysis of barriers to treatment are both areas the BHO1 would like to learn more about. Although researchers have investigated this issue, additional literature or organizational practice knowledge on behavioral health leaders addressing barriers to treatment and psychoeducation of perinatal support in primary care settings is needed. The practice problem will be guided and analyzed by the following research questions:

- 1) How do behavioral health leaders strengthen knowledge of perinatal support to providers?
- 2) How do behavioral health leaders of the organization assess perinatal needs?
- 3) How are behavioral health leaders currently evaluating and addressing barriers?

Purpose

This qualitative case study aims to explore strategies to strengthen the knowledge of behavioral health leaders and address the barriers to perinatal mental health support in primary care. The Baldrige Framework of Excellence (NIST, 2021) is a tool that helps organizations learn how to improve and achieve excellence. Its core competencies emphasize visionary leadership, organizational learning, and agility (NIST, 2021). To gather data, an interview with a behavioral health leader at BHO1 will be conducted. The researcher will utilize the online employee website to gain access to BHO1's strategic plan, diversity, equity, and inclusion information, and leadership competencies. A review of BHO1'S ambulatory clinical practice guidelines will provide insight into the services of mental health patients in primary care. Using the Baldrige Framework of Excellence, the interviews and secondary data analysis will work towards answering the following:

- 1.) How does the organization assess how they provide services to perinatal patients?
- 2.) How do behavioral health leaders determine challenges?
- 3.) How do behavioral health leaders evaluate and improve current operations in perinatal support, and how are recommendations shared?
- 4.) How are learning opportunities about perinatal mental health support developed and maintained?
- 5.) How do behavioral health leaders provide resources and recommend treatment options to those providing perinatal services?

Conceptual Framework

The Baldrige Framework of Excellence will frame this study to provide opportunities for behavioral leaders to improve perinatal patient outcomes, achieve goals, and become more competitive (NIST, 2021). The Baldrige Framework of Excellence was originally formulated to enhance program results, reach goals, and help organizations become more competitive using critical criteria, values, and concepts (NIST, 2021). This capstone study will utilize Section 6 of the Baldrige Framework of Excellence: Operations. The operations category focuses on how the organization engages in the design, management, improvement, and innovation of services provided (NIST, 2021). The Baldrige Framework of Excellence operations component is designed to improve operations' effectiveness, improve patient satisfaction, and contribute to the organization's overall success (NIST, 2021). The Baldrige Framework of Excellence emphasizes how learning is vital in organizations performing well (NIST, 2021). The

study will utilize the components of the operations category and the emphasis on learning to assist behavioral health leaders in identifying barriers to treatment for perinatal patients, along with understanding the limits of perinatal psychoeducation in primary care. The Baldrige Framework of Excellence will guide this study and present operational and learning opportunities for primary care behavioral health leaders to provide valuable, accessible services to perinatal patients.

Significance

Jhavar et al. (2022) contribute insight into the significant increase in depression and anxiety symptoms among women in the perinatal period during the COVID-19 pandemic. During the COVID-19 pandemic, women were forced to give birth without their supportive partners, endured heightened fear of contracting the disease, and feared the pandemic's impact both personally and vocationally (Jhavar et al., 2022). Since the pandemic, 74% of mothers living in the United States described feeling worse mentally than before the pandemic (Jhavar et al., 2022). These data provide insight into the urgent need to develop increased psychoeducation for providers and accessible support for perinatal patients. Bayramppur et al. (2018) suggest that providers report variance in screening frequency and patterns. Additionally, Postpartum Support International (2022) describes how informed care on perinatal support can help prevent and lessen the severity of symptoms, leading to better patient outcomes.

This study is significant because it may contribute to increased knowledge about perinatal mental health and assist behavioral health leaders by providing options to address barriers to perinatal mental health treatment in primary care. Crawford et al.

(2022) state that primary care providers and behavioral health leaders can reach perinatal patients through an integrated approach. BHO1 provides integrated behavioral services and will benefit from research and recommendations on better serving perinatal patients. The proposed capstone study will contribute to positive social change by increasing behavioral health leaders' knowledge of perinatal mental health and both identifying and addressing barriers to mental health treatment for perinatal patients in primary care.

Summary

BHO1 is a large well-renowned healthcare organization that provides healthcare services to patients of all ages. A component of BHO1's community health department, integrated behavioral health, is the focus of this study. The supportive literature provides insight into how behavioral health leaders can incorporate perinatal mental health education and support in primary care settings. The capstone study will provide insight into the BHO1's organizational profile.

Section 1b: Organizational Profile

Introduction

This study will explore how behavioral health leaders address the barriers to perinatal mental health treatment and the limitations of psychoeducation on perinatal support. A thorough review of BHO1's organizational profile, including operations, structure, workplace profile, leadership competencies, and strategic plan, will be conducted to understand the organization through the conceptualization of the Baldrige Framework. A vital component of the Baldrige Framework of Excellence is the organizational profile, as it provides insight into the operations and competitiveness of the organization (NIST, 2021).

Organizational Background and Context

BHO1 started as a general hospital 98 years ago. A review of BHO1's public website described how BHO1 has collaborated with researchers and providers throughout the past century to advance service offerings and help increase the well-being of patients worldwide. According to the BHO1's public website (2022), BHO1 has been voted their state's number one healthcare system for the past decade.

History of Integrated Care

Eighty randomized trials conducted evaluations of Integrated Behavioral Health, and their meta-analyses all provide evidence that collaborative or integrated care is effective (University of Washington, 2022). Integrated care is a team-based approach to treating patients with mental health needs. The team is comprised of a primary care physician, mental health professional, and a psychiatrist. Studies confirm that integrated

care leads to increased patient and provider satisfaction, improved patient outcomes, and reduced cost of care, all of which support the triple aim of health care (University of Washington, 2022). In a random clinical trial in the 2012 Cochrane Review, collaborative care was identified as the best strategy to treat depression (University of Washington 2022). Additionally, coordinated care is linked to increased medical outcomes for patients with diabetic or cardiovascular needs, as well as patients with cancer and chronic pain (University of Washington, 2022). Simply, the integrated care approach provides access to experts and provides support for primary care providers.

In 2017, BHO1 adopted the integrated care model to increase access to team-based and collaborative services for patients and to improve behavioral health outcomes. In 2019, as a target goal for increased population health, the BHO1 piloted the integrated care program in two family medicine clinics.

Organizational Profile and Key Factors

Service Offerings

BHO1 is a nationally recognized medical center in the United States. According to BHO1'S public website, the organization has 89 hospitals and clinics that provide care to approximately 700,000 patients. BHO1's employee website states that the organization employs around 22,000 people, including 1800 physicians, 700 residents or fellows, and 1200 volunteers. The employee website says that BHO1 provides medical support, cancer centers, a large medical practice group, and a subsidiary health insurance with more than 360,000 members in the Midwestern region of the United States. BHO1's public website

further explains how the organization is affiliated with cancer centers, surgery centers, home health, infusion centers, dialysis programs, and other programs and services.

The educational requirements for staff employed at BHO1 range from a high school diploma to a Medical Doctorate (MD). BHO1 is affiliated with the local university school of medicine and provides both teaching and education to medical students. The organization also offers volunteer services. Further, the organization employs physicians, advanced practice providers, registered nurses, management, information services, and clinical and non-clinical workers. The medical foundation employs physicians that work at BHO1 and are also faculty members at the local university school of medicine and public health. Leaders at BHO1 include managers, directors, and senior leadership. Other clinical staff at BHO1 include those that work in diverse roles to assist the patient's care team. Other non-clinical staff include maintenance, culinary, environmental services, human resources, and security. According to the BHO1 public website, BHO1 is one of the top healthcare organizations in the Midwest region of the United States, and staff is motivated by BHO1 being considered a reputable workplace. Additionally, BHO1 offers competitive salaries and benefits and emphasizes the importance of the emotional well-being of its staff. The organization also focuses on research, education, innovation, equity, diversity, and inclusion. Anyone affiliated with BHO1, including staff, providers, students, and volunteers receive the COVID-19 vaccine and booster, annual influenza vaccine, and annual Tuberculosis screening.

Behavioral health providers in the integrated care department located in primary care clinics at BHO1 are Advanced Practice Providers. Staff that work in integrated care

include primary care physicians, physician assistants, nurse practitioners, psychiatrists, management, and integrated behavioral health clinicians. Integrated behavioral health clinicians' educational requirements range from a master's degree (LCSW, LPC, LMFT, LCSW) to a Doctorate (Psy.D. and Ph. D.). BHO1 places a strong emphasis on teamwork, collaboration, and motivation of staff to improve the lives of their patients. Perinatal mental health is a topic that the BHO1 can benefit from understanding more clearly. Integrated, collaborative care is essential to reaching perinatal patients and providing better care to the community (Crawford et al., 2022).

Community Health

To continue working toward their mission, vision, and values, BHO1 created a department focusing primarily on the community's health. According to the BHO1's employee website, the purpose of this department is to assist the community in living healthier lives. The department collaborates with patients and the community to ensure they receive the support they need to remain healthy. BHO1's public website explains how the organization defines the best medical care as not needing medical care at all. The organization is equally focused on prevention and providing care to save lives. Furthermore, the department of community health is tasked with improving health for individuals and communities. The community health department identifies ways to improve health through partnerships with providers and staff. The programming provided by community health occurs in hospitals and clinics at BHO1, as well as within the community and patient homes. Integrated Behavioral Health is one of the programs implemented by the community health department.

Integrated Care

Integrated behavioral health providers are employed by the medical practice group and supported by the medical foundation. Primary care behavioral health is an integrated health service in family medicine, internal medicine, geriatric, and pediatric clinics. The services are provided in 25 primary care clinics at the BHO1. Primary Care Behavioral Health providers (Ph.D., Psy.D., LPC, LCSW, LMFT) work with primary care providers and a team psychiatrist to provide brief mental health services. Integrated care at the BHO1 is an innovative way to treat depression and anxiety within primary care clinics as it uses the integrated care model to increase patient access to collaborative services. The integrated care model is cost-effective and evidence-based. The program is based on the AIMS (Advancing Integrated Mental Health Solutions) model developed at the University of Washington. According to BHL1, providers and patients received the program well. Services provided by the Integrated care team include:

- Telemedicine or office medical visits
- Thorough behavioral health assessment
- Support of the patient and family
- Treatment planning
- Coordination of care
- Brief behavioral health support
- Goal setting
- Consultation with psychiatry

The integrated care behavioral health clinician works closely with the primary care physician and team psychiatrist. The integrated care behavioral health clinician uses evidenced-based practices, behavioral activation, brief counseling (6-10 sessions), and facilitation of medication management, all while the primary care physician is responsible for and leads the identified patient's care.

Patient Eligibility

Patients eligible to engage in collaborative care must be patients of primary care physicians at BHO1. The patient needs a diagnosis of depression and anxiety with a score greater than 10 on the PHQ-9 (Patient Health Questionnaire-9) and a score greater than 10 on the GAD-7 (General Anxiety Disorder-7). Exclusion criteria include the patient already having an established psychiatrist or therapist, or having a severe and persistent mental illness (SPMI) diagnosis.

Vision, Mission, Values

According to BHO1'S public website, the exceptional care aspect of the vision at BHO1 is the center of all the services at the organization. The organization strongly emphasizes achieving its vision of providing patient care, research, innovation, education, and improving the community's well-being. The mission at BHO1 is to further enhance healthcare through the work of service, research, education, and favoring societal needs. The BHO1 has strong values that guide its mission and vision. These values include distinction, innovation, understanding, honesty, respect, responsibility, and diversity.

Integration is critical to the Baldrige Framework of Excellence (NIST, 2021). BHO1 strives to work together by sharing understanding, space, assets, and funds

through care integration. Integrated care aims to provide accessible, efficient, and affordable mental health care. Integrated care aims to improve clinical outcomes by helping patients achieve remission or a 50% reduction in depression and anxiety symptoms.

The core principles of integrated care are population management through evidenced-based practices, communication delivered promptly, patient-centered care decision-making, and honoring the culture of primary care clinics. The strategic plan prioritizes short- and long-term goals to achieve its mission, vision, and values. The BHO1's public website describes how its mission, vision, and values affect its goal as an organization (see Table 1).

Table 1

BHO1's Mission, Vision, and Values

Element	Context
Vision	Exceptional care
Mission	Enhance healthcare through service, research, education, and social needs.
Values	Distinction, Innovation, Understanding, Honesty, Respect, Responsibility, Diversity
Integrated Care	To provide accessible, efficient, affordable, collaborative mental health care for patients.

Note. Information was collected from the BHO1's 2022 website.

Strategic Plan

At BHO1, the strategic plan is revised every 1-3 years to ensure that the goals and objectives are emphasized with the importance of maintaining long-term relevance and keeping the organization at the forefront of innovation. Quarterly, leadership meets with the board of directors to set 3-5 goals, decide on initiatives, and assign responsibilities. The strategic plan is assessed periodically to ensure that the plan aligns with the current needs of the organization. During the assessment, the organization discusses ways to (a)

address social determinants of health; (b) be more inclusive and active in diversity, equity, and inclusion; (c) imagine ways to increase the quality of care; (d) embrace innovative ideas; (e) devise contagious disease management; and (f) review foundational competencies.

The strategic plan at BHO1 is centered around their patients. BHO1 strongly emphasizes patients, which is the primary reason they exist. The strategic plan is created based on the mission of the organization. The strategic plan uses the mission to ensure the developments lead to achievement and success through domains and competencies. The five domains at BHO1 include the experiences of the patient, the health of the community, distinguished services, development and advancement, and protection of the environment and community. Foundational competencies help guide the staff at BHO1 to work towards new and improved services to further their mission.

To ensure ongoing improvement and innovation of services, BHO1 has an established framework that emphasizes strategy, progress, and teamwork. According to BHO1'S employee website, the framework ensures that everyone in the organization works together to ensure safety, reliability, and high-quality patient care. The framework provides staff with guidance on using the systems and processes at BHO1 to ensure that work is done correctly.

Structure

The leadership at BHO1 is overseen by the local university's board of hospitals and clinics. Integrated Care Behavioral Health Leadership is a branch of the Chief Ambulatory Officer (See Figure 1). The Vice President of Primary Care is the Director.

The Behavioral Health Director, Behavioral Health Manager, and four Behavioral Health Supervisors are the Operational Leads. The Integrated Care Program is led by two physicians leads, one from Family Medicine and the other from Psychiatry.

Figure 1

BHO1's Leadership Structure



Note. Taken from BHO1's 2022 employee website.

Leadership Competencies

Established competencies and a framework for excellence strengthen leadership at BHO1. The evaluation of leaders is based on six core competencies. These competencies include leading with honesty, keeping a vision-focused strategy, understanding finances, advocating for innovation and change, managing the delivery of services, and acting as a leader in staff development.

Finance

BHO1'S finance department is responsible for recording, maintaining, and planning financial decisions. The fiscal year at BHO1 begins on July 1. During the year, the financial department analyzes the financial operations of BHO1 to ensure that finances align with the organization's short and long-term financial goals. BHO1 is the primary support for the school of medicine, public health, and the research department at the local university, contributing 475 million dollars. Additionally, BHO1 provides 28 million dollars to charity and an estimated community benefit of 450 million. The net revenue at BHO1 is four billion dollars.

Integrated Care Billing

The finance department considers the services integrated behavioral health clinicians provide to be billable. Integrated care accepts private insurance, Medicaid, and Medicare. Billing of services takes place monthly, and services are all billed under the patient's primary care physician.

Regulatory Requirements

According to a message from the Chief Medical Officer provided on the employee website, BHO1 strives to ensure a high ethical standard in the culture of the work environment and among the staff. The Chief Medical Officer mentions that staff at BHO1 are expected to act honestly, with integrity, and comply with laws and regulations. According to the public BHO1 website, the compliance program and the business department ensure that the organization complies with the regulatory requirements, governing its mission, vision, and values. The business department is responsible for ensuring that the programming and services provided by BHO1 comply with federal and state laws. Since BHO1 is a large organization, the business department includes five offices with unique responsibilities. These offices each focus on either the clinics and hospital, research and education services, privacy, audits that take place internally or externally, and pharmacy.

BHO1 ensures that the organization is following the regulatory requirements of documentation, coding, billing, Health Insurance Portability and Accountability Act (HIPAA), Fraud and Abuse Laws, Stark law (the prohibition of physician self-referrals), and the Anti-kickback statute (prohibition of exchange of valuable goods for a referral or business reward). Within the research office, the staff ensures that research is being conducted ethically and the research is compliant with local, state, and federal laws. The privacy office ensures that patient health information (PHI) is protected. The pharmacy office ensures that the pharmacies abide by regulations and laws associated with drug administration. The Office of Internal and External Affairs ensures that all rules and

regulations are followed by utilizing audit evaluations to ensure BHO1 complies with local, state, and federal laws and regulations.

To comply with the mission, vision, and values of BHO1, the organization has created a code of conduct and a compliance plan to ensure that work is conducted ethically. Integrated care behavioral health providers follow specific codes of ethics related to their licensure. Psychologists follow the American Psychological Association (APA) code of ethics; Licensed Professional Counselors follow the American Counseling Association code of ethics; Licensed Clinical Social Workers follow the National Association of Social Work code of ethics; and Licensed Marriage and Family Therapists follow the American Association for Marriage and Family Therapy (AAMFT) code of ethics.

Assets

BHO1 owns and operates eight hospitals, two medical centers, and 90 clinics across three states in the midwestern region of the United States. Additionally, the organization has three urgent care locations, four behavioral health locations, one community service location, one level trauma center, and one level 4 children's hospital. The organization provides 1500 licensed beds for patient care.

Summary and Transition

The structure and competitiveness of BHO1 is a vital topic leadership often addresses. The organization focuses on engaging in educational opportunities, research, innovation, and practices that closely align with its mission, vision, and values. BHO1 provides a supportive environment for ideas and free thoughts that encourage innovation.

To achieve future success, the Baldrige Framework of Excellence emphasizes the importance of leading an organization with ongoing review and changes to both the structure and culture of the organization (NIST, 2021). An essential concept of success is to ensure that innovation is supported. Perinatal mental health in primary care is an innovative service that can provide success for BHO1. The strategy at BHO1 supports the key concepts included in the Baldrige Framework of Excellence (NIST, 2021).

Engagement in strategic opportunities allows for new services and changes in current services (NIST, 2021).

The second section of this doctoral study provides a more thorough insight into the specifics of BHO1's background, approach, leadership strategy, and assessment. A more specific lens of the organization will provide knowledge on how the practice problem relates to leadership and strategy. Furthermore, Section 2 will provide a scholarly review of current literature relevant to the practice problem.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

The situation or issue that prompted me to search the literature was how behavioral health leaders approach services that provide mental health support to perinatal patients. The goal is to explore how behavioral leaders address barriers to treatment and the limitations of psychoeducation on perinatal mental health. The information collected in this study may benefit social change by increasing the knowledge of behavioral leaders on how to address barriers to perinatal mental health and improve psychoeducation. The research questions that were the focus of this research are as follows.

RQ1: How do behavioral health leaders strengthen knowledge of perinatal support to providers?

RQ2: How do behavioral health leaders of the organization assess perinatal needs?

RQ3: How are behavioral health leaders currently evaluating and addressing barriers?

To explore the research questions, Section 2 of this doctoral study includes a thorough review of BHO1's leadership strategy, patients and population served, workforce operations, and analytical strategy. I reviewed supporting literature about barriers to perinatal mental health treatment, variance in provider knowledge, perinatal psychoeducation, assessment tools, perinatal mental health in integrated care settings, and leadership strategies. Additionally, I reviewed sources of evidence at BHO1 that support

the practice problem, leadership strategy and assessment at BHO1, patients/population served at BHO1, workforce, and operations at BHO1, and provided insight into the analytical approach at BHO1.

Supporting Literature

According to Yadav (2022), a literature review in qualitative research is essential as it provides insights into high-quality current research. Articles reviewed to support and justify this case study were selected by date (2017-2022) and were scholarly peer-reviewed articles. The reports provide evidence that supports the significance of this doctoral study.

Databases used in this doctoral research were Thoreau multi-database at Walden University; APA PsycArticles; Science Direct; Supplemental Index; Academic Search Complete; Directory of Open Access Journals; MEDLINE. Keywords used in this doctoral research included *perinatal support; primary care; post-partum depression; provider competencies; barriers to treatment; patient access; Primary Care Behavioral Health; and behavioral health leadership.*

Organizational Factors Contributing to Perinatal Mental Health Services

The organizational factors contribute to perinatal mental health care barriers to treatment and the importance of provider psychoeducation. Research conducted by Smith et al. (2022) argued that women in the perinatal period are twice as likely to be diagnosed with depression or anxiety. According to the Centers for Disease and Prevention (CDC, 2021), one in every eight mothers struggle with symptoms of postpartum depression, and 20% experience suicidal ideation. In contrast, 22% meet the diagnostic criteria for Major

Depressive Disorder. The prevalence of perinatal depression is high, while treatment rates remain low (Smith et al., 2022). English (2021) described options to enhance integrated care in the United States by including integrated care in a midwife clinic in Arizona. Additionally, English (2021) provided supportive evidence of the importance of perinatal mental health services in women's health departments. Research conducted by Crawford et al. (2022) argued that many women prefer to obtain mental health support from their women's' health providers. A study by Hall et al. (2017) found that 22% liked having their reproductive provider as their primary provider for medical and mental health needs. Providers that engage in women's health services are uniquely positioned to develop connections with patients suffering from mental health concerns (Crawford et al., 2022). Research showed that an onsite therapist in women's health settings increased screening and treatment availability for perinatal patients (Holmquist et al., 2021). Holmquist et al. (2021) also found that providers and patients appreciated integrated care in women's health settings. Noonan et al. (2018) argued that primary care physicians are often placed in organized mental health support arrangements for perinatal patients. Cohesive treatment planning and patient retention were considered the best-integrated care for perinatal patients (Smith et al., 2022).

Barriers to Treatment for Perinatal Patients

Noonan et al. (2018) described a lack of resources for women needing perinatal mental health support. Smith et al. (2022) argued that barriers to mental health care for perinatal patients included provider difficulties identifying the needs, provider comfort level treating perinatal patients, minimal access and availability of care, long wait times,

and the patient not getting follow-through care. Additionally, Viveiros and Darling (2018) argued that perinatal patients struggle with fear associated with the stigma of getting mental health support, inconsistent follow-through from referrals, distance to clinics, cost, transportation, and lack of childcare as barriers to care. Furthermore, research conducted by Smith et al. (2022) argued that providers struggle with confidence in their knowledge and abilities to provide services to perinatal patients.

Provider Knowledge/Practices, Psychoeducation

Crawford et al. (2022) argued that women's health providers would benefit from behavioral health training and psychoeducation on women's mental health. Madden et al. (2018) noted that increased perinatal mental health psychoeducation for providers better-supported patients with perinatal mental health concerns. Throughout their study, Madden et al. (2018) found varying knowledge among providers on how to best support perinatal patients needing mental health support. Additionally, Noonan et al. (2018) described how providers in primary care were given diverse levels of preparation for finding and organizing mental health support for perinatal patients. Okafor et al. (2018) explained the importance of a holistic approach to treating perinatal patients and argued using the learning collaborative, which is a structured learning initiative to provide ongoing psychoeducation to improve integrated care. Research conducted by Premji et al. (2021) recommended the use of cognitive, behavioral internet-based therapy and evidence-based practices. Young et al. (2019) argued the importance of screening mothers for perinatal mental health during pediatric primary care visits. Young et al. (2019) argued that providing mental health treatment to mothers in the exact location of

their child's pediatrician contributed to more follow-through. Smith et al. (2022) claimed that insufficient screening and assessment tools to diagnose mental health needs such as anxiety and depression.

Assessment Tools

In a study conducted by Holmquist et al. (2021), researchers found that having an onsite behavioral health therapist who performed the Edinburgh Postnatal Depression Screening for perinatal depression resulted in high patient satisfaction. However, Noonan et al. (2018) argued that providers utilize no consistent tools to screen for perinatal mental health. Regardless, Premji et al. (2021) described positive results after using the perinatal depression and screening management system (PDSM). PDSM is a program that helps identify perinatal patients and includes collaboration with patients and their families, policymakers, and healthcare providers (Premji et al., 2021).

Leadership Strategies

Okafor et al. (2018) argued the importance of utilizing transformative leadership and learning collaboration to enhance integrated care, as leadership engagement is critical to decision-making and the change process in integrated care (Okafor et al., 2018). Okafor et al. (2018) emphasized the importance of transformational leadership in integrated care settings. Transformational leadership is an engaged and interactive leadership style involving leaders working with their staff to motivate one another (Okafor et al., 2018). According to Okafor et al. (2018), transformational leadership can be achieved using the learning collaborative (LC) approach. LC includes collaboration among providers focusing on patient-centered care and two or more individuals working

together to ensure that problem-solving is done collaboratively (Okafor et al., 2018). Those that organize LC develop teams that are inclusive of and offer the following:

- Individuals from multiple departments and leadership levels.
- Center their attention on provider and patient results.
- Offer training from knowledgeable sources.
- Create a system that focuses on improvement while measuring goals.
- Provides data collection and offers feedback.
- Provides teams that focus on different disciplines to work on improvements.
- Offers learning opportunities.
- Provides communication across all departments (Okafor et al., 2018).

Okafor et al. (2018) also argued that collaborative learning is a critical point of LC. In the study conducted by Okafor et al. (2018), collaborative learning was provided through the Transformative Leadership on Integrated Care Curriculum (TLIC), which aims to increase knowledge among leadership, provide skills for engaging in management that includes change and innovation, and increasingly accessible, effective practice to advance integrated care (Okafor et al., 2018). Okafor et al. (2018) argued that leadership engagement is vital to working toward transformation and change. Additionally, Okafor et al. (2018) argued that engaged leadership is required to sustain the ongoing need for improvement, and to do so, organizations need to change how decisions are made, the culture of organizations, thinking, practices, policies, and resources.

Summary of Literature Review

The literature review provided insight into the importance of increased perinatal mental health services. As shown, current literature describes how barriers to mental health treatment and lack of provider psychoeducation negatively impact patients needing perinatal mental health services. From the patient's perspective, the stigma associated with mental health, lack of transportation and childcare, costs, proximity to services, and mental illness symptoms all create treatment barriers. Furthermore, barriers to treatment from an organizational standpoint include lack of follow-through care, under-identification, lack of provider knowledge, minimal access to care, inconsistent assessment measures, and long wait times. All barriers to treatment for perinatal patients result in low treatment rates for women. Furthermore, providers across multiple disciplines report variance in knowledge and practices in treating perinatal patients; there is also inconsistency in assessment measures. Current research mentions how a lack of perinatal knowledge and consistent screening measures negatively impact patients. According to this review, insight into transformational leadership and engaged leadership strategies can provide a foundation for how BHO1 can improve integrated care practices to be accessible and effective for patients and providers. Additionally, current literature supports the importance of using collaborative learning in mental health settings.

Sources of Evidence

Sources of evidence used in this doctoral study included interviews with a behavioral health leader at BHO1 and a review of secondary data, including a review of the public and employee websites and archival data. Katz-Buonincontro (2022) argued

that interviews are an essential and valued skill for behavioral health researchers in qualitative research. The initial interview with behavioral health provided information on the problem and the purpose of the study. Additionally, preexisting/secondary data were reviewed. Madden and Tarbocia (2021) argued that the importance of secondary data analysis provides high-yielding qualitative research. In addition to the data sources noted, I will review BHO1's public and employee websites to check the strategic plan, diversity, equity, and inclusion information, leadership competencies, and ambulatory clinical practice guidelines. Post-partum Support International will also be used as an external data source.

Leadership Strategy and Assessment

Section 1.1 of the Baldrige Framework of Excellence highlights the importance of reviewing senior leadership and governance and how it contributes to organizational sustainability (NIST, 2021). The review of senior leadership explores senior leadership responsibilities and investigates how senior leadership's role impacts the organization's success, both now and in the future (NIST, 2021). Reviewing the organization's governance system is to understand how it governs itself with a review of senior leadership (NIST, 2021). Additionally, a review of the organization's governance provided insight into ensuring that its work is conducted ethically and in a way that contributes to societal needs (NIST, 2021).

Senior Leadership

Senior leadership within an organization plays a vital role in providing guidance and support based on value creation, enforcing a healthy organizational culture,

establishing and maintaining valuable connections with stakeholders, and maintaining strategies that enhance the focus and action of the organization (NIST, 2021). Executive leadership at BHO1 is made up of two leadership teams within two separate states in the midwest region of the United States. The BHO1 that is the focus of this paper is located within one state; therefore, that leadership team will be the focus of this project.

According to BHO1's public website, the current Chief Executive Officer has been in the role for over six years. Senior leadership consists multiple senior vice presidents (Chief Operating Officer; Chief Financial Officer; Chief Nurse Executive; Chief Strategy Officer; External Affairs, and Chief Legal Officer), and the Chief Clinical Officer. According to the BHO1'S website 2022, senior leaders are committed to providing excellence and proper care. The leadership at BHO1 describes multiple strengths across all administrations in the organization. Given these strengths, the leaders have developed a framework to ensure that the strengths contribute to the organization's overall success. The employee website at BHO1 states that the framework supports the organization's overall mission, and along with strategy, the framework works to strengthen leadership and the leaders included in the organization's future.

The performance management team is a consulting service offered to leaders and employees at BHO1, by which the team works with leaders and employees to resolve the workplace and measure employee satisfaction and department morale. They provide support through connection chats, which promote conversation between employees and leaders, hoping to maximize employee engagement and minimize turnover. The conversation chats are set up as one-on-one meetings between employees and leaders. In

these discussions, the employee is asked five questions about their employment. The leader and employee work together through the responses to maximize a positive working experience at BHO1. The overall goal of the conversation chat is to allow leaders to increase their understanding of any factors that may be impacting the employee's stay at BHO1, which offers opportunities to improve.

Additionally, BHO1 offers a council that consists of employees, which allows all staff to participate in conversations about promoting a positive future for BHO1. Members of this group serve rotating terms and can present feedback on current initiatives and offer insight into future endeavors. The members also act as advisors to help leaders distribute information while allowing room to bring up confidential employee concerns. During these meetings, stakeholders and senior leaders are invited, and council members can ask questions and share feedback. Meeting summaries are then distributed to departments.

BHO1 also offers an employee engagement platform. This platform is considered real-time and allows all employees the choice to discuss critical topics. These surveys are a quick and effortless way for employees to share their opinions and thoughts in a few short minutes. Staff can vote on open-ended responses that their peers provide.

Engaged Leadership

In February 2022, in a video presented by the CEO and Chief Diversity Officer, leadership created a 3-year strategic plan to align diversity, equity, and inclusion into their mission. Administration at BHO1 supports diversity, and equity, describing how they want patients, families, and staff to feel safe and respected. The CEO described this

addition as necessary to live up to the mission at BHO1. Diversity, Equity, and Inclusion (DEI) were added to the foundational competencies to ensure they improve their healthcare to meet the community's needs. This addition will help the organization meet its goal to dismantle racism on an individual, organizational, and community level. Also, the addition focuses on how to change behavioral expectations and accountability goals to be more diverse, including ongoing DEI training to staff, enhanced recruitment and retention for black, indigenous, and people of color, change work within clinical and non-clinical settings to be inclusive of a diversity and equity inclusion lens, advocate for social determinants of health, and actively engage, support, and fund organizations led by people of color.

According to BHO1's Employee website, titled "Transformational Leadership," respecting others is the foundation of the organizational mindset. To follow this mindset, transformation leaders are required to engage their staff in the change process. According to the BHO1 employee website, transformational leaders are those who:

- Openly communicate.
- Encourage employee engagement.
- Effectively manage uncertainty and conflict.
- Guide and support their staff through change.

The employee website at BHO1 explains that by acting as a transformational leader, leaders at BHO1 build on the strengths of others using leadership competencies and their commitment to respect others. According to the employee website, leaders

describe a goal to transition the culture at BHO1 to a more positive and supportive direction through leadership showing and verbalizing respectful behaviors. According to the BHO1 employee website, BHO1 adopted a transformational mindset that encourages ongoing teamwork and collaboration. While working together as a team, BHO1 described feeling confident that change can be built on the strengths of everyone. According to the employee website, BHO1 stresses the importance of leadership, being a partner, accepting and compassionate, and accepting people where they are. Additionally, the employee website at BHO1 encourages leaders to be deliberate in reaching out to others and asking about their thoughts and ideas while being open to values and opinions.

BHO1 leaders are asked to engage in the OARS Plus communication tool. The “O” stands for open-ended questions, requesting that leaders ask questions or statements. The “A” stands for affirmations, inviting leaders to show appreciation for what staff is going through. The “R” stands for reflections, which requests that leaders engage in consideration to ensure empathy and understanding while trying to understand. The “S” stands for summaries, asking that leaders summarize the discussion and gather all the information. This communication tool’s “Plus” portion allows the leader to ask questions or offer advice.

Governance

According to a letter from the CEO on BHO1’s public website, BHO1 has provided quality health care and services for decades. To ensure that BHO1 follows its mission, vision, and goals, BHO1 works closely with its governing board. According to a letter sent to employees from the CEO in 2022, the corporate governance at BHO1 works

closely with leadership at BHO1 to ensure that staff and stakeholders at BHO1 are doing their work in a highly ethical and legal manner. The description of the government states that staff and stakeholders at BHO1 are monitored to ensure they are acting with honesty and integrity and doing their work by applicable laws and regulations. In the letter sent by the CEO in 2022, the CEO describes adopting a Compliance Program to ensure that laws and regulations are being followed. The compliance program includes a code of conduct with principles that all staff and stakeholders must follow. The code of conduct describes how BHO1 achieves its mission and vision. The focus of creating a culture that is inclusive of integrity and societal responsibility is an ethically important standard in providing care to patients. It is the responsibility of each staff member and stakeholder to ensure that they act in the best manner consistent with the policies in the code of conduct. The code of conduct at BHO1 includes seven principles: rights and responsibilities of patients, ethics and legal compliance, patient privacy, interest conflicts, professional control, management of resources, and responsibility in the workforce.

Strategy

According to the Baldrige Framework of Excellence, Client-driven excellence is a critical component of strategic perfection (NIST, 2021). Patient care guides the strategic planning process at BHO1. According to BHO1's employee website, patient care is the primary reason for BHO1's existence. To ensure that BHO1 is meeting its goal, research and innovation are critical components to ensuring that the mission, vision, and values at BHO1 are prioritized to provide exceptional care to diverse populations. The strategic plan at BHO1 comprises five competencies that focus on foundation and five domains

that focus on strategy. According to the employee website, BHO1 describes how the approach prioritizes the future, but they also recognize that some areas will not change. Those areas are the foundation of the success at BHO1. The five competencies that focus on the foundation are safety and quality, employee wellbeing, diversity equity and inclusion, management of information and analysis, and the performance of finances. Through the competencies that focus on foundation, employees at BHO1 conduct innovation and achievement in 5 domains to further the mission. BHO1's employee website states that the domains include patients' experiences, the population's health, unique programs, innovation, and intellectual growth. See Table 2.

Table 2*BH01 Strategic Plan*

Domain	Goal	Strategies
Experiences of Patients	Outperform expectations are set forth for every patient and their families	Provide excellent care and access to inpatient and clinic access for all.
		Provide excellent intake and care coordination to provide patients with preferred options when seeking care.
		Provide excellent patient-focused care.
The Health of the Population	Provide valuable, accessible care that improves patient and community health.	Improve healthy, quality, and costs for patients and families through
		Continuously update the care models to correlate to community needs.
Unique Programming	Continue to develop programs that are exceptional and create outcomes that are distinctively recognized.	Increase community health access.
		Continue to develop and prioritize innovative services.
Innovation	Be the organization that is trusted to provide new services to patients.	Develop and maintain a culture that encourages engagement and innovation to advance care.
		Develop programming that fosters new ideas.
Smart Growth	Increase health access and services that connect more with the patients and the community that advance and profit the organization.	Develop programs that increase access to new health services.
		Explain how a partnership with academic health systems enhances services.
		Have leadership that partners with and builds the organization.
		Increase revenue using innovation while supporting the mission.

Note. It is taken from BH01'S 2022 employee website.

Additionally, BH01 utilizes a corporate portfolio that prioritizes initiatives to advance the organization. When considering initiatives, three requirements must be met. The initiative must be considered large scale (if minor scale, the initiative will take place at an operational level) and take place over several years. It must also consider diversity,

equity, and inclusion. It must also fall into one or more of three categories: strategic, where the work competitively places the organization in the future and achieves at least one strategic domain; transformational, where the work creates new services or transforms current services while remaining strategic; or neither strategic nor transformational but meeting other objectives to achieve best practices is essential. The work must also meet the following prioritization criteria: strategic impact, where it is essential to meet a foundational goal; patient impact, where it benefits the patient; diversity, equity, and inclusion impact; financial impact; and employee well-being impact.

Strategic Implementation

Strategic implementation is converting the strategic plan into actions that ensure that objectives and goals are successful (NIST, 2021). Community Health Improvement at BHO1 involves multiple steps before implementation takes place. Initially, the organization completes an assessment based on the community's needs, which takes place every three years to identify current health issues. The evaluation includes community input and thoroughly examining current public health data. Surveys are sent out to the community in English, Spanish, and English languages and are sent virtually. Additionally, input sessions and interviews are conducted. Once that is completed, the organization begins the process of strategy implementation. According to the BHO1 employee website, the implementation strategy includes actions, resources, planned collaboration, and determining the expected impact. The expected result has immediate, long-term, social, and economic effects. Once completed, the initiative is implemented,

while outcomes measure the impact. The implementation strategy at BHO1 includes social determinants of health, industries based on policy, prevention measures, clinical care, and individual counseling and education. Implementation of new initiatives takes place over a 3-phase timeline.

The focus areas for the 2022-2024 initiatives at BHO1 are reproductive justice, behavioral health, and chronic conditions. Behavioral health aims to increase access to mental health services and substance use disorder treatment.

Strategic Challenges

The initial interview with BHL1 identified the following strategic challenges:

- Limited access to perinatal care
- There is a massive demand for perinatal mental health treatment.
- There are multiple barriers to perinatal mental health treatment.
- The United States has the highest maternal mortality rate.
- The United States lacks support for perinatal patients compared to other countries.
- There is an under-identification of women needing perinatal mental health support.
- There is a lack of support and check-ins for new parents.
- Making changes in a large organization takes a long time.

According to BHL1, BHO1 is such a large organization that making changes takes a long time. Minor changes at BHO1 take a long time to implement, and BHL1 described how she had to change her expectations on timelines for implementation.

BHL1 stated that Behavioral Health Leaders had discussed expanding into Obstetrics and

Gynecology clinics in 2019. According to BHL1, as of June 2022, they are just starting to investigate adding a virtual support group. During discussions with Obstetrics and Gynecology in 2019, mental health support for perinatal patients was established as a high need.

Clients/Population Served

Patients at BHO1 are considered the primary focus of their services and are described as the reason BHO1 exists. The patient experience at BHO1 is one of the five domains in the strategic plan. To guarantee that BHO1 continuously provides care centered around their patients, they provide several options for patients to share their experiences. Throughout the organization, BHO1 provides surveys conducted by a team of analysts on patient experience groups, and an outside survey vending source administers some. Information gathered from patient experience surveys is utilized to ensure that the staff at BHO1 continuously improve their services. To do this, the organization focuses on:

- Collaboration with staff and providers to emphasize the importance of patient experiences.
- Enhancing communication across all departments.
- Providing results of patients' experience surveys and data analysis.
- Recognizing providers and staff that patients have shared positive experiences.
- Improving engagement amongst all healthcare staff, patients, and families.
- Engaging patients and families in an advisor program.

The patient and family advisory program is a program in which BHO1 partners with patients and their families. The program comprises more than 180 patients and family members who provide patient and family perspectives to BHO1. The program is a voluntary program where patients and their families offer:

- Their experiences and opinions on how to better improve services.
- Help develop or restructure current services.
- Help decide on education materials for staff.
- Work with hiring departments for leaders at BHO1.
- Engage in patient and family advisory meetings.

The Baldrige Framework of Excellence describes the importance of patient-focused excellence, emphasizing how patients are the experts in determining the ongoing success of an organization (NIST, 2021). Patient satisfaction is vital, and organizations must focus on building and engaging in healthy relationships with their patients (NIST, 2021). BHO1 has multiple ways to develop and maintain relationships with its patients. According to the BHO1 employee website, patient relations at BH01 work closely with patients, families, and staff to ensure that complaints or concerns are managed efficiently and resolved promptly. To do so, patient relations provide multiple services to patients and staff. The following services are provided via the public website for patients and the employee website for staff support.

- Options to respond to patient compliments and complaints.
- Options for patients and Advance Directives.
- Housing resources.

- Contingency funding.
- Transportation assistance.
- Parking permits for those with disabilities.
- Loans for equipment.
- Mediation and intervention services for patients with complex needs or family situations
- Consultation with the Ethics committee
- Financial assistance applications
- Interpreter services (for those with limited English proficiency or hard of hearing)

According to the BHO1 employee website, BHO1 strongly emphasizes building and maintaining strong community relationships. The community relations department at BHO1 donates 4 million dollars to hundreds of organizations annually. The organization describes how giving is essential to its organization. The community's needs are assessed each year through a community needs assessment. Community health and diversity, equity, and inclusion are focus areas of the community health improvement strategy at BHO1. Through collaboration with internal and external stakeholders, BHO1 works to fulfill its responsibilities to the community. Diversity, Equity, and inclusion were added to the strategic domains in 2022. According to the employee website, BHO1 strongly emphasizes dismantling racism through community investments. Through contributions to the community, BHO1 states that they build strong relationships with their stakeholders and the community.

Additionally, BHO1 provides an online EHR program that allows patients to review their charts, obtain lab results, read provider notes, and message their providers. Patients can contact their providers to ask questions and schedule/reschedule appointments through this messaging system.

The integrated care department in primary care is a service provided through the population health program at BHO1. Population health uses a care model program that includes patient identification, enrollment, and engagement. The employee website at BHO1 describes the design, including staff engagement, care design, discharge and graduation, and performance measurements. The employee website explains how through the care model, the population health department at BHO1 focuses on partnering with patients to ensure their overall health and well-being are supported without unnecessary costs. Further explanation from the employee website describes how the program focuses on helping patients' medical and mental health, using trauma-informed practices, addressing social determinants of health, and working collaboratively with patients to set goals. The approach of collaborative care is patient-centered. The patients meet with the clinic's behavioral health and primary care providers. Patients are assisted in creating goals while learning therapeutic strategies and identifying their improvement. Patients are offered options and decide whether to engage in therapy, start medications, or both.

Patients identified to benefit from integrated care within primary care clinics must meet eligibility requirements. Patients eligible for integrated care must be a patient of a primary care physician or advanced practice provider at BHO1, have an active depression or anxiety diagnosis, or score greater than ten on the Patient Health Questionnaire (PHQ-

9) or Generalized Anxiety Disorder Scale (GAD-7). Patients must be seen by their primary care physician for mental health within the past year. Exclusion criteria include: the patient already has a psychiatrist or therapist (due to duplicate billing and insurance coverage) or a diagnosis of Bipolar Disorder, Schizophrenia, Dementia, Psychosis, Cognitive Impairment, or Delay. Integrated care is a brief intervention, and patients diagnosed with Bipolar, Schizophrenia, Dementia, Psychosis, or Cognitive Impairment Delay benefit most from specialty and more prolonged treatment.

The integrated health department at BHO1 served over 12,000 pediatric, adult, and geriatric patients in 2022 (BHO1 employee website, 2022). The department currently staffs 37 mental health providers, including four supervisors and one manager. Ten providers are psychologists, and the remaining 27 are master-level clinicians.

This information is vital as it provides insight into how the organization builds and maintains patient relationships. Perinatal mental health has been identified as an area where patients need support. However, services at BHO1 still need to be adjusted to meet these needs. Patient-centered care is the focus, and providing the organization with ideas on expanding collaborative care to include perinatal mental health services in integrated care settings will allow the organization more opportunities to meet the community's needs.

Workflow

There are multiple workflows in place at BHO1 for primary care integrated care. The workflows vary between the Front desk staff, nursing staff, and providers. For the sake of this practice problem, this doctoral study will focus on the workflow that includes

the primary care provider (or advanced practice provider) and the behavioral health provider. When a patient sees their primary care physician for an appointment and qualifies for integrated care, the provider will call or find the behavioral health provider to discuss a possible referral. The provider gives the behavioral health provider a brief overview of the patient's presenting issue and symptoms and scores on the PHQ-9 and GAD-7. The behavioral health provider and the primary care physician (or APP) enter the exam room to discuss integrated care with the patient. This process is called the "warm handoff." The warm handoff is the primary referral point for patients in integrated care. According to the 2021 Integrated Care Handbook at BHO1, evidence proves that the warm handoff encourages patients to engage in care. Most warm handoffs will occur while the patient sees their primary care physician in the office. However, the COVID-19 pandemic has created other options for care, including telephone and video visits.

Behavioral

Health providers can join telephone calls or video calls if available. The primary care physician briefly introduces and then leaves the room to allow the Behavioral Health provider time to discuss integrated care further. The behavioral health clinician additionally reviews the patient's presenting concerns and discusses the process of becoming established in collaborative care. The patient is encouraged to contact their insurance to ensure coverage of collaborative care. Patients schedule an initial one-hour intake assessment with a behavioral health provider, typically within two weeks of warm handoff. Following the initial intake, follow-up visits are scheduled to review PHQ-9 and GAD-7 symptoms and explore how things have been going for the patient. The patient

can share how they cope and manage their mood and anxiety. During follow-up visits, the behavioral health clinician will also review medication and medication compliance (if the patient is taking medication) and examine behavioral activation goal achievements/barriers. The behavioral health provider will also discuss other ways to attain behavioral activation goals, provide psychoeducation, and introduce new therapy techniques to manage symptoms. Near the end of the session, the patient will discuss plans to achieve between sessions, modify their goal, or set a new goal. The patient and behavioral health provider will determine the length between sessions and schedule a follow-up. If medication questions or needs arise, the behavioral health clinician will discuss them with the team psychiatrist. The team psychiatrist and behavioral health clinician meet weekly to discuss patients' medication needs. If the team psychiatrist provides medication recommendations, the team psychiatrist forwards the requests to the primary care physician. The behavioral health clinician will call the patient to discuss suggestions and see if the patient is interested. If the primary care physician and the patient agree with the changes, the primary care physician will send the prescription to the patient's preferred pharmacy.

Specialty Care

The workflow also includes steps for primary care physicians and mental health professionals to refer patients to a specialty psychologist or psychiatrist. First, the primary care physician or behavioral health provider can place a consultation order with the Department of Psychology or the Department of Psychiatry. From there, the consult

order is placed to the Behavioral Health Network, which will call the patient, conduct a screen, and schedule patients in specialty care.

Analytical Strategy

Developing an analytical strategy in qualitative research provides direction and allows the researcher to decide what information is pertinent to the research question (Sale, 2022).

Procedure

The Institutional Review Board (IRB) approved this study's completion. All identifiable information from BHO1 was removed from this study. Signed consent was also completed by BHO1, supporting the researcher's access to information at BHO1.

Participant

An employee in a Senior leadership position in the Integrated Care Department at BHO1 was selected for an interview. BHL1 was the only participant in this study. BHL1 provided verbal consent to be voluntarily interviewed. The interview was semi-structured, and the purpose was to gain professional experience from a current leader at BHO1 and gain insight into the current strategic challenges. According to McGrath et al. (2019), qualitative research interviews are beneficial for gaining data supporting the study area.

Ethical Considerations

The Belmont report was used to ensure ethical practices within this study. The Belmont report focuses on ethics in health-related research (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Essential

components of the Belmont Report include the protection of participants through beneficence, justice, and respect for persons (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Ethical considerations within this research involved anonymity, confidentiality, and dual roles/conflicts of interest. It was essential to protect patients' identifying information during data collection and analysis and when providing recommendations to the organization. As the researcher, I worked closely with the department's data analyst to ensure I refrained from including identifying information when running data reports.

Role of the Researcher

The department and organization analyzed in this research is my current place of employment. I will use the ethical guidelines provided by Walden University. Walden University (2017d) provided insight on how to refrain from attaining social desirability, biased responses, and confidentiality breaches. The organization and behavioral health leaders will be masked to ensure confidentiality. Further challenges associated with this research included an overabundance of secondary data available. I will work closely with my doctoral research chairperson and a leader of the organization to ensure that the data collected is essential to my research.

Archival Data

Throughout this study, I will collect information from BHO1's employee and public websites and interview BHL1. The information collected will provide insight into how the organization operates. The following list of archival data will be reviewed:

- Growth and Development-Training and Education-Performance management and organizational development- Performance Management. Located on BH01's employee website.
- Growth and Development-Training and Education-Performance management and organizational development-Conversation Chat. Located on BH01's employee website.
- Growth and Development-Training and Education-Performance management and organizational development-Employee counsel. Located on BH01's employee website.
- Growth and Development-Training and Education-Performance management and organizational development-Employee Engagement Platform. Located on BHO1's employee website 2022.
- BHO1's Integrated Behavioral Health Handbook (2021)
- About Us -Corporate Governance. Located on BHO1's public website, 2022.
- About Us -Executive Leadership. Located on BHO1's public website, 2022.
- Leadership Competencies. Located on BHO1's public website, 2022.
- Engage Leadership video CEO and Chief Diversity Officer. Located on BHO1's public website, 2022.
- Letter from CEO- found in the board of Director Meeting minutes OCTOBER 26, 2022. Located on BHO1's public website, 2022.
- Transformational Leadership (2020). Located on BH01's employee website.
- OARS Plus Communication Tool (2020). Located on BH01's employee website.

- Initiative Prioritization Criteria-BHO1 employee website (March 21, 2022).
- Strategic Plan-BHO1 employee website (Updated February 2022).
- Patient and Family Advisor Partnership Program (2022). Located on BHO1's employee website.
- Patient and Family Experience (2022). Located on BHO1's employee website.
- Medical Director of Integrated Care at BHO1 (2022). Integrated Care 2022 Update [PowerPoint Slides].

Summary and Transition

Section 2 of this study thoroughly reviews supporting literature on barriers to perinatal mental health and psychoeducation for behavioral health leaders. Additionally, leadership strategy and assessment and clients/population served were discussed. The Analytical Strategy of this research design was also explained. A thorough explanation of these topics provides insight into how the organization can benefit from addressing barriers to perinatal mental health treatment and the lack of provider psychoeducation on perinatal mental health. Section 3 of this study will focus on the workforce and work processes at BHO1 while including insight into organizational knowledge and performance.

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

Introduction

The topic that motivated me to complete this study is “How do Behavioral Health Leaders Overcome Barriers to Perinatal Mental Health and Psychoeducation.” According to BHL1, behavioral health leaders at BHO1 have been aware of the need to increase access and knowledge of perinatal services since 2019. Throughout this study, I am devoted to exploring the organizational factors at BHO1 that contribute to how behavioral health leaders address the barriers to perinatal mental health and psychoeducation. My goal is to provide a thorough response to the following research questions:

RQ1: How do behavioral health leaders strengthen knowledge of perinatal support to providers?

RQ2: How do behavioral health leaders of the organization assess perinatal needs?

RQ3: How are behavioral health leaders currently evaluating and addressing barriers?

To further explore these research questions, I have several other questions I am investigating.

1.) How does the organization assess how they provide services to perinatal patients?

2.) How do behavioral health leaders determine challenges?

3.) How do behavioral health leaders evaluate and improve current operations in perinatal support, and how are recommendations shared?

4.) How are learning opportunities about perinatal mental health support developed and maintained?

5.) How do behavioral health leaders provide resources and recommend treatment options to those providing perinatal services?

Section 3 of this study includes my analysis of the organization's workforce support and engagement, organizational operations, and knowledge management. The information collected provided greater insight into the questions I am seeking to answer. According to the Baldrige Framework of Excellence, measurement, analysis, and knowledge management are the control center for the calibration of the organization and strategy (NIST, 2021).

Analysis of the Organization

Workforce Support and Engagement

A supported and engaged workforce is vital to developing and maintaining a high-performing environment (NIST, 2021). Workforce engagement is critical to success and adaptation to change (NIST, 2021). BHO1 offers multiple services to help support its workforce. The employee retention program at BHO1 meets monthly to discuss and recognize employees. The organization also provides an employee resource group that actively seeks out employee engagement opportunities and works to support new employees. There is also an advisory council of employees, allowing employees to

connect and discuss ideas. The advisory board for employees also allows staff to stay engaged and informed.

BHO1 offers an optional program that focuses on the well-being of its employees. According to the employee website, the program provides monthly interviews on specific emotional and physical well-being topics that allow staff to remain connected and active. BHO1 also focuses on employee relations, a program that offers consultation to leaders and staff. According to the Baldrige Framework of Excellence, workforce change requires organizational change that is managed and supported by leaders (NIST, 2021). To ensure that leaders are guiding the change, it is also essential that the change includes staff from all levels and ongoing communication (NIST, 2021). According to the employee website, the employee relations program ensures a healthy, team-based work environment through open communication and respect. The employee website further explains how the team works together to solve conflicts at BHO1 by supporting employee engagement and providing advice and support to staff.

Employee relations offers several initiatives. One is a program for leaders and employees that provides one-on-one meetings, which allows the leaders to understand what affects the employees' reason to stay at BHO1. The employee is asked five questions about their employment, and the leader and employee find ways to contribute to a more positive experience at BHO1. Background checks are also initiated at the time of employment and every four years in compliance with the Wisconsin Caregiver Law. There is also a real-time employee voice platform that allows employees to discuss critical topics at BHO1. Surveys are sent out that are quick and easy. Employees can also

vote on responses sent in by their peers. Exit surveys are anonymous and sent through an online exit interview portal. Additionally, there is a harassment and discrimination policy to ensure that all complaints of discrimination or harassment are addressed. Finally, resignation/termination occur through an online portal. Employees must notify their supervisor first, and then employees submit their resignation and reason through the online portal.

Workforce Development

BHO1 also consists of a program that focuses on the organization's development. The Baldrige Framework of Excellence describes the importance of ongoing learning and development at the organizational and individual levels (NIST, 2021). The learning and development program at BHO1 focuses on the staff and their overall performance. In response, the team provides programming and resources to grow knowledge and skills. According to the employee website, the program uses data to track the organization's needs, which is used to make changes, improve the organization, and increase employee engagement. The programs are developed to ensure that the work at BHO1 is compliant with their vision. The program provides orientation and onboarding programs for new staff and new leaders. According to an interview with BHL1, this training is extensive and consists of 25 training hours, including ten meetings that are 2-3 hours long. There are also plentiful career development resources that include a program that offers learning opportunities to help those that lead and influence their peers and a learn-while-at-work program to help entry-level employees grow in their current role or advance their role at BHO1. Additional resources include the following:

- Online web-based training created solely for those working at BHO1
(Departments also create their training given the needs of their departments.)
- Library of online courses
- Library of books and resources
- LinkedIn Learning
- Mentoring resources
- Micro learnings
- Resources and support for computer software and systems
- Virtual work resources
- Consultation services
- Learning systems to support online learning

In February 2022, the Chief Executive and Diversity Officers sent a video to all staff describing how diversity, equity, and inclusion (DEI) have been established as a critical component of BHO1's strategic plan. Since then, each department at BHO1 has engaged in monthly DEI training based on various topics. Organizations that engage in ongoing DEI learning and training will be successful in the changing marketplace (NIST, 2021). According to the Baldrige Framework of Excellence, organizations that prioritize diversity increase organization's ability to achieve high performance (NIST, 2021).

The Baldrige Framework of Excellence describes how workforce engagement and development opportunities will support and encourage staff to perform to the best of their abilities (NIST, 2021). The workforce innovation hub at BHO1 is an employee service that allows employees to submit ideas. Ideas are then marked as draft, under review, need

more information, cataloged but still need to be prioritized for a test of change, planned, in development, complete, forwarded, or unlikely to implement. Employees can view all the ideas submitted and vote on ideas. BHO1 then tracks the growth and progress, sharing statistics on active employees, vacancy rates, turnover rates, Black, Indigenous, and people of color percentage of employees, average days until accepted offer, and the rate employees feel energized at work. According to the Baldrige Framework of Excellence, multiple studies support employee engagement being a significant factor in organizational success (NIST, 2021).

A review of BHO1's employee support system, workforce engagement, and employee development opportunities provide insight into how BHO1 encourages new ideas and innovation. Staff at BHO1 are offered multiple opportunities to get involved, offer insights, and attend training to enhance their skills. This information is essential to this case study, as BHO1 supports new ideas, and multiple systems support perinatal education and recommendations to increase perinatal mental health services.

Operations

Analysis of the Baldrige Framework of Excellence operations category will be the primary focus of this capstone study. Reviewing current operations at BHO1 will provide valuable information and an understanding of how clinic operations address current perinatal mental health needs. The operations category of the Baldrige Framework of Excellence focuses on organizational work, services, innovation, and operational effectiveness and how they contribute to the current and future success of the organization (NIST, 2021).

Organizational Operations

The organizational improvement department at BHO1 prioritizes the importance of building an organization that supports a culture of ongoing improvement. The foundation of continuous improvement is supported by the organization's view of respecting people. To ensure respect for all their staff and constant improvement, BHO1 has developed the BHO1 way to provide a framework. The BHO1 way framework ensures that the services offered by BHO1 are safe, reliable, and high-quality. The BHO1 way assists in developing the systems and processes to ensure that work is conducted correctly and in an environment where staff feels connected and empowered to contribute to changes and innovation. The BHO1 framework consists of three parts. The first is respecting people: Those that provide the services at BHO1 are the foundation of success at BHO1. Respecting people focuses on how the staff treats each other, patients, families, and the services provided. The second is continuing to improve. Everyone plays a role in improving processes at BHO1. The overall goal of BHO1's way is to improve a little every day. The last is system management. BHO1 states that to ensure success, aligning the organization and solving customer problems is essential to achieving their mission. This is integrated into the daily work at BHO1 to ensure that improvements are happening in real time across the entire organization.

In a video provided to staff, found on the employee website, the Vice President of performance excellence provided insight into the importance of BHO1 ensuring that they have processes, structures, and measures to respond to the changes in an ever-changing healthcare environment. The video also provided insight from the Regional Vice

President, who addressed the logistical challenges associated with working in an organization with 15,000 employees in 2 states across multiple clinic settings and campuses and how it can be challenging to ensure that everyone understands the importance of continuous improvement and a common understanding of how to improve processes. The Regional Vice President explains how the BHO1 way provides the framework necessary to ensure everyone in the organization can achieve “exceptional healthcare.” According to the Chief Quality officer, the staff that is on the front lines have all the answers, and the BHO1 framework supports the importance of listening to front-line workers and investing in both their ideas and desires to make a difference in patients’ lives. The Chief operation officer describes how the organization always needs to consider providing the best patient care. This includes ongoing discussions about how to make services provided to patients better. The Vice President of performance excellence described how BHO1 delivers high-quality healthcare but not consistently. The Vice President of performance excellence explained how the BHO1 ensures endless ways to continue improving to meet the organization’s vision. According to the vice president of performance and excellence, staff at BHO1 have been excited to be able to work cross-functionally to make improvements and appreciate being included in solving problems. According to the employee website, the organization constantly provides ideas and ways to improve their work. Communication in the organization has heightened since the BHO1 way was implemented. Through ongoing communication with all employees at BHO1, leaders are learning incapacibilities and being given ideas and solutions from staff on addressing the concerns adequately. The Chief Medical Officer described how when

an issue arises, the tools from the BHO1 way allow for matters to be addressed efficiently and immediately. According to a letter to staff from the chief medical officer, located on the employee website, these problems can be addressed within hours through staff and stakeholder involvement immediately, coordinating meetings and huddles, and working together to address causes and concerns to find a way to solve them. System improvement at BHO1 relies on all staff members' input, allowing them to structure their work to be successful. According to the employee website, leaders at BHO1 stress that staff being change agents is not additional work; instead, it will enable them to make their jobs easier.

Operational Effectiveness

Operational effectiveness is a component of the Baldrige Framework of Excellence that emphasizes the importance of services conducted in a safe workplace and delivering customer value (NIST, 2021). Products and services provided are guided by the mission of the organization and customer needs (NIST, 2021). This section of the Baldrige is essential to answering my research questions about perinatal mental health. To answer my research questions, I will explore the ambulatory workflows in primary care clinics at BHO1.

Knowledge Management

According to the Baldrige Framework of Excellence, knowledge management is critical to organizational success (NIST, 2021). Organizations need to engage in a knowledge management system that analyzes and interprets data that can be turned into useful information to enhance operations and strategy further (NIST, 2021). The goal is a

knowledge management system that uses data to increase organizational regulation and success while encouraging innovation (NIST, 2021). The information and data provided within knowledge management systems are used to increase knowledge amongst staff, give staff the necessary information to do their work efficiently, effectively improve workflows, improve products and services, and provide the insight needed to be innovative (NIST, 2021).

BHO1 employs an analytics team that collaborates with all the organization's departments. The analytics team provides data analysis to BHO1, ultimately supporting the organization's mission, vision, and strategy. The analytics team's information then helps leaders decide how to improve work processes at BHO1. BHO1 emphasizes the importance of using data analytics to ensure ongoing community needs are met, patients feel supported, and practices are researched and evidence based. BHO1 has multiple knowledge management systems in place: (a) a database that allows employees to access data to support their vocational needs; (b) a database that provides tools that BHO1 uses to turn data into knowledge. Inclusive of dashboards that provide data, metrics, and performance measures; (c) a tool designed to customize data pertinent to specific populations and different options to explore data; (d) a program that allows staff to run reports to view data from patient charts; (e) dashboards within that Health Records system allow staff to enter their data, access it, and interact; (f) a web application that collects and reports data from approved cases where users can create online surveys, collect data, and populate databases; and (g) system designed to allow employees to request data.

BHO1 employs a knowledge management team that focuses on and manages clinical knowledge. The group conducts evaluations and organizes information to assist with transcribing evidence to impact clinical decision-making. The team also utilizes data and evidence to review and improve documents, policies, IT applications, and other processes at BHO1 to improve the quality of care at BHO1. The information is collected and reviewed by the Council of Clinical Knowledge Management. The Council prioritizes the development of practice tools in clinics; standardizing tools to improve safety; decision-making based on evidence-based practices; and creating a supportive, easily accessible committee for anyone requesting a change to clinical practices to increase the efficacy, efficiency, and consistency of high-level care provided to BHO1 patients.

BHO1 engages in a systematic review process (every three years) involving best practice advisories. This process involves the Decision Support Committee for clinics that prioritizes, reviews, and approves decisions or requests for clinical support tools. The committee decisions are attached to the electronic medical record system. Clinicians can request best practice advisories, clinics requesting a change to clinical practice guidelines, business departments, and information technology. The Best Practice Guideline committee then uses a workflow to review change requests. The committee works together to address and approve requests based on several questions:

1. Does the request need to interrupt the current clinical workflow?
 - a. Is the request likely to benefit patients?
 - b. Were physicians made aware of the request?

- c. If action is not taken, will patients be harmed?
2. Is the request relatable to current clinical practice guidelines?
3. How will patients be identified?
4. Will the changes requested meet the needs of patients?
5. How will the success of the change be measured?

Summary and Transition

In Section 3 of this doctoral study, I thoroughly reviewed BHO1's workforce support and engagement, organization operations, and knowledge management. The components discussed in Section 3 provided fruitful responses to my research questions. The operations at BHO1 also provide insight into how behavioral health leaders are addressing the barriers to perinatal mental health and psychoeducation. Section 4 of this study will provide the results, analysis, and implications.

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

Introduction

Sections 1, 2, and 3 of this study provided fundamental insight into the leadership and structure at BHO1. Section 4 includes the findings and themes that align with or contradict the current literature. The Baldrige Framework of Excellence section 7, Organizational Performance Results (NIST, 2021), will be used to analyze findings. This section will also address the strengths and limitations of this case study.

Sources of Evidence

The data in this study were collected through written notes from the initial interview with BHL1 on June 3, 2021, and archival data collected from BHO1's employees and public websites. Qualitative data triangulation was used to analyze multiple data sources to gain insight and address research questions. I explored the findings and themes that align with or contradict current literature through data triangulation.

Analysis, Results, and Implications

Health Care and Process Results

Through data collection, correspondence with BHL1, and my current analysis of BHO1, it is apparent that BHO1 is a strong healthcare organization. According to the employee website, BHO1 is the leading healthcare organization in the state. BHO1 thrives on research, education, innovation, and supporting society. A review of BHO1's employee support system, workforce engagement, and employee development opportunities provided insight into how BHO1 encourages new ideas and innovation.

Staff at BHO1 are offered multiple opportunities to get involved in the change-making process, provide insights, and attend training to enhance their skills. This information is essential to this case study, as BHO1 supports new ideas, and multiple systems support perinatal education and recommendations to increase perinatal mental health services. Triangulation of BHO1's leadership style and learning opportunities, current literature, and the Baldrige Framework of Excellence demonstrates the consistency of leadership excellence.

A key point to this research comes from the review of the Clinical Ambulatory Guidelines at BHO1, which show that treatment for perinatal mental health is inconsistent. This aligns closely with the literature presented by Noonan et al. (2018), who argued that there is no consistency in tools being used by providers to screen perinatal mental health patients. Current literature describes how varying knowledge of perinatal mental health amongst providers and inconsistent assessment measures negatively impact perinatal patients. This information is helpful for my practice problem as it explains how operational workflows at BHO1 need to be more consistent with high-level care for perinatal patients.

During the initial interview, BHL1 was asked to share insights on leadership's current challenges. BHL1 provided insight into perinatal mental health's negative impact on mothers, children, families, and the community. BHL1 also discussed concerns concerning barriers to perinatal mental health treatment and inconsistent provider knowledge. These concerns align with the existing literature.

Client Results

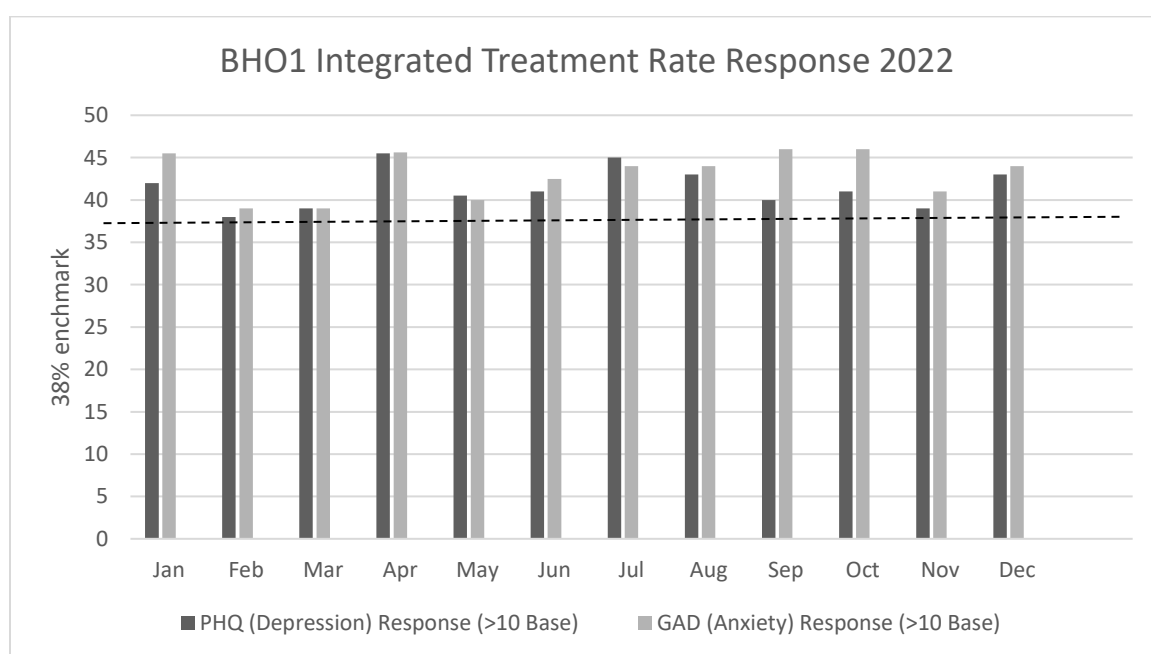
The supervisors and the manager of integrated care at BHO1 provide direct patient care in addition to their leadership responsibilities. Working directly with patients allows leadership to experience how patients perceive integrated care. Data suggest that patients and providers well receive integrated care. A review of BHO1's data collection system also indicates that many patients receiving integrated care at BHO1 report decreased depressive and anxiety symptoms. Data tracking of integrated care is not specific to the perinatal population; however, the integrated care approach can address many of the barriers to treatment for perinatal patients. Additionally, symptoms associated with perinatal mental health closely relate to symptoms associated with depression and anxiety.

BHO1 does not track rates of perinatal patient referrals or perinatal mental health metrics; however, response to treatment rates for non-perinatal patients diagnosed with depression and anxiety are good. According to the 2022 calendar year update PowerPoint sent by the Medical Directors of Integrated Care, 20,135 patients have been treated at BHO1 since integrated care started in 2019 (Medical Directors of integrated care at BHO1, 2022). PowerPoint (2022) data report that clinical outcomes have improved, physicians and patients love the model, and patients engaged in integrated care report decreased healthcare utilization. According to data presented on integrated care performance in 2022, the department is hitting and exceeding their benchmark goal of 38%. See Figure 2, *Patient's Response to Treatment Rates in 2022*, for integrated care response to treatment rates at BHO1 in 2022. An average of 41% of patients enrolled in

integrated care at BHO1 achieved a response to depression treatment, and an average of 43% gained a response to anxiety treatment in 2022 (PowerPoint, 2022). The average remission rate for anxiety was five months, and the average for depression was four months (PowerPoint, 2022).

Figure 2

Patient's Response to Treatment Rates in 2022



Note: Taken from the Medical Director of Integrated Care at BHO1 (2022). Integrated Care 2022 Update [PowerPoint Slides].

Organization-wide, BHO1 places a strong emphasis on its patients. As a result, patient experience is part of the five domains of BHO1's strategic plan. BHO1 encourages patients to share their experiences to ensure that BHO1 meets its mission and improves its services. Providers and staff work closely on emphasizing the importance of

patient experience, communicating across all departments, conducting analysis, and sharing results on patient experience surveys. Data collected on patient experience are also utilized to improve services at BHO1. Patient-focused care and the collection of patient experiences are both critical in successful organizations (NIST, 2021). The Baldrige Framework of Excellence emphasizes initiating and maintaining healthy patient relationships (NIST, 2021).

Additionally, BHO1 seeks to recognize employees and staff whom patients have described as having positive experiences, improve engagement amongst staff, patients, and families, and engage patients and families in an advisor program. The Baldrige Framework of Excellence supports the focus of patient-focused care and patient experiences to ensure ongoing success within organizations (NIST, 2021). The Baldrige Framework of Excellence also supports building and maintaining healthy relationships with patients. BHO1 provides multiple opportunities to create and maintain healthy relationships with patients.

The initial interview with BHL1 provided insight into the awareness of BHO1 falling short of providing consistent and supportive care to perinatal patients. BHO1 had a discussion in 2019 about the need to increase access to mental health services for perinatal patients; however, the COVID-19 pandemic created difficulties for new and innovative services. Since the pandemic, 74% of mothers in the United States have felt worse mentally than before the pandemic (Jhawar et al., 2002). Therefore, Jhawar et al. (2022) describe how prioritization of perinatal mental health care is vital to the health of the mother and the child.

Behavioral Health Clinicians at BHO1 are currently located in primary care clinics, creating an opportunity to be accessible to perinatal patients. Crawford et al. (2022) state that primary care physicians are mothers' first point of contact. Therefore, integrated care in primary care has staffing available to reach perinatal patients. Holmquist et al. (2021) described how having an onsite behavioral health therapist conducting the Edinburgh Postnatal Depression screening for perinatal patients yielded high patient satisfaction. BHL1 is the lead behavioral health provider in creating and conducting a virtual support group for patients enrolled in integrated care. A group of four behavioral health providers has been working to develop the topics and logistics of the group; however, this process has been slow-moving.

Workforce Results

A review of BHO1's employee support system, workforce engagement, and employee development opportunities provided insight into how BHO1 encourages new ideas and innovation. Staff at BHO1 are offered multiple opportunities to get involved, offer insights, and attend training to enhance their skills. This information is essential to this case study, as BHO1 supports new ideas and multiple systems to support perinatal education and recommendations to increase perinatal mental health services. The corporate portfolio at BHO1 prioritizes initiatives that advance the organization. It has several requirements that must be met: the initiative is a large scale, considerate of diversity, equity, and inclusion, and is strategic, transformational, or essential to the objective of reaching best practices. The initiative to increase perinatal mental health

psychoeducation and address barriers to treatment for perinatal patients meets these requirements.

The organizational improvement department at BHO1 prioritizes the importance of building an organization that supports a culture of ongoing improvement. The foundation of continuous improvement is supported by the organization's view of respecting people. To ensure respect for all their staff and continuous improvement, BHO1 has developed the BHO1 way framework that ensures the services provided by BHO1 are safe, reliable, and high-quality. The BHO1 way assists in developing the systems and processes to ensure that work is conducted correctly and in an environment where staff feel connected and empowered to contribute to changes and innovation.

BHO1 places a strong emphasis on ensuring that they are offering fair and competitive compensation. In a letter sent to staff from the CEO dated 03/23/23, staff were told that the philosophy at BHO1 is to match or exceed the compensation of most of their competitors. Non-providers' turnover decreased from 17.7% one year ago to 16% as of March 23, 2023. Vacancy rates at BHO1 have dropped from 11.9% to 9.3%, job applications are increasing, and the reputation of being a positive workplace continues.

In 2022, BHO1 implemented an employee-accessible data tracking system to allow employees to track monthly progress and see if BHO1 is achieving its goals. BHO1's employee website describes how giving an overview and being transparent to staff is essential. Since implementation, the CEO reports that the accessible data tracking system has positively impacted almost all data metrics. See Table 3 for BHO1's workforce monthly tracking progress for March 2021, March 2022, and March 2023.

Table 3*BHO1's Monthly Workforce Tracking Progress: March 2021, 2022, 2023*

	March 2021	March 2022	March 2023
# of Active Employees (Excluding Physicians)	13,273	13,295	14,165
Vacancy Rate (Non-Physician)	6.8%	11.8%	9.0%
12-month Turnover Rate	13.6%	17.9%	16.1%

*Note: Taken from BHO1's Employee Website 2023***Workforce Development**

BHO1 offers multiple learning initiatives for providers and staff. The organization describes how the ongoing creation of learning opportunities for education and learning initiatives is critical to staff satisfaction and recruitment. BHO1 does not currently provide perinatal mental health education for providers and staff; however, they have a system that could allow for easy and accessible learning and training opportunities for staff to learn more about perinatal mental health. Madden et al. (2018) reported that providers that had increased perinatal mental health knowledge better served perinatal patients needing mental health support. Additionally, in the letter sent to staff in March 2023, the CEO described how BHO1 leadership remain committed to creating new options for employee support and flexibility to ensure well-being and a positive work experience.

Leadership and Governance Results

Baldrige Framework of Excellence section 1.1 explains the importance of organizational leadership and governance (NIST, 2021). Leadership is an essential component of success within organizations (NIST, 2021), and governance within

organizations guides the work to ensure that services are provided ethically and contribute to the needs of society. Governance and leadership at BHO1 work together to ensure quality patient care, education, and research to serve the community. According to the employee website, BHO1 leadership focuses on the importance of high-quality care and is strengthened and guided by a framework of excellence.

An essential component of BHO1 leadership aligns closely with the Baldrige Framework of Excellence (2021) and current literature. Analysis of BHO1's leadership shows that BHO1 emphasizes the importance of engaged leadership with the goal of leadership to focus on how respecting others is their organization's mindset. According to the employee website, being engaged with staff, leading through open communication, encouraging employee engagement, effectively managing conflict, and guiding and supporting staff through changes are vital goals.

The overall goal of BHO1 is to engage in transformational leadership to ensure a more positive and supportive environment through collaboration and teamwork. Leadership at BHO1 is described as a partnership with their employees. Okafor et al. (2018) describe the importance of using transformative leadership and collaborative learning to increase the effectiveness and satisfaction of integrated care. Okafor et al. (2018) also noted how leadership engagement contributes to quality decision-making and change. Leadership engagement is essential in transformational leadership as it encourages leaders working with staff to motivate both the leader and the employee (Okafor et al., 2018). Simply, an engaged leader creates sustainability for ongoing improvement (Okafor et al., 2018).

The employee website at BHO1 explains how senior leaders describe a commitment to providing excellence and proper care. BHO1 leadership engages in a performance management team offered to both leaders and employees, an employee counsel that allows employees to communicate their ideas, and an employee engagement platform to allow employees to discuss critical topics. BHO1 also offers information via the employee website on the importance of transformational leadership within their organization. On its employee website, BHO1 described how the transformational mindset encourages teamwork and collaboration while stressing the importance of leaders being a partner with their employees, compassionate, and accepting their employees for where they are. Governance at BHO1 works closely with leadership to monitor that all services are conducted honestly and with integrity, while complying with applicable laws and regulations. The BHO1 has adopted a compliance program to ensure services are conducted ethically.

The current leadership at BHO1 closely aligns with the Baldrige Framework of Excellence and current literature. The leadership culture at BHO1 presents a strong foundation in support of ideas and recommendations on including perinatal mental health services in integrated care settings in primary care. BHO1 encourages new ideas and innovation, and its leadership style supports employee ideas.

Financial and Market Results

Financial viability and strategy are essential to analyze using the Baldrige Framework of Excellence (NIST, 2021). According to BHO1's public website, BHO1 has been their state's number one healthcare organization for the past decade. The net

revenue of BHO1 is 4 billion dollars. BHO1 is the primary financial support for the local university school of medicine and public health, 475 million dollars to the local university research department, 28 million dollars to charity, and 450 million to the community. However, according to a letter sent to employees from the Chief Executive Officer in March 2023, BHO1 is not immune to the current financial crisis that healthcare organizations have been experiencing since the COVID-19 pandemic. Given healthcare organizations' current financial crisis, BHO1 displays an unusual positive direction. The organization continues to proceed cautiously given the current crisis facing healthcare organizations.

Integrated care at BHO1 is a billable service that accepts private pay, Medicaid, and Medicare. It has been proven to be a cost-effective and evidence-based service, thus reducing the cost of care (University of Washington, 2022). Adding perinatal mental health services through the integrated care department currently at BHO1 will provide financial support to BHO1, all while providing accessible, quality support to perinatal patients.

Operations Results

As mentioned in this study, the Baldrige Framework of Excellence operations category was the primary focus. I analyzed the operations at BHO1 to answer my research questions. The operations at BHO1 do not specifically have a workflow for perinatal mental health. However, the current operational workflows could support perinatal mental health treatment in primary care.

RQ1: How do behavioral health leaders strengthen knowledge of perinatal support to providers?

A review of the BHO1- Prenatal Care-Adult/Pediatric-Ambulatory Clinical Practice Guideline on the employee website provides information to Primary Care Physicians about depression in pregnancy. The Clinical Practice Guidelines described how anxiety and depression are expected during the perinatal period, noting how depression can negatively affect both the mother and child. Risk factors provide insight into how patients with chronic illnesses, cardiovascular disease, and chronic pain are at higher risk for developing depression during pregnancy and post-partum periods. According to the employee website, providers should consider how biological and environmental factors can contribute to increased risk. Per BHL1, perinatal mental health education and training are not provided to doctoral or master's level behavioral health providers. Thus, perinatal mental health training is not currently offered at BHO1.

RQ2: How do behavioral health leaders of the organization assess perinatal needs?

According to the Ambulatory Clinical Practice Guidelines on the employee website, screening for depression during patient visits is vital to high-quality patient care. The guidelines describe how BHO1 Primary Care Physicians should screen pregnant patients ages 12 and older during the initial perinatal visit, at 24-32 weeks, and again at six weeks postpartum. The ambulatory clinical practice guidelines also provide recommended screening tools for providers. The Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire-9 (PHQ-9), and the PHQ-A assessment tool are

options for providers in screening perinatal patients. If a patient scores 10 or higher on the EPDS, the ambulatory clinical guidelines describe how providers must conduct a clinical evaluation and document a follow-up plan. Suppose the patient answers *yes* to suicidal or homicidal ideation. In that case, the provider must contact crisis intervention, consult the on-call psychiatrist, facilitate a conversation with a family or friend responsible for the patient's well-being, and involve them in the treatment plan discussion.

The ambulatory clinical practice guidelines also provide medication-related recommendations for providers. Providers must review the BHO1 Depression Diagnosis and Treatment-Adult/pediatric/mobile clinical practice guidelines. The depression diagnosis and treatment ambulatory clinical practice guidelines provide treatment options, including shared decision-making with the patient's significant other. The guidelines emphasize the goal of keeping both the patient and baby safe. Treatment options include options to consider, given the patient's history of depression before pregnancy, past psychotropic medication use, the severity of depressive symptoms, available support options, and other treatment options. Providers are encouraged to recommend mental health counseling and provide education on how interpersonal therapy may benefit the patient. Information on medication during pregnancy and discussions about healthy sleep hygiene, exercise, diet, stress reduction, and social support are encouraged. Additionally, the ambulatory clinic guidelines describe how educating patients on treatment adherence is essential.

I spoke with two primary care physicians at BHO1 who provide obstetrics and gynecology care. Varying practices were mentioned. PCP1 (Primary Care Physician 1) described how they have the nurse administer the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Scale (GAD-7) before discussing with the patient. PCP2 (Primary Care Physician 2) described how she would administer the Edinburgh Postnatal Depression Scale (EPDS) and explained to the patient the implications of perinatal mental health.

Behavioral health clinicians at BHO1 administer the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Scale (GAD-7) during every patient visit. The questionnaires allow behavioral health clinicians to assess and discuss symptoms of anxiety and depression with the patient. Suppose a patient is pregnant or in the postpartum period. In that case, behavioral health clinicians are encouraged to administer the Edinburgh Postnatal Depression Scale EDPS to assess for perinatal mental health symptoms. The behavioral health clinician will follow up with the primary care physician and team psychiatrist to explore medication and treatment recommendations.

RQ3: How are behavioral health leaders currently evaluating and addressing barriers?

Since January 2021, the integrated care department at BHO1 has been working to establish a support group to help eliminate barriers to treatment for perinatal mental health patients. BHL1 is the lead BHC working on developing a virtual perinatal support group for identified patients with perinatal mental health needs. The program is currently in the design process and will be available for patients enrolled in the integrated care

program at BHO1. Patients identified by behavioral health clinicians can be referred to the virtual support group for psychoeducation and support on perinatal mental health. The group is intended to run for six weeks and is offered virtually to help reduce challenges associated with attending, including childcare, transportation, and time barriers. The program will be part of the integrated billing system and be accessible for PCPs and BHCs to refer to. Additionally, BHL1 describes how data collected from perinatal mental health patients will help expand knowledge management at BHO1.

Strengths and Limitations of the Study

Strengths

This case study presents several strengths. The research was conducted per the standards outlined in qualitative research and was advised by a chair and co-chair. This study is both grounded and supported by the Baldrige Framework of Excellence and current literature and is based on similar research. Additionally, as a researcher, I worked to ensure that my awareness of my bias as an employee of the organization under study was present in my data collection and analysis. I used consistent self-reflection to address my bias and processed how it may impact this study. The data were analyzed through the triangulation of multiple sources to ensure multiple perspectives were offered.

Limitations

BHO1 is a large organization, and the amount of data available for this study was extensive. It was challenging to sort through data, ensuring that the data collected and analyzed were pertinent to this study. The interview with BHL1 reflected the perspective of one leader within the organization, which may not reflect the other leaders'

perspectives. One interview and easy access to exponential amounts of archival data may have presented limitations for this study. My background and experiences as a behavioral health provider may also contribute to implicit bias.

Summary and Transition

Section 4 of this study analyzed data and themes collected in previous sections. Through qualitative data triangulation, I presented an analysis of the healthcare process, clients, workforce, leadership and governance, and financial market results at BHO1. This portion of the study also included an analysis of the operations at BHO1 to provide answers to research questions. Additionally, the implications and strengths/limitations of the study were discussed. Section 5 of this study will include the recommendations and conclusions of this study.

Section 5: Recommendations and Conclusions

Recommendations

Barriers to care for perinatal patients and provider psychoeducation on perinatal mental health at BHO1 were reviewed in this study. The initial interview with BHL1 provided the foundation for this research. Archival data were reviewed to provide secondary information for this study, including a review of the employee and public websites and ambulatory clinical practice guidelines. BHL1 identified current challenges that BHO1 faces with addressing barriers to perinatal mental health and providing psychoeducation on perinatal mental health. Throughout my research, I have developed several recommendations for BHO1:

- Standardizing workflow to include integrated care for treating perinatal patients.
- Prioritizing the implementation of the perinatal virtual support group in integrated care.
- Implementation of a data tracking system for perinatal referrals and assessment results.
- Developing and implementing perinatal mental health training for the integrated care team.
- Consider expanding integrated care to Women's Health Clinics.
- Consider expanding the assessment of parents during pediatric well-child visits.

The recommendations are supported by current literature and the Baldrige Framework of Excellence. BHO1 is a large organization, and changes take time to implement; however, these recommendations align closely with the current operations

and workflows already implemented at BHO1. Upon review of the knowledge management system at BHO1, I gained insight into how BHO1 engages in best practice advisories. The best practice committee follows a workflow when reviewing change requests. My recommendations provide answers to the questions addressed in the committee workflow.

Table 4

Best Practice Advisory Request for Change

Question	Response
Does the Request need to interrupt the current clinical workflow?	Yes, the recommendation includes changing the current workflow to include standardized assessment tools and referrals to integrated care for perinatal patients.
Is this request likely to benefit patients?	Yes, current research supports increased provider psychoeducation on perinatal mental health and integrated care to treat perinatal patients.
Were Physicians made aware of the request?	No, physicians have not been aware of this case study or its results.
If action is not taken, will patients be harmed?	No, patients will not be harmed if no action is taken. However, no action will not support the current needs of perinatal patients.
Is the request relatable to current clinical practice guidelines?	Yes, the request will enhance the services currently addressed in clinical practice guidelines.
How will patients be identified?	Patients will be identified during postpartum and pediatric visits after administering assessment tools.
Will the changes meet the needs of patients?	Yes, based on current literature, these changes will address the barriers to treatment for perinatal patients while increasing provider knowledge on perinatal mental health.
How will the success of change be measured?	The change includes the recommendation to track the rate of perinatal patients and treatment outcomes in the current data-tracking system.

Scholar-Practitioner Recommendation 1

I found it interesting that there is variance among provider knowledge and services; however, this aligns closely with the current literature. BHO1 is such a large healthcare organization, and surprisingly, there is no standardized workflow that all primary care physicians use when treating perinatal patients. According to Crawford et al. (2022), primary care physicians are uniquely positioned to reach perinatal patients and assist them with getting connected to mental health services. Primary care physicians work closely with behavioral health providers in the integrated care setting. I recommend that BHO1 include the integrated care model and psychoeducation on perinatal care in the Depression: Diagnosis and Treatment-Adult/Pediatric-Ambulatory Guideline and the Depression section of the Preventative-health Pediatric and Adult Ambulatory Guidelines. All primary care clinics at BHO1 have at least one behavioral health clinician onsite and are available to refer perinatal patients. Holquist et al. (2021) describe how having an onsite behavioral health provider to conduct the Edinburgh Postnatal Depression Screening presents high patient satisfaction. I also recommend that primary care physicians screen mothers past the 6-week postpartum appointment and during pediatric well-child visits, as parents' mental health impacts the child's health. Additionally, all providers should use the EDPS and PHQ-9, and GAD-7 during all perinatal and postpartum visits.

Scholar-Practitioner Recommendation 2

Behavioral health providers in the integrated care setting at BHO1 have been working to develop and implement a virtual support group for perinatal patients since

2021. A team of four behavioral health providers has been working on completing the structure of the group meetings and working to provide more psychoeducation to patients and providers. This process has been slow-moving, and I recommend that the program be prioritized and implemented as prioritization of the virtual group for perinatal patients will help reduce barriers to treatment, including transportation, childcare costs, distance to clinics, and cost (Viveiros & Darling, 2018). BHO1 places a strong emphasis on its patients, and prioritizing perinatal mental health services will further meet the needs of patients at BHO1.

Scholar-Practitioner Recommendation 3

BHO1 has a knowledge management system that analyzes many facets of care, from patient demographics to referral rates and patient outcomes. This data tracking system is easily accessible and allows BHO1 to assess its effectiveness. Information collected and analyzed in data tracking systems creates opportunities for organizations to increase the knowledge of their staff, create more effective workflows, improve current services, and give the organization information that encourages innovation (NIST, 2021). Current data provided by BHO1 proves that integrated care at BHO1 works. With this data tracking system already in place, I recommend that BHO1 track the rate of perinatal patient referrals in integrated care to address barriers to treatment and patient outcomes further.

Scholar-Practitioner Recommendation 4

I also recommend including perinatal health training for all staff on the integrated care team. BHO1 has an online training program that is easily accessible. As mentioned

in the literature review of this study, Madden et al. (2018) argued that increased psychoeducation on perinatal mental health for providers resulted in perinatal patients feeling better supported with their mental health. I recommend that behavioral health clinicians develop an annual training program that provides psychoeducation on perinatal mental health and up-to-date evidence-based treatment modalities. Also, providers should be educated on how to use integrated care for perinatal patients.

Scholar-Practitioner Recommendation 5

Research conducted by Young et al. (2019) described the importance of screening parents during pediatric primary care visits. Offering perinatal mental health support in the exact location as the child's pediatrician offered more support and follow-through care for perinatal patients (Young et al., 2019). I recommend that primary care physicians at BHO1 screen for postpartum depression during pediatric well-child visits.

Scholar-Practitioner Recommendation 6

My final recommendation from this case study is to consider expanding integrated care services into women's health clinics at BHO1 as doing so will further reach perinatal patients. Research conducted by Crawford et al. (2022) found that many women prefer to receive mental health support from their women's health providers; furthermore, Hall et al. (2017) reported that 22% of women prefer to have their women's health provider for both medical and mental health needs. I recommend that BHO1 expand integrated care to women's health to reach perinatal patients further. Holmquist et al. (2021) found that women's health clinics with onsite therapists yielded increased mental health screening and treatment availability for perinatal patients. As with integrated care in primary care at

BHO1, integrated care in women's health settings was well received by both the patient and the provider (2021).

Recommendations for Future Research

I discussed earlier in this case study that BHO1 had abundant information accessible during this study. Since this research primarily focused on one healthcare organization in one region of the United States, I recommend further research on other healthcare organizations in diverse regions. Throughout my research on perinatal mental health, I found several other areas that could be considered for further research.

Perinatal Mental Health Services in Rural vs. Urban Settings

BHO1 is a large healthcare organization providing healthcare in both urban and rural settings. Access and availability to services vary from one patient location to another. Further research to explore barriers to perinatal mental health treatment comparing patients in both urban and rural locations would enhance the findings of this study.

Cultural Differences in Perinatal Mental Health

Additional research on cultural differences about barriers to perinatal mental health is also recommended. Cultural differences, including race, ethnicity, nationality, geographical location, and how perinatal mental health is identified and treated, could further enhance the findings of this study. Initial research efforts during this case study presented multiple studies on perinatal mental health worldwide. Research conducted in China by Shahirose et al. (2021) provided insight into how behavioral health providers

engaged in depression and screening management systems, including patient identification and collaboration with families, policymakers, and healthcare providers.

Provider Training and Education on Perinatal Mental Health

During the initial interview with BHL1, it was noted how the lack of provider knowledge on perinatal mental health negatively impacts perinatal patients. BHL1 mentioned that during education and training requirements, perinatal mental health is not part of the required curriculum. Additionally, continuing education requirements for providers are not specific to perinatal mental health. Research on provider education and training on perinatal mental health could further enhance the findings of this case study.

Conclusion

This study explored how behavioral health leaders overcome barriers to perinatal mental and psychoeducation. This study aimed to review current perinatal services and provider education on perinatal mental health and provider scholar-consultant insight to behavioral health leaders at BHO1. One behavioral health leader at BHO1 was interviewed to provide insight into the practice problem that is the focus of this study. Qualitative methodology was utilized to best triangulate data from primary and secondary data resources and the Baldrige Framework of Excellence (NIST, 2021). The results of this case study suggest that though BHO1 has been aware of the need to increase mental health services for perinatal patients and increase provider knowledge on perinatal mental health, they have not been meeting their goal of prioritizing patient needs by being intentional with addressing both the barriers and lack of psychoeducation for providers on perinatal mental health. However, BHO1 has many systems that support training

opportunities for providers in perinatal mental health. Additionally, BHO1 already has integrated care in all its primary care clinics. Therefore, adding perinatal mental health services in primary care would be a viable solution to addressing the barriers to perinatal mental health.

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