

Brief 1: Quality of Professional Interaction (Operational Performance)

The Community Mental Health Fund

Jackson County, Missouri

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Study Overview

This study utilized a mixed methods research design that employed sequential data collection strategies as a planned characteristic. Three (3) domains of inquiry were identified by the Community Mental Health Fund (CMHF) for study:

1. Stakeholder perception of the quality of professional interaction exhibited by CMHF in day-to-day interaction with community members.
2. Stakeholder perception and experiences of the Value Based Payment Initiative (VBP).
3. Stakeholder engagement relative to social determinants/drivers of health & racial equity among CMHF grantees.

Two (2) forms of data collection were utilized: stakeholder survey and key informant interviews. The external evaluators met with internal and external stakeholders to construct the initial survey instrument. After administrative/leadership review and collaboration, an instrument was developed and deployed to capture desired information.

Following the completion of survey and analyses of both fixed and open-ended responses, a preliminary version of the report was presented to eight (8) key informants identified by CMHF leadership. These informants shed light on findings and made suggestions for future considerations.

Survey Construction & Administration

The Community Mental Health Fund (CMHF) survey was opened for electronic administration to 107 pre-identified individuals on October 10th, 2022, and available for completion through October 25th, 2022. The final version of the survey was co-constructed by the external evaluators and CMHF administration and is provided (see Appendix B for the full survey) along with this series of brief reports.

Of the 107 pre-identified individuals, 61 individuals (57.0%) fully completed the electronic survey with an additional 10 individuals (9.3%) partially completing the survey. In total, 71 individuals (66.3%) accessed and completed at least a portion of the CMHF survey.

The survey was electronically administered using Research Electronic Data Capture (REDCap), a secure web application developed by the National Institutes of Health and maintained by Vanderbilt University (Harris, et al.) and designed to support data capture for research studies.

The survey instrument contains various types of questions (scaled, nominal and open-ended) across four domains: respondent information and demographics, quality of professional interaction, the value-based payment initiative, and social determinants/drivers of health.

Analyses

The external evaluators conducted univariate and simple bivariate analyses on quantitatively derived CMHF survey data. Univariate analyses were conducted on the survey variables to observe frequencies and measures of central tendency (e.g., mean, median, etc.). Univariate analyses allowed for the evaluators to further describe the survey respondents and their quantitative responses. These analyses were conducted in IBM SPSS Statistics (Version 28.0) (2021).

It is important to note that results include all valid responses for the respective question analyzed (i.e., the external evaluators included responses from both partially and fully completed surveys). Therefore, sample size (e.g., the number of respondents who answered each respective question) may vary by question. For this reason, the external evaluators included the respective sample size for each of the univariate and bivariate analyses.

Throughout the report, sample size will be designated by the letter “*n*”, with a capitalized “*N*” indicating that all possible respondents (71 respondents) answered the respective question/variable, and a lowercase “*n*” indicating that a portion of the respondents answered the respective question.

For those survey items soliciting qualitative (open-ended) responses, the evaluators imported text responses from the REDCap database into Dedoose (version 9.0.17, 2021) for managing and analyzing qualitative and mixed methods data. Text responses were imported by original question, and thematic analysis strategies were employed to determine triangulation and summative information. Themes, density, and findings are presented in each of the three briefs that align with study questions.

For information gathered through key informant interviews, text was entered from the interviews into Dedoose and coded for thematic content.

Respondent Demographics & Information

Corresponding to Survey Section I, important respondent demographics are illustrated in this section. This information is intentionally provided first to provide a general overview of the sample who completed the CMHF electronic survey.

As shown in *Table 1*, below, respondents were primarily White (76.1%, *n* = 54), female (69.0%, *n* = 49), and serving in an administrative role (60.6%, *n* = 43). Each of the grantee agencies had at least one survey respondent, and, interestingly, the two most prevalent categories for *time in current job role* were: 1 year – under 3 years (26.8%, *n* = 19) and 10 years or more (25.4%, *n* = 18).

Table 1. Respondent Characteristics (N =71)

Variable	Frequency (%)
Biological Sex	
Female	49 (69.0)
Male	21 (29.6)
Prefer Not to Answer	1 (1.4)
Race	
White	54 (76.1)
Black/African American	12 (16.9)
Asian	0 (0.0)
American Indian/Alaska Native	0 (0.0)
Pacific Islander/Hawaiian	0 (0.0)
Multi-Racial	2 (2.8)
Other	3 (4.2)
Agency Affiliation- number of participants from each agency is excluded to protect identity of those who may have been single agency invitees/respondents	
Benilde Hall	Intentionally Blank
Budget & Financial Management Assistance (BFMA)	
Burrell	
Child Abuse Prevention Association (CAPA)	
Child Advocacy Services Center (The Children’s Place)	
Cornerstones of Care	
Crittenton Children’s Center	
The Family Conservancy	
FosterAdopt Connect	
Genesis	
Hope House	
Jewish Family Services	
Jewish Vocational Services	
KC CARE Health Center	
Mattie Rhodes Center	
Metropolitan Organization to Counter Sexual Abuse (MOCSA)	
Newhouse	
Niles Home for Children	
Operation Breakthrough	
ReDiscover	
ReStart	
Rose Brooks Center	
Samuel U. Rodgers Health Center	
Sheffield Place	
Steppingstone	
Swope Health Services	
University Health	

Other: Reconciliation Services

Other: N/A

Job Role

Non-Clinical Case Manager	1 (1.4)
Clinical Case Manager	0 (0.0)
Supervisor – No Caseload	5 (7.0)
Supervisor – Clinical Caseload	5 (7.0)
Clinical Provider	3 (4.2)
Administrator (Do Not Provide Direct Services)	43 (60.6)
Quality Assurance/Quality Improvement (QA/QI)	3 (4.2)
Financial/Billing	1 (1.4)
Other*	10 (14.1)

Time in Current Job Role

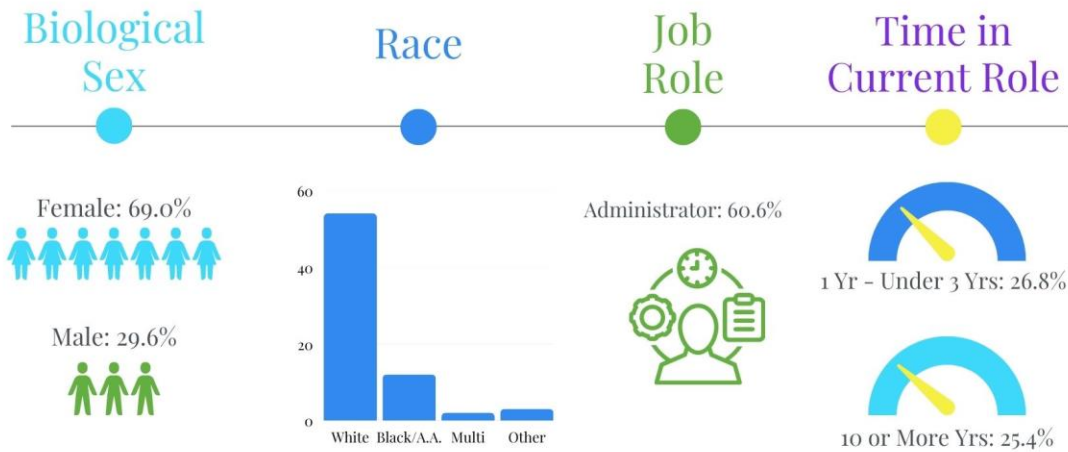
Less Than 6 Months	7 (9.9)
6 Months – Under 1 Year	3 (4.2)
1 Year – Under 3 Years	19 (26.8)
3 Years – Under 5 Years	11 (15.5)
5 Years – Under 10 Years	13 (18.3)
10 Years or More	18 (25.4)
Not Listed	0 (0.0)

Notes. * = Other Job Roles included: CEO (3); Administrator – Provides Direct Services, periodically (2); Grant Staff (2); Director of Programs (1); Clinical Supervisor with case management caseload (1); and Development Staff (1).

Please note: Due to a survey technology error, the researchers do not believe that respondent ethnicity was adequately captured in the survey, therefore this characteristic is not reported. U.S. Census population estimates for Hispanic ethnicity in Jackson Co, MO are 9.7%. Based on national data, Hispanics are underrepresented in the behavioral health workforce (National Academy for State Health Policy, 2021).

Figure 1, below, provides a summative overview of respondent information.

Respondent Demographics & Information



Additionally, of the 71 individuals who responded, 61 (85.9%) stated that they were “*extremely familiar with CMHF and their role/engagement with the agency [they] work for*”, and ten individuals (14.1%) responded that they were “*moderately familiar*” with CMHF and CMHF’s role/engagement with their agency.

Quantitatively Derived Findings

The objective of this aspect of the survey was to assess CMHF’s maintenance of a respected, smoothly functioning, professional organization. Questions centered on stakeholder satisfaction with the quality of professional interaction and collaboration with the CMHF. Please refer to Appendix B for full wording of questions which are contained in Section II of the survey.

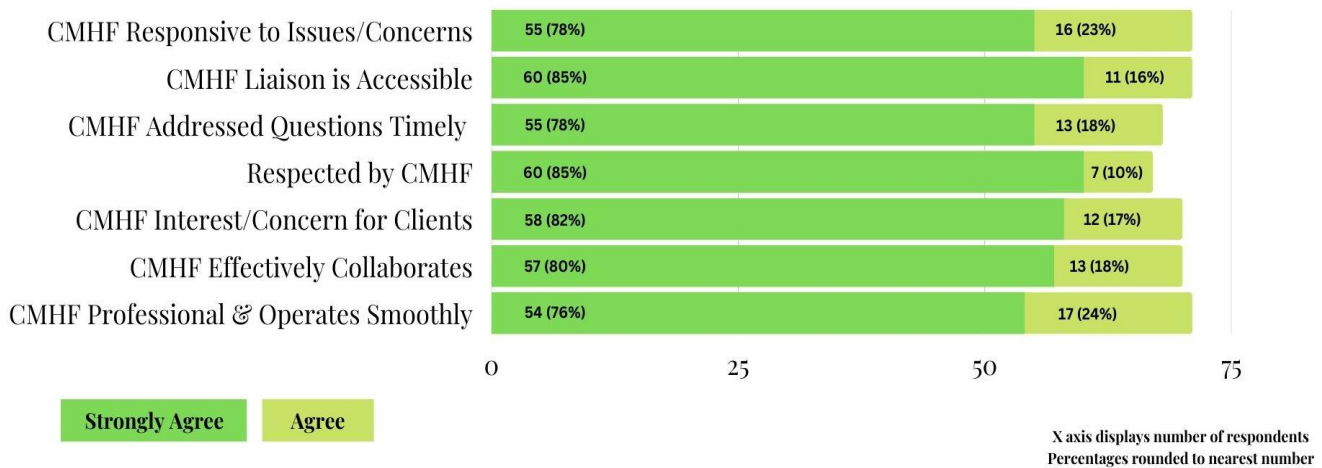
Please note that *figures are a summary* of all questions asked within the survey domain and responses are condensed for clarity and parsimony. Results are presented in chart format; however, full results are available in supplemental tables at the reader’s request.

Overall Experience With CMHF. Figure 1.1 displays survey results that revealed respondents’ overall experience with the CMHF can be categorized as exceptional. With 94.4% - 100% of respondents *strongly agreeing* or *agreeing* that the CMHF: is responsive to issues/concerns; liaison is accessible; addresses and answers questions in a timely fashion; respectfully interacts with them/personnel; is interested/concerned for the clients served by their agency; effectively collaborates; and acts professionally and operates smoothly.

Figure 1.1 Overall Experience: Question Results

Quality of Professional Interaction: *Overall Experience with CMHF*

Frequency of Respondents who Strongly Agreed or Agreed on the Following Questions (N = 71)

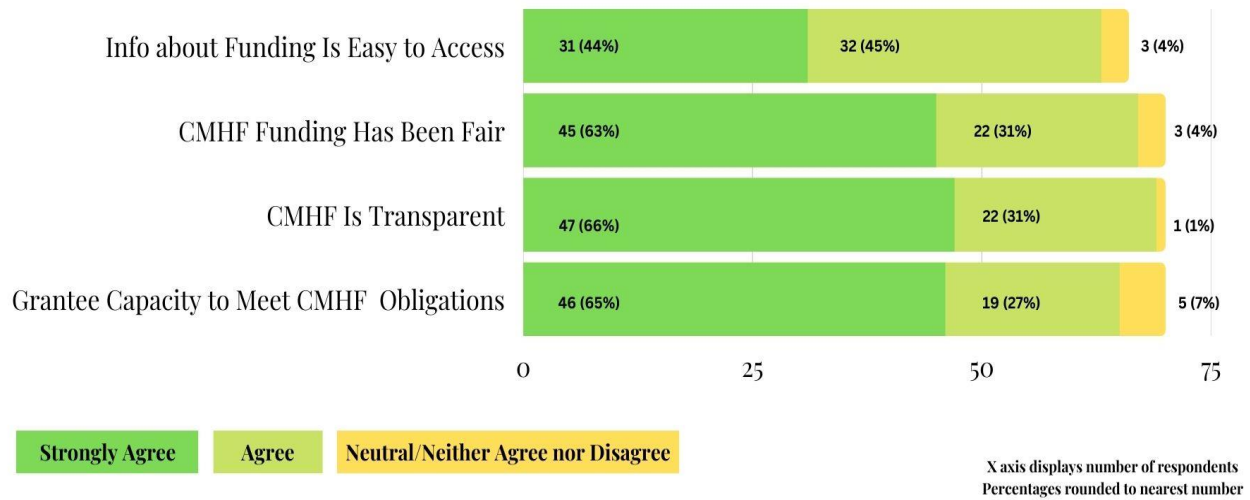


Overall Experience with CMHF's Funding Process. A very high percentage of respondents strongly agreed or agreed that the CMHF's funding process was easy to access, and has been fair, transparent, and allows their respective agency to do what they are contractually obligated to do with CMHF. *Figure 1.2*, below, summarizes the findings regarding the participants' overall experience with CMHF's funding process.

Figure 1.2. Overall Experience: Funding Process Question Results

Quality of Professional Interaction: *Funding Process*

Funding Process Questions: Frequency of Respondents (N = 71):

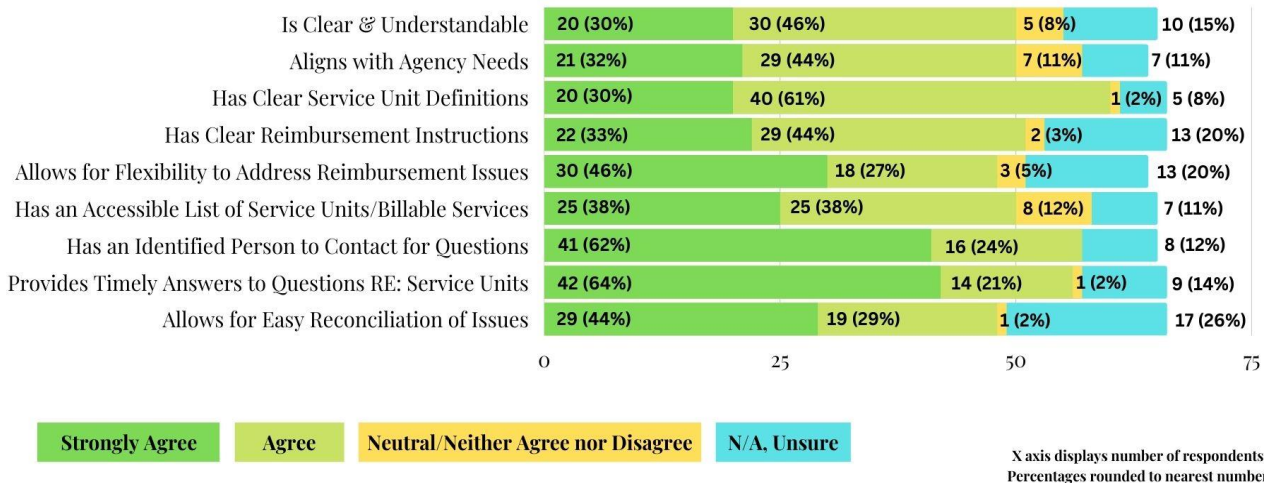


Overall Experience with CMHF's Billing and Payment Processes. Overall results from the billing and payment survey questions revealed that between 72.7% and 90.9% of respondents *strongly agreed* or *agreed* that the billing and payment processes are clear and understandable; aligned with their agency needs; have clear service unit definitions and instructions for reimbursement; allow for flexibility in addressing reimbursement issues; have an accessible list of service units/billable services and an identified person to contact with questions about service units; and allow for easy reconciliation of issues. Please note that the sample size varied for this grouping of questions ($n = 66$), and of the individuals who responded, between 5 and 17 individuals answered "not applicable/unsure" for the respective question (highlighted in light blue).

Figure 1.3. Overall Experience: Billing & Payment Processes Question Results

Quality of Professional Interaction: Billing & Payment Processes

Payment Process Questions: Frequency of Respondents (n = 66):



Though not illustrated in a graphic, nearly 80% (78.8%, $n = 52$) of survey respondents stated they believe that the service unit definitions provided by the CMHF help their agency strategize service delivery regarding client and community needs. With regards to mental health technology: 42.4% ($n = 28$) believe that the CMHF's funds have been utilized to increase mental health technology capacity within their agency, however, 47% ($n = 31$) of respondents stated that their agency currently has unmet mental health technology needs. A large majority of grantees (87.9% [$n = 58$]) believe that the CMHF has supported their agency in improving the quality of services provided, and 90.9% ($n = 60$) believe that CMHF funding has increased the

accessibility of their services to people who have typically not had access to services (i.e., underserved populations).

Qualitative Findings

There were eight (8) survey questions in which respondents could provide feedback in an open-ended manner. These questions generated a total of 472 pieces of text for coding across 51 separate codes nested across the eight questions. *Table 1.4*, below, displays the findings, by question.

Table 1.4: Qualitative Themes and Findings from Open Text Questions (Operational Performance)			
Question	# of Responses	Emergent Themes	Findings
1.Strengths of working with CMHF	65	Flexibility, communication, collaboration, improvement in practice, increases in knowledge	Flexibility of funding was repeatedly noted as beneficial in helping to improve and deliver services; respondents appreciated that CMHF operates in a collaborative way, treating grantees like community partners; grantees report feeling supported and not judged.
2.Challenges/barriers in working with CMHF	65	Presence of challenges, lack of connection, application issues, reimbursement challenges, grantee staffing challenges	Almost half of the respondents (31) said that they do not experience challenges with CMHF. Others reported a variety of issues related to lack of alignment between services, billing, payment, application, and reporting. Grantees are experiencing crisis level staffing challenges and while this is not attributable to CMHF, it impacts the ability of the grantee to fulfill services proposed to CMHF.
3.How CMHF helped to improve services	58	Flexible funding, data/technology assistance, support of best practices, Value Based Payment Initiative, site visits.	The ability of the CMHF to be flexible in meeting the community needs through funding what others will not is a strong asset. Flexibility is operationalized as meeting the client’s needs, telehealth, helping the agency through shared knowledge and experience (supportive site visits), and program specific funding. The VBP initiative has helped improve the quality of agency services.
4.How CMHF helped to improve access	59	Funding provided for those under- and uninsured increases access, building agency capacity, general support	The funding provided by CMHF allows agencies to see clients they would not be able to serve otherwise. The CMHF has also played a major role in creating agency capacity in the community—capacity for sustaining and expanding services and expanding staffing capacity through support for positions, as well as building knowledge among agency professionals.

<p>5.Grantees would like CMHF to know the following...</p>	<p>65</p>	<p>Responded with nothing to add, responded with compliment, responded with suggestions for miscellaneous considerations.</p>	<p>Almost two-thirds of respondents (42) said that they didn't have anything to add. In terms of compliments, respondents said "the CMHF staff listen—we consider them thought partners" and there was robust gratitude for giving the agencies opportunity to provide feedback and have a voice in funding processes. Respondents suggested community meetings and trainings, more help with unhoused clients, and wraparound models. Two respondents wanted CMHF to know that service units do not reflect the true costs of serving the client and that Medicaid expansion is affecting the numbers and percentages of the population served by the fund—that is, patients depend less on the fund for direct services but may need to utilize the fund for support services.</p>
<p>6.What could be helpful in the future</p>	<p>65</p>	<p>Themes centered around needs for expanded use of funds, reimbursement rate increases, staffing challenges, more billable categories.</p>	<p>It would be helpful to have even more options related to use of funds, billing rates and categories. More flexibility with funding increases ability to hire staff as needed.</p>
<p>7.How has CMHF been supportive re: Mental Health Technology</p>	<p>64</p>	<p>Themes included support for telehealth, software, general support of technology capacity, and equipment support.</p>	<p>"CMHF tech support has been essential in providing mental health services in Jackson County". Whether providing hot spots for internet access, equipment support, or training in outcomes collection—grantees have found this support critical (particularly since onset of the pandemic).</p>
<p>8.Grantee unmet mental health technology needs</p>	<p>31</p>	<p>There are unmet technology needs- equipment, maintenance/upgrading, software and telehealth support.</p>	<p>There are multiple pathways to providing support for grantees—not all need the same support.</p>
<p>Total Excerpts coded to questions</p>	<p>472</p>		

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Board of Directors Feedback. In addition to responses associated with these eight survey questions, the researchers created a code category for feedback to the Board of Directors of CMHF. This code category contains five text excerpts gathered from different respondents who mentioned the Board in their replies. In general, feedback was very positive. One respondent said, “CMHF staff and board are extremely knowledgeable and driven, they are serious about mental health, measurement, case management, and defining their terms—this helps to drive service quality, enhancement and improvement.” Another grantee said, “Staff and board are well-informed, and understand the challenges and populations served. They are truly a partner in the work—approachable, helpful, understanding, and professional.” There was only one cautionary piece of feedback, and it centered on the public nature of the Board meetings. This grantee wrote “It’s great that the Board meetings are public, but I’ve observed various agencies [being] discussed, and if it were my agency, I wouldn’t feel comfortable with the level of discussion that is taking place in a public forum.”

Feedback from Key Informants. In this domain, key informants expressed sentiment consistent with survey respondents (this is to say that they agree that the quality of professional interaction is very high). There are several predominant themes:

- The importance of the dedicated support liaison/site visitors cannot be overstated. The most common remark about operational performance was that site visitors and billing/payment support at CMHF have been transformative and integral to the successful relationship between funder/grantee. Several informants reported that initially, they felt intimidated by the site visits, but once they became familiar with the process, it became a vehicle for learning and growth. One informant said “...site visits are more like supportive consultation, they have shaped our organization and the way that we see information and data, grant applications, outcomes and process.”
- Several (3 of 8) informants reported that, even though the CMHF is prompting them to innovate and grow through the VBP initiative, the “steady and fair” nature of the partnership between leadership/personnel at CMHF and local agencies has been important in the community. Respondents stated that there have been large funders in the KC area that have changed strategies and “left the community out in the cold.” Informants expressed appreciation that CMHF was a continual stable presence, with a commitment to the local agencies.
- Allowing agencies to apply for innovative programming has been important to growth and success. One informant said “The CMHF is not punitive (in grantmaking)—they help us perform better and encourage us to keep trying with what we think works.”

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