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Organizational Strategies for Improving the Present State of a Behavioral Health Center Within a Historically Black College and University

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Walden University

College of Management & Human Potential

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Tonya Channell Cleveland

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University

2023

Abstract

Organizational Strategies for Improving the Present State of a Behavioral Health Center

Within a Historically Black College and University

by

Tonya Channell Cleveland

MS, Alabama State University, 2015

BS, Alabama State University, 2011

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

This study aimed to explore the perceptions of university behavioral health counselors and other healthcare professionals relevant to the funding strategies and initiatives they used to help college students access the high-quality behavioral health services they need. On-campus counseling centers are valuable resources that benefit student well-being, including academic performance and retention. Understanding what factors create barriers for students who desire to seek counseling can help higher education professionals work to improve access to counseling. This qualitative case study focused on a university counseling center at a Southern Historically Black College and University serving a population of majority African American college students worldwide. The results indicated that this university counseling center has an increasing demand for programming and continuing education training. However, it needed to be financially prepared to host campus-wide training. Social change will be realized when the behavioral health leader on the university campus begins to balance the department's budget between annual salaries, continuing education training, and office supplies.

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Dedication

I dedicate my PsyD dissertation to several members of my family. My son Nicalai, I am setting the stage for you; remember, the sky is the limit, and I love you. Remember, Nicalai; you are in charge of your destiny. Mom, words can hardly describe my gratitude and appreciation to you. You have been my source of support, reverence, and guidance. James, LeMar, Victoria, Ebay, and Akeelah, you all have taught me to be determined, to believe in myself, and to be driven. To my coworkers at State, thank you for being patient and encouraging. Finally, my church family at Greater Troy Church of God, Bishop Gandy always telling the congregation I will be a doctor soon, and Professor, you can only imagine how those words of motivation encourage me to push forward, to pass my doubt.

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Section 1a: The Behavioral Health Organization

Introduction

Mental health is a rising primary concern and a significant issue among college students throughout the United States (Borghouts et al., 2021; Kresovich, 2022).

Researchers have determined that college students have a greater level of psychological and physical distress than they used to, resulting in a rapid decline in their general mental health (BlackDeer, 2022). The National Institute of Mental Health report showed that nearly half of all mental health illnesses begin between ages 14 and 24 (Ollio et al., 2022). In addition, the report indicated that the most likely age group affected by severe mental illness was college students and young adults. BlackDeer (2022) noted that college students' growing behavioral health issues have resulted in counseling centers reporting increased student demands for counseling services.

Entering college should be a time for reflection, excitement, and the transition into independent living. Nevertheless, college life presents students with multiple new challenges, such as academic demands, interpersonal stress, and financial stress (Henri Bettis et al., 2017). For many college students, the stress and demands of college life exert a lot of social and emotional pressure that can infuse an epidemic of mental illnesses (Jones et al., 2020). A seven-state survey across 10 community colleges reported mental health issues in almost 50% of its students (Goldrick-Rab et al., 2019). In addition, researchers found that among 39,930 community college students, 60% had housing issues, and 19% had been homeless. These basic needs and insecurities impact students' performance and led to poorer physical and mental health performance

(Bruening et al., 2018). Receiving counseling services from a university behavioral health center can assist students with their everyday stressors (Jones et al., 2020).

Counselors are vital in guiding and helping first- and second-year students navigate college life's academic and social demands. Directors in university behavioral health centers frequently establish and revamp crisis management and training protocols to meet students' many challenges (Abrams, 2020). Unfortunately, procedure changes can cost university counseling and behavioral centers with a limited budget. Without adequate financial resources, the behavioral center will not be able to meet the growing demands of mental health training for its health care providers.

For this study, I explored and analyzed a behavioral health organization identified as the University's Counseling Center (UBHC). The UBHC was founded in 1969 after the death of Martin Luther King, Jr., and is located in one of the many Historically Black Colleges and Universities (HBCUs) in the state (Sutton-Obas, 2022). Today, the UBHC continues to offer free mental health guidance to its students. In addition, the UBHC provides an array of free mental health services to its faculty, staff, and students. The majority of the UBHC clients are undergraduate students. The services offered include counseling for individuals with depression, anxiety, suicidal ideation, difficulty managing stress and anger, food insecurities, and grief. The UBHC also provides group counseling services, such as psychoeducation, processing, substance use treatment, conflict resolution, and other services.

Practice Problem

Budgets play a crucial role in shaping the perception of mental health on campus, and many college counseling centers are experiencing higher demands for services while facing budget cuts (Golightly et al., 2017). HBCUs are disadvantaged compared to other higher education institutions due to budget cuts, a lack of funding, and valuable resources (BlackDeer et al., 2022). Consequently, budget cuts could leave students' mental health issues unaddressed. When college students' mental health issues go unaddressed, it could cause them to become suicidal or live a risky lifestyle (Participant 1, 2022). The negative aspects of budget cuts include the loss of exposure to education, the loss of quality education, and special needs programs (Coleman et al., n.d.). Budget cuts impact all universities and colleges, but sadly, University Behavioral Health Centers (UBHC) are affected more than others (BlackDeer et al., 2022). These budget cuts do not just affect various programs but also strip away essential resources from the schools, such as funding to support their students' mental health needs.

UBHC's must be prepared to address mental health to ensure long-term success. According to BlackDeer et al. (2022), depression is widespread among HBCU students, with more than 50% suffering from mild to severe depression. Although there is an absence of literature surrounding HBCU students' mental health, little is known about the funding and sustainability strategies that behavioral health leaders use to support students with mental health issues. This study addresses this gap in the literature by exploring and assessing the present state of funding, strategic budget practices, and initiatives among

behavioral health leaders and professionals at a UBHC. The following research questions are the focus of this research:

- RQ1: How do leaders of the HBCU Behavioral Health Organization describe their state of funding for the University Counseling Center (UCC) in support of student mental health?
- RQ2: What strategies do healthcare providers use within budget constraints to meet the needs of students with mental health issues?
- RQ3: What are the significant challenges the Behavioral Health counselors face in implementing planned initiatives to improve mental health services?

Purpose

The purpose of this study was to explore the perceptions of UBHC counselors and other healthcare professionals relevant to the funding strategies and initiatives they use to help college students access the high-quality behavioral health services they need. On-campus counseling centers are valuable resources that benefit student well-being, including academic performance and retention. Understanding what factors create barriers for students who desire to seek counseling can help higher education professionals work to improve access to counseling.

The number of college students experiencing mental health-related concerns has increased annually, yet two-thirds do not seek help (Auerbach et al., 2016). Compared to students who use counseling, students who need counseling but do not receive support have poorer academic outcomes (Adams, 2022). The primary reason for focusing on UBHCs is the lack of student access to a continuum of quality healthcare. Most of the

students who enroll at the university are first-generation students. Therefore, their families do not understand the demands of college or the students' mental health issues. Their loved ones taught them to suppress their emotions and not share what happens in their family's household, according to one participant interviewed for this study. Not only does this place an emotional strain on the student, but it also causes the therapist to work harder for the student's trust.

Significance

HBCUs are historically relevant and significant for promoting and continuing Black excellence in higher education. This study is vital to the UBHC's practice of promoting behavioral health, particularly among their Black student body. Given the high burden of depression, HBCUs need evidence-based, data-driven mental health research to ensure access to quality treatment for their students.

Section 1b: Organizational Profile

Introduction

The problem I sought to explore further is the lack of funding and sustainability strategies for behavioral health leaders at a UBHC situated at an HBCU. Without adequate funding, clinicians will not receive the required continuing education units (CEUs) to sustain their licensure and certifications (DeGruy, 2017). According to one participant I interviewed (Participant 1), clinicians at the college counseling center have approximately 75 combined years of experience. Each staff member grew up in an all-Black, low-income community. One of their objectives is to break old generational patterns by encouraging the population they serve to speak out when they feel emotionally detached or harmed. According to DeGruy (2017), African Americans are taught early on not to show their vulnerabilities and keep secrets among family members, such as drinking problems and child molesters. The Black community considers these embarrassing and humiliating, so the family conceals them (DeGruy, 2017). Secrets develop into psychological and physical problems. Family secrets influence Black college students' interpersonal communication skills about mental health. According to Dai (2021), Black students preferred addressing their mental health issues with their families rather than seeking professional assistance. According to Mulhern (2020), mental health counselors are essential for closing racial and economic gaps in college completion (Jaschik, 2020).

The UBHC's primary goal is to encourage clients to change their way of thinking and to set realistic, life-changing goals for themselves. The UBHC is staffed with

concerned professionals who actively listen and are empathetic toward their clients. The UBHC offers a variety of mental health programs to help its students learn to cope, identify choices, make better decisions, and turn problems into learning experiences (Participant 1).

The UBHC is a division of Student Affairs at the university that assists students with personal matters that will prolong students' stay, such as housing, financial aid, and student accounts. Student Affairs has 11 departments, all of which are student-centered. The UBHC offers individual (face-to-face or virtual) counseling sessions, group counseling (face-to-face or virtual), crisis counseling, consultation and outreach services, leadership, and internship training (Rehabilitation et al.'s level students and Graduate Level Clinical Mental Health Counseling Students and Rehabilitation Counseling Students), special groups such as, art therapy, pet therapy, plant therapy, and R U Good, in addition to suicide prevention, mental health workshops, and music therapy.

According to the UBHC website, the center has collaborated with several off-campus organizations, such as 211, a local operator who knows the city's available resources; COSA; Peer Group for Substance Disorder; Medical Advocacy Outreach; MAO, STD, and AIDS Outreach Program; CaraStar Health; and many others. These agencies offer free or discounted services to the community and the university's students. The resources are necessary because many of the university's students are from out of town and need more funds.

The UBHC rarely used technology to deliver client services; however, the department had to do what was best for its employees and clients because of the COVID-

19 pandemic. To accommodate the needs of their clients, they had to meet with them virtually. To the UBHC staff, this was a new way of counseling, but the biggest problem was how. Due to funding, initially the department needed more equipment; they had to borrow funds from another Student Affairs department. The UBHC could purchase four laptops and two desktop cameras with these borrowed funds.

The UBHC follows the university's and the Board of Examiners in Counseling's (BEC) rules and policies. BEC has to license clinicians and regulate the professional practice of counseling in each state. "The National Board for Certified Counselors (NBCC) ensures counselors are board-certified and have achieved the highest standard of practice through education, examination, supervision, experience, and ethical guidelines (NBCC, n. d.)."

The university and UBHC follow the Occupational Health and Safety Regulations (OHSA, n.d.) and guidelines. These regulations and policies are both federal and state. The Occupational Health and Safety Regulations (OHSA) mandates that all nongovernment employers provide their employees with a safe, healthy workplace free from hazards that could cause severe harm or death.

Organizational Profile and Key Factors

The state BED regulations require all clinicians in the center to be certified counselors, meaning they have to have completed all the educational requirements for the state. There is one director, a licensed counselor and supervisor (LPC and LPC-S), three clinicians, and one administrative assistant. The UBHC provides free services to currently enrolled students. A clinician can see the students as many times as they like.

The clinicians and clients complete informed consent, intake and assessment, and emergency and release forms upon the students' entry. All of these forms were created and updated by the UBHC director. Information the student shares with the clinician is confidential unless the student is suicidal or homicidal. If the counselor feels unable to assist the client sufficiently at any time, the client will be case staffed and transferred to another clinician or referred to an agency outside the UBHC.

The UBHC's mission and vision statements, as provided by Participant 1, are as follows:

- **Mission:** The University Behavioral Health Center is a student-centered, nurturing unit that assists students in developing healthy relationships and positive coping skills that will enable them to effectively problem solve, resolve conflicts, and make informed decisions that will strengthen their psychological health as they prepare to become members of a diverse global society.
- **Vision:** The University Behavioral Health Center is staffed with concerned professionals who listen, care, and help make your college experience productive, rewarding, and satisfying. We offer a variety of programs to help you learn to cope, identify choices, make better decisions, and turn problems into learning experiences.

Organizational Background and Context

A leadership framework was created to articulate what is expected of the leadership team to develop a thriving organization (Ramalingam et al, 2021). Strong

leadership and governance are vital to providing quality services in a behavioral health organization (Ramalingam et al, 2021). The governing body must obtain training for the employees to effectively assist their consumers and fully understand their roles and responsibilities (Ramalingam et al, 2021). Because UBHC is a behavioral health center within a university, the department director must meet with the Student Affairs Vice President before he can make decisions about the department. The clinicians must discuss their plans with the Director before implementation (Participant 2).

Individuals spend more time at work than on other daily activities. According to Elaine Houston of Positive Psychology (2021), it is vital that employees feel connected and supported by their leaders. Poor relationships and a lack of respect from leaders can contribute to workplace stress (Stoewen 2016). Long-term exposure to psychosocial hazards can increase psychiatric and physiological health problems (Houston, 2021). According to the director, a UBHC director is a servant leader whom the clinicians trust, who builds confidence, actively listens to employees, and respects others. When he asks his employees to complete a task, they do it hurriedly because they know it will positively impact production. The UBHC director has held this position for 6 years, and under his leadership, he has advocated for annual training and evidence-based assessments (Participant 1).

Annually, the university pays for the employees of the UBHC to attend a 3-day continuing education workshop. Unfortunately, the director has to ask the Student Affairs vice president for funds to cover this training. In addition, the UBHC must request assistance with funding for office supplies, other CEU training, and funds for mental

health assessments. According to Participant 1, the university would rather pay for an outside counseling service than use the counselors they have at the university. In addition, the students believe the virtual counselors will keep their information private from other faculty members. Participant 1 considered that the funds they used to pay the outside vendors could have been placed in the center's budget.

The university offers bachelor's, master's, specialist certifications, and doctoral degrees to approximately 5,000 students worldwide, including over 100 international students from more than 40 countries. The individuals in their undergraduate program are 18-24 years old. The university is so involved in the community that one of its slogans is "CommUniversity," meaning they are committed to serving the underserved in the community. The University and UBHC have a successful pattern when it comes to being involved in the community. The stakeholders are active leaders in the community: judges, lawyers, doctors, and entrepreneurs. These stakeholders, also known as board members, collaborate with the university's president to make sound decisions.

Each of the staff members grew up in all-Black, low-income communities. Research suggests that Black clients prefer to be counseled by individuals who look like them. According to Scharff (2021), Black therapists prefer to assist Black clients. The staff's primary goal is to encourage the clients they contact to change their thinking and set realistic, life-changing goals for themselves. The UBHC is staffed with concerned professionals who actively listen, are empathetic, and driven to make students' experience productive, rewarding, and satisfying. The UBHC offers a variety of mental

health programs to help its students learn to cope, identify choices, make better decisions, and turn problems into learning experiences (Participant 1).

Suicide and Youth Depression

Death by suicide is a serious and prevalent public health concern. In the United States, the suicide rate has increased by 18.6% over the past five decades, and suicide was the 10th leading cause of death in 2013 (Silva et al., 2016). However, training in the assessment and management of suicide has been inadequate for health and mental health professionals. Training is needed to educate individuals likely to have contact with those at risk of suicide. Also, youth depression in the United States is highly prevalent, with a point prevalence of 3.2% in children aged 3–17 and a lifetime prevalence of 13.3% in adolescents aged 12–17 (Kim et al., 2021). In the Southeast, suicide is the 12th leading cause of death. In 2019, the state had 804 individuals die from suicide; 58 of these suicides were young adults aged 20–24. To some, individuals' suicide and mental health are tough to discuss, especially if the individual feels misunderstood.

Behavioral health organizations need to collaborate with the local health department and other community mental health agencies because they can address critical challenges in mental health and addiction (Bommersbach et al., 2018). The U.S. Surgeon General and The Future of Public Health reported in 1988 that there was a greater need for collaboration in behavioral health and public health services (Bommersbach et al., 2018). These researchers determined that alcohol and/or illicit drugs and suicide are a growing epidemic in the United States (Bommersbach et al., 2018). These calculations are valid today and have worsened since the pandemic, especially among college

students. Some college students use substances to help them cope with their everyday stressors: academics, physical, mental, and social problems (Mosel, 2022). With these growing issues, college clinicians need to stay abreast.

Although the UBHC has a host of community resources, it only offers free mental health services to the university's students. Studies showed that in 2020, 60% of college students had had prior mental health treatment, as opposed to only 48% in 2012–2013 (Collegiate Mental Health, 2021). Unfortunately, in communities of color, African American students prefer not to seek counseling due to the stigma surrounding mental health (Williams & Washington, 2018).

The UBHC communicates with its suppliers and collaborators by inviting them to mental health group events. If applicable, the UBHC clinician volunteers with local mental health services. In return, the regional behavioral health centers offer discounted services to the university's students and free training to clinicians and the university. They also built these relationships with other local mental health services for students looking for internship opportunities; the university bids on who offers the least expensive services to the university. Afterward, the organization must have a tax ID and be willing to wait for the university to go through all the necessary channels before receiving their funds (Participant 2).

According to the UBHC's director, there is "No Competition, as long as the student is getting the help they deserve." Robbins (2022) highlighted in his book *We're All in This Together* the difference between positive and negative competition. Unhealthy competition is when one team or person overtakes another, and when unhealthy

competition is applied in the workplace, it causes a great deal of stress for employees. In a positive competition, everyone wins. The UBHC director understands his clinicians' levels of expertise and confidence.

The organization's relative size and growth in the healthcare industry or the markets it serves are small but impactful. The UBHC has had only four clinicians and one administrative assistant for over 40 years. The department can only hire part-time employees due to the budget (Participant 1). One of the goals the director has proposed to the university's vice president of Student Affairs and president of non-institutional staff is that he would like to hire an After-hours "as needed" (PRN) crisis counselor. This counselor will be trained and only work after hours to assist students with crises. The department is using its salaried clinicians to answer those crisis calls. At this time, the department had yet to receive approval, and the vice president required that he collect data on after-hours calls and verify the need.

The UBHC has 10 competitors: five behavioral health centers and five universities. The five behavioral health centers are listed on the UBHC's webpage. The competitors are essential to the department because they offer services to university students at a low cost and provide access to low cost training to the clinicians. Unfortunately, clinicians, most of the time, have to pay out of pocket to attend continuing educational training.

Although there are other universities in the city, they are Predominately White Institutions (PWI). According to the UBHC Director, "PWIs are constantly asking the UBHC how to get their Black students to come to counseling. "Unfortunately, the UBHC

has limited funding, and without sufficient resources, the department cannot work at full capacity because the clinicians lack training and have a limited budget.

The advantage the department has is the administrative leader, who is a servant to his employees. He does not micromanage or ask his employees to do something he would not do. Although the department is slow-paced at times, it is only fast paced during midterms, finals, and graduation. The department operates during regular business hours, 8 a.m. to 5 p.m., and sometimes after hours for requested workshops or crises.

One of the department's challenges is securing more funding for groups, workshops, and training for its clinicians. Annually, the department's director has to request additional funds from the Student Affairs vice president. The department does not have a performance improvement system or evaluation program. However, the university has an evaluation program, but when the department needs assistance or financial assistance throughout the department, more needs to be done.

The department creates an events calendar annually. These events are mental health workshops for the students. However, the students only attend with incentives such as food or currency. Unfortunately, the incentives given to the students are from the staff member's funds. The department wants a grant to stop the staff members from using money from their accounts. In 2020 and 2021, the department received \$10,000 from the Department of Public Health. The grant funds were used to purchase paraphernalia to give as door prizes to those individuals who attended the UBHC workshops. Licensed counselors must have NBCC-approved CEUs to satisfy the state's board. The department

has limited funding; therefore, it must seek funding from other departments or ask the Student Affairs president for funds.

Definitions

Baldrige Framework: The Baldrige Framework is a powerful tool for leading healthcare organizations to help reduce costs and improve healthcare quality across the United States (Baldrige, 2020-2022; Ghafoor et al., 2022).

Behavioral health clinician: A professional who provides counseling and case management services to patients with mental health problems. Their responsibilities include assessing, triaging, and treating patients with behavioral health issues.

Continuing educational units (CEU): Measure continuing education programs, particularly for those in a licensed profession, for the professional to maintain the license (Law Insider, 2022).

Historically Black College and University (HBCU): “A college or university in the U.S. established before 1964 for African American students” (Merriam-Webster, n.d.).

Predominantly White Institute (PWI): Institutions of post-secondary learning where white students account for more than 50% of the student body (Alvarez & De Walt, 2022).

Sustainability: Commercial systems that rely on environmentally and socially responsible practices to allow for continued reliable operation into the future (Management Consulted, 2022).

University behavior health center (UBHC): A group-based program that provides treatment, support, and case management services for those who suffer from various health issues.

Summary

In this section, I discussed funding strategies for the UCC, its key stakeholders, and the director's role in funding strategies. With limited funding, the clinician has to pay for their CEUs and provisions for their groups and workshops. By doing this, the UCC could potentially lose loyal clinicians. The center has been around for a long time, and many of the clinical strategies implemented now are the ones they used initially. The department can use much revamping, but it all begins with funding. Without funding, the department has limited options. When the department was first established, the students did not have the mental health issues they have today.

Section 2: Background and Approach: Leadership, Strategy, and Clients

Introduction

The UHBC has been housed at an HBCU since 1969. According to their website, the UBHC offers free mental health services to university students (undergraduate and graduate), staff, and faculty members. In addition, the organization has partnered with several community mental health facilities, including the Department of Public Health, the Council on Substance Abuse, and the Mental Health Authority. Onsite services include mental health therapy (group and individual sessions); food insecurities assistance; commuter services, groups, and workshops; equine therapy, pet therapy, play therapy, stress and time management; mentoring programs; and basic living skills.

The problem I sought to explore in this study was the need for more funding and sustainability strategies for behavioral health leaders at an HBCU. Adequate training and funding are needed to serve students and provide the continuing education clinicians need to sustain their licensure and certifications (Cirruzzo, 2019). This qualitative study aims to identify the UBHC's limited funding for practical training and programming issues. Changes in youth social, residential, and cultural settings could lead to stress and frustration (Peykari et al., 2011). When university clinicians provide critical mental health services specifically designed for college students, it could encourage students to reach out to their university behavioral health center for help (Peykari et al., 2011). Researchers have determined that individual and group sessions are the most effective methods for counseling young adult college students (Salminen & Ojanlatva, 2005).

Section 2 comprises several areas: The major components of Section 2 include the following sections: introduction, supporting literature, sources of evidence, leadership strategy, client population served, and analytical approach. Section 2 ends with a summary emphasizing key points and transitioning to Section 3.

Supporting Literature

An extensive literature review was performed on improving clinicians' salaries and continuing education funding in a university behavioral health center. Peer-reviewed journal articles from the last 5 years were used to complete the review. In addition, literature dated after 2017 was accessed when similar or fundamental studies were identified. To conduct this literature review, I employed several databases and online search engines that included but were not limited to Eric, EBSCOhost, Education Source, ProQuest, and Google Scholar. When searching the journal articles, I used the following search terms and descriptors:

- college mental health counselors' role
- financial hurdles for mental health counselors
- behavioral health centers funding
- HBCUs, Black students, behavioral health, mental health

Role of College Counselors

A college mental health counselor has been trained to help those suffering from several disorders, including anxiety, depression, trauma, and suicidal tendencies (Gorman, 2021). A college mental health counselor's primary focus is to assist their client with living a more prosperous, driven lifestyle (Gorman, 2021). They do this

through talk therapy, with various interventions, while actively listening to their clients (Gorman, 2021). Students enter college with unresolved issues and a host of psychological problems. Being a college counselor is also very demanding; at times, the ratio of college counselors is 1:100 or 1: 1,000, making it impossible to give everyone individualized services.

College clinicians are supposed to assist their clients with a comprehensive approach. Still, it has been proven ineffective because clinicians cannot effectively serve all their clients due to the massive caseload. Furthermore, Ardi et al. (2021) determined that college students are more prone to psychological issues. College students experience academic stress, social problems, career goals, and personal-emotional problems; these mental health issues can hinder the students' productivity (Ardi et al., 2021). Therefore, a college mental health counselor must know the Diagnostic Statistical Manual- V (DSM-V) and various coping techniques to serve its students better.

Financial Hurdles for Mental Health Counselors

Funding, stigma, and education are among the top challenges in mental health today. College mental health counselors have limited resources for servicing their students (Crumb et al., 2018). Therefore, mental health counselors must explore innovative and collaborative ways to serve their consumers better (Crumb et al., 2018). College mental health counselors must rely on the community for free resources and utilize master's-level students as peer support counselors (Crumb et al., 2018). Unfortunately, these resources are limited, and a master's-level student can sometimes not effectively assist a student with severe mental health issues. In addition, untreated

mental health burdens in society result in losses in economic productivity (Veibell, 2020). The National Institute of Mental Health identified that there are relatively few funded mental health programs; cancer patients are more likely to be studied when compared to those who face mental health challenges (Veibell, 2020).

Another financial issue college counselors face is using out-of-date assessments and other materials. According to Fu and Cheng (2017), when a college counseling center uses out-of-date material, it appears unorganized and is unable to reach its students efficiently. HBCUs have limited funding because some of their alums come from low-income families, and they cannot assist the university financially (Participant 1). The National Association for College Admission Counseling (2021) studied Indian high school counselors in poor communities and how they have difficulty implementing successful counseling services. The researchers determined that the counselors had problems implementing effective services due to a lack of funding and uneducated counseling functions in the school. To break this stigma on mental health awareness, the government must make a change plan and normalize mental health.

University Behavioral Health Centers

College is a critical developmental stage where onsite mental health issues occur (Colarossi & Lipson, 2022). Therefore, the UBHC acts as a haven for first-year students, first-generation college students, and those who are gender non-conforming, have a trauma history, have suicidal ideation, and have anxiety and depression (Colarossi & Lipson, 2022). UBHCs are vital for colleges and universities. College life is a new beginning for most students. They are introduced to new experiences, growing pains,

unfamiliar responsibilities, and learning curves. Some students must learn to navigate mental health issues without parental guidance.

Behavioral Health Centers Funding

The Center for the Advancement of Health reported that behavioral health and social factors contribute to nine out of 10 deaths in the United States. Sadly, behavioral health centers receive less than 10% of funding for health funds and research training purposes (Colarossi & Lipson, 2022). In addition, since the pandemic, college students have begun to utilize the UBHC in greater numbers, making it impossible for the center to meet its students' demands because of its limited funding.

Summary of Existing Literature

This literature review section begins with an overview of previously published works on the Baldrige Excellence Framework (National Institute of Standards and Technology [NIST], 2021). The NIST developed the Malcolm Baldrige National Quality Award to promote quality awareness and practices and to recognize the quality achievements of organizations throughout the United States. Initially, eligibility for the Baldrige Award was limited to for-profit businesses. However, in 1995, award criteria were developed for healthcare organizations as a source of guidance for their quality management efforts. The health care criteria were later revised in 1998–1999 to include for-profit and nonprofit organizations' applications for the Baldrige Health Care Award.

The Baldrige Health Care Criteria provide a framework for systematically developing and managing quality healthcare organizations. The criteria are seven categories (see Table 1) that address the organization's systems and processes,

information infrastructure, and performance. Table 1 that follows provides definitional details for each of the categories.

Table 1

Description of Baldrige Health Care Criteria

| Baldrige category | Category content description |
|--|---|
| 1. Leadership | 1. How do the senior leaders guide the organization in setting directions and seeking future opportunities? |
| 2. Strategic planning | 2. Planning is related to all aspects of performance as a health care provider and deploying these plans. |
| 3. Focus on patients, other customers, and markets | 3. How the organization seeks to understand the voices of patients, other customers, and the marketplace. |
| 4. Information and analysis | 4. The main point within the criteria for all key information to effectively manage the organization |
| 5. Staff focus | 5. All critical human resource practices—those directed toward creating a high-performance workplace |
| 6. Process management | 6. All key work processes—health care processes and those that support health care delivery. |
| 7. Organizational performance result | 7. Measures the organization’s success in meeting its mission as a health care provider.” |

Note. Source: NIST, 2021

HBCUs

The central focus of this literature review is on funding and sustainability strategies for behavioral health leaders at an HBCU. HBCUs have been known for cultivating and fostering a socially, culturally, economically relevant, and meaningful educational experience (Powell & Rey, 2021). BlackDeer (2022) claimed that 25% of all

Black students received undergraduate degrees from HBCUs. HBCUs are historically significant and relevant in promoting Black excellence in higher education, especially in consideration of behavioral health. However, most of America's 100 HBCUs struggle financially (Adams & Tucker, 2022).

Blacks' struggle for equality and dignity has been the focus of HBCUs. Today, HBCUs continue this mission through exceptional scholarship and research. Black Americans help create a social capital that fosters opportunities for many Black students (Adams & Tucker, 2022). A Gallup Poll (2015) revealed that Black HBCU graduates are likely to feel better prepared for life outside of college than Black non-HBCU students. White-Cummings (2017) claimed that more research is needed to understand how the academic environment protects the mental health of HBCU students.

According to BlackDeer (2022), 25% of all Black undergraduate students who received their degrees from HBCUs are historically significant and relevant in fostering Black excellence in higher education, especially in consideration of behavioral health. In addition, HBCUs serve critical roles in the continuance of Black culture, the improvement of Black community life, and, ultimately, preparing the next generation of Black leadership (BlackDeer, 2022). For these reasons, this body of research is vital to better understand the HBCU students' experiences relating to behavioral health.

HBCUs Compared to PWIs

Students enrolled in higher education institutions typically attend one of two major types: HBCUs or PWIs (Mushonga, 2021). Researchers have claimed that Black students at HBCUs have more positive self-images, great racial pride, increased academic

performance, and greater social involvement. In addition, Hardy et al. (2019) found that HBCUs displayed higher first-year retention rates and higher graduate salaries than PWIs. For example, Participant 3 (a mental health counselor at a PWI) stated they have a one-million-dollar budget. Nevertheless, in 2021, less than 1000 students were enrolled in the Fall semester. On the contrary, Black students attending PWIs experienced increased isolation, seclusion, and opportunities (Mushonga, 2021).

College Students, Healthcare, and Academics

Over 18 million students are enrolled in higher education institutions in the United States (U.S. Census Bureau, 2017; Vernet, 2021). Many young adults develop new lifestyle behaviors during this time in student life, and their bodies go through physical, mental, and emotional health changes. Students' health behaviors during this time may also affect their academic performance. Henry et al. (2018) indicated that college students are less likely than other age groups to utilize the type of health care most associated with positive health and academic outcomes. There is a link between health, healthcare factors, and academic achievement (Sommerville & Singaram, 2018).

Mental and Behavioral Health Issues Among College Students

There is a rise in mental and behavioral health issues among college students. National surveys of undergraduate students revealed high rates of self-reported behavioral health concerns. Among the concerns are anxiety, depression, and alcohol and drug abuse (Vernet, 2021). These problems often negatively impact their academic performance, resulting in failing grades. The lifestyle habits developed in college can affect academic performance and have lifelong implications (Lambert & Donovan, 2016).

Consequently, college students use university health centers more than counseling or mental health services. To this end, it is recommended that primary care clinics implement regular screenings for specific behavioral health problems common to students.

Integration of Counseling and Behavioral Health Services

With the rise in student mental health issues, the integration of Counseling and Health Services College and university counseling services have garnered considerable attention due to students' growing mental health needs and the positive impact of counseling services on college student success. Understanding the operations of individual counseling services is vital within the context of the college or University and the administrative reporting structure (Considerations for College and University Campuses, 2010).

All counseling services generally provide individual counseling services, which vary among centers. These services include group and family therapy, alcohol and drug treatment, psychiatric services, and career counseling. Nonetheless, students' health services are essential on the college campus. Many students with mental health concerns may feel more comfortable seeing a healthcare professional than a mental health professional.

Client Population

Building relationships at a university counseling center can be challenging, especially at an HBCU. HBCUs educate 10% of African American students and commonly serve low-income families (Bryant, 2021). Black students often underutilize

counseling centers due to stigma (Bagasra, 2018). Seeing a therapist in the Black community is often considered a sign of weakness or a potential source of embarrassment (Bagasra, 2018). Another factor is being unaware that the university counseling center has clinicians with similar cultural backgrounds as them (Colarossi & Lipton, 2022). According to Colarossi and Lipson's (2020) study, *Mental Health of College Students is Getting Worse*, Asian, Native American, White, and Arabian students were receptive to treatment, but Black students were not. The post-high school years are a time of new experiences, unfamiliar responsibilities, and learning and growing opportunities. Also, this is the first time some students have had to navigate their mental and physical health issues without the support of their parents (Colarossi & Lipson, 2022).

Mental Health of College Students

Entering college is an exciting and stressful event. In addition to maintaining their academics, often times the students must cope independently with individualism and separation from their families (Pedrelli et al., 2015). Mental health issues are common among traditional and non-traditional college students (Pedrelli et al., 2015). Traditional college students are fresh out of high school, unemployed, and financially dependent on their parents (Pedrelli et al., 2015). When college students decide to begin therapy, they usually encounter anxiety and depression problems from relationships and coursework, and they use a substance to help them cope (Blanco et al., 2018). Most mental health problems are triggered in adulthood (Kessler, 2007). Kessler et al. (2007) posited that by the age of 25 years, 75% of college students will have a mental health disorder and have had their first episode.

This theory remains valid for college students. Sometimes they minimize their risky behavior and are reluctant to change. The UCC sees approximately 250 students each month in the Fall and Spring. Some of the students are mandated, and some come voluntarily. The required students are usually from the College of Social Work (S.W.), while others are on academic probation. Sometimes, when students mandated to seek treatment are in the helping field, such as psychology or social work, they hesitate to share personal information. The students fear the clinician will share this information with others, hindering their plans (Participant 1).

In best practices when counseling mandated clients, the clinicians must be consistent and trusting (How to Work Effectively with Court-Mandated Clients, n.d.). Showing up for a required client could lead to a lasting relationship because this might be the client's first time having someone willing to be there when needed.

Listen, Interact, Observe

Groups and workshops enhance flexibility and develop insights on how students should respond to distress (Pacific University, 2022). Group counseling and workshops are practical approaches for college students; they help them navigate through difficult times and cope with anxiety and depression (Pacific University, 2022). The group setting offers a safe environment for self-exploration and problem-solving techniques while combining professional mental health guidance and the support of their peers (Pacific University, 2022). The UCC is very active in the University and community. The UCC hosts free groups and workshops for their students and the community. In addition, each

month, the UCC facilitates a host of therapeutic workshops, such as mindfulness, equine, stress management, plants, art, suicide prevention, etc.

Workforce and Operations

Retention is low at the UHBC. Employees stay because they feel heard and believe they are making a difference in their clients' lives. Due to the clinicians' experience at the UBHC, they were not mentally prepared for telehealth. The thought of counseling clients virtually frightens them. According to the Baldrige Framework (2021–2022), one of the ways to better manage your workforce is to influence change in its strategic objectives, internal and external environment, and culture.

A successful organization must capitalize on its core competencies, reinforce resilience, and perform exceptionally well (Baldrige Framework, 2021–2022). The UBHC aims to have well-trained employees and satisfied clients. Annually, the administration asks its clinicians to complete a performance assessment. This assessment highlights the needs of the clinicians and considers requirements the department may need.

Analytical Strategy

I selected a qualitative case study research design for this doctoral study because it allows me to meet participants in their natural settings. This case study will collect and analyze data relevant to funding and training opportunities at a university behavioral health center. Yin (2014) claimed that researchers using case studies present details from the participants' viewpoint using multiple data sources, a process called triangulation.

Yin also noted that the object in a case study is often a program, an entity, a person, or a group of people. The subject of the proposed research is the UBHC.

Methodological Triangulation

Methodological triangulation occurs when multiple research methods exist (Roulston, 2018). According to Denzin (1978), numerous research methods should be used in every investigation. The premise is that quality is the indicator of qualitative inquiry, and the idea of convergence is the focus of triangulation. Methodological triangulation comprised two semi structured interviews, archival data, and observation to gain a deeper insight into the university behavioral health centers' limited funding and training opportunities. Currently, the UBHC's annual budget is \$280,000. This budget includes the clinicians' salaries and office supplies, which leaves the UBHC without funds for personal or professional development.

Role of the Researcher

The role of a qualitative researcher is to explore the thoughts and feelings of the research participant and determine how and why such behaviors occur (Sutton & Austin, 2015). The researcher will observe the study participant in their real-life environment. As a consultant, I will collaborate with the participants to develop a strategic plan and determine project parameters. As a scholar consultant, I will advise the university behavioral health center to develop the best action plans.

Data Collection

The qualitative data collection process aims to ensure high quality in addressing the study's research questions. Data collection included interviews with direct quotes,

individual opinions, and my perceptions of the participants as the primary interpreter.

Data are recorded and transcribed from both Participants 1 and 2. After the interviews, I listened intently to the audio recordings and converted meaningful conversations into transcribed Word documents. Additionally, the data collection process included an archival data analysis.

Interviews are one of the most critical sources of qualitative information and take several forms: open-ended, semi structured, and structured (Yin, 2014). The individual semi structured interview allowed me to generate rich data through participants' voices and gain insight into their perceptions. The interviews took approximately 45 minutes, with questions and probes prepared beforehand.

The following questions served as an interview guide:

1. What annual training does the organization offer its leadership and clinicians?
2. How much does it cost to train employees?
3. How much have they spent on training employees?
4. What role do behavioral health clinicians play in your strategic planning process?
5. How would your organization create a plan to increase funding and necessary training for your clinicians?
6. Is there a cap on the amount donated to the department?
7. Is any of the money earmarked used for specific things?
8. Can the funding source(s) be shared publicly or privately?
9. What other agencies are competing against you for funding?

10. How does your role as the department's leader create an environment for success now and in the future?

11. What sort of funding does the department currently receive?

Archival Data

The archival data were collected before the research study (Virginia Education, n.d.). This data may or may not contain HIPAA identifiers (Virginia Education, n.d.). The data used has no additional requirements other than a Data Use Agreement (Virginia Education, n.d.). Archival data is the secondary source and was collected from 2021–2022. Furthermore, the following sources will provide archival data: (a) The UBHC website and social media page; (b) The 2020 UBHC employee handbook, which is made available to all UBHC clinicians; (c) Internal memos dating back to 2018 of UBHC leadership strategic plans and financial records; (d) Meeting minutes collected by the UBHC Administration; and (e) training records.

Research Process

The Baldrige Excellence Framework (NIST, 2021) was designed to create excellence within a behavioral health organization by being more competitive and improving results. The Baldrige Framework is suitable for the private and public sectors. What makes Baldrige so successful is that it is divided into seven categories: Leadership, Strategy, Customers, Measurement Analysis, Knowledge Management; Workforce, Operations; and Results. I analyzed the organization's strategy. Setting an organizational design can help an agency have guidance and consistency in its actions. The strategic plan of the Baldrige Framework addressed the need for organizational continuity and

supply-network resilience (Baldrige Framework, 2021–2022). The Baldrige Framework is adaptable; it encourages its leaders and management teams to be innovative and creative. The Baldrige Framework helped to implement the necessary improvements in funding and training for the organization explored. I primarily focused on the Baldrige Framework (2021–2022), the Strategy, how to increase revenue, improve skills and development, increase organizational agility, and how to make this a improvement long-term opportunity.

Coding

Ravitch and Carl (2016) state that coding, categories, and themes are integral to qualitative research analysis. Saldaña (2016) believed that when the researcher codes a qualitative study, they identify a word or short phrase as a symbol that can summarize the based data or visual data. Before the researcher begins coding, Ravitch and Carl (2016) encourage precoding. Precoding is becoming familiar with the data by questioning and reading it. After precoding, the researcher starts assigning meaning to the data through a word or pattern phrase that describes what it represents in the data (Ravitch & Carl,16). Lastly, my study used coding and categories to identify themes and patterns.

Procedures

I developed several semi structured interview questions while making the proposal for this study. Walden University’s Institutional Review Board (IRB-04-26-1017752) approved this study on May 5, 2022. The approval permitted interviews with the UBHC Director, clinicians, and administrative Assistant. An interview guide was created during this process. I emailed Walden University’s IRB an informed consent

form to the UBHC Director. The Director consented to the interview. These interviews took 2–3 weeks and were conducted via face-to-face, Zoom, and Google Meet. Both interviews were conducted face-to-face and recorded. Recording the interviews helped capture the study participant’s speech accurately.

I assigned each participant a code name and reminded them that this interview was voluntary. I utilized probing questions and followed up with the participant when needed. I encouraged the interviewee to voice their concerns and allowed them to ask questions. Once all data collection was completed, I thanked the participant for their time and participation.

Ethical Research

As a scholar-consultant, I ethically protected the credibility of the qualitative research and the UBHC identity. I utilized best practices in developing a method, research design, and analysis. The UBHC Director and I signed a service order agreement. The participants’ confidentiality was maintained throughout the study. The UBHC state location was masked, and the study participants’ names and titles were hidden.

Data Storage and Protecting Privacy

Confidentiality is frequently discussed among vulnerable groups. In best practices, it is suggested that the researcher not reveal the study participants’ identities; less than six consented to do so (Surmiak, 2018). If the study participant said the UBHC name during the interview, I ensured its privacy as a consultant. I kept all the collected

data in a secure location. This data was only used in the analysis process for study purposes.

Minimizing Harm

Ethical processes were followed, and all efforts were made to eliminate or minimize harm to the study participants. The study participants signed an informed consent form. Several steps were taken to ensure the participant's safety and identity.

Respecting Shared Experiences

During this project, I conducted myself as a professional consultant. I was always aware of my attitude and biases and kept my data collection and analysis separate. The participants were allowed to contribute their knowledge and expertise. I provided the participants with a safe atmosphere to actively share their thoughts and concerns.

Summary and Transition

This study further explored the lack of funding and sustainability strategies for behavioral health leaders at an HBCU. This qualitative study sought to identify the University's behavioral health center's limited funding for practical training and programming issues. Changes in youth's social, residential, and cultural settings could lead to stress and frustration (Bethune, 2020). When university clinicians provide mental health services specifically designed for college students, it could encourage students to reach out to their university behavioral health center for help (Bethune, 2020).

Section 2 was comprised of several major components: an introduction, supporting literature, sources of evidence, leadership strategy, client population served, and an analytical approach. The critical points in Section 2 focused on The Baldrige

Framework (2021–2022), which was designed to create excellence within a behavioral health organization by being more competitive and improving results. The strategic plan of the Baldrige Framework addressed the need for organizational continuity and supply-network resilience. Additionally, the Baldrige Framework will help implement the necessary improvements in funding and training for the organization.

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

Introduction

The problem I sought to explore in this study was the lack of funding and sustainability strategies for behavioral health leaders at an HBCU. Clinicians at the HBCU do not receive adequate training and funding to serve their students. In addition, clinicians do not receive the required CEUs to sustain their licensure and certifications without proper funding. This qualitative study aimed to identify the UBHC's limited budget for practical training and programming issues. Changes in youth's social, residential, and cultural settings could lead to stress and frustration (Bethune, 2020).

When university clinicians provide mental health services specifically designed for college students, it could encourage students to reach out to their university behavioral health center for help (Bethune, 2020). Besides, researchers have determined that individual and group sessions are the most effective methods when counseling young adult college students (Novotney, 2019). Finally, Section 3 highlights the UBHC's workplace environment and knowledge management. In this section, I will apply the Baldrige Framework to my study and thoroughly explain the UBHC's successes and areas for growth.

Workplace Environment

The UBHC is an accessible organization (Participant 1). The UBHC director never asks its employees to do something they are uncomfortable doing themselves. The UBHC director is aware of his employees' capabilities. Whenever a project needs to be completed, he asks each employee to work on a task they are most comfortable with. A

fully inclusive workplace is attitudinally accessible without bias (Baldrige Framework, 2021–2022). It is essential to note that the UBHC has a low turnover rate. The staff has been with the organization for 10–25 years. When asked why they stay so long, their response will be because of the benefits and leadership.

Assessing Staff Capability and Capacity

Employees are the face and critical determinants of a successful organization. Therefore, investing in the employees' training is vital. Efforts to improve healthcare depend partly on the ability of health organizations to use research knowledge and participate in its production. Well-trained employees improve the organization's production and performance (Barratt & Fulop, 2016). According to the Baldrige Framework, embedding learning into employees results in better problem-solving skills, knowledge is shared through the organization, and employees are more driven (Abasiattai & Ahmed, 2020).

Annually, UBHC staff attend a state counselor's conference and customer training. While attending this conference, clinicians can earn CEUs and gain knowledge on how to serve their clients better. In addition, the workforce capability and capacity should consider present and future needs, meaning the organization should train its employees for its clients' current issues and seek training for potential problems (Abasiattai & Ahmed, 2020).

Recruiting, Hiring, Placing and Retaining New Staff Members

Training employees is vital to a successful organization, but employers must be mindful of their recruiting and hiring processes. It is pointless for employers to train

employees if they do not retain them (Carver, 2020). Employees are no longer putting their careers first; they are looking for the best pay, benefits, work, and environment (Carver, 2020).

The UBHC appeared to have successfully worked to retain its clinicians. According to the UBHC director, the center maintains its employees by being servant leaders, providing benefits, and giving pay raises. When leadership leads by example, employees are more willing to innovate and perform better (Carver, 2020).

Workforce Change

According to Participant 2, during the interviewing process she believes retention was low at the UBHC because many employees felt they were not being heard and were not making a difference in their clients' lives. Due to the clinicians combined work experience the UBHC, they were not mentally prepared for telehealth. The thought of counseling clients virtually frightened many of them. The Baldrige Framework of 2021–2022 indicated that to manage the workforce better, the leader must influence change in its strategic objectives, internal and external environment, and culture.

Work Accomplishment

A successful organization must capitalize on its core competencies, reinforce resilience, and perform exceptionally well (NIST, 2021). The UBHC aims to have well-trained employees and satisfied clients. Annually, the administration asks its clinicians to complete a performance assessment. This assessment highlights the needs of the clinicians and considers requirements the department may need.

Knowledge Management

Employee engagement has been a household name in businesses for centuries. Human Resources Departments and consultants created employee engagement to support the organizations' mental capital (Surma et al., 2021). Mental capital reviews the strengths and fortitude of its employees (Surma et al., 2021). Employee engagement focuses on organizational outcomes, productivity, performance, and job satisfaction (Surma et al., 2021).

Lack of communication can cause poor business outcomes (Miller, 2022). Individuals spend approximately 40–50 hours per week in the workplace, blending their social and work lives. Coworkers have become friends because of the combination of work and social relationships. As a result, they depend on one another to get the job done.

Friendships in the workplace can create systemic changes and can cause a decrease in organizational functioning (Wang et al., 2022). Alliances may be formed and limit individualized decision-making. Being too friendly at work can produce inappropriate behavior among coworkers and be a distraction from work-related projects. Additionally, intrinsic factors, such as envy and jealousy, may exist when coworkers have different positions and one is being awarded more than the other (Badal, 2022). Jealousy and personal insecurities may play psychological roles in why and how humans behave toward others.

The UBHC staff have become more than coworkers; they are friends. For example, the director has been the administrator for 5 years. However, he has been employed by the UBHC for 15 years. Two clinicians have been employed with the

UBHC for 25 years. The newest employee is the coordinator of groups and workshops; she has been employed with the organization for approximately 5 years. Because they have been employed with this organization for several years, they are more familiar with the agency and the resources in the community.

Staff Benefits and Policies

The UBHC follows the Policies and Procedures of the University and the state's counseling board. The director and the clinicians of the UBHC update the policy and procedures every 5 years. The organization's policies highlight the roadmap for day-to-day operations, from greeting clients, assessments, paperwork that must be completed before the client sees them, and weekly meetings.

The clinicians indicated they appreciate the UBHC because of the leadership team and, more importantly, the benefits. The staff has group health, dental, and vision insurance. The UBHC gives the clinicians a \$10,000 life insurance policy; however, they are welcome to purchase a large package at a low rate. In addition, they can buy short- and long-term benefits. The UBHC clinicians are offered the same benefits as teachers because it falls under a State organization.

Key Drivers of Employee Engagement

Drivers of employee engagement help employers understand and improve employee engagement. Drivers of employee engagement vary by individual, industry type, and organization. Employers must remember that employees are different and driven by other things. Drivers for employee engagement may include the following: (a) communication; (b) recognition; (c) trust and leadership; (d) training and development;

and (e) meaningful work (Berkley University of California, 2022; Claffey, 2020; Duncan, 2018; Lewis, 2021; Miller, 2022).

Open communication is vital to a successful organization. Without clear and concise communication, employees will lack direction, productivity will be minimal, and conflicts may arise while employee engagement decreases (Miller, 2022). Overall, open communication affects how organizations operate. Claffey (2020) noted that employees like to be recognized for their hard work. The essential premise is that appreciation is crucial to creating a positive organizational culture. Trust was determined to be one of the critical links to leadership. Employees who do not trust the leadership team will question everything they do (Lewis, 2021).

Regarding training and development, The Berkley University of California, 2022 claimed that career development increases employees' productivity and motivation. Training and development also help retain valued employees, attract potential top-tier employees, and contribute to the employee's career satisfaction. Lastly, employee engagement results in meaningful work. Meaningful work is much more than pushing for success or preventing employees from burning out. Leaders must motivate employees to propel the organization (Duncan, 2018). A meaningful workplace sets the stage for its employees to have a purpose.

Assessing Staff Engagement

According to the Baldrige Framework (NIST, 2021), employee commitment to the organization drives workforce engagement. Therefore, the department director's

annual initiative is to facilitate multiple weekly meetings to offer assistance with projects and funding.

Supporting High Performance/Engagement

Allowing advancement within an organization is promising. The University in which the UBHC is housed has many advancement opportunities; unfortunately, the UBHC does not have any due to budgeting and office space. The UBHC departmental budget is \$280,000. This budget includes one director, three clinicians, one administrative assistant, and office supplies. However, this budget does not include the department's personal development.

Personal Development

According to Participant 1, the UBHC has excellent benefits but lacks personal development opportunities. The UBHC budget only has enough funds for each clinician's salary and office supplies. Therefore, the UBHC has to seek funding assistance from other departments or apply for federal grants. The UBHC was granted two federal grants from the Department of Public Health in 2019 and 2020. The UBHC could purchase advertising paraphernalia and State Counselor's training with these grants. Samuel (2021) noted that personal and professional development are the same. People who focus on their well-being are more successful in the workforce than those who do not.

Summary and Transition

In Section 3, I discussed Workplace Environment and Knowledge Management. The section detailed the importance of training and funding at UBHC. Unfortunately, the financing of UBHC is limited due to budget cuts. As a result, the UBHC has to get its

funding from federal grants or other sources. Sadly, federal grants are not permanent; after they are depleted, the UBHC has to seek additional funding opportunities.

Section 4: Analysis, Results, and Implications of Findings

Introduction

The problem I sought to explore in this study was the lack of funding and sustainability strategies for behavioral health leaders at the UBHC, situated at an HBCU. Clinicians at the UBHC do not receive adequate training and funding to serve their students. As a result, clinicians will not receive the required CEUs to sustain their licensure and certifications. According to the American Psychological Association (2020), clinicians need CEUs because the counseling field is constantly changing. To remain adequate and knowledgeable about up-to-date mental health wellness strategies, the clinician must continue learning as long as they provide services (American Psychological Association, APA Task Force on Psychological Assessment and Evaluation Guideline, 2020).

I gathered the data for this practice problem from public sources, books, and related websites. In the literature review, I cited scholarly, evidence-based, peer-reviewed articles. Various internal documents were reviewed to understand UBHC practices and processes that impact its funding:

- university counseling center funding
- behavioral center funding
- funding for counseling centers
- continuing education for clinicians

I conducted semi structured interviews with two staff members: the executive director and the organization's administrative assistant. They created a deeper

understanding of their experiences and the population they serve. Both interviewees were asked the same questions. The interviews lasted 30–45 minutes and were recorded and transcribed. Participants 1 and 2 were asked the same questions to create themes and codes.

I used the iPhone 11 Pro Max voice memo app to record the interviews. In addition, a transcriber was purchased to transcribe the interviews with the UBHC executive director and administrative assistant. Listed below are the interview questions that were asked of Participants 1 and 2. Each participant was asked the same questions:

1. What annual training does the organization offer its leadership and clinicians?
2. How much does it cost to train employees?
3. How much have they spent on training employees?
4. What role do behavioral health clinicians play in your strategic planning process?
5. How would your organization create a plan to increase funding and necessary training for your clinicians?
6. Is there a cap on the amount donated to the department?
7. Is any of the money earmarked used for specific things?
8. Can the funding source(s) be shared publicly or privately?
9. What other agencies are competing against you for funding?
10. How does your role as the department's leader create an environment for success now and in the future?
11. What sort of funding does the department currently receive?

To prevent breaching the confidentiality of the participants, interviewees were identified only as Participants 1 and 2. Their role influenced interview participant selection in the UBHC. Although they were allowed to meet virtually or by telephone, all participants' interviews were conducted face-to-face. Section 4 presents the data analysis. The study's themes, strengths, and limitations were summarized.

Analysis, Results, and Implications of Data Analysis

During the data analysis process, I analyzed the data using both Microsoft Word and NVivo. NVivo is a qualitative software used to store and manage transcribed data. Participant 2 voluntarily provided data sources. Some data were extracted from the UBHC annual budget. After transcribing the material, I sought to identify frequent keywords, phrases, and categories in search of emerging themes. Several common patterns emerged in the participant's responses to the interview questions in search of significant themes. The following section is a summary of the four significant themes that were extracted from the patterns discovered to address the three problem practice questions: (a) funding and budgetary considerations; (b) strategic planning to increase funding; (c) threats to sustainability; and (d) continuing education and training costs for clinicians.

RQ1

How do leaders of the HBCU Behavioral Health Organization describe the state of funding for the UBHC in support of student mental health?

Theme: Funding and Budgetary Considerations. The leader of the UBHC was identified as the Director of the UBHC (Participant 1). Participants 1 and 2 offered

valuable information relevant to the state of funding. Although the UBHC offered free mental health services to faculty, staff, and students, according to its webpage, it needed sustainable funding and annual training to serve its consumers better.

Funding for this organization has been a long-time issue (Participant 1). The information obtained from the UBHC website articulated the organization's financial sustainability issue. Each participant was able to explain the funding problem in the department. Each participant described the same issue with funding, demonstrating their collective knowledge about the organization. Participant 1 explained,

I believe that our department is the whole university generally. Furthermore, with mental health in the past, we were one of the last departments funded or received an increase in funding because mental health was glossed over. Grant projects are new for our department regarding just receiving funding and resources. We had an opportunity to get some funding from some government agencies and budget on the federal level with federal grants.

Participant 2 briefly discussed funding. "We have departmental funding that the university allocates through our budget. That is the only funding we have right now." According to Participant 2, the budget is the determining factor for the department. It determines whether the clinicians can attend career development workshops and purchase office supplies for the department.

RQ2

What strategies do healthcare providers use within budget constraints to meet the needs of students with mental health issues?

Participants 1 and 2 discussed several ways healthcare providers might address the needs of students with behavioral issues. From their discussions emerged the following themes:

Theme: Strategic Planning to Increase Funding The purpose of strategic planning is to share the organization's vision and offer directions to achieve its tangible goals. Participant 1 claimed that the BHC was the last to receive an increase in funding because "mental health was glossed over. People realize that when you have a healthy workforce, you have happy and more productive individuals." Participant 2 noted that if the clinicians continued to work hard, their department's budget could receive increased funding. Some of their budgets were based on state funding. "When inflation happens, budgets get cut. Thus, you have to roll the punches, roll your sleeves up, and figure out how to get over the hump until that budget deficit has gone away and you receive funding" (Participant 2). Participant 1 noted that the strategic planner also identifies threats and embraces change and opportunities.

Theme: Threats to Sustainability When the participants were asked their views on threats, Participant 2 replied,

I would say inflation, <laugh> budgets. When you are a state institution, your budget is based on the fund. Some of your budget is based on state funding, and sometimes when inflation happens, budgets get cut. ... So you just have to roll your sleeves up and figure out how to get over the hump until the budget deficit goes away and you get more funding.

Participant 1 explained that the lack of funding caused some of the programs to become delayed, especially the suicide prevention forum. The suicide prevention forum is held each semester and usually needs the most funding (Participant 1). This forum was opened to the public because suicide is one of the region's top causes of death among individuals aged 10–24. Participant 1 shared that the department cannot hire a guest speaker due to funding; therefore, all guest speakers must be free, or the organization's clinicians will facilitate the workshop.

Theme: Continuing Education for Clinicians; Clinicians are important in helping people reach their goals and identifying stressors and issues that may hinder them from reaching their goals (Participant 1). Career development training strengthens the clinician's skills. Participant 1 stated,

We have got licensed clinicians on staff. Upwardly, that can cost several thousands of dollars when we talk about professional development and getting CEUs for licensure, whether on the ALC or LPC levels. The license here in our state can range from \$300 to \$500, depending upon the certification. ... We do semester training and operate on a semester system here within our department.

So that would equate to twice a year, two trainings a year.

Participant 1 claimed that summer training was also offered for interns with their internship program. Participant 2 noted that the director had talked about national training for the whole staff to see what other universities are doing. "There is no reason we should not be doing other conferences and expanding ourselves to a national platform so we can come back and share that knowledge with our university."

RQ3

What are the significant challenges the Behavioral Health counselors face in implementing planned initiatives to improve mental health services?

Behavior health counselors, also referred to as health care clinicians, faced many challenges, according to Participants 1 and 2. Participant 2 used the acronym SWOT to describe her department. “It is an acronym for strength, weaknesses, opportunities, and threats.” She described the strengths as having seasoned clinicians with much training in the field and years of experience. Based on the findings, adequate funding seemed to be the major challenge that the counselors faced. Money was only available for in-state conferences and training. Participant 2 explained,

We do not have money in our physical budget to go to national conferences like other universities are going. So that is a challenge that we do have. ... You have to choose between office supplies or training your employees.

Other Evidence-Based Results**Client-Focused Results**

The UBHC is a therapeutic center for undergraduates, graduates, staff, and faculty. The organization provides college students with a safe, structured, and conducive environment. The UBHC is a student-centered, nurturing unit that will strengthen their psychological health as they prepare to become members of a diverse global society (Participant 1). With the constant demand for mental health services among college students, clinicians must remain abreast of the latest treatment strategies and effective certifications. Therefore, it is necessary to understand the UBHC’s financial situation and

identify opportunities to apply best practices to improve its funding efforts. All this information was gathered from the UBHC executive director and clinicians during interviews and peer reviews.

UBHC Client Programs

A review of the UBHC website provided information about the organization's programs. The UBHC provides daytime mental health sessions (individual and group) and 24-hour crisis services to its currently enrolled students. The census capacity varies each semester, from 3,500 students in the Spring to 5,000 during the Fall semester. The UBHC was designed to meet the needs of cognitively distorted students experiencing anxiety, depression, and suicidal ideation.

The UBHC budget has an impact on the services provided to its clients. For example, assessing college students' mental health needs can point the clinician in the right direction regarding what kind of resources, treatment, and professional support the client may need. However, with a limited budget, the UBHC cannot provide an evidence-based assessment to its consumers. According to Participant 1, "The department needs constant funds to support the growing needs of its consumers."

Organization's Workforce

Participants 1 and 2 agreed that the organization is a great workplace because of its benefits and leadership. However, they are unsatisfied with their annual salaries, sustainability opportunity training, and fiscal year budget. The organization documents displayed employee satisfaction surveys and pay scales and clarified the problem depth—public data and scholarly peer-reviewed literature identifying best practices for funding

opportunities. Unfortunately, between 2017 and 2021, UBHC funding decreased, causing the department to seek financial assistance from other departments and federal grants.

Implications

With the rise in student mental health issues, the integration of counseling and healthcare services has garnered considerable attention due to students' growing mental health needs and the positive impact of counseling services on college student success. As such, the findings in this study have broad implications and potential for social change. How healthcare is financed and delivered was a hot-button issue in this study. The institution should create policies to address the developing needs of students and staff and call for healthcare reform and social change.

Potential Implications for Social Change

Social change is not one specific action but represents the ever-present and ongoing transformations that reshape the relationship between healthcare policies, policymakers, and the individuals who benefit. Social change is a positive force in society that has beneficial consequences. Social change is a blend of individual and collective action. Very few individuals have the influence that could change an entire culture. However, no collective action can succeed without personal support.

At its most basic level, social change will be realized by how the UBHC executive director and clinicians interact with each other and others. Healthcare professionals and school counselors with different backgrounds and perspectives will have to acknowledge and accept one another to unite behind policies and practices that benefit everyone; hence, positive social change. The social change process will take time.

Understanding the UBHC's financial situation and identifying opportunities to apply best practices to improve its funding efforts may require incremental changes. However, social change aims to alter social norms and behavior positively.

Strengths and Limitations of the Study

This study highlights the funding situation at a UBHC and how it affects its clinicians' continuing education opportunities. It identifies the UBHC themes and climate. This study has two major limitations. First, it has a small number of participants and was conducted at one organization. Second, the study had limited resources to compare with others. While researching this study, I found a few peer-reviewed articles identifying funding at UBHC.

Although there were limitations, this study had many strengths, but I will highlight one. It was one of the first to identify the limited funding that UBHC has. HBCU behavioral centers are usually one of the least funded departments at a university. Stakeholders believe this is the least utilized department; therefore, little to no expenses are needed (Participant 2). The UBHC sees over 200 out of 3,500 students a month with mental health issues.

Section 5: Recommendations and Conclusion

UBHC has been an impactful organization for its consumers and the community for 53 years. Since that time, the UBHC has made minimal efforts for growth. However, the UBHC is not going anywhere as long as the University remains accredited. According to the Accrediting Commission for Career Schools and Colleges (ACCSC), obtaining a UBHC is one of the accreditation standards; it falls under the expectations of Student Services and Student Achievement (ACCSC, n. d.).

Within 5 years, the UBHC was awarded four federal grants: two for suicide prevention and one each for crisis counseling and telehealth. In addition, the UBHC has attempted to ask the administration to increase clinician salaries, a budget set aside for clinicians' continued education and training. Evidence gathered from the semi structured interviews indicated that the UBHC leaders sought to improve the clinicians' salaries by offering more mental health programs to their consumers and the community. To help the UBHC achieve its mission and goal to enhance its clinicians' salaries and offer clinicians continued education training opportunities, the following recommendations, supported by an Action Plan, are presented:

Recommendations

Clinician-Focused Recommendations

A college clinician must address the student's character strengths, interpersonal skills, and emotional problems while attending college. The average college clinician's caseload usually consists of 424 to 1 (McQuiston & Zinns, 2019). In addition, a UBHC clinician must be familiar with various mental health theories, recognize warning signs,

anxiety, depression, and suicidal ideation, and be able to work in a fast-paced environment. To satisfy the state's clinician licensing board, a licensed counselor must undergo ten to forty direct training hours a year (Participant 1). However, the licensing board will only accept direct hours if they consist of live training. Live training can be costly for a UBHC clinician. Sometimes the department administrators must decide what is more important for the department: purchasing office supplies or offering continued educational training to its clinicians, leaving the clinician having to pay out of pocket for continued education training.

Clinician Continued Education Training Recommendation

UBHCS must train its clinicians because not only does it strengthen the employees' skills, but they also learn new ones. The UBHC also benefits because the clinicians will feel invested in it, and the department will have a decrease in turnover and an increase in job satisfaction. Researchers Fukui et al. (2019) collected data from two mental health agencies and determined a high turnover percentage of mental health providers because of a lack of job satisfaction, loss of motivation, and burnout.

Mental Health Grant Sponsorship/Recommendation

Clinicians' continued education training require time, resources, and—most importantly—money. Unfortunately, UBHC has limited resources because alums do not give back to their universities like PWIs, which leaves the department asking for sponsorship from neighboring businesses or federal grants (UAPB National Alumni Association, 2021). Federal grants are significant because they allow the UBHC to purchase office supplies and fund continued educational training. Federal grant funds also

create opportunities for clinicians to study various disorders, research other treatment options, and educate the public about their findings (Mental Health America, 2023).

Action Plan

- **Phase 1 (Months 1-3):** Develop effective strategies to help achieve the identified goals and objectives. The strategies could include increasing funding for the UBHC, enhancing stakeholder communication, and adopting evidence-based practices.
- **Phase 2 (Months 4-6):** After developing the strategies, implement them step-by-step. Ensure that all stakeholders know the strategies and their roles in implementing them.
- **Phase 3 (Months 7-9):** Monitor the progress of implementing the strategies regularly to identify any challenges or deviations from the plan. Evaluate the effectiveness of the strategies and make the necessary adjustments.
- **Phase 4 (Months 10-12):** Finally, document the project's outcome and disseminate the knowledge gained to other behavioral health centers or interested stakeholders to contribute to the body of literature on behavioral health centers in historically black colleges and universities.

Summary

This qualitative study explored strategies for how UBHC can improve its clinicians' job satisfaction by offering opportunities for professional development and funding for necessary necessities. This study also highlighted how HBCUs give a lot to their communities but receive little to no financial support. Social change will occur once

the behavioral health leadership and board members on the university campus increase the department's budget to include not only funds for office supplies and salaries but also professional development opportunities.

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