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## **Barriers to Mental Health Services for Immigrant Latinx Clients**

Cristin Rene Martinez  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Cristin Rene Martinez

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

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by

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MS, Missouri State University, 2008

BA, College of the Ozarks, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the degree of

Doctor of Psychology in Behavioral Health Leadership

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November 2023

## Abstract

Latinx immigrants in the United States face numerous challenges in their migration and assimilation into American culture. One significant challenge is accessing mental health services, which can be more difficult in rural areas such as the Midwest. Grounded in the Baldrige Excellence Framework, the purpose of this qualitative case study was to examine barriers to accessing mental health services in an organization in the Midwest United States. Data collection consisted of analyzing existing data obtained from the partner organization and semistructured interviews with eight participants who were leaders from departments or staff interacting with consumers. Results indicated a need for additional cultural sensitivity training, translating all documents into Spanish, communicating strategic plans with all leaders, and training all staff in the resources available to them for effective and efficient interfacing with Latinx immigrant clients. Findings may support positive social change by helping the partner and other organizations strategize toward increased mental health access for Latinx immigrants and other marginalized groups.

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## Dedication

I dedicate this study to all the people who struggle with mental health challenges and have not obtained treatment for their conditions. I also dedicate this study to my children and their children and their children as a testament to the outcome of hard work, resilience, and determination.

## Acknowledgments

I want to thank my first chair for my capstone, Dr. Hendrick-Noble. She went out of her way to support and encourage me when I worried and doubted my success. Many students will remember her as a genuine source of inspiration and compassion.

Next, I want to thank my current chair, Dr. Cherry Sawyerr. Dr. Sawyerr has worked diligently and supportively throughout the last year to help me meet my doctoral research goals. I cannot describe how much I appreciate her kindness and persistent motivation to see me through the doctoral process.

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## Section 1a: The Behavioral Health Organization Environment

The organization chosen for this study is in the Midwest United States and provides psychiatric, community psychiatric rehabilitation, addiction recovery, developmental disability, crisis intervention, autism, transitional housing, and integrated services. This organization also provides outpatient, residential, and eating disorder treatment. The organization serves adults and children and employs over 5,000 individuals and 400 clinicians. After merging with another large health organization in the Midwest, the organization moved under a parent organization. This change led to modifications in its governance structure as regions shifted to working independently of the others rather than as one. This paper will refer to the organization as Midwest Behavioral (MB) for confidentiality.

Access to quality care and client connections in collaboration with communities is central to the organization's mission and vision. MB's mission is to serve all people needing care by providing quality evidence-based treatment services through a skilled and diverse workforce and respecting clients through a warm, inclusive, and welcoming environment. The organization shares on its website the leadership's intent to provide mental health services for the entire community.

### **Practice Problem**

MB's mission is to inspire hope, form connections, and increase access to care through a welcoming environment for staff and clients. One population that encounters numerous challenges in obtaining mental health services is the Latinx population. Latinx is a term used to identify people from Latin America, including those with roots in

Mexico, Central America, South America, and the Caribbean (Britannica, 2023). After facing adversity in their countries of origin, many Latinx individuals decide to migrate to the United States and are considered Latinx immigrants. Latinx immigrants are at higher risk for adverse mental health outcomes than other populations (Anastasia et al., 2022; Galvan et al., 2022; Grafft et al., 2022; Ikonte et al., 2020; Leathers et al., 2021; Valentín et al., 2020). MB desires to identify strategies to decrease barriers and increase the Latinx population's access to mental health services. Research questions (RQ) that I used to guide the study were the following:

RQ1: What strategies does the organization currently use to provide access to services for Latinx immigrants?

RQ2: What can the organization do to increase access to mental health services or make them more accessible to Latinx immigrants?

RQ3: What barriers inhibit more service accessibility to Latinx immigrants?

### **Purpose**

The purpose of this qualitative case study was to examine the barriers for Latinx immigrants in accessing mental health care services from a nonprofit mental health organization in the Midwest United States. This research adhered to the Baldrige Excellence Framework 2021–2022 to evaluate an organization in the Midwest. This framework aided me in identifying barriers to mental health services for Latinx immigrants throughout the seven categories of excellence.

The organization used for this study provides outpatient services to adults and youths. The outpatient services for youths include an autism clinic, school-based services,



and an attention deficit hyperactivity clinic. The organization used also offers substance use recovery services, comprehensive community support, psychiatric services, assertive community treatment, health care home services, outpatient therapy, crisis services, and residential services for youths and adults. The organization has a crisis stabilization unit where individuals can voluntarily admit for mental health stability. The organization also provides adult transitional housing, integrated mental health, outreach, and developmental disabilities services.

Semistructured interviews with leaders from various organizational programs and departments provided qualitative data to identify themes for organizational barriers for Latinx immigrants to access mental health services. This data allowed a fuller understanding of the organization's operations, successes, and challenges in creating a welcoming environment for Latinx immigrants. Secondary data sources included organizational data collected through the organization's website, annual report surveys, and policies. Secondary data also included demographic data regarding Latinx immigrant and Hispanic clients served at the organization.

### **Significance**

Despite advancements in mental health and increased accessibility, disparities continue among individuals of diverse ethnicities. To increase mental health access to Latinx immigrants, organizations must uncover the barriers within their marketing, communication, service processes, and service environment for Latinx immigrants (Lee et al., 2023; Leathers et al., 2021). The current study addressed MB's challenges in engaging and servicing Latinx immigrants. The study concentrated on various areas of

the organization including marketing, recruiting, intake staff, and client providers. I sought to provide the organization with strategies for decreasing perceived barriers to mental health care for Latinx immigrant consumers and employees.

This study's findings could also provide recommendations and guidance to enhance current strategies to increase access to mental health services for Latinx immigrants. I gathered data about the organization's perceived cultural competency training and its effectiveness in preparing staff to engage Latinx immigrant consumers. Organizational leaders will have access to the results and recommendations from my study, which may provide them with ways to improve mental health access and better serve Latinx immigrants and other diverse consumer groups in their areas. The hope was that this study would impact other disadvantaged marginalized groups in their quest for mental health treatment.

The definition of positive social change is learning and applying knowledge that influences communities in meaningful ways (Walden University, 2022). The current study may contribute to positive social change by identifying strategies for reducing Latinx immigrants' obstacles to mental health services. Furthermore, this study could impact other diverse groups with increased access to care, leading to better overall health and well-being.

### **Summary**

Accessing mental health services is a significant problem in the Latinx immigrant community. Large organizations such as the one selected for this study should be aware of the practices and efforts they employ to ensure accessible services to marginalized

populations. Through this qualitative study using the Baldrige Framework for Excellence 2021–2022, this organization and others may understand Latinx immigrants’ core challenges when seeking mental health care services. This information may effect changes and positively impact the Latinx immigrant community. Section 1b provides an organizational profile and additional insight into MB, including the organization’s (a) services, (b) mission, (c) vision, (d) values, (e) structure and background, (f) clients, (g) competitors, (h) strategic challenges and advantages, and (i) performance improvement system.

## Section 1b: Organizational Profile

Many organizations promote an objective to increase access to care for their community. However, not every organization considers the barriers to special populations. The organization selected for this study sought to increase access to services for Latinx immigrants, among other marginalized people. This study examined the barriers to accessing mental health services for Latinx immigrants in the Midwest. This section includes an organizational profile and identifies the organization's mental health services, mission, values, goals, and culture. This section also includes the organizational background and workforce profile, focusing on organizational assets and the regulatory environment. Last, I describe the organizational governance, clients and customer requirements, key collaborators, performance improvement, competitive position, and competitive changes and data of the organization.

### **Organizational Profile and Key Factors**

#### **Health Care Service Offerings**

##### ***Main Service Offerings***

MB is a 501(c)3 nonprofit organization with a wide array of comprehensive services for adults and youths. The organization provides psychiatric services; substance use recovery services; assertive community treatment; an infant, mother, and prenatal assessment and recovery program; integrated treatment for co-occurring disorders program; home health care, outpatient therapy, human immunodeficiency virus acquired immunodeficiency syndrome support services, individual placement support-employment services, homeless services, psychosocial rehabilitation, community support programs,

and school-based and youth residential services. The organization also has an attention deficit hyperactivity disorder clinic, an integrated care clinic, and an autism clinic.

### ***Importance to Success***

Each program provides services that meet distinct community needs. MB's mission is to serve all within its community by providing evidence-based treatment modalities and trained staff. By providing services that meet unique mental health demands within its community, the organization can move closer to its goal.

### ***Mechanisms***

MB has full-time employees, part-time employees, remote employees, practicum students, and interns. These individuals work in various settings including offices, hospitals, facilities, community locations, and schools.

### **Mission, Vision, Values, and Culture**

An organization's mission and vision determine where its momentum and strategic planning reside. Mental health organizations often seek to increase accessibility to care for their communities. However, some individuals and groups struggle to access these services (Cha et al., 2019; Lee et al., 2023). Organizations must understand the scope of their community's mental health needs and the unique challenges various populations face in obtaining mental health services (Cha et al., 2019; Galvan et al., 2021).

### ***Mission***

MB's mission is to provide access to individualized mental health care and wellness services through strategic partnerships with community organizations.

***Vision***

MB's vision is to have a staff that is the most innovative and trusted experts in behavioral health.

***Values***

MB's values are serving all people who need care by providing quality treatment through a skilled and diverse workforce and respecting all clients through an inclusive and welcoming environment.

***Core Competencies***

The organization does not possess a list of core competencies.

**Organizational Background and Context**

MB and its parent company have dedicated strategic planning efforts toward diversity, equity, and inclusion (DEI) at the organization because part of its mission and vision is to increase access to care for all people. MB's pillars, or values, consist of accessibility to services, excellent care, integrity, and compassion through kindness and inclusivity. These values are intended to translate to increased access to care for diverse client groups including Latinx immigrants in the Midwest. With the state seeing a 10% increase in the Latinx population between 2010 and 2017 (Center for Immigration Studies, 2018), the organization desired additional data and an improved understanding of the effectiveness of its efforts to mitigate barriers to care.

**Workforce Profile**

MB has a wide array of positions throughout the organization. These positions include case managers, supervisors, nurses, therapists, psychiatrists, psychologists,

program directors, assistant directors, client access representatives, pharmacists, client experience specialists, electronic health record agents, liaisons, care managers, evaluators, help desk agents, peer specialists, behavioral health consultants, co-occurring disorder specialists, substance use therapists, registered behavior technician, psychosocial rehabilitation specialists, residential specialists, outreach specialists, clinical coordinator, nurse care manager, mobile crisis specialist, medical assistance, human resources business partner, and DEI team members.

### ***Recent Changes***

Within the past year, the organization merged with another organization under a parent company. Due to this change, leadership regionalized the various locations, meaning they would operate independently from one another while governed by the parent organization.

### ***Education Requirements***

The range of education at MB begins with a high school diploma for liaisons, human resources business partners, peer specialists, developmental support technicians, help desk agents, and client access representatives. Support specialists require a bachelor's degree in a human services field or work experience in a related field. Psychologists and psychiatrists must hold doctoral degrees and their respective state licenses. Therapists require a master's degree and either a provisional license or full licensure in good standing with their states. Therapists are more likely to receive additional culture and diversity training required for their practices.

Nurses must be registered nurses or licensed practical nurses in the state.

Pharmacists are required to have a doctoral degree, and their assistants need a high school diploma and job training. Assistant director and supervisory positions for specialty programs require a bachelor's degree in a behavioral health field, with assistant directors requiring 1 year of experience working with the respective population. Mobile crisis specialists require a master's degree in behavioral health or a related field, a completed practicum, and 1 year of related experience. The medical assistant position requires the individual to be a medical assistant and have 1 year of experience in the health care setting. Community behavioral health liaisons need a bachelor's degree in a behavioral health field. Behavioral analysts must possess a master's degree in applied behavior analysis, be licensed in the state, and have 2 years of field experience.

### **Organizational Assets**

MB has 37 building locations throughout the state and owns most of these buildings and the land on which they reside. Some offices are in leased buildings or facilities and are not available for purchase by the organization. MB uses an electronic health record called Avatar Nx to keep client records and for billing submissions. MB provides laptops to most direct-service providers with Windows as the operating system. The laptop assists providers in their service provisions and the documentation of their services. MB provides scanners to all access representatives to upload insurance cards and other personal information obtained from clients. Industrial-size printers with scanning and copying capabilities are available to staff at each physical location. MB leases these from a local company. MB provides work cell phones in the form of iPhones



for its providers who work in the community setting and for upper management. MB uses Verizon as its carrier for this service.

### **Regulatory Environment**

The organization's regulatory environment consists of regular audits from the state's mental health department, Medicaid, and the Commission on Accreditation of Rehabilitation Facilities (CARF). The code of state regulations regulates many of this nonprofit organization's programs. Program managers must become familiar with the regulations and where to locate information within the regulations document. CARF and the state's mental health department conduct regular audits of the organization to determine the level of compliance with best practices, conformity to standards, and expected program operations.

The organization is also a Certified Community Behavioral Health Center (CCBHC). Becoming and maintaining CCBHC certification requires an organization to attend to staffing; availability; accessibility of services; care coordination; scope of services; tracking essential data; and maintaining organizational authority, governance, and accreditation (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.).

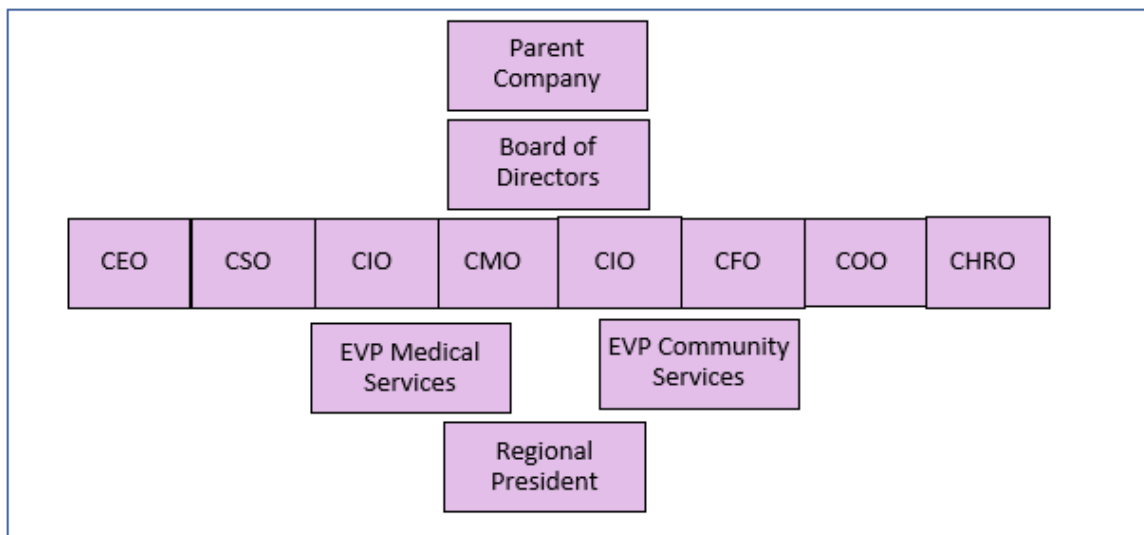
### **Organizational Structure and Governance**

MB has a multidivisional structure that consists of an 11-member board of directors, chief executive officer, chief operating officer, chief financial officer, chief informational officer, chief medical officer, chief human resources officer, executive vice

president of medical services, and executive vice president of community services. MB has a centralized human resources department and regional presidents (see Figure 1).

**Figure 1**

*Organizational Structure*



Following a merger with another large behavioral health agency in the Midwest, the organization decided to regionalize its locations under separate regional presidents and program directors. Program directors would then oversee one or more programmatic operations and manage several service supervisors. Service supervisors would then oversee their team of one or more staff. After the organization merged and moved under a parent company, the parent company created a DEI department and began to focus on strategic efforts in this area. The main objective of this organization is to increase access to care, including marginalized populations, and create a welcoming environment for all.

***Relative Size and Growth***

Initially established in 1977, MB now consists of two of the largest behavioral health organizations in the state under a parent organization. MB is the second largest certified CCBHC in the state and nation. Since 2017, MB has nearly tripled its annual operating budget from around \$60 million to more than \$180 million. According to the annual summary report, MB serves over 45,000 clients annually in 18 counties across the state. The report noted that MB employs about 5,000 people throughout the organization, providing various mental, physical, and dental health care services. The total combined revenue of the two organizations is about \$400 million.

The organization added 60 new clinicians to its workforce between fiscal year 2020 and 2021 and 95 new clinicians between fiscal year 2021 and 2022, per the annual summary report. MB partnered with 15 new schools in five districts in fiscal year 2022, with 2,714 new students serviced through their school-based program. This amount brought the total school-based clients served in the 2021–2022 school year to 5,601.

**Clients, Customers, and Requirements**

Due to holding CCBHC status, MB must serve youths and adults with serious mental illness, emotional disorders, and substance use disorders; those in the armed forces; veterans; and those mandated to treatment by the courts (SAMHSA, n.d.). MB is a consistent referral recipient of individuals discharged from hospitals and psychiatric hospitalizations. MB also provides free crisis support through its 24-hour crisis support line 7 days per week for any individual needing help.

MB bills Medicaid for most of its client services but also bills individuals receiving care, their parents (or guardians), commercial insurance, and Medicare. Additionally, the organization must demonstrate dedication to the accessibility of services despite individual challenges to paying for services rendered (SAMHSA, n.d.). To help cover the cost of care, the organization uses sliding scale options and some grant funding specific to particular client populations and their demographic locations.

As a CCBHC, the organization must provide crisis mental health services, screening and assessment services, individualized client-centered treatment plans, outpatient substance use and mental health services, health assessments, targeted case management services, community psychiatric rehabilitation, and peer support services. MB is the designated community mental health center (CMHC) for multiple counties statewide. The state's mental health department provides a code of state regulations with licensing and operations standards with which the organization must comply. MB must also meet specific criteria to maintain its CARF certification. Furthermore, there are programs with additional fidelity requirements that are increasingly stringent.

## **Suppliers, Competitors, and Collaborators**

### ***Key Collaborators***

MB lists the following as key collaborators: health systems and private/public hospital systems; state-run health and human services agencies, centers, and hospitals; law enforcement and emergency medical services; educational institutions (for service partnerships, research, and workforce development); city, county, and state government and courts; public school districts; and private industry. MB also partners with other

social service agencies and nonprofits in the communities it serves (e.g., housing and homelessness, domestic violence shelters, and food pantries). These agencies and organizations connect with MB in various capacities through meetings, forums, and phone and email correspondence. Some individuals these agencies employ make up the organization's board of directors. These members collaborate with organizational leadership to pursue and achieve its mission. Various changes originating from the top leadership have increased access to care for more and more individuals. MB did not name any agencies or organizations serving Latinx or Latinx immigrants.

### ***Vendors***

MB uses a variety of vendors including Amazon, Verizon Wireless, Microsoft, NetSmart (electronic health record system), Lockton (benefits), Workday (employee performance, hiring, and benefits management system), ServiceNow (work ticket needs software), and Zoom. These vendors support MB's daily operations and its ability to service clients effectively. MB also relies on local companies such as a local construction company, a local architecture agency, and a printer company (from whom MB leases printers and copier equipment). The marketing and communications team uses various electronic tools and programs including Mostly Serious, SnapComms, and Constant Contact. These are valuable to the organization's ability to communicate professionally and efficiently with employees and the public, including its website (available in Spanish), newsletters, and other communications.

**Competitive Position**

The state's mental health department selected MB as the designated CMHC for multiple counties statewide, including two of its four largest cities. Additionally, the organization became a CCBHC in 2016, along with only 18 other agencies in the state. The organization competes with multiple private practices in the Midwest. Specifically, in the state's southwest region, the organization competes with one nonprofit, several smaller nonprofit mental health organizations, federally qualified health centers, multiple emergency rooms, several hospitals, and multiple privately owned for-profit mental health agencies. These organizations provide similar services as MB, including psychiatry services, therapy, substance use treatment, and hospitalization. The National Alliance for the Mentally Ill office in the area provides peer-to-peer services and support for individuals struggling with mental illness. One privately owned for-profit agency offers therapy services in Spanish instead of using a translator like MB. MB states that they do this in service of clients to improve continuity of care and support comprehensive care for all community members.

**Competitive Changes**

At the start of 2022, MB merged with one of its top competitors, another sizeable mental health organization serving several states in the Midwest. The two are now under a parent company. MB is now the Midwest's largest nonprofit mental health and substance use treatment organization. MB rivals in size of operations and scope of services one other large mental health agency in the state.

## **Key Comparative and Competitive Data Sources**

MB uses historical data to compete with itself to improve continuously. MB uses data metrics to track services rendered, costs, and revenue, among other areas of interest. MB also uses state-wide data to see how they compare with other community behavioral health providers and other standardized metrics with defined targets and goals. MB looks at value-based programs from various stakeholders (also with targets and objectives) and any standards in the field that may exist from research literature or national data.

MB gathers client satisfaction survey data regularly. MB uses these data to track areas for improvement and existing strengths from their client base. MB's website noted that 95% of their clients reported feeling satisfied with services in the fiscal year 2022. MB also noted that 85% of their clients reported improvements in their moderate to severe symptoms of depression, and 71% with moderate to severe anxiety symptoms noted improvements. MB does not record demographic information for diverse populations served and their satisfaction with services.

Organizational leadership noted challenges with the most standardized measurement systems (e.g., Healthcare Effectiveness Data and Information Set). Leadership created these systems for hospitals and medical systems rather than community mental health centers. Only after CCBHC launched were there consistent standards on how certified behavioral health organizations (CCBHOs) operated and measured their care. However, leaders explained that the measures used in this program are often geared toward medical care or hospital systems. Organizational leaders stated that CCBHC has since established standards for care and measurement that allow for

more nationwide data consistency, especially as new states come online. Therefore, CCBHC requires more specificity and community behavioral health care considerations. Behavioral health care needs an individualized and standardized metric system designed for how CCBHOs provide care.

## **Strategic Context**

### ***Strategic Challenges***

MB faced various challenges in meeting the increased needs of the communities they served when the COVID-19 pandemic struck. MB had to quickly organize and strategize to continue serving new and existing clients despite the shutdowns and stay-at-home orders. MB also have faced considerable challenges regarding the significant shortage of trained and licensed providers to meet the increased demand. MB has continuously sought licensed mental health professionals, offering sign-on bonuses and other incentives to attract applicants. However, extended wait times for individuals accessing needed services were due to the workforce and volume demands.

Another challenge the organization mentioned that it continues to encounter is the stigma around mental health and disorders within its communities. Organizational leadership recognizes that the issue of stigma is prevalent in marginalized communities. This fact contributes to the 8–10-year gap that MB continues to see with individuals who begin developing symptoms of mental illness and their ability and willingness to seek help.



### *Advantages*

MB's major strategic advantages include its size and presence within its state. Through CCBHC status, this state was established as a leader in mental health innovation and has received national support. MB has also encountered a refreshed interest and reduced stigma regarding mental health in general, meaning more people are seeking care and more young professionals are entering the workforce. Another advantage is the number of resources available to MB and its communities, especially after its merger in 2022. This strategic partnership with like-minded companies created their parent company, which MB noted has produced operational efficiencies and competitive advantages for the organization.

MB has also been pleased to encounter increased buy-in from their local communities, community leaders, and partners in the state. One example is the continued addition of new school-based service partnerships in the state, now having embedded the services in more than 60 districts. MB also has found an involved state-wide system (e.g., the state's Department of Mental Health and the state's Behavioral Health Council). MB leaders noted that this would not be possible without the mental-health-friendly legislature and elected public officials, particularly in terms of state funding for mental health services. MB is also one of the few mental health organizations in the United States with a DEI team dedicated to addressing DEI concerns in the workplace and serving diverse client groups.

## **Performance Improvement Systems**

MB has created a series of key performance indicators for every service line and domain. These exist for all regions and include detailed data monitoring. The organization also seeks to explore, define, and diagnose needs for improvement efforts and projects that incorporate best practices into processes and workflows. MB collects data around these efforts to monitor their progress continuously.

MB employs a quality assurance system for documentation and client care provision. MB also uses a client experience agenda that elevates that client's preference and needs and advocates for solutions to challenges clients experience while receiving care. One of the organization's efforts is the client experience specialist positions. These individuals seek to assist clients with concerns related to their expertise in accessing, obtaining, and benefiting from the services provided by MB. MB has also created a client advisory board comprising current and previous clients of the organization for continued quality improvement. It is unknown whether these groups have a diverse representation attuned to the specific needs and challenges of Latinx immigrants.

## **Summary**

This organization's strategic planning has led to it being one of the largest mental health agencies in the Midwest, serving many clients and demographics across the region. MB's ability to construct purposeful and effective partnerships with various community agencies and organizations has increased its success and position in the state. MB's executive leadership is aware of several areas in which it has struggled due to various challenges. However, its many strengths outweigh these challenges. This organization

stands out among its competitors with a wide array of services and recognition as a CCBHC with CARF certification. MB relies on the data it obtains and tracks to strategize and improve its operations and service provisions. Leadership understands the stigma and obstacles for marginalized groups, including Latinx immigrants, to access mental health services effectively. Therefore, MB's mission and objective are to reduce these barriers and increase access to care. Additionally, the organization strives to reduce these barriers to serve all individuals seeking mental health services through collaboration with the state's mental health department, government, local hospitals, and various organizations. Section 2 provides a review the existing literature on Latinx immigrants and mental health access, the sources of evidence for this study, leadership strategy and assessment, analytic strategy, and client management strategies for quality care and performance.

## Section 2: Background and Approach of Legal Strategy and Assessment

Accessing mental health care services can be challenging, but for Latinx immigrants there are numerous barriers to accessing mental health services in the United States. Organizations that strive to make services accessible to all can conduct regular internal and external reviews to evaluate their ability to meet this ambitious goal. Approximately 72% to 76% of the Hispanic population in the United States is undocumented, with most coming from Mexico and most having a high school diploma or less (Millet & Paviol, 2022).

Latinx immigrants face a substantial disadvantage in accessing mental health services, putting them at higher risk for adverse mental health outcomes (Anastasia et al., 2022; Galvan et al., 2022; Grafft et al., 2022; Ikonte et al., 2020; Leathers et al., 2021; Valentín et al., 2020). The case study provided a format to assess an organization's strengths, weaknesses, and opportunities to serve special populations, specifically Latinx immigrants. The purpose of this qualitative case study was to examine barriers for Latinx immigrants in accessing mental health care services from a nonprofit mental health organization in the Midwest United States.

In this section, I review supporting literature for the study, identify sources of evidence used, and discuss the collection and analysis of data. I describe how leaders govern and lead MB, implement strategies, and identify key strategic challenges. Lastly, I describe the client population, how this organization receives client feedback, how they engage clients and build relationships, and how I planned to analyze the data.

## Supporting Literature

Five databases used to review the recent literature on the accessibility of mental health services for Latinx immigrants and the consequences of the lack of access were Education Resources Information Center (ERIC), American Psychological Association (APA) PsychInfo, APA PsychArticles, Academic Search Complete, and ProQuest Central, available through the Walden University Library. The date range searched spanned 2019 to May 2023. The keywords used in APA PsychInfo and ERIC search engines were *Latinx immigrants AND mental health*. Keywords searched in the APA PsychArticles database were *mental health AND Latinx immigrants, mental health treatment AND Latinx immigrant, access to care AND Latinx OR Latinos OR Hispanics OR Latinas*, and *depression, mental health AND Latinx OR Latinos OR Hispanics v Latinas*. In the database Academic Search Complete, keywords used were *Latinx immigrant OR undocumented immigrant AND strategies OR methods OR techniques OR interventions OR best practices AND mental health, Latinx immigrants AND mental health*, and *mental health care*. Keywords searched in ProQuest Central were *Latinx immigrants OR undocumented immigrants AND mental health access car and minority access mental health AND barriers OR obstacles OR challenges OR difficulties OR issues OR problems AND United States OR America OR USA OR U.S.*

### Higher Incidence of Mental Distress

Latinxs represent one sixth of the U.S. population, with more than 50 million living there (Britannica, 2023). With 62.6 million Hispanics in the United States, this population comprises 18.9% of the population (United States Census Bureau, 2022).

Between 2010 and 2017, of all immigrant groups coming to the United States, Latinx was the largest group of immigrants (Center for Immigration Studies, 2018). MB's state saw a 10% increase in Latinx immigrants (Center for Immigration Studies, 2018).

Often lacking proper support, Latinx immigrants experience cumulative stressors, negatively impacting these families (Rusch et al., 2020). Studies showed higher depressive symptoms among Hispanics (American Psychiatric Association [APA], 2017; Diaz & Fenning, 2021; Leathers et al., 2021). Latinx parents experience a higher prevalence of depression symptoms if they escape their countries of origin due to extreme poverty, traumatic experiences, political violence, or limited education (Diaz & Fenning, 2021). Latinx immigrants are also at increased risk for anxiety and trauma, leading to higher distress levels and an increased risk of developing post-traumatic stress disorder (Bucay-Harari et al., 2020; Diaz & Fenning, 2021; Galvan et al., 2021; Grafft et al., 2022; Ikonte et al., 2020; Leathers et al., 2021).

### **Access Frequency**

The literature indicated that Latinx immigrants have an increased need for mental health services but face increased obstacles when seeking services (Anastasia et al., 2022; Cha et al., 2019; Valentín, 2020). Compared to Whites, “minority groups are less likely to receive mental health care” (APA, 2017, p. 2). Ethnic minorities, including Hispanics, are less likely to receive treatment for mental illness despite severe symptoms of psychological distress (Salameh et al., 2019).

Latinxs tend to use mental health services at lower rates (25%) than African Americans (21%) when compared to Whites (Clay, 2016). Only 52.8% of adult Hispanics

experiencing a severe mental illness in the previous year sought mental health services in 2019 compared to 70.5% of Whites, and only 36.8% of Hispanic youths sought mental health services compared to 50.3% of Whites (SAMHSA, n.d.). Legal status can place Latinx immigrants at a significant disadvantage in accessing mental health services and health services in general (Bailey et al., 2021; Cha et al., 2019; Galvan et al., 2021). Immigration policies negatively impact Latinx immigrants' mental health, often leading to helplessness and surrender to their mental health stressors (Bailey et al., 2021).

### **Accessibility Challenges**

Studies have identified various factors that inhibit access to care for racial minority groups. Some groups may have increased stigmas around mental illness (APA, 2017). Latinx immigrants can struggle with access to health care services due to stigma toward services, cost of care, lack of health-related information, and low health literacy (Lee et al., 2023). Individuals may have limited access to insurance or be underinsured (APA, 2017; Clay, 2016), struggle with language barriers, struggle to find providers of their ethnicity, experience distrust in the health care system, and encounter providers with limited cultural competency (APA, 2017). An additional barrier to proper access is finding an appropriate mental health screening tool for Latinx immigrants (Venta et al., 2022).

Organizations seeking to increase access to care, such as MB, have encountered challenges in increasing access to services for Latinx immigrants. Valentín et al. (2020) studied the efforts of two federal health centers in Michigan to service this population, one with specialized programmatic efforts but with limited success. Valentín et al. found

that multiple stressors in this population (including isolation) decreased their ability to implement coping skills effectively. Part of the challenge of serving this population is effectively communicating with clients and their parents and guardians. This language barrier can impede discussing and understanding diagnostic symptoms (or criteria), diagnoses, and treatment plans (Slobodin & Masalha, 2020).

### **Effects of Inadequate Access**

It is critical to identify barriers to mental health care access for Latinx immigrants and develop strategies for organizations to overcome these barriers to improve health outcomes for this population (Gell-Redman et al., 2020). This decreased accessibility is detrimental to Latinx immigrants' general health and well-being (Bucay-Harari et al., 2020; Galvan et al., 2022; Leathers et al., 2021). Latinx immigrants are more likely to experience increased suffering due to the lack of access to said treatment (Anastasia et al., 2022; Galvan et al., 2022; Grafft et al., 2022; Ikonte et al., 2020; Leathers et al., 2021; Valentín et al., 2020). Obtaining easy access to mental health services can also mitigate symptoms of depression (Gell-Redman et al., 2020). Over time, individuals with untreated mental health symptoms can experience somatic responses to their mental illness, resulting in increased physical pain and distress (Bucay-Harari et al., 2020; Galvan et al., 2022; Leathers et al., 2021). Therefore, it is not surprising that racial minority groups tend to experience increased potential for disability due to mental illness (APA, 2017).



## **Removing Barriers**

Organizations must strategize ways to create a sense of community for Latinx immigrant clients, build trust, and hire bilingual providers whenever possible (Garcini et al., 2022; Lee et al., 2023; Valentín et al., 2020). Focused marketing strategies, trauma-informed staff training, and cultural competency training (focusing on beliefs held) also significantly impact Latinx immigrants' access to mental health services and their experience with mental health services (Barnett et al., 2020; Beck et al., 2021; Berg-Poppe et al., 2022; Slobodin & Masalha, 2020). Organizations must identify ways to provide a welcoming environment where Latinx immigrants are treated equally (Lee et al., 2023). Additionally, when the organization is invested and believes in these types of training and underscores its value, the staff tend to be more committed to accepting and willing to implement what they learn, thereby effecting positive client outcomes (Arnold et al., 2020; Berg-Poppe et al., 2022; Nation et al., 2022; Purtle, 2020). Identifying the barriers to accessing mental health services for Latinx immigrants in the Midwest is critical to developing a strategic plan to address this problem.

An organization must provide a welcoming environment that enhances trust and effective communication for Latinx immigrants so they are comfortable receiving treatment (Garcini et al., 2022). Mental health organizations must identify barriers to Latinx immigrants in their communities to increase access to this marginalized population, primarily because Latinxs comprise 19.1% of the U.S. population (United States Census Bureau, 2023). The current study was conducted to identify barriers and possible solutions for accessibility issues for many diverse groups.

## **Sources of Evidence**

This study's evidence sources included the organization's annual summary report 2021, website, and policies and procedures manual. These documents were accessible through the organization's webpage and from staff sharing these documents. Information and data from these sources provided additional insight into organizational operations and expectations. Interviews with leadership provided supplemental data for the general understanding of MB. Further interviews with leadership allowed for a more comprehensive discussion of how the organization seeks to welcome and service Latinx immigrant clients and reduce barriers.

## **Leadership Strategies and Assessment**

### **Senior Leadership Vision and Values**

#### ***Setting the Mission and Vision***

MB considers several factors when designing its mission and vision statements. Aiming to keep its mission and vision to three to five areas, the organization's top leaders connect to key stakeholders to gather input. Stakeholders include community members, the organization's board of directors, marginalized groups in the community, and state leaders. MB's executive leadership then considers the perspectives of these groups in combination with the current environment, including funding environment, capacity, and investment energy. The organization also considers differing perspectives and is willing to create a mission and vision that further grow the company.

### ***Communicating the Mission and Vision***

MB is aware that, due to its size, communication is vital for its success. Administrators understand the importance of keeping key stakeholders, especially staff, abreast of organizational changes. MB uses multiple methods of communication to deploy its vision and mission to key stakeholders. MB charges its communications department to share the message using various platforms including social media and news media. The director of this department organizes news media briefings for essential changes and updates about the organization.

Staff regularly receive SnapCom communications (one-way digital communication software) from the communications department on their laptops. The communications team and department leaders also help keep staff informed of changes via email communications, monthly regional meetings, and team meetings where updates and pivotal information are shared. Executive leadership expects all organizational leaders to exemplify the mission and vision in their daily work and conduct.

### **Promoting Legal and Ethical Behavior**

MB entrusts its staff with understanding, exemplifying, and upholding industry guidelines for ethical and legal behaviors. Leaders are responsible for holding their staff accountable to this standard. Part of this objective is to enlist the support of the organization's compliance department. The compliance department reviews client documentation regularly through internal audits to ensure adherence to the CARF and state regulations and to catch waste, fraud, and abuse.

Standards come from professional licensing boards and the organization's policies and procedures manual. Additionally, MB must adhere to the state's regulatory requirements for services rendered and billed and the standards for medical insurance companies. MB communicates these standards through online training portals that require employees to complete and pass a posttest to confirm their knowledge of corporate compliance standards. Employees also receive communication regarding these standards through individual supervision, direct leadership, the corporate compliance committee, and the human resources department.

### ***Communication***

MB employs a communications director, a communications department, and a marketing team to manage all written and oral official communications. These departments communicate and advertise to their community, clients, and workforce. Due to the variety of educational attainment of staff, leadership seeks to avoid including jargon or acronyms in its communication. In this manner, all staff can comprehend and appreciate the information shared with them. Customers and clients also require communication without clinical jargon with which they would not be familiar. However, most communication within and without the organization is in English.

### ***Workforce***

Communication in an organization of this size can be challenging. MB seeks to communicate regularly with its workforce using as many methods as possible. The communications department provides regular weekly newsletters and SnapCom to all staff containing important organizational (and program-specific) updates, training

opportunities, and resources. Other methods of organizational communication are email, Zoom, social media, and meetings with leaders.

The president of each region holds a monthly meeting and invites every staff member from their respective region to hear about the organization's financial status, upcoming changes, program updates, and information deemed necessary to share via this format. Additionally, time is allotted at the end of each meeting to take questions from the workforce. Executive leadership seeks to visit satellite clinics, which they call "listening tours." These visits offer staff at remote locations an opportunity to interact with top leaders, ask them questions, and receive organizational updates in person. Leaders also will conduct "ride-alongs" in which they volunteer (or are selected by a supervisor) to come along with staff for their client sessions for a day. During these interactions, senior leaders can see a staff member's day firsthand and offer the staff feedback. Additionally, staff get to share their challenges and successes with top leaders, which can lead to necessary changes in practices and procedures.

MB invites employees to complete an annual engagement survey and trauma-informed cultural assessment for employee feedback. These surveys are obtained through a third party to ensure all information is anonymous. According to organizational leaders, these surveys have helped the organization identify pain points (e.g., areas for improvement) and where MB is doing well.

Lastly, the organization has developed a special employee-run engagement team. This team seeks to engage employees in actively serving their organization and peers to

improve the organization. The team meets with top organizational leadership to share employee ideas on ways to make organizational improvements.

***Performance: Recognition and Incentives***

Organizational leaders seek to motivate their workforce through various incentives. The employee engagement team seeks to recognize staff accomplishments in a monthly newsletter, noting their willingness to go above and beyond expectations. The individuals receive organizational “swag” for their achievements. Moreover, there are quarterly and annual incentives for client providers to earn additional income for providing a set number of client services within an allotted timeframe. Employees who meet certain career milestones with the organization will receive a honorary pin. These pins note their years of employment with MB.

***Performance: Evaluations***

MB employs regular performance evaluations for all staff within the organization. New personnel are evaluated at six months and then annually. If they change positions, their new supervisor will assess their performance at this new position six months from the start of that new position.

Evaluation categories are specific to employee roles. In general, they address staff’s ability to meet the appropriateness of a position, performance of the expected responsibilities, quality of their performance, openness to feedback, and competency areas. Provider categories address the appropriateness of client treatment, documentation quality, timeliness, and adherence to ethical guidelines and codes of ethics. Current evaluations do not include a for evaluating staff’s cultural competency or ability to

service Latinx immigrants (or other minority groups) effectively. Evaluations will result in 1-2 Specific, Measurable, Achievable, Realistic, and Timely (SMART) goals (Doran, 1981) for continued employee development. Leaders review staff SMART goals in their following performance evaluation.

### *Clients*

MB's marketing and communications departments utilize various communication methods for its clients. Using jargon-free and easy-to-understand language, each client receives a client rights and responsibilities brochure and a notification of privacy practices from MB. They also receive flyers, program brochures, and program descriptions when interested in a particular service at the organization. Many of these forms have Spanish versions for Spanish-speaking clients.

MB has also hired a full-time language coordinator as part of DEI team. The language coordinator is working on a new interpreting service called "video remote interpreter," which they hope to release this year to facilitate client communications. The aim is to improve the interpreter service experience for clients and providers alike.

### *Customers*

Community members will receive communication from this organization through social media (e.g., Facebook, Instagram, and Twitter) and traditional media (newspapers, radio, and televised news broadcasts). The director of communications organizes media releases upon critical organizational changes or as mental-health-related issues arise in the nation. These are always in English, with few options allowing for Spanish translations of the information or presentation.

## **Mission and Organizational Performance: Creating an Environment for Success**

### ***Environment for Achievement of Mission***

It can be challenging for an organization to have a uniform style for employee management due to the variety of staff, positions, education, past experiences, and personal styles of leadership. However, MB's regional president explained that he seeks to empower staff through transparency and adequately communicating the "big picture" to all staff, regardless of their role or position. The aim is to ensure that the organization's mission, vision, and values are known and carried out by each employee. The regional president would like to improve communication methods and highlight client outcomes.

### ***Learning and Future Leader Development***

MB has a program for staff to continue their education through a tuition assistance program and in partnership with local colleges and universities. This benefit provides eligible employees \$10,000 of aggregate financial assistance each calendar year. The hope is that these individuals will obtain the experience and educational requirements to become specialized providers and move into leadership positions in the organization. There are no current programs or incentives to help staff learn Spanish (or any other language). However, leaders have hired MB's first language coordinator, who is helping the organization meet client language needs.

MB seeks to offer continued professional development opportunities to its staff. They hold monthly speaker series for employees to continue to learn more about various topics related to mental health. Speakers carry different types of graduate degrees, licenses, and specializations. These sessions provide licensed staff with continuing



education needed for their various professional degrees. MB offers cultural competency training through its online training platform and live Zoom training sessions; the most recent one was on “Learning to Unlearn.” Staff must complete cultural competency training via the online training platform annually. Furthermore, they hold a weekly book club meeting group, reading Brenè Brown’s *You Are Your Best Thing: Vulnerability, Shame Resilience, and the Black Experience*.

There are also opportunities for some staff to attend state, regional, and national mental health conferences. Staff is also encouraged to submit proposals to various conferences to provide an organizational presence at different levels. MB also holds annual youth mental health conferences with keynote speakers and multiple breakout sessions on many youth-related topics.

### ***Client Engagement***

Recognizing the need to increase client feedback and better client experiences to meet the organization’s mission, they created a client experience specialist position. These specialists ensure that interactions between clients and the organization meet expectations. They also leverage client feedback to improve systems and address individual concerns and needs in real-time. It is unclear whether these individuals are bilingual or if they require an interpreter service to engage Latinx immigrant clients (or other Spanish-speaking clients).

## **Mission and Organizational Performance: Focus on Action**

### ***Performance***

In addition to performance evaluations, leaders at MB regularly review employees' performance as each department holds its staff to key performance indicators (KPIs) set by leadership. KPIs align with CARF requirements and state regulations to ensure quality client care and organizational operations. Leaders provide feedback regularly via email, Zoom, and face-to-face meetings with their staff. Leaders collaborate with their staff and, when necessary, human resources to hold staff accountable for achieving (and not achieving) these standards. Performance improvement plans provide an opportunity to help leaders effectively communicate the expectations of particular employees who continue to struggle. These include actions should the employee fail to meet the set (and agreed upon) expectations. The organization does not evaluate employees on their cultural diversity or competency training.

### ***Needed Actions***

Pain points, or areas of improvement, are identified through regular reviews of departmental and organizational performance. Current priorities are client wait lists, limited clinical providers (provider shortage), and ensuring employees are freed up from mundane tasks (like checking client list accuracy and tracking client due dates) so they can do their work. Executive leadership understands that they must listen to key stakeholders and implement necessary changes to propel the organization forward.

### ***Creating and Balancing Value***

Certification boards, state regulations, and payers drive many of the expectations set within the organization. Additionally, the organization's human resources department and the DEI department seek to ensure a healthy and culturally competent working environment for staff and clients. Organizational executive leadership seeks input from various methods from staff, clients, and the community. Leaders must leverage the ambitions of their board of directors, the organization itself, the standards of practice, and stakeholder input. Each of these has its worldview, priorities, and areas of expertise, and this aspect is necessary to consider when leveraging said information and creating action plans around it.

### **Governance and Societal Responsibilities: Organizational Governance System**

#### ***Governance Board***

The organization ensures responsible governance by recruiting and retaining a high-quality board of directors and key stakeholders. The board of directors helps govern the organization. They have the power to hire and fire the CEO. They can also ensure that the organization is financially in order and follows policies, procedures, and regulatory requirements. Senior leaders collaborate on strategic plans for the organization and present these to the board for approval. Board members receive regular organizational outcome reports regarding financials, programmatic outcomes, clients served, and client outcome data.

***Workforce***

The organization requires all staff to annually complete corporate compliance and risk management training. The staff must pass a post-test to ensure they have the appropriate knowledge about these policies, the consequences for violations, and how to make a report should they identify an issue in one of these areas. The organization requires all employees to read its code of conduct and corporate compliance plan. They expect all employees to conduct business by following all applicable laws and regulations of the United States, the state and local laws and ordinances, and the professional standards of practice known by the mental health industry and by the organization. The organization provides a confidential reporting line to increase open communication between these departments and reporting staff. They can also submit written reports.

***Clients***

Clients receive a notice of privacy practices and a rights and responsibilities brochure when entering treatment services at the organization. They are encouraged to report issues with their care and violations of their rights. These and other client documents are now available in Spanish.

***Audits***

This organization undergoes routine annual audits from the state's mental health and Medicaid department. It also is audited triennially by CARF. The organization conducts periodic internal audits of client records to ensure the quality of care and that services rendered are medically necessary. Internal audits follow state regulations and feedback from CARF and state audits.

**Performance Evaluation**

Due to the recent regionalization, the organization is developing a senior executive leadership assessment with relevant key performance indicators for evaluation. These will include specific metrics and agreed-upon measures. As with other employees, vice presidents, directors, and supervisors currently have six-month performance evaluations after starting their positions and subsequently annually completed by their direct supervisor. Senior leaders use these to determine how they will calculate bonuses.

**Legal, Regulatory, and Accreditation Compliance**

MB collaborates with local and state authorities to ensure proper conduct. Top leaders believe building relationships with local and state government and community organizations is essential. Leaders have attended community functions, participated in breakfast with the mayor,” and through community focus groups. In this manner, leaders can stay abreast of community interests and areas of concern so they are fully informed. Should MB experience an event that could negatively affect the organization, it entrusts the proper communication of the event to its marketing and communications team. This team always strives to use the most appropriate means to communicate timely, accurate, and proper information. MB also contracts a legal firm that provides the organization with legal counsel and support on various emerging issues.

The corporate compliance committee ensures that MB follows legal, regulatory, and privacy laws and regulations. They also will look into concerns and reports about violations. Staff is required to participate in annual corporate compliance and risk

management training. Failure to report problems could result in disciplinary action or termination of employment.

### **Ethical Behavior**

The need for a unified code of ethics became apparent after the merger between this organization and another sizeable mental health organization in the state. Monitoring operations and employee conduct responsibility is entrusted to all leaders throughout MB. The organization believes in holding top leadership accountable for ethical and compliance violations.

In compliance with CARF standards of practice, there is a corporate compliance officer and multiple avenues through which staff is encouraged to report concerns about waste, abuse, fraud, or any other unethical or illegal behaviors. The organization requires all staff to complete corporate compliance training and post-test annually to ensure that its team knows the elements of corporate compliance.

Additionally, this organization has a risk management team and provides monthly risk management training to all staff on various topics related to client rights and privacy practices. They allow time for questions at the end of each session and record all sessions so staff can view them later. This team is available for questions and risk reports anytime during the workweek.

All licensed providers require biennial certification. This process entails identifying a list of references, supplying required documentation, and showing completed continuing education credits. The referenced providers must answer questions about the staff's ethical and professional conduct and ability to provide quality care.

The compliance department regularly audits client charts to identify and prevent issues with waste, abuse, fraud, or any other type of concerning behavior. Leadership and human resources are made aware of such concerns. Disciplinary measures, including termination, can occur when necessary to appropriately address said concerns and protect clients and the organization.

**Societal Responsibilities: Social Well-Being**

The organization has placed much weight on the social well-being and social change aspect of its strategy and daily operations. The organization has heavily invested funding, time, and energy into its DEI team and participated in community walks and activism against injustice and division. However, their president notes that this is “tricky” in the current political climate and the setting of this particular region. The president stated, “If no one says anything, nothing will happen, but if you push too hard, you cut off your nose to spite your face.”

**Societal Responsibilities: Community Support**

According to the president of MB, the organization believes in having solid relationships within its community. This objective is accomplished through frequent collaborations with community partners and organizations to advocate for mental health and well-being within the community. The organization has partnered with local law enforcement, juvenile offices, and homeless and domestic violence shelters to remedy local concerns. The idea is that each organization can contribute collaboratively with others to help address issues in the community.

## **Strategic Planning Process**

### ***Key Process Steps and Participants***

The organization has four pillars aligning with its mission and vision that drive the development of its strategic plans and innovative approaches. The four pillars are accessibility, integrity, excellence, and compassion. Previously, the organization's executive leadership worked with its lead counsel and board of directors to develop its strategic plan per its pillars or critical focus areas. Using these pillars, they identified themes to build a strategic plan for all departments. They aimed to provide a guide to their team so they could think creatively within the framework of their set vision. From there, they identified specific tactics and tasks. The pillars helped guide and prioritize what most aligned with the organization's priorities. Then, the organization and its staff knew where to put their time and energy. Once finalized, these were communicated to departmental leadership and tracked and reviewed regularly.

However, after the merger in 2022, the organization's umbrella company now conducts the strategic plan for the organization on a macro level. The executive vice president of integration helps lead this endeavor. The umbrella organization met with executive leaders one year ago to develop the new strategic plan, which they plan to release in the summer of 2023. Then, they will identify KPI and key stakeholders to help achieve the set objectives.

### ***Short- and Long-Term Horizons***

The organization used to update its strategic plan every three years. However, the organization has moved to annual strategic plan reviews to the rapid and reviews due to



the ever-changing mental health field. The chief operating officer (COO) explains that the behavioral health field is developing so rapidly that many companies find 3-year cycles too long, shifting to short-term plans. He described how companies with potential merger opportunities could fall off the market quickly, and grants can be available one day and gone the next. Hence, the COO explained that the organization believes in rapid-cycle strategic planning.

The organization uses a performance matrix to evaluate its strategic plan progress. This matrix looks at the number of clients served, state regulatory requirements, workforce retention rates, client satisfaction, proper identification of at-risk clients, and access to care. Each service line is obliged to work towards its collaborative service goal. The aim is for the organizational goal to be challenging and not too easily attained while aligning with its mission and vision. The organization's expected performance should fall between 80% and 90% to ensure that the goal was reasonable and that the organization worked successfully to get close to meeting that goal.

In terms of long-term goals, the organization consistently focuses on its commitment to success. Fortunately, due to the merger and financial well-being, it can invest in new technology, its workforce, and its buildings. However, leaders understand the need to focus on continued expansion and investment to continue its success.

### ***Transformation and Prioritization of Initiatives***

The COO notes that companies are dying due to their inept ability to keep up with technology, the workforce race, and the industry's rapid pace. For example, before the COVID-19 pandemic, the organization provided 50% of its services via telehealth,

shifting dramatically to 90% once the shutdown was in full force. The COO reports that the average number of telehealth now is 55%. He elaborated that, now, companies, such as CVS, are looking to profit from treating mental illness, seeking to make it a commodity. Rather than competing, the organizational leadership of this organization aims to pull together and partner with other community mental health centers to increase access and provide quality treatment without the ambition to turn a profit.

### ***Addressing Organizational Agility***

The organization maintains consistent communication and frequently discusses organizational opportunities and priorities and how they align with its mission and vision. Its leaders must respond quickly to outside forces and re-strategize as needed, according to MB's COO. Thus, there are times when the process is accomplished informally through scheduled consultations and drop-ins, as the situation requires. Nevertheless, the organization understands the necessity to keep the organization's pillars in alignment with these strategies while also considering external factors. Therefore, having a fixed vision helps the organization prioritize which tactics it needs to employ and contributes to healthier discussions. In this manner, the organization can productively and effectively respond to opportunities and threats as needed (e.g., acquiring a clinic or community mental health center, implementing a new program, or expanding its current office space).

### **Innovation**

Due to necessity, the organization has had many innovations in the past five years. The COO notes that it is essential to "keep feeding an idea" and not assume it is a

failure when it does not go as planned initially. He explained that persistence and trial and error are essential in organizational innovation. However, key ideas must align with the organization's mission and vision.

### *Opportunities*

Much of the organization's strategy development for stimulating and incorporating innovation is through the support of top leadership. When a staff or group of staff has an idea that aligns with the organizational mission and vision, the chief executive officer will approve and support the venture. There are several examples of these, including the opening of the attention-deficit hyperactivity disorder clinic, the eating disorder clinic, and the launch of the wellness community. Additional processes include meeting a community need (identified through surveys or feedback), capitalizing on grant opportunities, and utilizing government funding opportunities. One example described by MB's president is their online wellness community. At the start of the pandemic, a small group of individuals in the organization came together and created an online wellness community. The online wellness community established the platform to support staff and help them feel connected and better despite the situation. It started through the organization's Zoom communication platform and then quickly moved to Facebook and even YouTube as it became a community-support model. However, they pivoted again when it did not "land" the way the organization intended. Then, the organization's marketing and communications departments got involved and created a public education plan.

***Risk vs. Intelligent***

The organization is a non-profit, but leaders must also ensure it is financially sustainable. According to executive leaders, to do so, leaders must consider the cost and potential return on investment for innovative opportunities. However, the investments are not solely for financial purposes but also for community investments. For example, the online wellness community does not generate revenue for the organization but serves a community education and wellness need.

Another community issue noted by the president includes reducing the frequency of emergency room visits for mental health needs by creating an adult crisis center. It is a mental health walk-in crisis center providing an access point for those needing immediate psychiatric care, medication-assisted treatment for opioid use, psychiatric assessment, initial assessment eligibility determination, brief therapy, peer support services, 23-hour observation, and referral to appropriate follow-up. This clinic does not profit the organization financially but benefits its community.

**Strategy Considerations**

Executive leaders conduct regular reviews of current organizational data, including KPIs, organizational metrics, and community survey data relevant to mental health needs. They also review industry trends and initiatives to determine where there might be opportunities and where there are risks. These top leaders then met with the leadership counsel to decide what changes are necessary and what areas to continue to pursue, ensuring all fall within the mission and vision outlined for the organization.

An organizational advantage is that the top leaders believe in intelligent investments and investing in their workforce. The president explained that this strategy allows staff to contribute to potential organizational investment ventures. Another strategic advantage is that leadership is ready and willing to pivot when necessary to ensure venture, programmatic, and investment success. However, there have been situations when they have also had to cut loose from a poor investment or one that is no longer viable. An example is when they attempted to open offices in a neighboring state. However, the state's licensing and insurance limitations (especially with Medicaid) led to such obstacles that the organization had no choice but to close its offices.

### **Work Systems and Core Competencies**

#### ***Workforce Vs. External Partners and Suppliers***

The organization supplies care rather than tangible products, so there is little left to outsource. However, it does outsource a few elements, which ensure its operations. One example is its internet and phone needs. The organization must rely on local companies to supply its communication needs.

The organization must decide what is within its expertise to manage internally and what is best to outsource. The organization faced a challenge when it decided to outsource its releases of information records through a third-party organization. However, they realized they struggled to meet client and organizational needs as they did not fully understand mental health and its operations. The organization then decided to return to processing information release requests internally, which was necessary for efficiency and quality of service.

The organization continues outsourcing its construction, architecture, and furniture supplier needs to external partners. Over time, the decision to outsource to the same group has led to the collaboration of the three partners, improving the success and timeliness of completion for building renovations and construction projects. According to MB's president, these entities now understand more about this organization and its operations, which will continue to benefit it as it grows and expands its operations.

### ***Work Systems and Plan Objectives***

Each department and level of staff contributes to the organizational mission and values. Executive leaders help determine the organization's direction following its mission and values. Department supervisors work with their teams to bring these tasks to fruition. Their efforts result in data the organization collects to ensure it meets its objectives. According to MB's COO, executive leaders must be able to react to sudden threats and opportunities as they present. Thus, they will have impromptu meetings to discuss urgent matters so there is no delay. Top leaders meet with their service region monthly to provide and receive feedback about operations. They discuss challenges to meeting objectives and celebrate successes. As they examine issues, the team seeks solutions to minimize or eradicate these. Additionally, some departments created a group of direct-care providers (for example, support specialists and clinicians) and top leaders to discuss said challenges and work towards solutions in collaboration with staff. This process ensures that staff has a voice in the discussion and efforts to resolve challenges.

**Key Strategic Objectives**

The organization is revising its strategic plan and objectives due to its merger. The new strategic plan and final performance matrix were due to be released in the summer of 2023. However, the organization seeks to tie its objectives to its mission and values consistently. Some key consistent areas of focus are expanding, serving its community and staff, increasing access to care for its community, and managing its bottom line to remain a viable organization. Leaders meet quarterly to assess progress to meet performance goals annually. Despite the annual timeline for updating the strategic plan and objectives, organizational executive leaders can modify the plan at any time contingent on urgent community and organizational needs.

**Strategic Objective Considerations**

This organization strives to identify priority areas and entrusts key leaders to manage their departments while working together to meet its mission. It seeks to hire quality leaders who believe in the organization's mission and lead their team toward performance metrics. Organizational needs become a priority when they relate to the organization's mission. When executive leaders identify a priority organizational need, they attempt to address it by providing resources, support, and guidance to meet these needs successfully. The organization's top leaders developed its mission and values to purposefully be broad enough to encompass various strategic plans and objectives. This strategy was so the organization could shift its focus areas while remaining consistent with its mission and values.

**Action Plans**

Action plans emerge from client and employee data gathered. The organization collects data through employee and client surveys. Concerns and ideas from this survey drive action plans. They focus on short-term action plans with a long-term vision of making the organization the best place to work and receive care. They aim to reduce employee turnover, improve safety (including physical, psychological, and emotional safety), improve client care, and increase attendance and productivity.

**Action Plan Implementation**

Executive leaders share action plans with departmental leaders. Departmental leaders share the action plan with their teams, and individuals are assigned to manage the implementation of these efforts. Top leaders may use regional monthly meetings to share action plans with their staff. Then, quarterly pulse surveys monitor the employee responses to these changes. In this manner, the organization can determine to what degree they are moving towards their goals and where they need to increase or decrease efforts. Some areas remain an area of improvement regardless of efforts. Plan sustainability depends on the implementors' efforts to put time and energy into their success. Additionally, according to MB's COO, the action plan's sustainability also depends on the quality of the action plan and how closely it relates to the identified issue or need.

**Resource Allocation**

Leaders seek to determine the financial needs of each venture to ensure adequate support before launching and sufficient allocation of funding. Whether through a grant or funding allocation, the organization aims to support strategies aligning with its mission



and values. The COO noted that they would not shut down a venture due to challenges but would instead identify ways to pivot and address these challenges to increase its success. The risks are weighed compared to the overall impact on the community, its staff, or both.

### **Action Plan Modification**

As with the strategic plan, the organization is open to pivoting to reduce risk and capitalize on innovation. Modifications can emerge depending on funding, regulatory changes, or community needs. Top leaders will discuss the obstacles and potential alternative tactics whenever necessary. The leaders will hear from individuals involved in the venture to identify the specific challenges and possible solutions (pivot points) for a more viable outcome. The organizational leadership is open to impromptu meetings and discussions as the situation demands. Once approved, they can implement the plan with the respective leaders and staff. This plan is then consistently monitored monthly or more frequently if needed. Additional changes and shifts can then occur as necessary.

### **Clients/Populations Served**

#### **Current Clients and Other Customers**

Organizational leaders note that listening to clients is their “core business.” The organization uses various methods to gather formal and informal feedback and information from its clients and community. One way they receive information is through directly providing services. As clients receive treatment services, they provide feedback regarding the various services they receive. Organizational leaders receive emails and calls from clients, potential clients, and the community, where they provide direct

feedback. Additionally, programs routinely conduct quality assurance calls with clients receiving services from their specific programs to determine the quality of services they are receiving. The organization provides its clients with access to surveys and invites them to participate in data collection and to ensure the quality of services received. The state's mental health department also conducts annual surveys to ensure client quality of care and compliance with each organization's community psychiatric rehabilitation program clients.

Another strategy the organization uses to obtain client information is through client engagement specialists. This group works directly with clients to identify challenges in receiving and their satisfaction with services. Specialists then utilize the information obtained to take actionable steps to improve their experiences and rectify their issues.

### **Potential Clients and Other Customers**

Executive leaders stated that they value feedback to ensure they properly engage with their community, partners, and clients as they continue to assess opportunities and threats. Its marketing and communications team leads various efforts to engage its clients and community appropriately. According to leaders, vital to increasing access is ensuring the community knows the organization's existence, its services, and how to connect to the organization. The team manages several social media accounts (including YouTube, Facebook, and Twitter) and receives direct communication from its current and former clients and community through these avenues.

Furthermore, the organization's community wellness program also allows additional community interactions, data collection, feedback, and information. Embedded in its community, MB has a variety of partnerships that provide regular feedback to the organization, including schools, Boys and Girls Clubs, health departments, shelters, and law enforcement. No community organizations mentioned were specific to any of the Latinx communities in the area.

### **Client Satisfaction, Dissatisfaction, and Engagement**

The organization receives feedback through surveys, orally and verbally. However, a Spanish survey translation does not exist at the organization. Supervisors collect data from client satisfaction calls (or quality assurance calls), addressing issues as they arise and passing along data collected to the quality and research department. The quality and research department compiles survey data and provides this to organizational leaders. Feedback from surveys or other methods may result in a root-cause analysis utilized to identify issues and implement necessary changes. Clients expressing dissatisfaction warrant attention from organizational leaders. The organization practices sensitivity, openness, and responsiveness to complaints. Moreover, leaders take this feedback seriously and have a process for following up with and engaging these individuals to remedy the issue.

### **Satisfaction Relative to Competitors**

The organization's state mental health department and CCBHC have deemed this organization the provider of critical services that other organizations and agencies do not provide. It does not seek to compete with other agencies and organizations for other

services, such as therapy and psychiatry, due to the high demand and continuing need for additional providers, often leading to a delay in starting services and wait lists.

### **Service Offerings**

The organization analyzes services offered annually to every couple of years. They will create a four-quadrant graph using an axis with revenue and mission at either end of the axis. The four resulting quadrants are high mission and high revenue, high mission and low revenue, low mission and high revenue, and low mission and low revenue. Using this, they record where each program falls regarding its alignment with the organization's mission and ability to generate revenue. Just because a program is in a high mission and low revenue quadrant does not mean they will cut it, as this is common for a non-profit agency. For example, the crisis center is a high mission with no return-on-investment operation. However, the organization feels it is best to keep this program as long as other programs can sustain the whole organization. Also, a gap analysis helps the organization determine whether current programs adequately meet each service area's needs. It also helps them identify what programs to implement in those areas. The organization has a clinical innovation committee that helps bring new concepts for service programs forward and makes recommendations to the executive team for consideration.

### ***Determining Client, Other Customer, and Market Needs***

MB's executive leaders believe it is essential to understand its community. Through a market penetration and market share analysis, they identify the percentage of the community it serves. They review market shares of Medicaid, Medicare, and other

pay sources and analyze their competitors to determine whether they are coming up short or getting beat. Leaders use this information to identify areas they need to step up efforts or if they are meeting the need. This information also helps leaders have knowledgeable statistics they can report to county officials (for example, the community commissioner) about how they are doing. The organization's chief executive officer notes that COVID-19 has skewed the data (specifically, it is likely lower than the data suggests).

### ***Meet and Exceed Client and Other Customer Expectations***

The organization has values, requirements, and expectations set for them by the mental health department, the state code of regulations, CCBHC, and CARF. CCBHC requires that the organization offer specific programs and services. These agencies also require that they perform to a particular quality of care and standards. Concurrently, the state's mental health department also understands when the organization underserves its community. However, they ensure the offering of the right services and track outcomes for CCBHC.

### ***Identifying and Adapting Services***

To adapt to new markets, the organization must know who its competitors are and know these markets. Organizational leaders stress to their teams the need to find where there are service gaps and where there is a need for more data to evaluate these gaps. This strategy led to the opening of a rural office that helped capture new customers from a county that their respective mental health agency underserves. These customers found it easier to access services from this organization, and opening a closer office helped more people access care.

## **Client and Other Customer Support**

### ***Enabling Access and Increasing Customer Support***

The organization's CEO notes a shift from his original vision of what it means to be a CMHC. His vision is that a CMHC is a trusted entity supporting its communities when in need. The organization's marketing and communication team is instrumental and has helped lead several marketing campaigns around normalizing talk about mental health and help-seeking. These campaigns aim to offer their community support so they will consider the organization a treatment facility should they need services in the future rather than just trying to increase their access.

They use social media often, push campaigns and information to their website, and have specific marketing campaigns developed for specific audiences. They identify which data spikes note increased need and indicate a need while watching calendar events, such as mental health awareness month and suicide prevention month, and piggyback on these national recognition days. They use various marketing means to launch campaigns around these days or months of recognition. The organization also looks at current events, political unrest, and school shootings and tailors specific messaging and public relations around these. They are launching a campaign focused on youth and increasing their access to mental health while normalizing talk about mental health and seeking treatment.

### ***Determining Key Support Requirements***

As a CMHC, the organization's leaders believe in wrapping care around people and ensuring that people coming to them receive a wide range of appropriate services to

meet their needs. For example, a client may come to the organization for a community support specialist but would also benefit from referrals to housing assistance, psychiatry, therapy, and addiction services. They aim to be strength-based and use social work skills to connect the individual to as many community resources as possible.

### ***Deploying Requirements to All People and Processes Involved***

The organization has incorporated clinical pathways to ensure the provision of appropriate immediately. The CEO notes that the demand for services is high, and there are wait lists, meaning they cannot serve everyone as quickly as they would like to serve them. For example, receiving treatment services may take one to two months. However, if the individual exhibits suicidality, they will receive services within seven days. The organization has implemented cueing mechanisms to see the “through-put” (from the beginning of treatment, through the course of treatment, and discharge). This process is then updated and adjusted as needed.

The organization has employed a full-time language coordinator to help improve vital communication mechanisms. It is working on determining the areas of improvement to address weak areas around effectively communicating with its clients and developing innovative technology and strategies to improve these areas.

### **Client and Other Customer Segmentation**

The organization reviews a community needs assessment every few years, reviewing all counties (even if the organization does not serve that county). They break down the data demographically, resulting in over 700 data pages. The organization seeks to refresh this data as frequently as possible so that it is current and they know about

population increases, decreases, and if the area is underserved. In this fashion, the organization can make data-driven decisions.

The organization has 15 key financial performance variables, or KPIs for finance, used to evaluate margin performance, revenue, full-time employees, and cash on hand. Executive leaders evaluate this information monthly to determine performance and if they need to ratchet up, down, or pivot. They also trend out the data to determine if the organization is trending in the right direction, and financial analysts track this information for concerning points.

### **Relationship Management**

The organization believes in building relationships through the constant exercise of earning trust. They spent a lot of time rebranding the organization as they wanted a new and unique logo that would be something people talked about, a conversation piece. The goal of this logo would be to elevate mental health to be an acceptable conversation and to brand trust in the organization. The CEO explained that stigma and politics could erode trust in mental health, and fewer people would access needed care. The language coordinator's role is part of this venture as he seeks to help improve how the organization communicates with its customers and clients to ensure quality care and access to services. This effort aligns with the organization's DEI team.

### ***Acquire Clients and Build Market Share***

Part of the organization's strategy is social media. They believe one of their jobs is educating the population and community about mental health. They seek to do this by addressing mental health problems and informing the community that they may need help



in their marketing campaigns. The organization's CEO believes that if they usher the community toward trusting the organization, they will eventually seek services.

### ***Managing and Enhancing Brand Image***

The organization's marketing and communications team uses social media to educate its community, build support and trust, and market inclusive services to its community. The aim is to cue people up for the stages of change regarding seeking care and show various ethnicities accessing care.

Additionally, the organization has a client advisory board, which helps leaders understand its customers' needs and presents this information to the board of directors and executives. The team is like a focus group with feedback on what the organization is doing right and what it is doing wrong. This information leads to changes in the organization.

### ***Retaining and Exceeding Clients' and Other Customers' Expectations***

According to the CEO, retaining clients and tracking their recovery are areas where MB could grow, as they do not follow clients who leave services before completing treatment; this includes tracking specific groups or demographic populations. However, the organization uses social media to show current clients that they chose the right place for care. Per MB's website, the organization serves over 40,000 clients through its multiple offices across the state. The CEO explains that they aim to "do a good job" and provide "high quality care" while reminding its community of the high quality of services they offer and the great staff they employ. The CEO wants the organization to be known for providing "world-class care." He wants those not receiving

services to believe that something “special is happening” at the organization. Executive leaders seek to market this perception using media, social media, and within MB’s clinic spaces to provide all individuals with a unique and positive experience.

### **Complaint Management**

The organization has a complaint line, client engagement specialists, and email and phone options for clients and other customer complaints. The organization has a client survey but does not track demographic data outside of whether it is a youth or adult receiving services. It is unclear how accessible a Spanish survey version is to current customers. They are working with their new language coordinator to ensure the most recent survey is available in other languages. Marketing and communication manage social media communication and email complaints to ensure reputation management and orient them to the respective program leader as deemed necessary. The organization tracks each complaint and dedicates sufficient resources to addressing and following up with each complaint to ensure proper handling. Many complaints make it to the CEO. If there are a few complaint trends, the organization will dig into the complaint from a data perspective and pivot strategies or practices to avoid similar complaints.

## **Workforce and Operations**

### **Workforce Plans**

Employee retention is a top priority for the organization and aligns with its strategic plan, according to the COO. By retaining a healthy workforce, the organization can successfully move towards meeting its mission, vision, and strategic plan. Its goal is to engage staff in surveys and other feedback opportunities to understand its needs and

use the information for strategic planning to increase engagement, boost performance, and improve staff morale. It also seeks to optimize staff performance through annual performance evaluations and regular supervisor feedback.

In 2021, the organization had a 93% participation rate in its annual employee engagement survey. They use this data for positive organizational change for a healthier, more engaged workforce. The survey explores employee perceptions regarding personal career growth, daily work life, compensation, management, benefits, and communication. They convert this data into action plans to address areas of employee concern and implement employee ideas for change. This information is shared with teams and then monitored quarterly through pulse surveys to assess how the workforce receives these changes. Consequently, this results in reduced turnover, better client care, increased attendance, improved safety, and increased productivity.

### **Performance Measures**

The organization employs a research and data department that collects client, staff, and operations data. This data is regularly distributed to leaders and top executive leadership to ensure department programs meet their KPIs, the staff is held accountable, and clients can access and are satisfied with their mental health care. MB created an online spreadsheet that allows any leader to view their team's success actively. Top leaders review program and department matrix data monthly to ensure they meet their goals, identify challenges, and work towards solutions for these obstacles. Four pillars (mission and vision) guide the organization's key focus areas. These are service accessibility, quality services, organizational integrity, and client and community

compassion. They address areas such as optimization (by developing and implementing collaborative service goals for service lines), centralized support (integrated for the entire system), controllable staff turnover (aiming to decrease staff turnover), staff engagement survey (number of employees participating annually), optimize performance (completion rate of annual performance evaluations), and the number of individuals served (increased total number of unique individuals).

### **Performance Projections**

According to the COO, the exact metrics for the organization's performance metrics plan are currently under development through the organization's umbrella company. However, the organization always seeks to increase access to care for its community and expand when the opportunity presents itself. The organization is one of only 17 CCBHCs in the state and the only one in its catchment areas to offer community support services. However, there are many therapist offices in the southwest region, including one that advertises offering a bilingual therapist. The organization does not have metrics specifically addressing languages but seeks to increase access to care for its marginalized and diverse groups. However, the organization aims to increase the number of individuals served each year and has created various programs and initiatives to attract more diverse populations.

### **Analytic Strategy**

This qualitative research study examines the barriers to accessing mental health care for Latinx immigrants at a non-profit behavioral health agency in the Midwest. Walden University's Institutional Review Board approved this study with the approval

number 11-23-22-1041205. The organization selected agreed to participate in the study. Secondary data for this study includes current and recent data and statistics about mental health and Latinx immigrant population statuses. The sources for this data will be the SAMHSA, the Center for Disease Control and Prevention, the United States Census Bureau, and the Center for Immigration Studies.

Additional secondary data includes information and data from the organization's website, annual report summary (2020-2021), and client service data provided by the organization. Client service data includes the number of Hispanic clients served, demographic information, intake information, assessment data, diagnoses, length of time they received services, reasons for discharge, and client satisfaction survey data.

Primary sources of data included semistructured interviews with eight organizational leaders. The researcher conducted these interviews with participants via the communication platform called Zoom. Participants included organizational leaders from the outpatient, school-based, integrated clinic, adult services, youth services, recovery services, service access, and crisis access departments. Titles include senior directors, directors, managers, and supervisors of the various departments. It was essential to have multiple organizational leaders from the different departments in the study for a generous amount of data to answer the research questions. These departments all interface with clients and the community, which increases the likelihood that they have interacted with a Latinx client, possibly an immigrant, and can offer their perspective on this topic. To ensure anonymity, I have masked all participant identities and the organization's name.

The interview questions were as follows:

- What is the organization's strategic plan for engaging Latinx immigrant consumers?
- How satisfied are you with the current results?
- What are your organization's strategies to engage Latinx immigrant consumers?
- What areas of the organization intentionally reflect a welcoming environment for Latinx immigrant consumers? If so, in what ways?
- What tools does the organization use to communicate with Latinx immigrants regarding the services available?
- Please describe if this is similar or different to the communication strategy used for Latinx immigrant clients. How so?
- How has the feedback collected from Latinx immigrant consumers been used to enhance their service accessibility and experience at the organization?

I transcribed all eight interviews using Microsoft Word's transcribe feature.

NVivo to store and then code the transcribed data. The data analysis also includes data and other documents collected from the organization. Due to the iterative process that is the nature of qualitative research, I re-coded as needed and then categorized. Next, the researcher identified themes from these categories. Finally, the results were prepared and presented formally to the organization.

## Summary

Throughout the organizational assessment, MB has demonstrated a drive toward innovation and initiatives that will increase client access to care. Leadership is willing to sacrifice revenue when it is necessary to meet a community need that aligns with their vision. Due to its reputation, accreditation status, and certifications, the organization sees thousands of clients each year. Although not specific to the Latinx immigrant population, MB understands that underserved minorities exist in their community and are making concerted efforts to engage these individuals. MB relies on its DEI team, marketing and communications team, and community wellness program to target various groups in the community. Although MB has multiple regulatory requirements, these do not address specific populations but operational and quality procedures. They address increasing access to care but do not specify individual populations or mention marginalized populations. A fuller understanding of the organization's efforts and challenges in servicing Latinx immigrants was evident through semistructured interviews with various organizational staff because of this qualitative study.

Section three will examine the workforce of MB, including management, engagement, culture, performance, and leader development. Information obtained from the organization will also reveal the relationship between these elements and its drive towards increased accessibility of mental health services for minority groups, specifically Latinx immigrants.

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

#### Components of the Organization

Increasing access to marginalized groups in the community is a pillar and vision for MB. This organization has put into place various efforts to increase access to all by cultivating a qualified and engaged workforce. Examining the barriers to accessing mental health services for Latinx immigrants in the Midwest is an area this organization has not addressed. Section 3 includes a description of the organization's workforce capability, capacity, management, culture, benefits, and career ladder. This section also covers the organization's engagement and assessment efforts, training systems, and methods of evaluating these efforts. Sources of information for this section included data obtained from the organization's website, policies, emails, and surveys shared with me. Additional information for this section came from interviews and communications with vice presidents, directors, and a leader in the human resources department.

#### **Analysis of the Organization**

##### **Workforce Capability and Capacity**

###### *Capacity*

Organizational capacity may increase due to new grants or funding sources, community needs, or mission-centered programs created by the organization. As the organization creates new programs and existing programs grow, the need for additional staff arises. When this occurs, managers submit requests to the human resources department to create openings. If other positions for these programs are not formerly



preapproved, executive leadership or vice presidents must submit these requests for approval.

The language coordinator position is one example of grant funding leading to the development of a new position. MB was able to add this position because of a grant from SAMHSA related to organizational DEI incentives. This position reports to the DEI department. The individual in this position supports initiatives to improve communication with individuals who speak languages other than English, including the deaf and hard of hearing.

### ***Capability***

The code of state regulations and state licensing boards determines provider skills, degrees, certifications, and licenses for providers and many staff at the organization. Managers and leaders determine the skills and degree requirements to perform their jobs. Provider positions require passing a background check. The organization provides orientation and training for new staff and ongoing training opportunities for existing staff. The organization uses an online training platform with recorded training sessions, PowerPoint presentations, and informational documents to help staff obtain the training they need to perform their jobs well and understand organizational processes and policies. Employees must complete annual cultural competency training for each employee via this platform. Since the COVID-19 pandemic, the organization has also been holding optional monthly training sessions, mainly through Zoom. Each employee holding certification or licensure must complete an initial and subsequent biennial credentialing process. This process requires peer and professional references, information

about the employee's continuing education toward licensure or accreditation, and a copy of the renewed certificate or license.

## **New Workforce Members**

### ***Hiring and Placing***

The organization seeks to offer competitive wages to attract quality staff and providers from around the state and other states. Members of the organization recruit new employees from local universities because there are several in the area. Members visit local schools and universities and participate in career fairs. The organization hosts interns and local college and university practicum students to bring in new staff. Students have sought to complete internships and practicums at this organization due to its unique DEI department and its incentives and efforts to promote inclusion.

The organization's recruiting department oversees posting open positions internally and externally and funneling appropriate candidates to hiring managers. The organization uses online hiring and recruiting tools to draw in candidates, including Indeed, ZipRecruiter, LinkedIn, Zippia, and Glassdoor. Those interested in working at the organization can browse a variety of open positions, their pay, job requirements, and eligibility requirements. Supervisors review applicants sent to them by the recruiting department through a program called Workday. This program allows supervisors to review applicants' resumes and schedule interviews. Supervisors are responsible for ensuring that applicants meet the eligibility requirements for open positions. Supervisors conduct individual or team interviews with applicants to decide whether they are a good

fit and deemed capable of meeting job duty requirements. Currently, the organization is shifting its interview questions to increase diversity in employment and retention.

Additionally, the state's mental health department created a pathway for those interested in obtaining a support specialist position with the organization. Rather than completing a 4-year degree or 4 years of relevant experience (or a combination of the two, totaling 4 years), individuals can complete a 2-year fast-track hybrid program through a college partnering with the organization. Students then have an opportunity to complete their practicum and internship at the organization, hoping to become employed at the culmination of their 2-year program. This program has been successful and has resulted in numerous hires.

### ***Retention***

A few years ago, the organization evaluated all its positions through a third party to ensure they receive appropriate compensation for their education, licensure, and experience compared to other organizations. The organization has offered staff annual retention and incentive bonuses based on time with the organization and provider billing performance. The organization's retention team seeks to track and report employee turnover data while offering recommendations to improve staff retention. The organization conducts regular exit interviews with staff who have put in their resignations. The DEI department is now a part of the exit interview process, whereas previously they had not been. As the DEI department conducts exit interviews with staff, they obtain vital information regarding the organization's successes and weaknesses around its DEI culture to make necessary improvements. Data from these interviews are

tracked by the DEI and the quality and research teams and reported to upper leadership. New staff, staff birthdays, and staff anniversaries are honored in a weekly communications email to all regional team members. The organization's human resources department provide staff who reach certain anniversary milestones with special pins to mark their tenure with the company.

## **Workforce Change Management**

### ***Workforce Needs***

With change comes the need to communicate the change and prepare the workforce appropriately and promptly. The organization uses weekly email communications, SnapCom (a digital organizational communication tool), Zoom messaging, and regional and team meetings to disperse information to staff. Leaders meet initially to discuss the best way to communicate the changes to their staff so their receipt is timely and stated correctly to minimize confusion. During a regional meeting via Zoom, there is typically time for questions following the briefing. Often leaders will create question-and-answer documents to facilitate the understanding of changes so staff can quickly obtain answers to common questions. One example was when the organization became obligated to close operations in a neighboring state. The organization first provided information to those impacted and then disseminated relevant information to the rest of the region. The organization gave staff in that state options for continued employment, including becoming telehealth therapy providers.

### ***Growth***

When expanding the workforce, leaders estimate the need based on data they obtain from the community and begin the hiring process for these additional positions. New employees complete their department's orientation and training process. This training combines in-person, Zoom, and the online training portal. As new departments emerge and additional positions become available, staff receive email communication with these updates and can go on the organization's internal hiring program to browse positions.

### ***Changes***

The leadership of this organization seeks to be as transparent as possible about changes in the work system, workforce, and organizational structure. Various communication tools assist the organization in dispensing information about changes quickly and comprehensively. For example, when a parent company acquired this organization and three others, executive leadership worked with its marketing and communications department to provide information to staff and the community. The president held a Zoom session with all organizational staff to inform them of the coming formal announcement and provided a time for questions. Subsequent email updates also provided staff with information so they knew what was happening and what to expect.

### **Workforce Accomplishment**

When the organization plans to implement new programs or platforms, it calls on leaders to nominate super users who can learn new programs quickly and teach their peers skills. These super users receive training and are available to provide additional

support and training to departmental staff for those in need. Organizational leaders provide regular direct supervision meetings with their staff to ensure they learn new procedures or programs. These leaders also conduct regular performance reviews to ensure they are adhering to the expectations of their role and organizational standards, mission, and values. The organization offers incentives to staff to meet specified billing requirements.

### **Workforce Climate and Environment**

The human resources department works with staff who need an accommodation related to a disability. For example, Dragon Speak, technology that allows staff to speak and types the spoken words, was provided to a staff with a wrist injury. Another staff member provided a doctor's note about their compromised immune systems and was approved for a work-from-home accommodation to avoid exposure.

The organization also has an external company perform an annual trauma-informed culture assessment survey, which now includes a demographic component. The survey assesses six dimensions of organizational work culture around recognizing, utilizing, and appreciating staff, student, and family talents, skills, and perspectives. The organization's score for 2022 was 3.46 (high variance), indicating that some efforts exist, but they are not consistent and could be further developed. Executive leaders use these data to develop strategies for improvements.

The organization prides itself on having a compassionate workforce, from its staff to its leaders. The organization has a variety of policies that seek to protect staff from harassment and discrimination in the workplace. All staff are required to attend annual

training about these policies. The training protects all staff (and clients) from discrimination and harassment regardless of race, ethnicity, age, color, national origin, marital status, pregnancy, sex, sexual orientation, or gender identity or expression. The organization provides methods for reporting violations to staff and clients regarding their rights to the corporate compliance officer.

### **Workforce Benefits and Policies**

The organization seeks to offer numerous benefits to all its staff. The organization offers medical, dental, vision, and life (and disability) benefit plans, which begin soon after employment. The organization has an employee assistance program that allows staff and their immediate family up to seven free counseling sessions per issue at no cost. Employees can elect to enroll in health savings accounts or flexible spending accounts. The organization also offers staff a retirement program with employer matches. The organization also provides Family and Medical Leave Act benefits and short-term and long-term disability programs.

Staff begin to accrue annual and sick leave as soon as they start employment. Employees can use these benefits as needed, including for mental health days. In addition, employees receive personal days and floating holidays throughout the calendar year. After 3 years of employment at the organization, employees' leave accruals increase and do so again at future employment milestones. There are multiple holidays during which staff are off and receive pay, including Juneteenth and Martin Luther King Jr. Day. During the COVID-19 pandemic, the organization developed an online wellness community to help employees feel connected and supported. This effort continues today

and has grown to include the community. Employees are engaged on the platform via Zoom and Facebook. g

## **Knowledge Management**

### **Workforce Engagement and Performance: Organizational Culture**

The organization seeks to create a safe, welcoming, and inclusive environment for all. The parent company for this organization opened its DEI office in 2022. The company is currently seeking additional funding to expand DEI funding. In 2023, the company created a strategic priority to influence organizational values around DEI and embed DEI in as many strategic priorities as possible. The company desires to improve client and staff satisfaction and reduce legal matters related to DEI issues. The company seeks to track data about DEI issues, concerns, and challenges in each company's region. The company aims to equip leaders and teams with accountability mechanisms as they embed DEI into organizational programs.

The organization's DEI team communicates regularly with all staff via a newsletter. In these newsletters and the weekly regional emails, the DEI team provides announcements regarding various training opportunities and DEI-related community events. The organization developed cultural competency training for staff and has plans to expand their DEI training plan. In 2023, the DEI team organized the use of grant funding for agency-wide Groundwater Training to educate and equip staff who work with diverse clients, specifically the Black community. This team also reaches out to staff who may identify as a marginalized group and provides safe spaces for them to discuss the



challenges they face as a marginalized group and the feelings and thoughts they are having around current political and community issues.

The organization encourages assistant directors and directors over direct care staff supervisors to conduct regular culture check-ins. They meet in person or via Zoom or phone to discuss the current culture and any concerns they are experiencing on their team. They also share feedback about their challenges, needs, and concerns with their supervisors.

Leaders at several different levels in the organization conduct ride-alongs in which they accompany a direct care provider into the field (e.g., to schools and the community). In this manner, they can see a day in a provider's work life, including the challenges, opportunities, and successes. The ride-along program has provided leaders with a better understanding of necessary changes to increase provider success in their positions.

Upper and executive leadership, including the CEO, president, and vice president, have coordinated listening tours where they visit satellite offices (offices in rural areas and away from the central office location). Tours allow all staff at these locations to ask questions, learn more about administrators' vision, and share concerns. Leaders also have created employee advisory committees where various direct care providers meet with executive leadership and vice presidents to share concerns and ideas for improvements to processes or procedures vital to them.

### **Workforce Engagement and Performance: Drivers of Engagement**

An employee engagement team created several years ago seeks to engage staff, highlight staff successes, and reward staff who go “above and beyond” their positions (by assisting a fellow staff member or client beyond normal expectations). They aim to learn about employee engagement drivers and propose changes to policies and practices to increase employee engagement. The diverse team comprises various levels of administrative staff, from supervisors to direct care providers. These members shift out occasionally to ensure fresh perspectives and ideas are available to the organization. As various community event opportunities arise, the organization coordinates efforts to include and sponsor staff to attend. Examples include Juneteenth, pride celebrations, and the Martin Luther King Jr. Day march. DEI information and event opportunities are available for viewing on the organization’s website and advertised internally through various staff communication tools.

### **Workforce Engagement and Performance: Assessment of Engagement**

#### ***Formal***

The entire organization participates in an annual engagement survey through an external third-party company, which provides data regarding employee engagement and impressions of current efforts. They compile the data into three categories: engaged, disengaged, and opportunity (identified as on the verge of becoming disengaged). The organization puts effort into the opportunity section to ensure this staff stays engaged. Subsequently, the organization conducts internal anonymous pulse surveys to determine their efforts’ effectiveness and make real-time adjustments to their strategies. The

organization also tracks productivity, turnover, retention, absences, and grievances data. This data helps leaders track the organization's performance and engagement and the need for any changes through strategic planning efforts.

### ***Informal***

According to an executive director at MB, regular individual supervision assists management in determining staff engagement. The depth and frequency of supervision differ across departments. However, the organization holds an "open-door policy" where staff can meet with their supervisors to discuss concerns and needs.

Documentation reviews can also allow supervisors to see how invested and engaged their team members are in providing quality care to clients and the quality of their documentation. Additionally, the umbrella DEI efforts aim to pull DEI data from these interactions. This data will help the organization view its current efforts as inclusive and welcoming to its staff and help hold supervisors accountable to these standards.

### **Workforce Engagement and Performance: Performance Management**

As described by an executive director at MB, leaders conduct annual performance evaluations where each manager will meet with their employees individually to assess their performance competencies related to their specific position. They set these competencies as "Needs Improvement, Acceptable, Exceptional." The employee then elects two SMART goals they seek to achieve within the next year before the subsequent evaluation. The organization has various platforms to highlight employee performance and achievements. They honor staff for their support or assistance of a peer, a client, or something they did for their community. These are typically called "shout-

outs,” which praise the staff in weekly email communication, employee engagement team meetings and emails, and departmental emails. Departments or programs that meet their goals have been highlighted on these platforms and in Zoom or in-person meetings. They feature employees on local news media or professional venues in the weekly communications email with a link to their interview.

Performance incentives allow employees to earn bonuses for meeting billing targets. Employees struggling to perform can be placed on a performance improvement plan, as determined by their direct supervisor, human resources, or a combination of the two. They develop these plans to help employees understand the specific issues with their performance and what needs to occur to improve and avoid potential write-ups or terminations.

### **Workforce Engagement and Leader Development**

It is required that all new staff complete basic training and orientation, according to MB leaders. Staff receive tailored training depending on their specific role at the organization. Community psychiatric rehabilitation specialists (support specialists) must obtain training in particular competencies to prepare them for their roles.

The organization’s umbrella company is creating a training and development team devoted to expanding the training and development initiatives, resources, and tools for the whole organization. The team will develop several management and leadership training programs to provide a more effective onboarding for new managers and leaders and continued skills development for current ones. The team aims to expand its website to provide a one-stop location for job-specific and personal development resources. The

organization will also be expanding its mentorship program. However, these efforts are in the development stage currently.

During their annual performance review, staff are encouraged to seek continuing education and professional development training as part of their SMART goals. Ongoing professional development is a requirement for various positions in the organization. Leaders actively implement opportunities for continued professional development training in their departments, a prerequisite for accreditation. The organization also holds monthly clinical training opportunities with continuing education credits, which help licensed staff obtain the credits necessary for license renewal.

### **Workforce Engagement and Leader Development**

According to an executive director at MB, the organization has yet to evaluate the effectiveness of all of its training platforms. They gather data on the efficacy of its current online training platform, but completing this survey is optional. The organization conducts an annual employee evaluation survey to gather feedback about staff training and development programs and initiatives. A program automatically sends a survey to gather specific feedback after every training to evaluate its effectiveness and improve future training. Many, but not all, programs have internal satisfaction surveys following live and recorded training sessions for their departments. However, this is only standard across some programs or training segments in the organization. Standardizing the evaluation of all training programs is an area of need, as noted by a leader at the organization.

### **Workforce Engagement and Leader Development: Career Progression**

According to executive leaders at MB, the organization seeks to create career ladders and promote from within whenever possible. Thus, a tuition assistance program is available to employees to encourage continued education. The program allows employees to further their education and have an opportunity to move into higher-paying positions in the organization. Select colleges and universities participate in this program, and the organization will provide \$10,000 to awardees to further their education. During annual performance reviews, staff are encouraged to develop a SMART goal for advancing their career at the organization.

### **Summary**

The organization's executive leaders have developed various efforts to draw in and continuously develop a quality workforce. The organization has partnered with its state's mental health department and universities, created DEI department, and utilized various strategies and opportunities for employee development to create a welcoming culture where people want to work. Leadership has found value in collecting data through internal and external methods to make decisions around improving training, culture, diversity, hiring, retention, and performance. Although there are several ventures the organization is still developing, there are continued opportunities for improvements around workforce culture and client care as they relate to decreasing barriers to mental health services for Latinx immigrants in the Midwest.

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

Racial minority groups, specifically Latinx immigrants, experience significant barriers to access mental health services. An organization working to increase accessibility for all individuals should consider what groups compose their community and seek to serve them equally. The organization must track data about various populations served to determine their current strategies' effectiveness by reviewing outcomes. Executive leaders rely on these data to assess their organization's ability to meet its mission, values, and goals.

MB collects data to determine trends, performance, morale, and engagement and performs a Strengths, Weaknesses, Opportunities, and Threats analyses. These secondary data provided to me aided in understanding current organizational efforts to increase accessibility to mental health services for Latinx immigrants in the Midwest. Additionally, I conducted semistructured interviews with eight leaders at MB, which provided additional information about MB's successes and challenges in fulfilling its mission with this particular population. Section 4 includes a description of the outcomes and perceptions of participants regarding access to care for Latinx immigrants and identified barriers following the Baldrige Excellence Framework.

#### **Analysis, Results, Implications**

##### **Health Care and Process Results: Health Care and Customer-Focused Services Results**

MB collects client data through its electronic health record. The organization assesses client outcomes using various assessment tools. One tool is the Patient Health

Questionnaire, a depression assessment tool that providers administer to all clients over 11 years old every quarter. Providers also administer an anxiety assessment, the Generalized Anxiety Disorder scale, for clients of this age group, but the frequency differs between departments and programs. Outcome data from 2022 published on the organization's website indicated that 85% of clients who received care at MB found improvements in their symptoms of depression. Furthermore, data indicated that 71% of clients experienced improvements in their anxiety symptoms. However, MB did not provide outcome data specific to Latinx immigrants, Hispanics, or other ethnicities it serves.

According to its website, MB grew its school-based program in 2022, adding 15 new schools to its partners, and is now in 54 school districts in total. Additionally, MB noted that 2,714 new students completed intakes, bringing the total of students served in the 2021–2022 school year to 5,601. Although Latinx immigrant students were part of these students, the exact number was unclear because the intake demographic form only noted whether a student was Hispanic, not specifically Latinx or a Latinx immigrant.

The organization has continued to increase the number of clients served over the past 3 fiscal years. The MB website indicated an 11% increase in clients served in the 2021–2022 fiscal year, a 15% increase in the 2020–2021 fiscal year, and a 28% increase in the 2019–2020 fiscal year. MB also reported that over 50,000 clients received services at the organization in 2022. However, the number of Latinx immigrant clients served was unclear because the organization did not track Latinx immigrant data. MB collects data about Hispanic/Latinx clients served but has yet to release most of these secondary data.



Data obtained from semistructured interviews indicated some Hispanics/Latinx are seeking services from the organization and receiving various services; however, it is unclear how the percentage compares to Whites, Black/African Americans, Asians, American Indians, and Alaskan Natives.

## **Health Care and Process Results: Work Process Effectiveness Results**

### ***Process Effectiveness and Efficiency***

According to the state CCBHO data shared with me, MB was among the top four agencies with the most clients referred that month and for the fiscal year compared to its competitors in the state. CCBHO data also showed that MB served over 60,000 clients during the fiscal year. MB's crisis center also shared records that they received 280 referrals in May 2023. According to these records, the organization's crisis calls services, which supports 988 crisis calls and direct crisis calls, received 400–500 calls per month in 988 calls and 1,800–2,200 calls per month in direct crisis calls. Their crisis team answered most of these calls. The number of individuals identified as Hispanic/Latinx ranged from 0 to 8 per month, or 0%–36% of the total calls. Incentives at MB are to increase access to treatment for all clients in services and to increase provider caseloads to allow for incentive bonuses.

The organization saw an increase in client services toward the end of the 2022–2023 fiscal year, according to a recent report shared with me. This report showed that revenue increased by \$3 million compared to the previous year and \$1 million over what was budgeted. The data did not include the percentage of Latinx/Hispanic clients or immigrant clients served.

### ***Safety and Emergency Preparedness***

Volunteer safety team members at MB increased from 168 to 180 from 2022 to 2023. The number of team members attending monthly safety meetings also increased from 35–40 to 55–60. Furthermore, an average of 40 additional individuals watch the recordings of these meetings at later times.

All 2,500 staff members receive training on MB's emergency procedures each year through various means (e.g., on paper, in person, or by participating in live drills). In 2022, the organization saw 100% completion of this training goal. As of July 2023, MB had seen a 50% completion rate. Using these metrics, MB leadership can assess how prepared its staff are for an emergency.

In 2022, 1,100 employees received verbal de-escalation training. The number of staff responding and handling de-escalations increased by 363 in the first 6 months of 2023. Although that may appear to be an increase, there was a decrease in the number of escalations per hospitality specialist. In 2022, each of the six specialists handled 183 de-escalations, but in 2023 nine specialists managed 162 de-escalations, which was a 12% decrease. Additionally, the number of clients served increased by 12% as of July 2023 compared to the previous year. MB did not track the number of Latinx immigrant clients served.

### **Health Care and Process Results: Supply-Chain Management Results**

Executive leadership at MB released a new incentive plan in June 2023 for all providers with a productivity expectation. This plan incentivized timely documentation (100% of notes completed within 3 days) and client sessions. The aim was to incentivize

staff through bonuses as they met thresholds of billing metrics above minimum expectations. The plan should have included incentives and a push to serve more Latinx immigrant clientele.

As the organization seeks to expand care, it observed 60 school districts served, over 5,000 youths enrolled in its school-based program, and over 20,000 school staff and community adults enrolled in training. Compared to its sister organization, which served a similar number of students, MB served 22 more districts than the sister organization. Although leaders noted that the program serves Latinx and Hispanic clients, it is unclear how many immigrants exist within their records. MB does not appear to track percentages of ethnicities.

### **Customer Results: Patient and Other Customer-Focused Results**

#### ***Satisfaction***

Based on client survey information on MB's website, 95% of clients reported feeling satisfied with the services they received from MB in the 2022–2023 fiscal year. However, it was unclear whether MB collects dissatisfaction data because they did not share this information, and it was not available online. Furthermore, of the individuals surveyed, it was unclear how many were Latinx immigrants (or Latinx) because this survey was available only in English and did not gather demographic information such as ethnicity. Client survey data indicated that MB struggles to meet client satisfaction and access to services satisfaction compared to other organizations in the state.

**Youths.** Youth client survey data from the 2021–2022 fiscal year indicated that 69% were satisfied with services and 64% were satisfied with access to services.

Compared to other organizations in the state, MB had the lowest satisfaction rates from youth clients surveyed that year.

**Adults.** MB also shared their adult satisfaction survey data for the fiscal year 2021–2022 with me, which showed that 80% of adults were satisfied with the services they received, which was the lowest satisfaction rate compared to other organizations in the state. However, MB surveyed twice as many adult clients (or more) as other agencies in the state. Of those surveyed, 72% indicated they were satisfied with their access to services at MB.

### ***Engagement***

According to MB’s electronic health record, the organization served over 60,000 clients through its various locations across the state during the 2022–2023 fiscal year. MB’s youth satisfaction survey indicated that 78% of youth clients agreed or strongly agreed that MB is culturally sensitive.

**Youths.** Youth client survey data from the 2021–2022 fiscal year indicated that of youths surveyed in 2021–2022, 77% noted participating in their treatment. These numbers were the lowest compared to other organizations across the state. The data also indicated that 62% of youth clients served were satisfied or very satisfied with their outcomes, which was slightly lower than the average for the state.

**Adults.** MB’s satisfaction survey for the fiscal year 2021–2022 indicated that of the 72% of adult clients surveyed, 61% were satisfied with their outcomes. Client satisfaction with results was lowest compared to other organizations in the state. Of

adults surveyed, 76% were satisfied with the treatment they received at MB, which also was the lowest in the state.

## **Workforce Results: Workforce-Focused Results**

### ***Workforce Capability and Capacity***

According to reports shared with me, MB's full-time equivalent for the fiscal year 2022–2023 showed a decrease from 1,493 (July 2022) to 1,324 (April 2023). Previous year data were not available in the summary report provided. The organization does not track how many of its staff speak Spanish and English. Of the participants interviewed, only one indicated having a bilingual staff in their department to meet the needs of Spanish-speaking clients in their program. This individual also reported that they provide cultural education and sensitivity training to staff in the department.

Salaries as a percentage of the revenue report indicated a downward trend in this cost from November 2022 to May 2023. Additionally, this was lower than the budgeted salary percentage of revenue. Provider sessions fluctuated over the fiscal year 2022–2023. The lowest numbers were in July 2022 with approximately 38,500 sessions, and the highest were in March 2023 with more than 55,000 sessions. Compared to the previous fiscal year (2021–2022), MB increased the number of monthly sessions in 11 of the 12 months. The organization needs to review the number of individuals from specific ethnicities served and share current information on this with me.

### ***Workforce Climate***

According to the 2022 employee engagement survey data shared with me, 85% of staff participated in the study, and 67% reported favoring MB. This percentage decreased

from the previous two surveys, in which percentages hovered around 70%. There was a 12% increase compared to the previous year in employees feeling that their supervisor considered their suggestions when they brought them forward. There was a 2% increase in the perception that supervisors provide feedback that helps employees improve performance, and an equal percentage increase of employees who felt their supervisor holds staff accountable for the quality of their work. Overall strength trends in the data showed that employees were favorable to the organization's recognition efforts and inclusive culture.

Only 37% of employees surveyed in 2022 reported that interdepartmental communication was effective. Also, 43% of employees felt they were paid appropriately for their job responsibilities, and only 46% believed their pay was competitive compared to similar organizations. Also, 54% indicated they were not considering looking for a job elsewhere. Lastly, 30% felt well informed of the changes following the merger and the parent company's development, and only 32% felt satisfied with the communication efforts.

### ***Workforce Engagement***

In 2022, over 85% of MB's workforce participated in the annual employee engagement survey. This percentage decreased from the previous year, with 93% engagement in 2021 and 98% in 2019. There were no data for 2020. In the 2022 survey, 46% of employees felt engaged at MB. Previous surveys indicated engagement at around 51.5%. In the 2022 survey, the highest scores (above 80%) were in job satisfaction,

respectful supervisors, clear communication of expectations and performance from supervisors, a sense of personal accomplishment in work, and trust in a supervisor.

### ***Workforce Development***

Although workforce development data are electronically and continuously monitored by leaders, MB has yet to share them with me. However, the annual report summary for 2022 noted that MB's DEI department provided thousands of team and community members with best practice training to spark a focus on inclusion within departments. MB has also offered DEI contact cards, peer review, brave and safe spaces (to share and discuss thoughts and feelings regarding social challenges occurring and impacting staff and the community), a DEI newsletter, DEI book clubs, and a DEI webpage on the MB website. However, it is unclear how many of these items were specific to Latinx immigrants, with most focused on LGBTQ+ and Black communities.

### **Leadership and Governance Results**

#### ***Leadership***

Leaders received training and instruction on their team's mission and performance metrics expectations. Executive leaders provided education on properly communicating performance standards with weekly and monthly reviews with each staff and leader. The results indicated that teams were providing an increased number of services, and the organization as a whole was performing well. Executive leaders of MB noticed a trend in the previous year that was leading to financial concerns and losses. However, the organization saw an increase in attrition in recent months.

The organization's DEI team provided opportunities for staff to attend Groundwater Training, which focuses on racial equity and the challenges the Black community faces. One leader interviewed noted this training was valuable and that she directed her team to find opportunities to attend. However, there was little attention to other populations, and trainers did not mention Latinx immigrants.

### ***Governance***

Due to revenue concerns, in the summer of 2023, MB increased client service expectations and accountability for its providers from the previous fiscal year (2021-2022). However, since implementing the new productivity and accountability policies, the organization has seen a significant increase in revenue this fiscal year (2022-2023). So far, they have had nearly 10% higher income than budgeted this fiscal year (2023-2024). However, they have also had a similar increase in salary and operating expenses and operating expenses than they had budgeted. Lastly, MB's net operating income is approximately 22% higher than the previous fiscal year (2022-2023 compared to 2021-2022).

### ***Law, Regulation, and Accreditation***

MB completed another successful CARF review in the summer of 2023. The auditors note that MB's school-based department runs so well that it could be an example that the nation should use for best treatment practices. They also had one of their best Medicaid audits by the state's mental health department in the winter of 2022. These two audits indicate that the organization follows requirements and best practices set by



national and state governance officials. Although MB continues to run internal audits, the organization has not released these to the researcher.

### ***Ethics***

MB requires various training for staff and providers, which includes ethics training. Although the organization saves this data on its online learning platform, the researcher still needs to receive the information requested.

### ***Society***

MB's online and community wellness program maintains community reach and attendance data. This program provided over 100 experiences, two retreats for the public and employees, over 100 newsletters, and 12 self-care challenges. This data indicates significant and dedicated efforts to impact its community positively.

Furthermore, the organization saved over \$7 million in one central county by diverting crisis care from emergency rooms and jails to its crisis services program. MB's crisis response also includes its mobile crisis team, which consists of nine teams across the state. These teams work with local law enforcement to support individuals with behavioral health needs. These individuals reported a 97% satisfaction rate, and 68% of the total individuals were diverted to emergency rooms rather than possible incarceration.

### **Strategy Implementation Results**

Organizational strategies have helped MB increase the number of clients served compared to previous years and the number of services provided. This accomplishment aligns with their mission to increase access to care for their clients and community. MB

notes that this is a continuous goal as they will continue to seek more clients and more services provided to address the severe need for mental health services in the Midwest.

The organization dedicated additional funding and positions in the online wellness community efforts and their DEI team. Prioritizing these two departments led to strategic goals developed to support further efforts throughout the organization and in the community. The wellness program started advertising organizational training and experiences of mental health awareness and improvement. MB is in the early stages of training departments, communicating metrics, and providing regular feedback to department leads on their ability to meet DEI metrics.

## **Financial and Market Results**

### ***Financial Performance***

MB's net operating income has fluctuated over the last eight months of its fiscal year (November 2022-June 2023). Nevertheless, the organization's NOI outcomes have been much higher than the leaders had' budgeted. For example, MB has maintained higher than budgeted NOI outcomes for most of the past eight months at about 5% to 12% higher than anticipated.

Throughout the last eight months of the MB's fiscal year (November 2022-June 2023), salaries as a percentage of revenue have varied. Most of the actual wages have been lower than the organization budgeted. In June 2023, the organization provided a bonus to many full-time staff, which led to it surpassing the budgeted salary percentage.

### ***Marketplace Performance***

The president of MB Health stated that the organization does not maintain data that would shed light on MB's marketplace share. This practice, he noted, is a need for the organization going forward. The organization's 2022 annual report summary indicates a total revenue of almost \$185 million. The report suggests that 89% of the revenue came from client services, 8% from grants, and 3% from rent and other items (not disclosed). Compared to its sister agency (under the parent organization), it made \$40 million more in revenue. The organization secured over \$35,000 in grant funding, 145 donor relationships, over \$105 million in monetary donations, and engaged in over 25 new community partnerships.

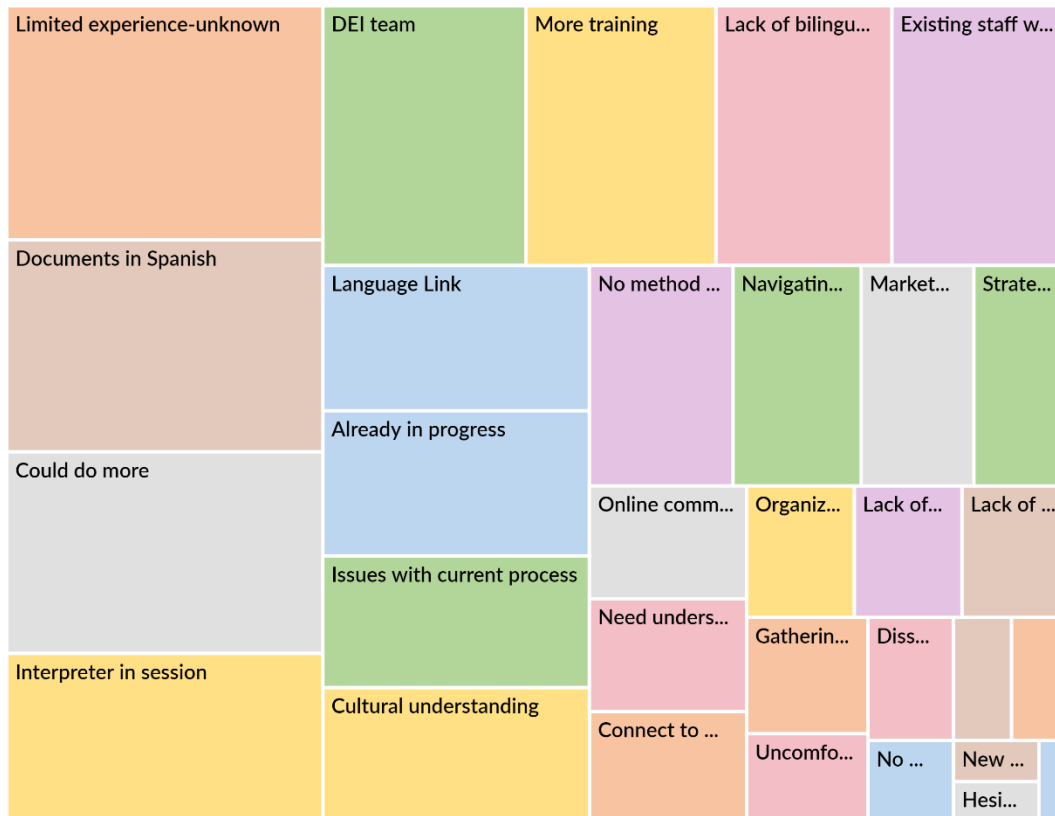
Specific expenses should have been detailed in the report, but it was noted that 58% of the organization's costs are rent, depreciation, and interest. The sister agency noted that only 4% of their expenses encompassed those areas.

### **Research Questions**

RQ1: What strategies does the organization currently use to provide access to services for Latinx immigrants? Research question 1 sought to understand the organization's current strategies for providing access to mental health services for the Latinx immigrant population in the Midwest. Some themes from the qualitative data analysis were the use of interpreter services and the utilization of the organization's DEI team (see Figure 2). All participants reported knowledge of implementing a pilot interpreter service program, "Language Link," although not all referenced it by name directly, and most denied its use thus far in their respective departments.

**Figure 2**

*Word Cloud From Codes Identified in Semistructured Interviews*



*Note.* Word cloud created in NVivo showing the frequency of the code recorded in each interview.

Five of the eight participants indicated they were unaware of the organization's strategic plans for increasing access to various demographics, including Latinx immigrants. No participant directly stated they were satisfied with the organization's current strategies. Still, six of the eight participants indicated they believe the organization is already working on improving service accessibility and experience for Latinx consumers. One participant stated, "In general, the company wants to be welcoming to everyone." However, participants did not suggest that MB is working

intentionally to increase access specifically to Latinx immigrant consumers. Nearly all participants stated their belief that the organization could do more to effectively serve this population more strategically. One participant shared concern about the organization's ability to effectively serve the Latinx immigrant population should more targeted advertising occur to bring in more of this population, noting, "...we don't have the providers to sustain more individuals, and we have shied away from that."

RQ2: What can the organization do to increase access to mental health services or make them more accessible to Latinx immigrants? Research question 2 aimed to understand what MB could do to increase access or make services more accessible for Latinx immigrants. Themes from the interviews showed that most leaders are unfamiliar with the tools available and MBs strategies for increasing access to care or making it more accessible. Many participants mentioned the lack of bilingual (English and Spanish-speaking) staff available to serve this population more efficiently and how helpful it is to them when they do have bilingual staff to serve this population. Participants discussed the need for more marketing and agency documents in Spanish to improve communication and provide a more welcoming environment at the organization. Most of the surveyed participants believed that the organization is already implementing and working towards further implementing targeted strategies to improve access to care for Latinx consumers, but not specifically for Latinx immigrants. All but one participant suggested more training and education for their staff in effectively serving Latinx immigrants. Several participants referenced the organization's online community platform and the benefits of using this platform to target Latinx immigrants in the community.

RQ3. What barriers inhibit more service accessibility to Latinx immigrants?

Commonly perceived barriers that emerged from the interviews for properly serving Latinx immigrant clients included being unaware of current strategies at the organization, lack of familiarity or difficulties using MB's existing systems and technologies to interface with Latinx immigrant clients, need for more multi-cultural and cultural sensitivity training, and the lack of means for gathering feedback from Latinx immigrant clients (see Figure 3). The barriers identified for Latinx immigrants included the lack of organizational documents in Spanish, the lack of bilingual staff, difficulty navigating the process of accessing services, and the lack of marketing to the Latinx immigrant community. Two participants discussed the challenge of a pay source for this population, Medicaid, and the need for an ID.

Figure 3

*Word Cloud Generated From Semistructured Interview Answers*



*Note.* Word cloud generated in Microsoft Word removes words such as the, like, think, etc.

### **Implications**

One of the implications of this qualitative study examining the barriers to mental health services for Latinx immigrants indicates the need for the organization to provide all documents and electronic materials in Spanish; this includes all client surveys. Furthermore, staff at the organization should have training on resources available for effectively communicating with Latinx immigrant clients. They should know where to access documents in Spanish without difficulty.

Another implication is that staff need ongoing cultural sensitivity training and education on various cultures they are likely to interact within their roles. As noted by Garcini et al. (2022) and Valentín et al. (2020), organizations must consider hiring bilingual staff, working towards providing a trusting environment and relationship for clients, and developing a community with their Latinx immigrant clients.

### **Social Change**

Implications for social change include finding opportunities to increase marketing for Latinx immigrants and other minority groups through community engagement opportunities. MB must carry documents in Spanish at all locations and community events to ensure that the organization understands and welcomes Spanish-speaking individuals. The organization should also seek opportunities to interact and build trust in their region's Latinx and Hispanic communities.

One strategy could be in their online platform. They could have Spanish-speaking guests on segments, especially during Hispanic Heritage Month. They could also have closed captioning in Spanish so that individuals viewing the online programming can understand what they are discussing and the resources available. They could identify various events occurring and identify key staff to represent the organization at such events. Staff could provide information in Spanish about organizational programs and services available to the community while providing these individuals items (for example, fidget toys, bags, pens, and lip balms).



## **Summary**

MB's engagement survey reveals areas of strength and weakness, as perceived by its workforce. Successes include a culturally inclusive climate and employees' satisfaction with their work and supervisors. Although the organization's trends in client services and access have increased, workforce numbers have decreased, and staff feel under-compensated for their work. MB has yet to share some data with the researcher, and some comparative data was limited. Only some outside agencies share data with MB through the state's coalition agency, and the organization does not track market shares. Although the organization has plans to change its satisfaction survey form, MB has not historically followed the satisfaction of Latinx immigrants or other specialized groups.

Nevertheless, they are tracking cultural sensitivity for all clients to ensure they effectively provide a safe environment for their customers. It would be advantageous for the organization to track more data specific to marginalized populations such as LGBTQ+, BIPOC, and Latinx immigrants. This data could indicate strengths and weaknesses of the organization and prove beneficial to improving access to these groups. Additionally, the organization should consider strategies to increase the percentage of Hispanic and Latinx individuals who contact their crisis call center.

## **Strengths and Limitations of the Study**

### **Strengths**

One strength of this study is that it focuses on a distinctive population and only on the Midwest of the United States. Another advantage is that MB is quite large. Due to its size, the researcher was able to find supplementary participants who met the criteria to be

a participant in this study. Obtaining sufficient participants for the study was imperative to the quality of this study's results.

### **Limitations**

The limitations of this study are that it is a case study that only focuses on one organization in the Midwest. Future studies should include multiple sites throughout the Midwest to obtain more robust data on the barriers for Latinx immigrants in accessing mental health services. Future studies should also consider analyzing organizations in a longitudinal study. A longitudinal study would provide additional data on the successes and barriers of organizations over time, allowing them to identify the effectiveness and ineffectiveness of strategies.

Another limitation was the lack of response from some leaders at the organization and the challenges with identifying the correct leaders who could answer specific questions about the organizations related to the Baldrige Excellence Framework. These challenges also led to limited information in a few sections of the Baldrige Framework. Furthermore, some participants who anticipated participating in the research study opted to refrain from participating, delaying the conclusion of semi-structured interviews. Last, some staff were newer to their role at the organization, leading to limited knowledge and understanding of specific operations and strategic plans. Some leaders had shifted into new positions, disqualifying them as study participants as they no longer met participant criteria. Some leaders did not respond to the researcher's attempts to communicate with them, causing the researcher to identify alternative leaders and wait additional time for responses and completion of semi-structured interviews.

Lastly, the qualitative data in this study came from organizational leaders in a mental health organization. Obtaining data directly from the Latinx immigrant community would provide additional perspective on this population's unique challenges in accessing mental health services.

## Section 5: Recommendations and Conclusion

### **Recommendations**

Based on the outcome of this qualitative study, there are several recommendations for the organization and other organizations as they seek to increase access to services for Latinx immigrants. The first recommendation is to ensure all leadership and staff involved with Latinx immigrant clients know about and are trained in the resources available at MB. Some leaders were more mindful of tools than others, and some were aware of specific communication tools needed to gain knowledge or experience using the device. All leaders must know the resources available to them and their staff to effectively serve Latinx immigrant clients at the organization.

Documentation at MB should always be available in Spanish for Latinx immigrant clients to easily understand. Most participants expressed a need for all documents to be available in Spanish for their Spanish-speaking clients. Additionally, all staff should have access to and know where to locate the Spanish version of organizational records, including client surveys.

Another recommendation is to communicate the organization's strategic plan with all leaders interfacing or supervising those who interface with Latinx immigrant clients. Most of the leaders interviewed were directors and vice presidents. They had little to no knowledge of the organization's strategic plan to serve Latinx immigrant clients effectively.

The final recommendation is that MB should provide cultural sensitivity training that is attuned to the needs of Latinx immigrants. Most participants desired additional

training for themselves and their staff in cultural sensitivity. Staff at the organization should have access to education and information to support their effective engagement of Latinx immigrant clients. Leaders can track the completion of these training opportunities through MB's existing training platform.

### **Future Studies**

Future studies should explore the barriers to mental health access for Latinx immigrants at other organizations throughout the Midwest. In studying additional organizations, researchers could determine whether the recommendations identified in the current study apply to other organizations. Furthermore, researchers could conduct longitudinal studies to examine an organization's barriers to serving Latinx immigrants over time. A longitudinal study could reveal additional barriers, the frequency and intensity of each barrier, and the organization's ability to improve over time.

### **Dissemination**

Organizational leaders will receive the results and recommendations from this study in a formal presentation. Leaders will also receive an executive summary with the results and recommendations from this study.

### **Summary**

An organization dedicated to serving all individuals in their community must be aware of the barriers to accessing services and actively work to reduce these. This study examined the barriers impacting Latinx immigrants seeking mental health services at a nonprofit organization in the Midwest. After identifying these barriers, I was able to make appropriate recommendations to reduce them and to increase mental health access

for this marginalized population. Implementing these recommendations may reduce the obstacles many Latinx immigrants face in obtaining assistance for their mental health needs at the organization.

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