

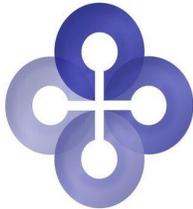
# Organizational Health:

## Growing Sustainable Culture for Behavioral Treatment Providers

*Presented by*

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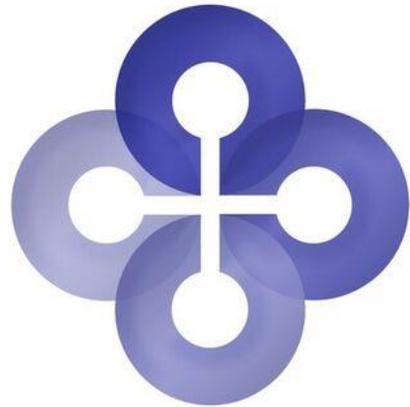
*CEO - C4 Consulting*



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# Who is C4 Consulting?



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An invitation...

# Breathe

1. <http://www.organizationalhealth.com/publications/OHFinal.pdf>

# Webinar Goals

- ▶ Examine historical influences of Organizational Health in Behavioral Health
- ▶ Define Organizational Health
- ▶ Common Challenges experienced in Organizational Health by Providers
- ▶ Common Industry Responses, Patterns, & Perspectives
- ▶ Solution-oriented approaches to growing sustainable Organizational Health

# Defining Organizational Health

- ▶ What is the Organization?
  - ▶ The People - Providers, Payors, Vendors, Consumers, Communities...
  - ▶ The Brand - "Just Do It"
  - ▶ Products & Services
  - ▶ Systems & Processes
- ▶ What is Health?
  - ▶ Outcome
  - ▶ Performance
  - ▶ Process
  - ▶ Quality, Quantity, & Measurements

# Industrial & Organizational Psychology

## ▶ Industrial & Organizational Psychology

- ▶ Late 1890's to early 1900s - Psychology applied to advertising, business models, employee selection, vocational counseling.
- ▶ 1910's - Industrial Psychology - *Psychology & Industrial Efficiency* - Hugo Münsterberg (1913)
- ▶ 1920's - Hawthorne studies/Western Electric (1924)- study of the relationship: illumination & productivity - The Hawthorne Effect (aka the Observer Effect)
- ▶ 1930's - Continued exploration of applying psychology to business & industry
- ▶ 1940's- Office of Strategic Services (OSS) - developed situational stress tests
- ▶ 1950's - Management Progress Study at AT&T - Use of assessment centers to examine promotions

# Historical Influences & Perspectives: *Industrial & Organizational Psychology*

- ▶ 1960's - Civil Rights Act (1964) & Age Discrimination in Employment Act (1967)
- ▶ 1970's - Publication of 1st I/O Handbooks - influenced uniform set of employment guidelines
- ▶ 1980's - Research, Study, Publication - e.g. Project A - identify predictors of "good" soldiers.
- ▶ 1990's - Americans with Disabilities Act (1990). Civil Rights Act - Updated (1991); Family & Medical Leave Act (1993); The advent of "The Information Age" - the Internet, email, advances in information exchange & sharing
- ▶ 2000's - I/O Psychology - advances in technology influence learning and outcomes tracking
- ▶ 2010's - Integration - *Health & Wellness; Quantitative & Qualitative Data*

# Historical Influences & Perspectives:

## *Evolutions in Organizational & Behavioral Health*

- ▶ 1900's - Formation and advocacy of groups to challenge conditions of care and reform in mental health: (1908) Clifford Beers & the *Connecticut Society for Mental Hygiene* (Today, known as Mental Health America)
- ▶ 1910's - The Surgeon General - adopts a 'Mental Hygiene' program for the Army & Navy (WW-I)
- ▶ 1920's - Commitment Laws - several states revise commitment laws & policies
- ▶ 1930's - Continued Reformation - advocacy & practitioners merge; A.A. begins & grows
- ▶ 1940's - Passing of the National Mental Health Act (1946) & creation of the National Institute of Mental Health
- ▶ 1950's - The Joint Commission is founded (1951); The *Diagnostic & Statistical Manual of Mental Disorders*- DSM-I (1952)

# Historical Influences & Perspectives: *Evolutions in Organizational & Behavioral Health*

- ▶ 1960's - Legislation - Community Mental Health Centers Act (1962/3) authorizing construction grants for community mental health centers & calls for deinstitutionalization and increased community services. The initiation of Medicaid & Medicare (1965). CARF International was formed (1966). DSM-II is published (1968).
- ▶ 1970's - The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), established (1973) replacing the NIMH. NIDA's Advisory Council, the National Advisory Council on Drug Abuse (1973) is established; The Rehabilitation Act is passed (1973); The Health Maintenance Organization Act (1973) directly promoted the development of HMO's. The Council on Accreditation (COA) is founded (1977); The National Alliance on Mental Illness (NAMI) is formed (1977).
- ▶ 1980's - DSM-III (1980) - shifting from the former psychodynamic influence to a more medically driven model and developed in coordination with the ICD-9. Managed Care - reforms in reimbursement models were introduced to increase efficiency and productivity. DSM -III-R is published (1987).

# Historical Influences & Perspectives: *Evolutions in Organizational & Behavioral Health*

- ▶ 1990's - **SAMHSA** was established (1992) renaming the ADAMHA. The DSM IV (1994) Mental Health Parity Act (MHPA 1996) provided that large group health plans cannot impose annual or lifetime dollar limits on **mental health** benefits that are less favorable than any such limits imposed on medical/surgical benefits.
- ▶ 2000's - DSM IV- *TR* (2000). The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.
- ▶ 2010's -MHPAEA is amended by the Health Care and Education Reconciliation Act (2010) applying the same statute to individual health insurance coverage. DSM V (2013). Outcome Measures and tracking trends begin to rise and are being formed to better inform client care, service delivery, accreditation standards, payor validation, and challenge behavioral health care organizations to increase accountability and responsibility to consumers, payors, & stakeholders.

# What Does History Tell Us?

- ▶ Although both fields have seen advances, shaping interests, and growth: Management, Operations, & Culture have been the focus.
- ▶ It is challenging to account for all stakeholders in defining health for behavioral health organizations.
- ▶ It is necessary to understand the relational context of the resources consumers & providers share to improve, maintain, and grow health.
- ▶ Organizational Health is the paramount priority for Behavioral Health Providers to insure the highest quality of care can be produced with consistency and integrity.

## Defining Organizational Health: Example #1

- ▶ Organizational health is defined as the state of complete and unimpeded operation of all formal and informal, main and auxiliary organizational processes.<sup>1</sup>

1. Xenidis, Y. & Theocharous, K. (2014) , *Organizational health: Definition and assessment*. Prodecia Engineering 85 562-570.

# Defining Organizational Health: Example #2

- ▶ Organizational health is defined as an organization's ability to function effectively, to cope adequately, to change appropriately, and to grow from within. Organizational health consists of the following ten dimensions:

1. *Goal Focus*

2. *Communication Adequacy*

3. *Optimal Power Equalization*

4. *Resource Utilization*

5. *Cohesiveness*

6. *Morale*

7. *Innovativeness*

8. *Autonomy*

9. *Adaptation*

10. *Problem-Solving Adequacy<sup>2</sup>*

2. <http://www.organizationalhealth.com/publications/OHFinal.pdf>

## Defining Organizational Health: Example #3

“Organizational health is essentially about making a company function effectively by building a cohesive leadership team, establishing real clarity among those leaders, communicating that clarity to everyone within the organization, and putting in place just enough structure to reinforce that clarity going forward.

Simply put, an organization is healthy when it is whole, consistent and complete, when its management, operations and culture are unified.”<sup>3</sup>

# Defining Organizational Health: Example #3

## ▶ Two Requirements for Success:

### ▶ Smart

- Strategy
- Marketing
- Finance
- Technology

### ▶ Healthy

- Minimal Politics
- Minimal Confusion
- High Morale
- High Productivity
- Low Turnover<sup>4</sup>

# Defining Organizational Health: Example #3

## ► Lencioni's Model - continued

1. Build a Cohesive Leadership Team
2. Create Clarity
2. Reinforce Clarity
3. Overcommunicate Clarity

### Team Behaviors:

1. Building Trust
2. Mastering Conflict
3. Achieving Commitment
4. Embracing Accountability
5. Focusing On Results<sup>5</sup>

# Lencioni's Five Dysfunctions of a Team



# Defining Organizational Health: Example #3

## ▶ Lencioni's Model - Continued

### ▶ Create Clarity: SIX CRITICAL QUESTIONS

1. Why do we exist?
2. How do we behave?
3. What do we do?
4. How will we succeed?
5. What is most important, right now?
6. Who must do what?<sup>7</sup>

7. Lencioni, P (2012) *The Advantage: Why Organizational Health Trumps Everything Else in Business* (Kindle Version), retrieved from [www.amazon.com](http://www.amazon.com)

# Organizational Tools

- ▶ Mission, Vision, and Values (Core, Aspirational, Permission to Play)
- ▶ Policies & Procedures & *Practices*
- ▶ Strategic goals & tactical plans
- ▶ Accountability & Responsibility
- ▶ Communication
- ▶ Verification (meet the standards intended) & Validation (meet the needs of the recipient)

# Organizations & Family Systems

- ▶ Are there similarities between a healthy organization and a healthy family System?
- ▶ Are there similarities between an unhealthy organization and an unhealthy family system?
- ▶ How people recreate their own family system in the organization?
- ▶ How does the organization recreate family of origin issues?
- ▶ What parallel processes do we attend to?
- ▶ What parallel processes do we tend to ignore?

“Organizational health is essentially about making a company function effectively by building a cohesive leadership team, establishing real clarity among those leaders, communicating that clarity to everyone within the organization, and putting in place just enough structure to reinforce that clarity going forward.

Simply put, an organization is healthy when it is whole, consistent and complete, when its management, operations and culture are unified.”<sup>8</sup>

# Common Challenges

- ▶ Misunderstanding the Market & Trends
- ▶ Inconsistency
- ▶ Organizational Identity
- ▶ Fragmented Organization
- ▶ Showing Signs & Symptoms: Parallel Processes

# Misunderstanding The Market

- ▶ Changing market conditions:
  - ▶ Changes in client populations, presentations, and needs
  - ▶ Changes in Providers populations, stratifications, & care options
  - ▶ Payor Conditions, regulatory updates, & oversight in demonstrated quality of care standards
- ▶ Rapidly Shifting Organizational Priorities:
  - ▶ Shifts to admission criteria
  - ▶ Over-reaching to remain “competitive” - LOS/LOC
  - ▶ Constant shifts to goals & plans

# Inconsistency

- ▶ The stated goals of the organization don't match what is produced
- ▶ The stated methods of the organization don't match how service is delivered
- ▶ Rapidly changing organizational priorities lead to confusion & unresolved conflict
- ▶ Results: insecurity, fear, scarcity, lower morale, low productivity, higher turnover

# Organizational Identity

- ▶ The seasoned organization (the elder statesmen - we know what we are doing, so why change? It has worked in the past, so why wouldn't it work today?)
- ▶ The young organization (The new kid on the block)
- ▶ The organization in transition (we used to X, but now we do Y)
- ▶ Results: confusion, politics, power struggles, lower morale, low productivity, higher turnover

# The Fragmented Organization

- ▶ The Silo Effect
- ▶ The Division of Labor - leadership, middle management, & service teams
- ▶ Results: lack of accountability, rigid perspectives, no collaboration, politics, lower morale, low productivity, higher turnover

# Showing Signs & Symptoms: *The Parallel Process*

- ▶ Exhibiting the illnesses Organizations treat:
  - ▶ The Addictive Organization
- ▶ Organizations - the role of trauma
  - ▶ Vicarious trauma & compassion fatigue
  - ▶ Organizational trauma (e.g. death of a founder/staff & sentinel events with clients)

# Common Organizational Responses to Challenges

- ▶ Denial (avoidance-blame-justifying-rationalizing- hostility)
- ▶ Internal - someone in the organization is assigned to lead change with limited support or buy-in system wide
- ▶ External - third party brought in to make change with limited support & follow up/through (The Bob's of Office Space)
- ▶ The Training Trap - addressing the symptom not the source
  - ▶ Providing training without consistent follow up/through
  - ▶ Not being inclusive of staff - only training parts of the organization rather than a systemic approach

# Solution-Oriented Approaches

- ▶ Understanding your organization
  - ▶ History - know your history
  - ▶ Context - culture, family systems, & change
- ▶ Understanding the challenges
  - ▶ Internal dynamics (family dynamics)
  - ▶ External dynamics (resource partners)
- ▶ Understand your resources
  - ▶ People
  - ▶ Services
  - ▶ Systems & processes

# Solution-Oriented Approaches

- ▶ Baseline health
  - ▶ Assessing the current organizational health
  - ▶ Identify - Discuss- Solve
  - ▶ Measuring and Tracking - *feedback informed*: performance, culture, products & services
- ▶ Developing an organizational health plan
  - ▶ What works best for your organization
  - ▶ Integrative Approach (balancing internal & external resources)
  - ▶ Prevention & maintenance

# Solution-Oriented Suggestions

- ▶ Simplicity over complexity
- ▶ Master the fundamentals - wash, rinse, repeat
- ▶ The Power of Family Systems in the workplace - We Are Family
- ▶ Principled Flexibility

# Core Principles of Trauma Informed Care

- ▶ **Safety** - Ensuring physical and emotional safety
- ▶ **Trustworthiness** - Making tasks clear and maintaining appropriate boundaries
- ▶ **Choice** - Prioritizing consumer choice and control
- ▶ **Collaboration** - Maximizing collaboration and sharing of power with consumers
- ▶ **Empowerment** - Prioritizing consumer empowerment and skill-building
- ▶ **Mutual Responsibility** - Each person is responsible for their part in the relationship and for their own behavior.

# Questions, comments, criticisms, suggestions?

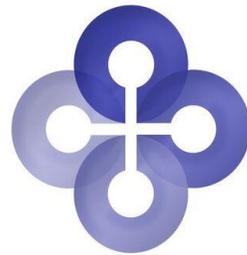
- ▶ Discussion...
- ▶ Closing comments...
- ▶ Thanks & appreciations...
- ▶ The Poll...

Wait for it....let's stay connected!

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