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Evident in both my social work practice and research projects, I am passionate about maintaining and improving publicly funded mental health services. My research agenda, based in my practice experiences as both a clinician and implementer of public policy, examines the effects of state and federal policy implementation on the direct provision of mental health services for Medicaid recipients. My dual master's education (MSW and MBA) and practice experience (clinical, managerial, and public policy) draw me to interpret the role of funding on agency and practitioner service delivery using organizational and implementation theory. This research focus is rare amongst social workers. I position myself as a qualitative, critical standpoint feminist researcher, focusing on the social justice implications of how we allocate funds and enforce regulations in the provision of mental health services for Medicaid recipients.

Research Experience

Through collaborative efforts with community mental health clinics and state policy leaders, I have conducted four research projects. For a course, I conducted eleven semi-structured interviews in a cross-state research project investigating the lived experience of mental health professionals and clinical supervisors navigating productivity expectations in community mental health centers (CMHCs). Using stratified purposive sampling of CMHCs, two clinics in both Minnesota and Washington were selected based on the Medicaid billing rate system and geographic similarity. Differences in paperwork expectations required for Medicaid payment were a significant influence on clinician life and compounded differences in payment structure (i.e., fee for services versus capitation). While there resistance is not outspoken, the clinicians' discretion to prioritize customer service and patient satisfaction could be considered a "sanctioned resistance" which downplays the marketization of services and yet still complies with New Public Management ideals. I presented "Sanctioned Resistance" at the Network for Social Work Management and Minnesota's Community Mental Health conferences.

I received summer funding from the University of Washington's Institute for Translational Health Sciences (ITHS) TL1 program for data collection of my qualifying paper (general exam); this allowed me to observe, interview, and review documents over 3 months. In "This is a Decade Process: A Case Study of Grant-funded Integrated Care in a Community Mental Health Center," I examined the sustainability of a Center for Medicaid and Medicare Innovation grant, one year after funding ended. Drawing on the Aarons et al. (2011) Exploration Preparation Implementation Sustainability (EPIS) implementation framework, this case study of a CMHC describes implementation barriers and sustainability challenges with grant-funded integrated care. Findings demonstrate that integrated care practices evolve during implementation and the following factors influenced sustainability: workforce rigidity, intervention clarity, policy and funding congruence between the agency and state/federal regulations, and on-going support and training in practice application. Due to the multidisciplinary teaming required in integrated care, professional institutions were an additional outer context factor influencing sustainability. During this research project, I learned skills in creating interview guides, conducting semi-structured interviews, transcribing, coding, using qualitative data management programs, writing field notes, and writing publishable papers. I have presented this paper at Society for Social Work Research, and it is currently under review with the Journal for Behavioral Health Services and Research.

In addition to the sustainability study, I also interviewed five clients and four medical providers at the CMHC to understand client experiences when making health care delivery decisions. In “Where Everyone Knows Your Name,” critical interpretive phenomenology methods were used to analyze data and create themes that describe clients’ relational health-based decision making: informal and formal relationships, attribution of recovery and proximity to clinic. These results can help clinics better target integrative care programming to their patient population. I have presented this study at the International Congress of Qualitative Inquiry and International Qualitative Health conferences.

My fourth project, “All Over the Map” was done in collaboration with the State of Minnesota’s Department of Human Services (DHS). I contracted with DHS to conduct an implementation study of their Cultural and Ethnic Minority Infrastructure Grant (CEMIG). This descriptive case study includes content and thematic analysis of grant contracts, proposals, outcome reports, and 17 semi-structured interview transcripts with 22 participants representing current and former grant recipients and state administrators. Using the EPIS (Aarons et al., 2011) conceptual framework, the following themes were identified: under the radar, revolving door, economic fragility, and messages of success. The State of Minnesota allocated \$8.86 million to this grant program from 2008-2017. Twenty-one CMHCs received grant contracts to train 274 individuals, 104 of whom are currently licensed to practice independently. Strategies for enhanced grant implementation include examining the potential racial bias within the licensure process, addressing systemic racial bias within DHS, focusing and clarifying the grant program, creating a transparent process for data collection and retention, promoting community behavioral health agency financial stability, and increasing marketing and awareness. I received funding from both DHS and secured a year-long fellowship through the ITHS program at UW. I am scheduled to present findings in a poster session at the Council on Social Work Education Conference in October.

I continue developing ideas from “All Over the Map” in my dissertation, turning the focus from the state’s role to clinical trainees who received supervision and licensure support, grantee agency characteristics and processes, and the outer policy context that surrounded CEMIG implementation. In this project, I developed my survey development, inductive coding, and qualitative analysis skills while engaging in mixed methods work.

Future Directions

As a clinical social worker and public policy practitioner, I feel it is essential to continue my efforts in investigating how public policy is implemented at multiple levels regarding mental health care delivery. I plan to continue developing research projects examining implementation, sustainability, and effects to clinician behaviors through grant funds, Medicaid policy reforms, and payment structure change. I see three main lines of inquiry: managed care Medicaid, the Affordable Care Act (ACA) payment reforms, and grant infrastructure programs.

I am interested in how changes to managed care Medicaid plans effects clinician behavior and access to services for mental health care. As more states transition Medicaid to for-profit managed care entities for cost savings, I am interested in seeing how those changes affect service provision. I am also seeking to evaluate and uncover new worker processes responding to ACA payment reforms. As Medicare and Medicaid move towards outcomes-based payment methodologies, observing and interviewing direct practice clinicians as they change their work practices and clinical delivery methods to adhere to the new expectations will be crucial. Lastly, I would like to continue my efforts in evaluating the implementation of grant infrastructure programs. Often state and federal governments cannot assess their implementation of policies and grant programming; continuing this work contributes to government transparency and evidence informed public policy making.