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Organizational behavior in mental health services: A needs assessment

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ORGANIZATIONAL BEHAVIOR IN MENTAL HEALTH

SERVICES: A NEEDS ASSESSMENT

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A Project

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In Partial Fulfillment

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by

Geovana Varela

June 2012

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Approved by:

_____   June 1, 2012
Daniel Perez, M.S.W, Faculty Supervisor   Date
Social Work

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ABSTRACT

Despite changes in the economy and in social policies, non-profit organizations, such as faith-based organizations and community-based organizations, play an important role in providing mental health services to communities in need.

This project was a needs assessment of non-profit organizations with a focus on faith-based organizations and community-based organizations that provide mental health services. Through qualitative methods, nine administrators of such organizations were interviewed face to face to gather qualitative data. The purpose of this study was to know what is needed to enhance the delivery of mental health services despite external environmental changes.

The results of this study indicated funding was the primary need of non-profit organizations. In addition, the results also indicated that control of policy development and lack of education about mental health were the main challenges.

As findings from this study highlight the benefits of having organizations collaborate to enhance mental health services in the community, it is recommended that

further research on this issue include a broader array of organizations to broaden the scope of useful findings.

In conclusion, as there is very little research on the needs of organizations delivering mental health services, this research study should be considered a beginning in understanding the needs of these organizations to ensure sufficient capacity to adequately deliver mental health services.

ACKNOWLEDGEMENTS

DEDICATION

I dedicate this research study and my MSW degree to God, my husband, and my children. May this serve as an inspiration to future generations. I also dedicate this research study to all the people suffering from a mental illness. May this project inspire leaders to work together and advocate for the services you desperately need.

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CHAPTER ONE

INTRODUCTION

This chapter provides an overview of the problem,
purpose of the study, and significance of the project for
social work.

Problem Statement

With approximately one quarter of adults being
diagnosed with one or more mental illnesses every year in
the United States (National Institute of Mental Health
[NIMH], 2011), mental health services continue to be a
high need in our society. Despite the need for mental
health services, constant change in political leadership
causes social policies to be reviewed and evaluated based
on the leaders' ideology. When social policies are
changed, they influence the way non-profit organizations
function and deliver services (Proehl, 2001). In the case
of mental health services, policies also affect who
receives care and how they receive it (Dulmus, Roberts,
Staudt, & Snowden, 2008). For example, the passage of the
California Mental Health Services Act (also known as
Proposition 63) in 2004 indicates what types of programs
need to be established by the counties, and which

services will be provided for children, youth, and adults if they meet certain criteria (California Department of Mental Health [DMH], 2009). For example, the majority of services are specifically designed only for children with a severe mental illness that are under the age of 18, or for families and adults that are impacted by a severe mental illness (DMH, 2009).

Changes in the national economic situation also create changes in the federal, state, and local budgets affecting the way non-profit organizations operate (Mulroy, 2004). In the case of Proposition 63, counties throughout the state have the opportunity to allocate more funding and contract with nonprofit organizations that are able to implement the programs and services indicated (Mulroy, 2004). However, these programs tend to be threatened at the beginning of a new fiscal year when the state budget is reviewed (Mulroy, 2004).

While all these changes are implemented, organizations are expected to deliver effective services with limited financial resources (Proehl, 2001). Thus, organizations are faced with external environmental factors causing not only to have to deal with changes,

but also with the unpredictability of whether or not they will be able to provide services (Mulroy, 2004)

As organizations face the challenges previously mentioned, researchers argue one of the main reasons organizations might fail in the effective delivery of mental health services is due to not conducting needs assessments of the populations they serve (Cardemil et al., 2007; Hanson, Houde, McDowell, & Dixon, 2007). It is agreed and acknowledged that needs assessments of populations and communities are important in order for organizations to develop and deliver effective mental health services (Cardemil et al., 2007; Hanson, Houde, McDowell, & Dixon, 2007). However, minimum or outdated research has been conducted to know the needs of organizations or why some organizations are more effective than others in delivering mental health services (Grusky, 1995; Schnapp, Hickey &'Spencer, 2005). Thus, it is important to directly ask non-profit organizations of their needs in order to enhance the delivery of services.

Research indicates organizations providing mental health services face multiple challenges trying to meet the needs of different populations (Hanson, Houde,

McDowell, & Dixon, 2007). Furthermore, research studies conducted using needs assessments for certain populations (Cardemil et al., 2007; Hanson, Houde, McDowell, & Dixon, 2007) indicate some of the reasons mental health services fail to deliver services is due to multiple systems barriers. Despite the challenges, non-profit organizations play an important role in providing mental health services to communities and populations in need.

Purpose of the Study

The purpose of this study was to know the needs of non-profit organizations that will help increase their effectiveness and enhance the delivery of mental health services. The study was conducted at an organizational level. More specifically, the study emphasized community-based organizations and faith-based organizations due to the high reliance on these organizations by the communities in which they are located and where services are provided.

For the purposes of this research, the following definitions were used:

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Administrator: Person who holds a supervisory position in a non-profit organization such as executive director, program director, clinical director, etc.

Community-based organization: Organization located in a community with the purpose of "delivering services to low-income people and members of oppressed groups" (Hardina, 2002 p. 98).

Faith-based organization: "Organization that has some degree of connection to an organized faith community" (Ragan, Montiel, & Wright, 2003, p.23 as cited in NASW, 2008).

Mental health services: Treatment targeting people with mental illness that are served in different social service sectors including social welfare, medical, criminal justice, and child welfare (NASW, 2008).

Non-profit organizations: Community-based and faith-based organizations that provide services to the public affected by mental health issues (NASW, 2008).

A needs assessment was conducted using the qualitative research approach. According to Grinnell and Unrau (2011), qualitative research focuses on individual experiences and is based on how research participants interpret their own reality. In order to get a better

understanding of their needs, it is important to listen to what the administrators perceive as their organization's reality based on the struggles and challenges they face.

A qualitative approach is also recommended when a researcher will be studying a "relatively unfamiliar social system" (Grinell & Unrau, 2011, p. 65). Although there is familiarity with mental health services, the mental health system itself could be considered an unfamiliar social system due to its complexity regarding service delivery across different social service sectors (Wang et al., 2006). In addition, multiple research studies have been conducted on the needs of populations compared to minimal information available on agencies' needs and how these affect service delivery.

Based on the purpose of this study, administrators were considered to be the best source for the needed information. It is believed that administrators have knowledge regarding organizational functions and how funding and other factors affect delivery of services. Administrators are also decision makers of agencies and they create organizational changes that may be needed to

adapt to political and economic conditions (Grinell &

Unrau, 2011) when resources are scarce.

Data was obtained by using a structured interview

composed of open-ended questions. A structured interview

provides consistency in how data are collected and

minimizes the risk of personal biases when questions are

being asked (Grinell & Unrau, 2011). Using open-ended

questions allows for a wide range of answers and

participants were able to provide any information they

wanted (Grinell & Unrau, 2011).

Snowball sampling was considered to be the most

appropriate method to represent the targeted population

(Grinell & Unrau, 2011). Due to the design of the

measuring instrument, snowball sampling was helpful in

determining if agencies have some type of relationship

with each other. This technique also helped identify

leaders from different organizations, and gave an idea of

which organizations are considered to be more influential

(Grinell & Unrau, 2011).

Significance of the Project
for Social Work

Due to limited published studies, it is unknown if

researchers, social service agencies, or community

leaders have conducted similar needs assessments of local non-profit organizations. Further research would need to be performed to provide answers in that matter. Nonetheless, results of this study could help social workers, policy makers, and researchers understand how organizations behave when they are faced with challenges caused by external factors such as financial barriers and social policy changes.

In addition, results of this study could also prompt administrators and other community leaders to communicate with each other and realize that other agencies are facing similar challenges. Having organizations communicate with each other and form relationships are vital in providing effective mental health services (Libby & Austin, 2002). Research indicates that organizations could successfully form collaboratives that benefit an entire community by developing a unified mental health service system (Cardemil et al., 2007; Schnapp, Hickey & Bayles, 2006). Collaborations of non-profit organizations are able to obtain power and advocate for issues that benefit a community, as well as influence funding decision (Libby & Austin, 2002). In the case of community collaboration, it has been demonstrated

that potential stakeholders have the capacity to form

powerful alliances and organizations where all its

members benefit from the end results (Schnapp, Hickey &

Bayles, 2006).

There are minimal studies published regarding the

benefits that collaborations provide for organizations

and populations. For this reason, further research is

recommended in this area.

There are several stakeholders that are or should be

concerned about the needs of non-profit organizations

providing mental health services: policy makers, funders,

the general public, clients, practitioners, and

administrators (Grinell & Unrau, 2011). Policies define

how organizations are structured and determine how goods

and services are distributed (Grinell & Unrau, 2011).

Therefore, it is important for policy makers to be aware

of what non-profit organizations need in order to make

appropriate decisions that will enable the provision of

effective mental health services. Funding allows non-

profit organizations to operate and deliver services;

however, this may not be the only need agencies have. For

this reason, funders should be concerned about agency's

needs to ensure the funding provided is allocated and used effectively.

Non-profit organizations that receive funding from the public sector are looked to by the general public since funding is derived from paid taxes. The general public should be concerned about this study because outcomes of the agencies affect the well-being of the general public, especially the communities in which they are located. Clients are the main ones affected by the delivery of mental health services. If agencies are not able to meet their own needs, it makes it difficult to meet the needs of the populations being served. For this reason, clients should also be concerned about the agencies' needs.

Social workers and other professionals should be concerned about the needs of the non-profit organizations in which they work. Social workers are the main deliverers of services and are also able to determine whether or not the agency is being effective. Social workers should be involved in the needs assessment of the organizations they work in to help determine needed changes in the organizational structure and how to advocate for services. Finally, administrators conducting

internal evaluations of their own programs will know how efficient and effective their services are. This helps administrators to be aware of any gaps or challenges their agencies face and make informed decisions if changes need to be made (Grinell & Unrau, 2011).

With this in mind the research question that has been developed is "How do changes in local, state, and federal economic and social policy affect the delivery of mental health services?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

Due to limited research on the needs of non-profit organizations, the following literature review is based on a) organizational theories that could be applied to non-profit organizations undergoing change; b) needs assessment of populations that provide insight on the needs of organizations; c) faith-based organizations and the impact they make in providing mental health services; and d) community-based organizations and the impact they make in providing mental health services.

Theories Guiding Conceptualization

According to Shafritz, Ott, and Jang (2011), organizational economics theory is used to study the internal structure of an organization. Under organizational economics theory, the transaction cost approach helps us to understand how organizations manage to reduce costs when they are under uncertain conditions (Shafritz, Ott, & Jang, 2011). Based on the current expectations of non-profit organizations delivering effective mental health services, the transaction cost

approach could be used to understand how organizations function when they are focused on efficiency (Williamson, 1981. As cited in Shafritz, Ott, & Jang, 2011).

Recent research studies have been conducted in regards to organization development and what recommendations should be followed by an organization in order to successfully deliver mental health services (Cohen, 2002; DuBrow, Wocher & Austin, 2001; Worley, & Feyerherm, 2003). Reform of social policies cause organizations to implement changes not only to the services they deliver, but also to how the organization is structured. Organizational development manages changes by focusing on relationships between groups and individuals that have an effect in an organization (Dubrow, Wocher, & Austin, 2001). Therefore, organizations could use organizational development when internal changes need to be made.

Organizational structure plays a key role in the effectiveness of service delivery (Grusky, 1995). This involves the length of time an administrator has been directing an agency, the relative power of the agency, how organizations work together, what resources are available, and what barriers are encountered by agencies

(Grusky, 1995). On the other hand, other studies indicate the way an organization is designed to deliver services greatly affects efficiency (Cohen, 2002). For example, if an agency is designed to deliver services based on function, miscommunication and lack of a working relationship affects how the agency's resources are used (Cohen, 2002). However, when agencies are organized according to the clients they serve, the work flow, communication, and effectiveness as well as efficiency are accomplished adequately (Cohen, 2002). Even though it is recommended that organizations design service delivery based on the clients served, this task could be challenging due to the design of the mental health system itself (Wang et al., 2006).

According to Wang et al. (2006), the complexity of the mental health system contributes to the division of services throughout different service sectors and is the cause for many people to remain untreated. Thus, it is important to know the different responsibilities that different service sectors have and share in regards to mental health service delivery. This information could determine how services and funding resources are allocated (Schnapp, Hickey and Bayles, 2006). If clients

are being served primarily by one service sector, a needs assessment of these organizations could ensure they have the necessary resources to meet the demand of their clients. Furthermore, these organizations could be targeted as the most powerful and influential organizations to advocate for smaller organizations.

Organizational structure and organizational design have different perspectives. Nonetheless, both theories provide insight in regards to how policy may influence and provide barriers to service delivery. If an agency needs to follow policies that were created by a bureaucratic system that focuses on function, there is little room for agencies to create changes on their own. However, taking a look at how the delivery system is designed could help leaders and researchers conduct further studies to demonstrate that certain system designs are ineffective.

Needs Assessments of Populations

Needs assessments of populations and communities have generally given implications that mental health services are not efficient (Cardemil et al., 2007; Hanson, Houede, McDowell & Dixon, 2006; Schnapp, Hickey & Bayles, 2006).

However, these studies do provide insight as to what contributes to the agencies' inability to meet the needs of their clients. For example, Cardemil et al. (2007) mentions inadequate trained staff, lack of accessible information, and limited community based research as barriers to adequate delivery of services. Other needs assessments have indicated that attitudes of mental health clinicians affect how services are delivered, hence, influencing their effectiveness (Hanson, Houde, McDowell & Dixon, 2007). Furthermore, studies have also found that barriers caused by fiscal constraints and changes in the financial system, also affect how organizations design the delivery of services causing a negative impact in the morale of service providers (Hanson, Houde, McDowell & Dixon, 2007; Robins, 2001). Although organizational change may be financially forced, the ideology of employees is affected when they get the impression that the organizational focus has switched to a financial perspective rather than the clients' needs.

Even though findings vary, knowing which barriers prevent effective mental health services from a population's perspective is still beneficial for an organization. The results of different studies could be

used as an initial cue to take action and initiate an organizational needs assessment.

Faith-Based Organizations

Faith-based organizations (FBOs) have been known to be involved in the delivery of social services throughout the history of the United States (Ebaugh, Chafetz & Pipes, 2005; Popescu, Sugawara, Hernandez & Dewan, 2010). For that reason, FBOs are considered an important asset to the social service field. To this date, there are debates as to whether or not FBOs should receive government funding (Popescu, Sugawara, Hernandez & Dewan, 2010) and they too have been faced with challenges based on different ideologies.

For example, in 1996, the passage of the Charitable Choice provision under the Personal Responsibility and Work Opportunity Reconciliation Act opened an opportunity for FBOs to apply for government funds while maintaining their autonomy (Chaves, 1999). Although FBOs were able to apply for government funding prior to 1996, the policies that were in place prior to Charitable Choice prohibited FBOs from displaying any religious symbols as a condition for receiving public funds (Chaves, 1999; Cnaan & Boddie,

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2002). With the leaders of that time favoring FBOs applying for government funding, there were an array of national departments, such as the Department of Health and Human Services and the Department of Housing and Urban Development, which developed programs allowing FBOs to partner with the government (Chaves, 1999).

An important point to make regarding Charitable Choice is that FBOs are only able to provide social services for participants of the Temporary Assistance for Needy Families (TANF) (Cnaan & Boddie, 2002). Thus, FBOs are limited to providing job training, food assistance, medical services, drug and alcohol counseling, and community services that will help clients under TANF to be self-sufficient (Cnaan & Boddie, 2002). Although Charitable Choice does provide an array of services, it does not provide funding to provide mental health services.

According to Jaykody, Danziger, and Pollack (2000), there is a high prevalence of mental illness in people who receive assistance through the TANF program. Mental illness becomes a barrier for people under the TANF program if they do not receive treatment in a timely manner (Jaykody, Danziger, & Pollack, 2000). With FBOs

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being one of the primary organizations that provide

services to this population, it would be of great benefit

for the clients if FBOs would also be able to receive

funds under Charitable Choice to provide mental health

services.

Faith-based organizations had another opportunity to

obtain public funds under the Bush administration when

the Faith-Based and Community Initiatives were approved

(Boddie, 2008). These initiatives were intended to

eliminate barriers that FBOs underwent to apply for

funding, and also created different government centers to

encourage FBOs to participate in more government matters

(Boddie, 2008).

These two social policies have greatly benefitted

people with mental illness by allowing FBOs to have

access to more funding. Research suggests that FBOs

having access to federal funding are able to increase

their credibility and foster relationships with other

community agencies (Popescu, Sugawara, Hernandez & Dewan,

2010). These relationships allow FBOs to consider the

development of additional programs in response to

community needs (Popescu, Sugawara, Hernandez & Dewan,

2010). However, FBOs continue to be at risk of losing

funding if future leaders decide to exclude them or change those already established policies.

Community-Based Organizations

Community-based organizations (CBOs) are also an important asset for providing mental health services. As these organizations are located within the community, CBOs are a first resort for communities who have basic needs. For example, studies indicate the majority of elders suffering from a mental illness reside in the community (Cummings, 2008, p.18). This is a population that has multiple needs and is primarily serviced by community-based mental health agencies (Cummings, 2008). Nonetheless, these same agencies are viewed as providing ineffective services for the elderly due to inadequate resources (Cummings, 2008).

It is known that the government has been influential throughout history in the direction of social service delivery (Lynn, 2002). The ideologies of political leaders have caused changes in federal policy affecting public funding (Lynn, 2002). For example, Nixon's emphasis on a New Federalism in 1968 and the push for deinstitutionalization of state hospitals, lead to the

favoritism and financing of CBOs providing counseling

(Lynn, 2002). The Faith-Based and Community Initiatives

approved under the Bush administration also proved

helpful for CBOs (Boddie, 2008). Part of the Community

Initiatives also included incentives for CBOs to

encourage them to apply for government funds without much

struggle (Boddie, 2008).

Similar to FBOs, CBOs also encounter challenges

caused by environmental factors when they want to provide

more services for the community and when financial

resources are scarce (Glisson, 2007). As previously

mentioned, some CBOs tend to be viewed as offering

limited resources and ineffective services (Cummings,

2008; Glisson, 2007). However, they assume a significant

role within the community and know what resources are

available for their clients.

Navigating through the behavioral health system is

oftentimes difficult and discouraging for some

individuals who need services (Libby & Austin, 2002).

Thus, much of the funding is now being redirected to CBOs

instead of public mental health agencies under the belief

that CBOs are better able to serve oppressed populations

who have difficulty accessing mental health services (Libby & Austin, 2002).

Research indicates that CBOs providing integrated services are more effective for children, youth, and their families (Libby & Austin, 2002). Research also indicates that CBOs are successful in providing mental health services and meeting the needs of the community when they form coalitions supported by political and community leaders (Libby & Austin, 2002).

Studies conducted on CBOs are also limited and further research is recommended in this area. Conducting needs assessments of CBOs will help understand how they operate and the influence they have in the community. This will also help know how influential non-profit organizations are able to help CBOs to continue to provide effective services.

Summary

This chapter provided an overview of the existing literature regarding the needs of non-profit organizations. Due to limited published studies about this topic, organizational theories that could be applied to understand organizational behavior were discussed. The

chapter also discusses the benefits of utilizing needs assessments of the communities to help non-profit organizations understand the importance of assessing their own needs. Finally, this chapter covers two types of non-profit organizations, faith-based and community-based, who have an impact in the communities they serve and the benefits these agencies could provide if they were more able to provide mental health services.

CHAPTER THREE

METHODS

Introduction

This chapter covers an explanation of the study design and the research method used. The chapter also covers the sampling method, data collection and instrument used to collect data, and procedures for data collection. Protection of human subjects and data analysis is also covered in this chapter.

Study Design

The purpose of the study was to assess the needs of non-profit organizations. A qualitative approach was used to obtain an in-depth understanding of organizational needs and the steps taken by leadership to adapt to the effects of external environmental changes. This study was accomplished by conducting a needs assessment using the qualitative research approach. According to Grinnell and Unrau (2011), qualitative research focuses on individual experiences and is based on how research participants interpret their own reality. In order to get a better understanding of their needs, it is important to listen to what the administrators perceive as their

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organization's reality based on the struggles and challenges they face.

A qualitative approach is also recommended when a researcher will be studying a "relatively unfamiliar social system" (Grinell & Unrau, 2011, p. 65). Although there is familiarity with mental health services, the mental health system itself could be considered an unfamiliar social system due to its complexity regarding service delivery across different social service sectors (Wang et al., 2006). In addition, multiple research studies have been conducted on the needs of populations compared to minimal information available on agencies' needs and how these affect service delivery.

It is hypothesized that a negative correlation exists between changes in the external environment, such as the economy and social policy, and the needs of non-profit organizations. This study was designed to answer the following research question: "How do changes in local, state, and federal economic and social policy affect the delivery of mental health services in non-profit organizations?"

Sampling

Based on the purpose of this study, administrators were considered to be the best source for the needed information. Administrators have knowledge regarding organizational functions and how funding and other factors affect delivery of services. Administrators are also the decision makers of agencies and they create organizational changes that may be needed to adapt to political and economic conditions (Grinell & Unrau, 2011) when resources are scarce. The subjects for this study included nine (9) individuals in administrative positions in non-profit agencies that provide mental health services (three were executive directors, one was a chief executive officer, one was a manager, one was a director of counseling programs, one was an interim director of programs, one was an associate divisional director, and one was an area programs coordinator). The non-profit agencies consisted of three (3) Faith-based organizations (FBOs) and six (6) Community-based organizations (CBOs).

Snowball sampling was considered to be the most appropriate method to reach and represent that targeted population (Grinell & Unrau, 2011). Due to the design of the measuring instrument, snowball sampling was helpful

in determining relationships among the agencies in the sample. This technique also helped identify leaders from different organizations and helped to identify which organizations are considered to be most influential (Grinell & Unrau, 2011).

One major limitation of using snowball sampling was the influence that the first identified organization had in selecting the rest of the organizations. Although there is a small sample size, there were also attempts to use successive recruitment to have a more diverse sample of organizations (Grinell & Unrau, 2011, p. 238).

Data Collection and Instruments

Administrators participating in the study were asked to share information regarding the needs of their organizations and any factors that have negatively impacted the delivery of mental health services. Other information requested also included any steps the leaders have taken to adapt to external environmental changes outside of their control. The qualitative instrument used consisted of a questionnaire with 14 open-ended questions (Appendix A).

There were several advantages to using qualitative interviews to collect data. Some of the advantages included having an interview environment that fostered natural and spontaneous responses, having a higher response rate for each question, having flexibility with how the interview was conducted, and having the ability to observe nonverbal responses (Grinell & Unrau, 2011, pp. 302-303). However, there were also limitations to this study. Some of the limitations to using a qualitative approach include time constraints that limit the size of the sampling unit, presenting emotions that may influence the participants' responses, not having access to potential research participants, risk of loss of anonymity, risk of interviewer's distortions, and influence that the interviewer may have in the interviewees responses (Grinell & Unrau, 2011, pp. 303-305).

Limitations of the data collection method were taken into consideration and several steps were taken to address those limitations. In order to obtain a fair representation of both types of organizations, there were attempts to recruit an equal number of administrators for FBOs and CBOs. Questions included in the instrument were

carefully written to ensure there was not a misunderstanding that organizations were being evaluated for their efficacy. Research participants were asked to sign an informed consent (Appendix B) which stated that their identifying information, as well as information on the organization, would remain confidential.

Based on the research question given earlier, the independent variable has been identified as needs of an organization. The dependent variable has been identified as effectiveness of service delivery. Due to lack of published needs assessments of organizations, the identified variables were measured by using a nonstandardized measuring instrument that was created with the target population in mind. Although the instrument was nonstandardized, some of the questions created were influenced by the study conducted by Grusky (1995) based on organization effectiveness. Having a nonstandardized instrument creates a limitation in the study since it was unclear what degree of reliability and validity it would provide (Grinell & Unrau, 2011, p. 214).

Steps taken to address the limitations of the instrument are discussed below. The same interview

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questions were asked of all 9 research participants. The questionnaire was reviewed by two research faculty from the School of Social Work to ensure validity.

The questionnaire (Appendix A) was intended to provide an overview of the most common mental health services provided by the organizations, to assess the primary needs of the organizations to enhance the delivery of services, and to identify challenges faced by the organizations that prevent them from meeting their needs. In addition, some of the questions asked were intended to determine what steps are taken by the administrators to adjust to any external environmental changes out of their control. Examples of the questions include; "What type of mental health services does your agency provide?", "What is your agency's primary need to enhance the delivery of mental health services?", "How do mental health policies impact your delivery of mental health services?", "What changes have you implemented to meet the needs of your agency?", and "In your opinion, what needs to be done to enhance mental health services in your agency and the community?".

Procedures

Data was obtained by using a structured interview composed of 14 open-ended questions (Appendix A). A structured interview provides consistency in how data are collected and minimizes the risk of personal biases when questions are being asked (Grinell & Unrau, 2011). Using open-ended questions allowed for a wide range of answers and participants were able to provide any information they wanted.

Data was collected by the student researcher through eight face-to-face interviews, and one phone interview. Interviews took between 10 and 30 minutes. Participation in the study was solicited by directly contacting the administrators of one FBO and one CBO to provide a brief explanation of the study, and asking if they would like to participate in the research study. Once administrators agreed to be research participants, an interview was scheduled with them at their offices. Participants were assigned a number for data collection purposes. However, before the interview began, research participants were given an informed consent (Appendix B) ensuring that their personal and their agency's information would remain confidential. Consent to record the interview by

the researcher was also provided to each participant

(Appendix B). A debriefing statement (Appendix C) was

provided to the participants following the interview.

During the interview, the administrators were asked to

identify other agencies that provided similar services.

The next step was to contact the administrators of those

identified organizations and follow the same steps to

contact them and ask if they would like to participate in

the research study.

Protection of Human Subjects

Although non-profit organizations are the focus of

the study, the research participants were provided with

an informed consent prior to conducting the interviews.

The informed consent ensured the confidentiality and

anonymity of the participants, as well as of their

organizations. Any identifying information concerning the

participants or the organizations was excluded from the

study.

The informed consent included an overview of the

study, the name of the researcher, name and contact

information of who can be contacted for any questions,

and the name of the university to which the researcher

belonged. The informed consent also included a clause where participants had the option to allow or deny their interview to be recorded.

Research participants were informed their information would be held strictly confidential and that they would be able to withdraw from the study at any time. Research participants were also provided with a debriefing statement and information on how to obtain the results of the study.

Data Analysis

The qualitative data gathered were transcribed by the researcher. After the transcriptions were completed, the researcher reviewed all the data to become familiar with it. The next step was to identify major themes and patterns. Once these were identified, these were broken down into categories to look for any similarities and differences. A comparison of the answers given by Faith-based organizations (FBOs) and Community-based organizations (CBOs) was also completed. Relationships between major themes were also identified to answer, "How do changes in local, state, and federal economic and

social policy affect the delivery of mental health services in non-profit organizations?"

Summary

This study was a needs assessment conducted through a qualitative research approach. Non-profit organizations with an emphasis on Faith-based organizations (FBOs) and Community-based organizations (CBOs) that provide mental health services were studied to understand their needs. Administrators of such organizations were recruited to participate in the research since they have an overall knowledge of the organizations. A qualitative approach was used to gauge what each administrator believed to be their reality with regard to the needs of their organizations. This chapter discussed the study design used, the sample from which data were collected, the instrument used to collect the data, the procedures for how data were collected, the steps taken to ensure confidentiality and anonymity of the research participants and the organizations they represent, and the data analysis.

CHAPTER FOUR

RESULTS

Introduction

This chapter includes a written explanation of how data were analyzed and the results of the research study. A demographic description of the sample is given first, followed by a description of important data obtained and its analysis.

Presentation of the Findings

The qualitative data gathered from the participants were transcribed, organized into recurring themes, and then broken down into categories. All of the interview questions resulted in data that suggests a link between the impact of external changes on the non-profit organizations' delivery of mental health services. The main themes that emerged from the interviews were: (a) needs, (b) challenges, and (c) adaptation to change. Participants were also asked to identify the organization they considered to be most influential in the community, and those results are also presented.

The participants were comprised of administrators from three faith-based organizations (FBOs), and

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administrators from six community-based organizations (CBOs). The most common mental health services provided by the nine participant organizations included "counseling," "psycho-educational classes," "school-based counseling," and "prevention and early intervention services." There were no differences in the responses given between FBOs and CBOs.

<center>Needs of Non-Profit Organizations</center>

Funding was the central theme found throughout the administrator interviews as the primary need. Participants gave details as to how they could utilize additional funding, thus identifying more specific needs.

Some participants emphasized the need to improve their infrastructure and gave more descriptive information: "I think it would allow us to hire sufficient number of staff. I think where most non-profits struggle too is just the infrastructure… Most grants will pay for therapists, but managing the grant takes more than therapists" (Participant 2, personal communication, February 2, 2012). Another participant said, "Our primary need would be to have unrestricted funding that can be used in a way to enhance our

infrastructure" (Participant 1, personal communication, January 24, 2012).

Other participants described the need for funding to afford more staff: "We don't have enough funding to have full-time therapists, so we have part-time therapist" (Participant 5, personal communication, March 8, 2012). "It's to have money to provide staff" (Participant 6, personal communication, March 2012), and "Funding, because without funding you can't hire" (Participant 7, personal communication, March 15, 2012).

Administrators also explained how funding would meet the need for services as they explained, "It would allow us to be able to provide more services" (Participant 4, personal communication, February 24, 2012), and, "We're ready to deliver services if we have funding to support it" (Participant 5, personal communication, March 8, 2012).

Participants also discussed how collaboratives are helpful in meeting the needs of non-profit organizations, and allowing them to deliver mental health services. As one administrator indicated, "It's a good communication device to let agencies that are doing either similar kind of things or completely different… it gives them access

to our services and it also informs us of what other services are out there" (Participant 1, personal communication, January 24, 2012).

Another administrator stated, "We try to avoid duplication of services so we're more efficient with the resources we have… so it helps us bring all those services together to benefit the clients" (Participant 5, personal communication, March 8, 2012). Another administrator reported, "We have a large unmet need… but no one agency in this area is sophisticated enough and has enough resources to do it all" (Participant 8, personal communication, March 16, 2012). Another administrator also stated, "We can learn from each other's mistakes, we can learn from each other's achievements, we can help promote policy change" (Participant 9, personal communication, March 22, 2012).

Administrators described how their participation in collaboratives also helps meet the needs of other agencies that deliver mental health services: "There's a lot of people in need, and to think that any one agency could do it all is not going to help anybody" (Participant 9, personal communication, March 22, 2012), and "Our staff is constantly staying in touch with other

organizations so that we can have a smooth referral

process… Oftentimes we come to the table together to

address community needs and work together on conferences

or sharing expertise" (Participant 8, personal

communication, March 16, 2012).

Another administrator described their participation

by saying, "If a client came to us and they needed

services that [weren't] provided [by] us, we will look at

the resources available and refer that client to the

appropriate agency" (Participant 4, personal

communication, February 24, 2012).

One administrator also described their participation

as selfless:

> We have a very close relationship with a lot of
>
> agencies… if we cannot fit a client in then we will
>
> send them to other agencies, because we are about
>
> getting the person in to service, it's not about
>
> serving the most people. (Participant 1, personal
>
> communication, January 24, 2012)

Challenges of Non-profit Organizations

In response to challenges within an organization,

participants identified two main themes: control over

policy development and lack of education about mental health.

Administrators expressed the impact that control over policy development has in many aspects of service delivery. Two participants addressed the issue of eligibility for the uninsured: "The challenge regarding the delivery of mental health services is that there is no place for the uninsured" (Participant 2, personal communication, February 2, 2012). And, "I think the biggest challenge is addressing the issues of the working poor because they don't qualify. They earn too much; could be working 2-3 jobs, but they earn too much to qualify for Med-Cal services" (Participant 7, personal communication, March 15, 2012).

Another respondent addressed the problems of coverage under the client's health plan: "There is a lack of coverage when any of our clients has a health plan… Mental health services typically are not covered except in extreme cases like a psychotic brake and you are taken to the ER" (Participant 8, personal communication, March 16, 2012).

Some respondents referred to control over policy development in regards to handling of confidential

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information. For example, a participant stated "They [mental health policies] impact daily with regards to how long and how we keep our records, what type of record, how those records are stored... the sharing of information, yet the non-disclosure of information" (Participant 6, personal communication, March 13, 2012). Another type of control was in regards to service delivery: "A lot of the policies that we're still dealing with, the threshold is really high for the clients to receive service" (Participant 2, personal communication, February 2, 2012).

The other type of control mentioned was in regards to documentation:

> In some areas, the policies and procedures are helpful because they give you guidelines about what to do in challenging situations. On the other hand, there's so much regulation that we occupy ourselves with a significant amount of time about dotting "i's," crossing "t's" because they come in to audit and they want the money back. (Participant 9, personal communication, March 22, 2012)

In regards to the lack of education about mental health within the local communities, participants

provided an array of responses that discussed "stigma of mental illness," and "embarrassment," as a result of the community not being "educated" or "aware" about mental health. One participant said, "When we have groups, we never announce the groups as the mental health groups. We announce it as a support because of the stigma of mental health in our clients" (Participant 3, personal communication, February 13, 2012). Another participant stated "Stigma, not just of community, but within the family, their neighborhood, the individual… [There is] still a lot of misperceptions about what mental health is, and being okay with asking for help" (Participant 9, personal communication, March 22, 2012).

Another participant said:

I think mental health services are still not embraced by the community. Sometimes they think about something like cancer where… maybe even as soon as 50 years ago you kind of whispered when you talked about someone with cancer… Where somebody who is suffering from mental illness is still, I believe, not fully accepted into the community. There's still a lot of shame and stigma associated

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with mental illness. (Participant 8, personal communication, March 16, 2012)

Administrators also expressed their opinion as to what needs to be done to deal with the challenges and enhance mental health services. One administrator said, "Dealing with those perceptions that mental health is important to pay attention to... People can see a broken arm, they can't see a person who is struggling with mental issues, but those are very real too" (Participant 5 personal communication, March 8, 2012). Another administrator also mentioned, "It's not as accepted as diabetes, as a broken leg, as cancer... but it can be just as invasive and devastating to a person's life" (Participant 9, personal communication, March 22, 2012). Another administrator stated, "I think awareness... I think we need to put it out there a little more and have more involvement from the community" (Participant 4, personal communication, February 24, 2012).

Participants also viewed economic changes as a challenge and described the challenges as supply and demand of services. Administrators indicated recent changes in the economy have led to more people seeking services. As one participant said:

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It has a tremendous effect in that there are more

and more people that need services. People that

don't have insurance or have very little insurance

can't afford the luxury of counseling… so there's a

need for our free services, a tremendous need, and

so we have more people seeking those services, more

than what we can actually handle. (Participant 1,

personal communication, January, 24, 2012)

However, administrators also indicated their funding

has decreased due to the current economy. As one

participant said, "A lot because a lot of our funding

comes from tax revenues, state budgets… So we're seeing a

tremendous decrease in funds" (Participant 5, personal

communication, March 8, 2012).

Clients' participation was another challenge

mentioned by some administrators.

One participant said:

Because our client population is not only perhaps

facing a mental illness but they are also struggling

with a chronic disease, and the vast majority are

low income or economically disadvantaged, all of

those factors together can impede their willingness

to participate. (Participant 8, personal communication, March 16, 2012)

Adaptation to Change

Participants described the internal changes they are forced to make when external changes impact service delivery. In addition, participants identified strengths that facilitate change within their organization

Restructuring of the agency was the most common theme among the participants. One participant explained the changes in their organization as, "We all wear multiple hats, so we are constantly looking at who can do what, and re-evaluating. We're always looking at where we're at in the budgetary process… and streamlining things" (Participant 1, personal communication, January 24, 2012).

Another participant explained their changes as:
We have been doing a lot more screening for whether a support group would be a good match for clients. Where one to one therapy is often an ideal situation, you can serve a lot more people when they're in a group. (Participant 8, personal communication, March 16, 2012)

Furthermore, other agencies explained their changes as "If there's positions we could combine… say we needed a chemical dependency counselor and a case manager. Well, can we find a case manager that has chemical dependency?" (Participant 9, personal communication, March 22, 2012).

Participants identified staff as the main strength that helps facilitate and adapt to change within their organization. Administrators described their staff as "committed," "diverse," "passionate," "willing," and "involved." One administrator commented, "I think staff members are very passionate about their work. I think the staff is very flexible in their willingness to look at the community rather than themselves" (Participant 2, personal communication, February 2, 2012). A similar response was given by a different administrator, "Staff is passionate about our own communities. We've been here 21 years and we're passionate about our work" (Participant 5, personal communication, March 8, 2012). Another mentioned, "We have a very diverse staff and all of us have a specialty. All of the different strengths allow us to be able to provide service to different people" (Participant 4, personal communication, February 24, 2012).

Participants were asked to identify the organization they considered to be most influential. The purpose of this question was to know which organization has the biggest impact and power to influence the delivery of mental health services. Of all nine administrators interviewed, five considered their own agency to be the most influential. Coincidently, three of those five agencies were named by another participant as the most influential organization. In addition, four out of the nine administrators considered the county to be the most influential organization.

Summary

This chapter provided an explanation of how data was analyzed and described the results of this study that assessed the needs of non-profit organizations providing mental health services. The findings indicated funding and education were the primary needs of non-profit organizations. In addition, control of policy development and education were found to be the main challenges that prevent non-profit organizations from delivering mental health services.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter reviews the needs assessment of non-profit organizations and how changes in national, state, and local economic and social policy impact their ability to provide mental health services to the community. This chapter also discusses limitations of the study and suggestions for future research. Implications for the social work profession are also discussed.

Discussion

This study was based on the research question "How do changes in local, state, and federal economic and social policy affect the delivery of mental health services in non-profit organizations?" In addition, it was also hypothesized that a negative correlation existed between changes in the external environment and the needs of non-profit organizations: the more changes are created by external environments, the less capable non-profit organizations are able to meet their needs. The results of this study demonstrated some organizational behavior and leadership decision-making that is influenced by the

external environment. The results did not support the hypothesis as they revealed how some organizational behaviors have helped non-profit organizations adapt to changes and meet their needs.

The results of this study revealed that one of the primary needs of non-profit organizations is funding. The results confirmed that changes in the national economic situation impact the delivery of mental health services as indicated by Mulroy (2004).

However, despite facing budget cuts and being forced to initiate changes within their organization, results indicated that staff were considered to be one of the main strengths in the continuous effort to deliver effective mental health services. Although these results cannot be generalized to all non-profit organizations, they did not support the findings of Hanson, Houde, McDowell, and Dixon (2007). That study concluded that organizational change, due to financial constraints, caused a negative impact in the morale of service providers.

Findings suggested that non-profit organizations continue to have a high demand for services despite limited resources. These results coincide with the

expectations of continuing to deliver services despite limited financial resources as reported by Proehl (2001). In addition, the results also indicated non-profit organizations collaborate to communicate with each other in order to meet their needs and the needs of the community. These findings supported what Schnapp, Hickey, and Bayles (2006) reported. There is a need for mental health service providers to collaborate to assess the frequency and need of people seeking mental health services.

The results confirmed the barriers non-profit organizations face in meeting the needs of certain populations in the community when the organizations are not included in the development of mental health policies and when financial resources are limited (Dulmus, Roberts, Staudt, & Snowden, 2008; Glisson, 2007).

Another identified challenge, which was an unanticipated result, was the general lack of education about mental health both in the general populace and in the ranks of those who are charged with policy making. This could be due to a lack of consideration of the impact mental health education has on individuals and on the community. These results may indicate that awareness

about mental illness at a national level continue to be a major concern and need.

Limitations

Limitations of this study included limited published studies on the needs of non-profit organizations. As a result, information about organizational theories, needs of the community, and the impact that non-profit organizations have in delivering mental health services, were used to supplement the lack of information.

Other limitations were the sampling method and time constraints. In order to have a balance of both types of organizations, there were attempts to interview seven (7) administrators from faith-based organizations (FBOs) and seven (7) administrators from community-based organizations (CBOs). However, by using the snowball sample method, the researcher did not have control over the types of organizations named by the participants. In addition, limited time only allowed the researcher to interview three (3) administrators of FBOs and six (6) administrators of CBOs due to limited time.

Another limitation was access to the sampled population. It was difficult to communicate with some

administrators to schedule interviews due to their busy

schedules. This delayed the number of interviews

conducted and the number of administrators contacted due

to the use of snowball sampling.

Another limitation was the sample size. Only three

administrators of FBOs were interviewed compared to six

administrators of CBOs. This sample did not provide an

opportunity to do a comparison between FBOs and CBOs

since both types of non-profit organizations were not

equally represented. In addition, the total sample size

of nine participants does not allow the results to be

generalized over all non-profit organizations providing

mental health services.

Recommendations for Social Work Practice, Policy and Research

This study is significant to the social work

profession because it provides a beginning overview of

what is needed to enhance the delivery of mental health

services. With limited published studies about the needs

of non-profit organizations, this study highlights some

important aspects of the struggles organizations are

facing while attempting to serve the community. However,

further research is needed to expand the knowledge base

in this area and encourage social workers and policy makers to take corrective action.

Non-profit organizations are communicating and collaborating with their neighboring partners; however, there seems to communication challenges between organizations due to their geographic location. Although non-profit organizations serve their local communities and refer clients within their community, social workers should promote and work towards a county-wide collaboration to develop a more unified mental health system (Cardemil et al., 2007; Schnapp, Hickey, & Bayles, 2006). Studies have indicated that collaborations are powerful and are able to advocate for needs of the community, as well as to influence decision-making (Libby & Austin, 2002). A county-wide collaboration might help promote positive changes that will enhance the delivery of mental health service.

It is recommended that social workers take action to promote mental health education for the prevention of mental illness. In addition, it is crucial that social workers promote education about mental illness to decrease stigma. Without proper education about mental

illness, leaders will not be able to make an informed decision when making policy and economic changes.

Conclusions

Constant changes in the economy and in policies have an impact on non-profit organizations delivering mental health services (Dulmus, Roberts, Staudt, & Snowden, 2008; Proehl, 2001). While non-profit organizations adapt to changes out of their control, they rely on staff, limited resources, and collaborations to continue the delivery of mental health services.

Funding is the primary need of non-profit organizations, while lack of education is a barrier on how the community perceives people suffering from a mental illness. Both, needs and challenges, have an impact on how services are delivered and the choice a person makes to seek services. Social workers need to be proactive to educate the community and other professions about these needs and challenges to help enhance the delivery of mental health services.

Many studies have been published on the needs of communities and different populations compared to limited research conducted on the needs of non-profit

organizations. Further research in this area may be

beneficial to help inform the decisions made by national,

state, and local leaders.

APPENDIX A

QUESTIONNAIRE

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Questionnaire

1. What type of mental health services does your agency provide?

2. What are some of the challenges you have regarding the delivery of mental health services?

3. What is your agency's primary need to enhance the delivery of mental health services?

4. What barriers, if any, does your agency face in the community in the delivery of mental health services?

5. How do mental health policies impact your service delivery of mental health services?

6. What impact, if any, does change in the national, state, and local economy has in your organization?

7. How would financial resources enhance the delivery of mental health services in your agency?

8. What changes have you implemented to meet the needs of your agency?

9. What are the strengths of your organization regarding adaptation to change?

10. What other agencies in the community are you aware of that offer similar services as you?

11. In your local community, who do you consider to be the most influential organization in the delivery of mental health services?

12. Can you talk about how collaboratives are helpful for mental health agencies?

13. How does your agency collaborate with other agencies to provide services to clients?

14. In your opinion, what needs to be done to enhance mental health services in your agency and the community?

Developed by Geovana Varela

APPENDIX B

INFORMED CONSENT

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INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore the needs of faith-based organizations and community-based organizations that provide mental health services. The study will examine how the changes in the external environment affect the needs of the 14 participating faith-based and community-based organizations.

This study is being conducted by Geovana Varela, an MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work. This study has been approved by the Department of Social Work Subcommittee of the Institutional Review Board at California State University, San Bernardino. There are no foreseeable risks to participants in this study.

In this study you will be asked to respond to questions regarding the needs of your organization and how those needs affect the delivery of mental health services. The face-to-face interview is expected to take 45-60 minutes to complete. All of your responses will be held strictly confidential by this researcher. Your interview will be assigned a number for data collection purposes only, but your name and the name of your organization will not be reported with your responses. All data will be individually reported. Please keep the debriefing statement that describes the study in more detail. If you have any questions about the study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507. You may receive results of this study upon completion after June 2012.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and freely consent to participate. I understand that I am free to withdraw from the study at any time. I also acknowledge that I am at least 18 years of age.

Place a check mark here ____ ☐   Date: _____

AUDIO USE
INFORMED CONSENT FORM

As part of this research project, we are asking for an audiotape recording of you during your participation in the interview. Please indicate what uses of this audiotape you are willing to consent to by placing a check mark where indicated below. You are free to initial any number of spaces from zero to all of the spaces, and your response will in no way affect your credit for participating. We will only use the audiotape in ways that you agree to. In any use of this audiotape, your name or the organization's name will *not* be identified. If you do not initial any of the spaces below, the audiotape will not be used.

Please indicate the type of informed consent

* **The audiotape can be studied by the research team for use in the research project.**

    Please place a check mark here: _____

* **The audiotape can be used for scientific publications.**

    Please place a check mark here: _____

* **The audiotape can be transcribed by a professional transcriber.**

    Please place a check mark here: _____

I have read the above description and give my consent for the use of the audiotape as indicated above.

The extra copy of this consent form is for your records.

<u>**Place a check mark here**</u>   ☐   **Date:** _____

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APPENDIX C

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study that you have just participated in was designed to explore the needs of faith-based organizations and community-based organizations that provide mental health services. In this study, the researcher explored the reasons non-profit organizations are in need and how those needs affect the delivery of services.

The researcher, Geovana Varela, examined how changes in the external environment affect the delivery of mental health services and what is needed to enhance the delivery of services. The questions were designed for administrators to indicate what the needs of the organizations are and what is being done to adapt to the changes in the environment.

Thank you for your participation in this study. If you have any questions about this study, please feel free to contact Dr. Rosemary McCaslin at (909) 880-5507. For study results, you may contact Geovana Varela at geovana_d25@hotmail.com or at (909) 856-6767. The results will be available at the end of the Spring Quarter of 2012.

Thank you again for your cooperation and assistance with this study.

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