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Capturing the Culture of a Behavioral Health Organization

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Consultancy Project Executive Summary

Organization: Gardner-Webb University School of Education

Project Title: CAPTURING THE CULTURE OF A BEHAVIORAL
HEALTH ORGANIZATION

Candidate: Pamela Lucas

Consultancy Coach: Dr, Jeffrey Hamilton

Defense Date: July 03, 2020

Authorized by: Rachelle Brooks-Blue, Owner/Clinical Director

Approval

This consultancy project was submitted by Pamela Lucas under the direction of the persons listed below. It was submitted to Gardner-Webb University School of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

Dr. Jeffrey Hamilton, Faculty Advisor
Gardner-Webb University

Date

Rachelle Brooks-Blue, Owner/Clinical Director

Date

Acknowledgements

I would like to thank my daughter, Nyasia, for being my cheerleader. You cannot begin to imagine how much that meant to me through this process. Much thanks to the rest of my family and friends for all your support and love. My mother in heaven, this is for you! I miss you, but I know your spirit lives and you are here with me. Special thanks to my cohort members; I could not have asked for better. Most importantly, I give thanks and praises to the Creator for giving me the strength and tenacity to complete my doctoral degree.

Abstract

CAPTURING THE CULTURE OF A BEHAVIORAL HEALTH ORGANIZATION.

Lucas, Pamela, 2020: Consultancy Project, Gardner-Webb University.

The effectiveness of an organization is contingent upon the leadership's ability to create a culture which can achieve organizational goals while meeting the expectations of the stakeholders. Behavioral health and other healthcare organizations have a responsibility to remain in compliance with federal, state, and other accrediting bodies. Langevoort (2017) stated that cultures of compliance refer to shared beliefs within an organization about the importance of legal compliance in relation to other pressures and goals.

Behavioral health organizations tend to maintain a compliance culture regardless of the potential benefit of moving to a noncompliance culture. These organizations can experience rapid change on a continuous basis, and many are caught in a cyclical process of trying to catch up to other industries. Research suggests that moving from a culture of compliance to a learning culture can produce greater benefits for an organization (Bennett et al., 2016; Nabong, 2015; Winkler & Fyffe, 2016). Learning cultures focus on organizational values, people, and data-related processes. Behavioral health organizations can benefit from transitioning to a learning culture because it can improve service delivery and promote growth. The aim of this project is to make recommendations which can help develop an organizational culture of increased effectiveness that will realize the goals of the organization while satisfying the needs of all stakeholders.

Keywords: behavioral health, organizational culture, learning culture, compliance culture, culture change

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1 Introduction

1.1 Project Purpose

Makin' Choices Inc. – Behavioral Health Services is a provider of community based mental health services. This organization provide services to at-risk families and children. Makin' Choices contracts with Medicaid for financial reimbursement of services provided to this population. The clientele must be Medicaid eligible to receive services unless other funding arrangements have been made prior to service delivery. Makin' Choices provides an array of services ranging from Community Alternative Programs (CAP) to Adult Day Treatment/Day Health. The home office is in Fayetteville, North Carolina, and the Day Treatment facility is in Durham, North Carolina. The organization was established and incorporated in May 2000. It has grown from five employees to 75+ staff members between both locations.

The agency's owner has a desire to grow the company by diversifying the services offered and expanding locations. There are concerns with the current management staff being prepared and skilled enough to adapt to the changes that may come with expanding services. The owner currently is operating in a dual role and would like to relinquish some of her responsibilities to focus on more administrative components and professional development. The agency does not have a formal human resources department which traditionally handles the administrative functions for an organization. The agency lacks a formal training program as training is strictly compliance based and managed by staff supervisors. This has been a challenge when the agency is going through the accreditation process and compliance audits. The management team seems to struggle with addressing day-to-day issues with operations and managing staff. Senior leadership is constantly involved with problem resolution as managers and supervisors constantly look to them for solutions.

The purpose of this project was to address the concerns of the agency's owner by capturing the current organizational culture and developing a strategy to move to a culture that would be more conducive for growth and talent development. After researching some industry best practice standards, it seemed that this agency's culture was in alignment with a compliance culture and could benefit by transitioning to a learning culture. The aspects of a learning culture could potentially address the issues with leadership, staff competence, and overall service delivery.

Technical Terms and Definitions

Commission on Accreditation of Rehabilitation Facilities (CARF): an independent, nonprofit accreditor of health and human services.

Compliance culture: a culture which embeds compliance into everyday workflow and sets the foundation and expectations for individual behavior across an organization.

Direct care staff: the staff at this agency which includes licensed clinicians, qualified professionals, case managers, paraprofessionals, and CAP caregivers.

Innovations Waiver (CAP) for Persons with Mental Retardation/ Developmental Disabilities (CAP-MR/DD): a special Medicaid program started in 1983 to serve individuals who would otherwise require care in an intermediate care facility for people with mental retardation/developmental disabilities.

Learning culture: a collection of organizational conventions, values, practices, and processes. These conventions encourage employees and organizations to develop knowledge and competence. An organization with a learning culture encourages continuous learning and believes systems influence each other.

Local management entities (LMEs): in North Carolina are responsible for managing, coordinating, facilitating and monitoring the provision of mental health, developmental disabilities, and substance abuse services in the area they serve.

Management team: qualified professionals and program managers.

Organizational culture: an organization's expectations, experiences, and philosophy as well as the values that guide member behavior; is expressed in member self-image, inner workings, interactions with the outside world, and future expectations.

Qualified professional: an individual who holds a license, provisional license, certificate, registration, or permit issued by the governing board regulating a human service profession, who also has 4 years of full-time accumulated experience in Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) with the population served.

Senior leadership: agency owner/clinical director and executive director.

Targeted case management: a requirement for all individuals who participate in the waiver. Case managers provide a variety of functions critical to ensure that services and supports address not only the family health and safety needs of individuals receiving waiver funding but also reflect the needs and preferences reflected in the person-centered Plan of Care.

1.2 Associated Documents

Informed Consent Letter: This is a letter given to participants as an introduction to the researcher and research purpose during data collection for this project; acts as an agreement between participants and researcher (see Appendix A).

Interview Recruitment Letter: This a letter drafted for the purpose of communicating the data collection activities and to solicit interest of potential participants (see Appendix B).

Interview Questions: This a list of questions created to use as a guide during the semi-structured interview(s) to collect information (see Appendix C).

Observation Notes Sheet: This is a form created to record information during the observation process (see Appendix D).

Professional Literature Review: This is a summary and explanation of the current state of knowledge on a limited topic as found in academic books and journal articles (see Appendix E).

1.3 Project Plan Maintenance

The project plan was updated when the project milestones were submitted, typically at the end of each semester of the program. A review of previously submitted milestones was conducted when new milestones were introduced as the project progressed during the program. During the process, events occurred that required changes to the initial objectives and some minor revisions of the goals of the project. These events helped shape the project but not to the degree in which formal approval was necessary. The program sponsor, who is the agency's owner, and the student communicated periodically to discuss any implications which were a result of unexpected events.

2 Project Scope

2.1 Outline of Partnering Organization's Objectives

2.1.1 Objectives

The organization could benefit from this consultancy proposal by using the recommendations as a guide to implement a culture change initiative. The potential benefits are

- understanding the organizational culture and its impact on change;
- alignment of actions and priorities of the management team with the mission and values of the agency;
- development of leadership knowledge, skills, and abilities for the management team;
- establishment of a comprehensive training program to address soft and technical skills for staff;
- improvement in the quality of service delivery; and
- gaining a competitive advantage over other behavioral healthcare agencies in the area.

2.1.2 Success Criteria

- Decrease in audit investigations by the LME
- Maintaining CARF accreditation
- Positive feedback from customer and employee satisfaction surveys
- Increase in services provided: substance abuse and foster care services
- Expanding services to statewide delivery

2.1.3 Risks

- Budget constraints
- Availability of staff and lack of commitment (buy-in)
- Loss of time from work duties for training
- No dedicated human resources department or administrative staff

2.2 Outline of Consultant's Objectives

2.2.1 Objectives

My primary objective was to propose a culture change initiative that could improve the quality of service delivery for the organization. I had to gain an understanding of the current organizational structure and operations to determine an appropriate framework for the project. The feedback from interviews and observations, research on best practices, and personal knowledge helped me determine the approach (transition from a compliance culture to a learning culture) for this project. My responsibilities included providing recommendations for

- creating of a leadership development training curriculum,
- designing a comprehensive training program for the agency, and
- implementing strategies needed to create a learning culture.

2.2.2 Success Criteria

The success of this project is based on the acceptance of the recommendations made for the organization. Once these recommendations are fully implemented, the success criteria for the consultant is the same as that for the organization:

- Decrease in audit investigations by the LME
- Maintaining CARF accreditation
- Positive feedback from customer and employee satisfaction surveys
- Increase in services provided: substance abuse and foster care services
- Expanding services to statewide delivery

2.2.3 Risks

- Legal and regulatory changes
- Decision delays by the senior leadership
- Failure to integrate with the organization
- Components or products are not sustainable
- Under communication
- Stakeholders become disengaged
- Budget constraints

2.3 Definitive Scope Statement

The effectiveness of an organization is contingent upon its ability to create a culture that can achieve organizational goals while meeting the expectations of its stakeholders. An organization may need to make changes in practices and processes to remain competitive in the marketplace. The culture of an organization is a determinant that should be considered when implementing such a change initiative (Denison et al., 2012; Winkler & Fyffe, 2016).

Research suggests that moving from a culture of compliance to a learning culture can produce greater benefits for an organization. Learning cultures share the characteristics of transformative cultures as the focus is on organizational values, people, and data-related processes. Makin' Choices can transition to a learning culture by implementing strategies that focus on improving the leadership skills of the management team, the competence level of internal stakeholders, and the quality of service delivery. The aim of this project was to make recommendations that could help develop an organizational culture of increased effectiveness that can realize the goals of the organization while satisfying the needs of the stakeholders.

3 Deliverables

3.1 To Partnering Organization

This project was a proposal that included recommendations on how to create a learning culture within the organization. There were no formal deliverables associated with the project because no implementation took place for the agency.

3.2 From Student

N/A

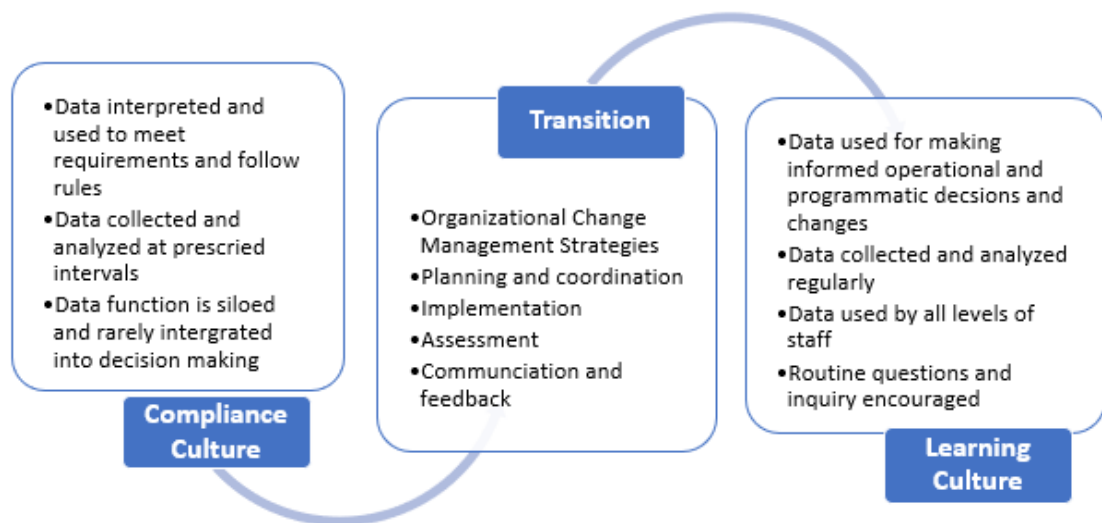
4 Project Approach

4.1 Project Lifecycle Processes

The proposed project can be implemented using a phased approach with three primary phases over a 2-year period. The project will prescribe to a transitional model of change to cultivate a culture of learning for the organization. The idea is to move the organization from its current state of being, a compliance culture, to a future state of being, a learning culture (see Figure 1).

Figure 1

The Culture Change Process



I created this proposal focusing on the design, development, and implementation of a culture change initiative for the organization. This proposal can be used as the formal plan for this transition which includes information about the project schedule, budget, risk plan, etc. The full implementation is contingent upon availability of resources, financial budget, and capacity of the responsible parties. The proposed timeframe for implementation of a project of this magnitude is over a multi-year period.

Several barriers were present which hindered my ability to implement the project, which was my initial desire. During this consultancy process, the agency became challenged financially; and at one point, there was concern from the owner if the business could be sustained, due to a major audit finding from the Sandhills LME. Some of the funding for services provided by the agency was cut during the audit investigation. This situation lasted almost a year which impacted the availability of the management team and my access to the agency's information and staff. The owner was not willing to commit any

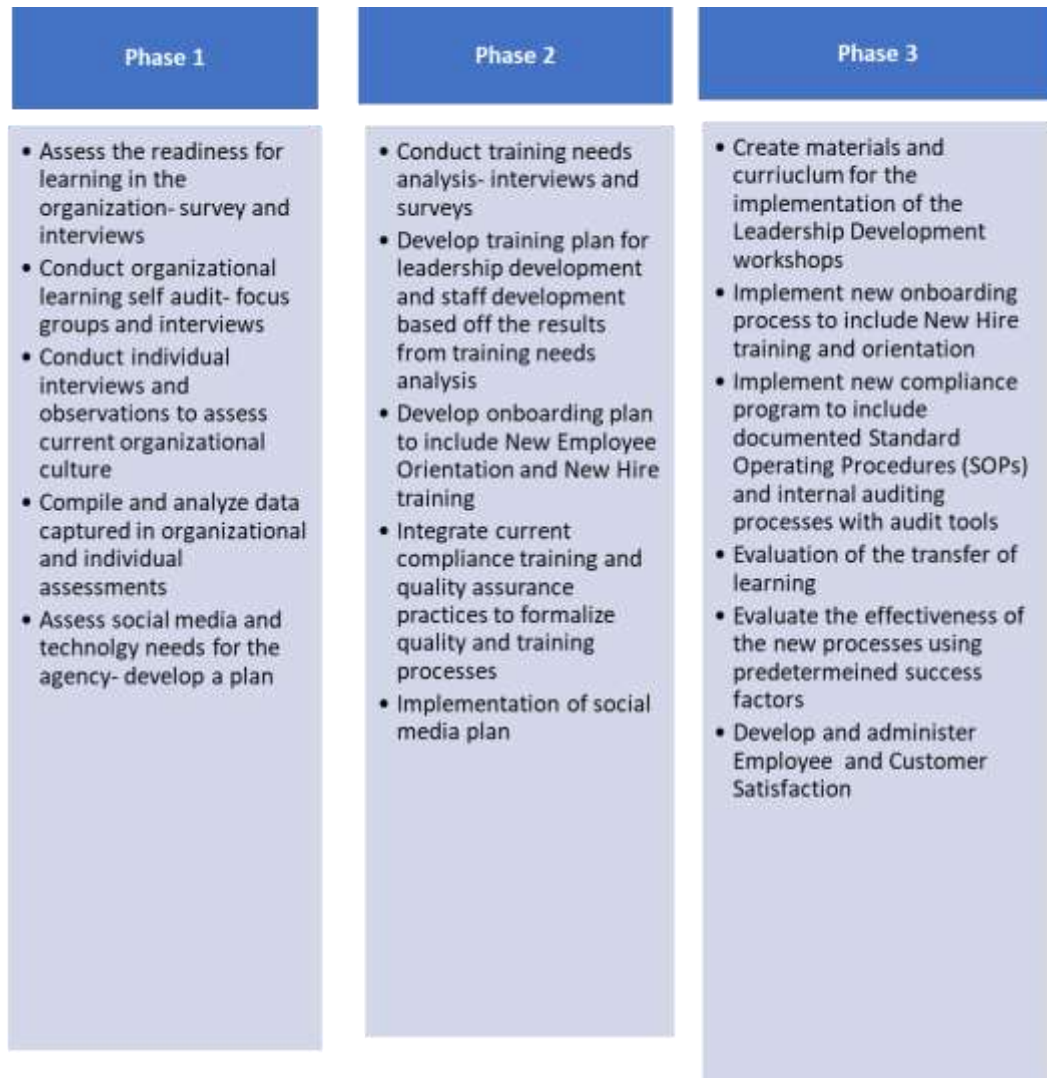
resources to the project during this time due to the uncertainty of the outcome of the investigation and a limited operating budget which resulted from the block on funding from the LME.

The audit investigation had a positive outcome for the agency, and funding was reinstated by the LME. I continued to work with the senior leadership to develop strategies that could be used as recommendations for implementing a culture change initiative until a new challenge presented itself. The agency is accredited by CARF; and in order to maintain this accreditation status, a review occurs every 3 years. CARF surveyors visit the agency for a week and review administrative records (HR/training), clinical notes, financials, and overall operational information. This review took place 2 months earlier than the owner expected, which limited the availability of the management team and staff. The preparation for the accreditation review took approximately 6 weeks. The agency successfully passed the accreditation review; however, shortly after accreditation, another audit investigation was launched by Sandhills LME which is the current state of the organization. The last barrier to implementation was the COVID-19 pandemic. Due to COVID-19, the agency had to reduce the hours in which services could be delivered to clients.

I am willing to assist with implementation activities going forward and evaluate the effectiveness of the proposed change strategies for the organization. For example, I recommended that the organization outsource certain functions of training (learning technology and administration) for efficiency and effectiveness purposes which is in alignment with creating a learning culture; plus, it will help with compliance adherence. Senior leadership liked this idea and is currently in the process of transitioning to an electronic platform managed by a local start-up training company. I plan to work with the owner/clinical director to evaluate the outcomes and cost savings for the agency.

Strategies for the Development of the Learning Culture

The phases of this proposed project consist of several steps with activities in each to facilitate the transition to a learning culture (see Figure 2).

Figure 2*Implementation Phases***Social Media Plan**

In today's age of advanced technology, social media has become an integral part of our culture. As social media is embedded in our day-to-day life, it would only make sense for it to transfer into the world of business and become an essential component in the organization. Small businesses may not have the capacity to hire a separate social media team to manage social media efforts, but these businesses can still benefit from the use of social media platforms to gain a competitive advantage. The benefits of social media for small businesses include branding, online customer service, recruiting and human resources, tracking employee behavior, event planning, and promotions (Peterson, 2019).

Many organizations use social media as a tool to promote the company's brand. According to Peterson (2019), this is accomplished by creating social media profiles, sharing of content, and platform-based advertising. Organizations use social media posts and ads to build a following and increase revenue. Incorporating social media can also help the agency transition to a learning culture and improve the quality of service delivery. Qi (2017) suggested that usage of social media directly and indirectly influences organizational learning; and that knowledge management processes (knowledge creation and sharing) mediate the path between the two. This knowledge management would be beneficial for the agency's growth and development.

The behavioral health field has become one of the more important medical niches in recent years. Behavioral health companies need to reach potential clients to sustain and grow business. Makin' Choices would benefit from expanding the use of social media because the agency, in the current state, does not have an extensive social media presence. The agency may be missing opportunities to gain more clients through social media exposure. A company's website is a tool to increase the client base. Makin' Choices has an official website; however, I feel it is not being used to its full potential. Social media can help an organization reach new audiences while building a direct relationship with the target population (Sean, 2019).

The primary social media goal for Makin' Choices was to leverage the current web presence by increasing the agency's social media usage. The agency could capitalize on digital marketing to reach new clients, especially if new services are incorporated into the business. I conducted a SWOT analysis of the agency's social media presence and developed goals to improve the use of social media for the agency.



The following objectives can help with achieving the agency's goal:

- Objective 1: Increase brand awareness
- Objective 2: Grow website traffic

To increase brand awareness, the organization could use content marketing in addition to creating an Instagram account and Facebook business page. Sean (2019) stated that content marketing is the practice of creating text, images, graphics, videos, and interactive elements for a website that inform the target audience. Sean also suggested that content marketing's biggest strength is versatility. To build a solid foundation, three types of content marketing should be integrated into the strategy: blogs, articles, and videos.

- Blogs are the fastest and most efficient way to add new information to a company's website (Sean, 2019). Makin' Choices could use this method to communicate quick, timely updates about news in the behavioral health industry. These may include text-only posts, but it is recommended to add images and customized graphics for good measure. These will engage the readers more and keep them on the site and interested in the topics. According to Sean, blog posts are also great pages to promote on social media, and they make great headway for the site in terms of search engine optimization.
- Articles are like blogs in that they are used to inform the target audience about issues that may be relevant to them (Sean, 2019). The main difference between the two is that articles are meant to be timeless. Articles are also prime places for images, graphics, and data visualizations. These visual elements serve the same purposes in an article as they do in a blog by keeping the site visitors engaged. Engaged visitors spend more time on the webpage, which Google notices, then Google ranks the pages higher in search results, so more people can go to them (Sean, 2019). This strategy supports the second objective to grow website traffic for Makin' Choices.
- Videos are the third format recommended for content marketing. Videos can cover just about anything; but for behavioral health companies, the videos will cover topics like those on the article pages. Adding videos to the website encourages users to stay on the pages longer, which in turn boosts those pages' rankings in search results (Sean, 2019). Sean suggested that many internet users prefer to get information in video format over text, since it is more engaging. This strategy can help Makin' Choices meet the second objective as well.

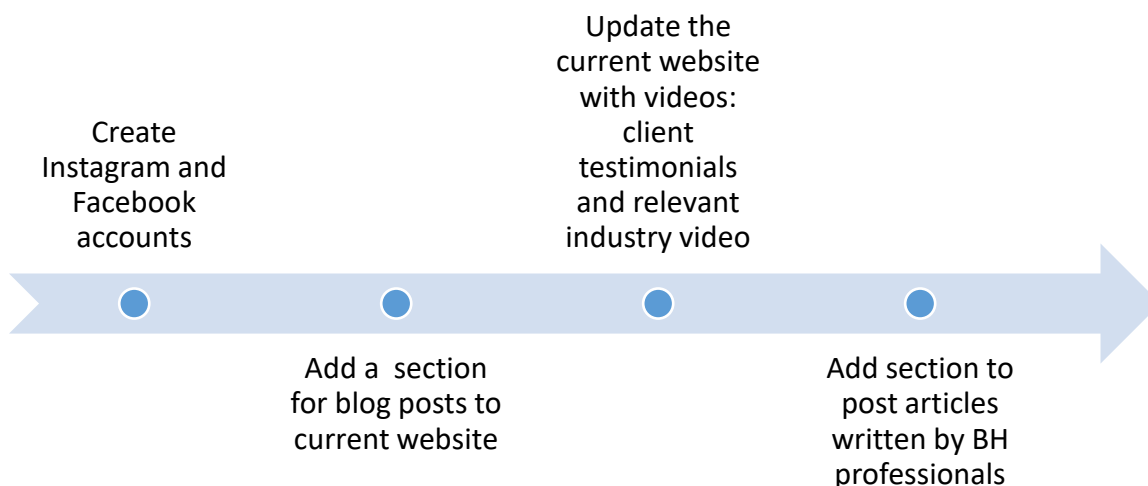
According to many market research organizations, "traffic" is the lifeblood of any business website (Sean, 2019). Sean stated that without the right kind of targeted traffic to the website or blog, a company will not get the needed leverage. Social media traffic may be directly influenced by the organization's brand image and its connection with its followers. According to Sean, the traffic generated through social media is highly valuable because it usually comes after someone recommends the content on the site.

Due to the small size of this company and limited capacity of available staff, the budget for any social media implementation is minimal. Therefore, I recommend starting with basic social media platforms, like Facebook and Instagram. I recommend that the management team maintain the website blogs, articles, and video posts. The senior leadership could share primary responsibility, but other management staff could contribute content and information to the blogs and articles such as client success stories. This can improve marketing for the agency, in addition to sharing knowledge and information.

I recommend that the proposed social media plan be implemented in steps or phases to help with effectiveness and efficiency (see Figure 3).

Figure 3

Social Media Implementation Timeline



Makin' Choices is a for-profit organization and sales are equivalent to funding for services provided to clients. Sean (2019) stated that it is important for a company to understand the relationship between its social media activity and the sales generated from it. I recommend that the senior leadership use a tool such as Google Analytics to track social media traffic and how it is converting to an increase in clientele. Sean suggested that the more a company knows how social media is driving profit conversions, the more improvement the company can make to the social media strategy. If the senior leadership is not comfortable with monitoring this, I recommend they should consider hiring an outside source on a part-time basis to manage their social media.

Scheduled Meetings

Monthly meetings were scheduled between senior leadership and me during the project. I recommend that these meetings continue throughout Phases 1 and 2 of the project. These meetings took place at the home office in Fayetteville, North Carolina or via teleconference if all parties were not available to meet face to face. These meetings addressed any outstanding issues that interfered with the implementation of the project or change expectations of this project. These meetings served as an opportunity for me to provide updates on plans and communicate analysis results. I looked for guidance from the senior leadership during these meeting on the direction they wanted to take the organization and how much they were willing to invest in a culture change initiative. I recommend that during Phase 3 of the project, the meetings become more frequent as implementation and evaluation would be taking place during this phase of the project.

4.2 Project Management Processes

Issue Management:

The information contained within the project plan may change as the project progresses. While change is both certain and required, it is important to note that any changes to the project plan could impact at least one of three critical success factors: available time, available resources (financial, personnel), or project quality. The process for the management of issues consists of

- an Issues Log being created in Excel to monitor and track issues as they occur and are resolved;
- issue descriptions, owners, resolution, and status being maintained in the Issues Log in a standard format;
- issues being addressed with the senior leadership and communicated in the project monthly or weekly status report depending on the phase of the project;
- changes that impact project scope, schedule, staffing, or spending being identified and documented in the log;
- issues that may impact the completion of the project as planned communicated to the senior leadership; and
- future recommendations being made to address issues and changes as they occur.

Change Management:

The change control procedures consist of the following processes:

- a Change Request Log being established to track all changes associated with the project effort,
- all change requests assessed to determine possible alternatives and any costs associated with the possible change,
- change requests being reviewed and approved by the senior leadership,

- the effects of approved change requests on the scope and schedule of the project being reflected in updates to the plan, and
- the Change Request Log being updated to reflect the status of all change requests.

4.3 Project Support Processes

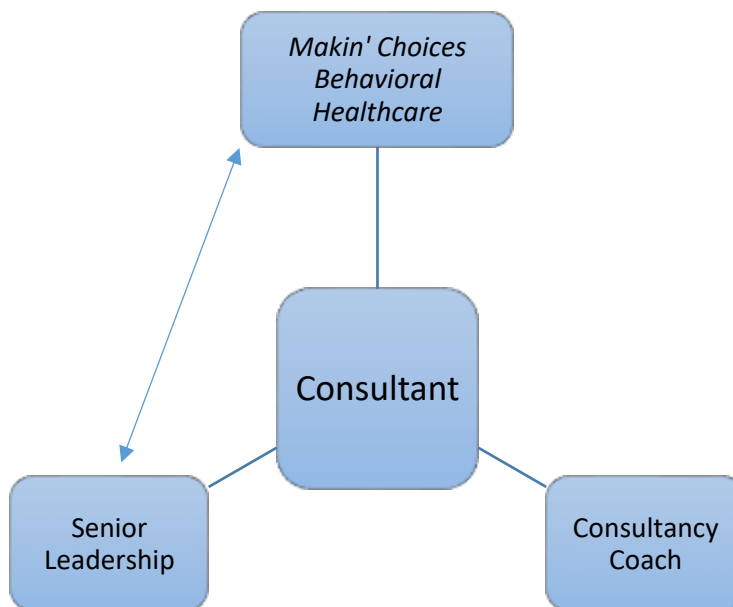
I, as the acting consultant, worked with the senior leadership of the agency throughout this project experience. The senior leaders were supportive of the approach chosen to address the issues in the agency. The barriers previously mentioned created challenges with timely communications; however, once the barriers were removed, senior leadership was available and provided as much support as they could for the project. I also received support from the consultancy project coach who provided feedback on the milestones in a timely and objective manner.

4.4 Organization

4.4.1 Project Team

This project was not implemented; therefore, no formal project team was created to work on the project. I worked independently throughout the process. The senior leadership of the agency provided insight on the organizational structure, systems, and procedures. I recommend that a project team, consisting of members of middle management, should be created when the organization is ready to implement the proposed strategies.

4.4.2 Mapping Between Makin' Choices and Consultant



5 Communications Plan

Disseminating knowledge about the project is essential to the project's success. Project participants desire knowledge of what the status of the project is and how they are affected. The more that people are educated about the progress of the project and how it will help them in the future, the more likely they are to participate and benefit. This communication plan provides a framework for informing, involving, and obtaining buy-in from all participants throughout the duration of the project.

Audience

This communication plan is for the following audiences:

- Project Sponsor – CEO/Owner
- Project Coach – faculty assigned by Gardner-Webb
- Project Consultant – Gardner-Webb student
- Organizational Participants – Managers, Supervisors, Line Staff
- Subject Matter Experts (SMEs) – Organization's management team

Communications Methodology

The communications methodology utilizes three directions for effective communication:

- **Top-Down:** The leadership of an organization plays a critical role in the communication plan. In order to gain the buy-in needed from those participating in the project, the leaders should exhibit behaviors that show support and guidance for the effort. The senior leadership of the organization should communicate with a unified, enthusiastic voice about the project while relaying the benefits for the stakeholders and the organization. I propose that this should be a hands-on change management effort, for it to be successful. Not only will the senior leadership need to speak directly to all levels of the organization, they will also need to listen directly to all levels of the organization.
- **Bottom-Up:** The success of this change effort is contingent upon the buy-in and confidence of the involved staff. The management team should communicate how they came up with solutions to the agency's issues. Issues with staff resistance to the change may arise if the perception is that only the senior leadership created the proposed changes without gaining input from staff at different levels in the agency. The staff may be more receptive to change if they feel they had some input and were included in the decision-making process.
- **Middle-Out:** The success of this change initiative requires full support from all levels of the organization, especially the areas in which the changes will have to be implemented. This support is also required to sustain the changes after implementation. The middle management will play a significant role in communicating the change efforts to direct care staff in the agency. At this level, there must be an effort to find and communicate the specific benefits of the changes to their staff.

Communications Outreach

The following is a list of communication events I recommend for this project.

Scheduled Status Reports

Monthly Status Reports (Phases 1 and 2): These meeting began as I worked on this project and should continue throughout the life of the project. A monthly written status report should be provided to the senior leadership going forward. The reports should include the following information tracked against the project plan:

- summary of tasks completed in previous month,
- summary of tasks scheduled for completion in the next month, and
- summary of issue status and resolutions.

Bi-Weekly Status Reports (Phase 3): A project status should be presented to the CEO/owner on a bi-weekly basis during the implementation phase, if deemed necessary. Ad hoc meetings may be needed to address issues or change control items as they arise. Bi-weekly update/status meetings should take place to review completed tasks and determine current work priorities. Minutes should be produced from all meetings.

Issue(s) Notifications:

- The senior leadership should be notified via e-mail of all urgent issues. Issue notification includes time constraints and impacts which identify the urgency of the request for service.
- Organizational participants and SMEs should be updated monthly at the discretion of senior leadership or as needed. Information should be organized in memo format and delivered via email to all impacted participants.

Information Storage/Recordkeeping:

- All electronic project documents should be maintained in a central storage (SharePoint or Outlook) accessible by all project stakeholders.

6 Work Plan

6.1 Work Breakdown Structure

Tasks	Responsible Party/Parties	Activities	Target Date
Assess the readiness for learning in the organization	Project Consultant	Administer Organizational Learning Readiness Worksheet to employees during focus group sessions	TBD
Conduct organizational learning self-audit	Project Consultant	Administer Organizational Learning Self Audit Tool to employees during focus group sessions	TBD
Conduct individual interviews and observations to assess current organizational culture	Project Consultant	Interviewed Senior Leadership using Organizational Culture Questionnaire- semi structured	April 2019
		Interview 6-9 Staff within various levels of the organization using Organizational Culture Questionnaire- semi structured	TBD
		Observed and documented findings using Observation Notes Sheet	April 2019
Assess social media and technology needs for the agency- develop a plan	Project Consultant	<p>Researched how Behavioral Health organizations use social media and technology</p> <p>Interviewed a technology leader in a similar organization</p> <p>Conducted SWOT analysis</p>	July 2019

Compile and analyze data captured in organizational and individual assessments	Project Consultant	Evaluate data for themes	Ongoing
Conduct training needs analysis	Project Consultant	Administer training needs survey to staff using Survey Monkey Administer VARK learning styles assessment to staff during staff meetings	TBD
Develop training plan for leadership development and staff development based off the results from training needs analysis	Project Consultant	Compile information from surveys to determine the best approach for training the staff in the organization	TBD
Develop onboarding plan to include New Employee Orientation and New Hire training	Project Consultant	Compile information from surveys to determine the best approach for training the staff in the organization	TBD
Integrate current compliance training and quality assurance practices to formalize quality and training processes	Project Consultant/ SMEs	Develop Standard Operating Procedures (SOPs) manual Develop internal audit tool	TBD
Create materials and curriculum for the implementation of the Leadership Development workshops	Project Consultant	Develop training aids, participant guides, PPT presentations, assessments/profiles and manuals Instructor guides for train-the trainer	TBD
Implementation of training programs	Project Consultant	Conduct/facilitate Leadership development workshops Researched external training sources for	TBD Jan 2020

		potential electronic learning systems to deliver and track staff training	
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6.2 Resources

Activities/Actions	Resources
Administer Organizational Learning Readiness Worksheet to employees during focus group sessions	<ul style="list-style-type: none"> Organizational Learning Readiness Worksheet Private space/room Office supplies
Administer Organizational Learning Self Audit Tool to employees during focus group sessions	<ul style="list-style-type: none"> Organizational Learning Self Audit Tool Private space/room Office supplies
Interviewed Senior Leadership using Organizational Culture Questionnaire- semi structured	<ul style="list-style-type: none"> Organizational Culture Questionnaire (Interview Questions) Observation Notes Sheet
Interview 6-9 Staff within various levels of the organization using Organizational Culture Questionnaire- semi structured	
Observe and document findings	
Research how Behavioral Health organizations use social media and technology	<ul style="list-style-type: none"> Internet Interview questions Databases
Interview with a technology leader in a similar organization	
Conduct SWOT analysis	
Evaluate data for themes	<ul style="list-style-type: none"> Excel spreadsheet
Administer training needs survey to staff using Survey Monkey	<ul style="list-style-type: none"> Internet Training needs survey questions VARK assessment Office supplies
Administer VARK learning styles assessment to staff during staff meetings	
Compile information from surveys to determine the best approach for training the staff in the organization	<ul style="list-style-type: none"> Excel spreadsheet
Develop Standard Operating Procedures (SOPs) manual	<ul style="list-style-type: none"> Current policy and procedures manual SOP template

Develop internal audit tool	<ul style="list-style-type: none"> • Interview questions for SMEs • Observation Notes Sheet • Audit Tool template- CARF and LME
Develop training aids, participant guides, PPT presentations, assessments/profiles and manuals Instructor guides for train-the trainer	<ul style="list-style-type: none"> • Microsoft Office: Word, PowerPoint, Excel
Conduct/facilitate Leadership development workshops Research external training sources for potential electronic learning systems to deliver and track staff training	<ul style="list-style-type: none"> • Training classrooms • Computer lab • Laptops/iPads • Overhead projectors • Projection screen • Office supplies • Internet • Industry networking events

7 Milestones

Milestone Number	Title	Forecast date
1	Interviewed Owner/Clinical Director and observed main office location	March 2018
2	Agreed on project approach: Transition from a compliance culture to a learning culture	Dec 2018
3	Interviewed Executive Director and observed Day Treatment location	April 2019
4	Developed social media plan	July 2019
5	Recommendation accepted to outsource compliance training and incorporate online learning in staff training	Dec 2019
6	Researched and selected external training source for electronic learning systems to deliver and track staff training	Jan 2020

8 Metrics and Results

The overall focus of the proposed project was to capture the current culture of Makin' Choices and develop strategies to transition from the current culture of compliance to a learning culture. A qualitative approach was used for this project as the data collection method for this project is a combination of interviews and observations.

Data Collection Procedures

I chose to use semi-structured interviews for this project. Patten (2014) stated that semi-structured interviews are the most widely used type of measure for collecting data for qualitative research. I also decided to use another qualitative data collection method of observation. According to Creswell (2009), qualitative observations are those in which the researcher takes field notes on the behaviors and activities of individuals at the research site. Creswell also suggested that during the observation process, the researcher records field notes at the research site and may be a participant or nonparticipant based on the purpose of the study. I was not a participant for this project, as my goal was to gain insight of the culture of this agency to make recommendations for improvement.

Interviews

I was able to conduct interviews with the senior leadership of the organization: owner/clinical director and executive director. My initial plan was to collect the data for this project by conducting six to nine, 45-minute, face-to-face, interviews with staff members of each level in the agency. The plan was to recruit participants by sending out the Interview Recruitment Letter (see Appendix B) 2 weeks prior to the planned date of the interview sessions. All sessions would take place at the participant's place of business which would be the same location for the direct observations. I planned to interview four to five direct care staff, one qualified professional, and one program manager, in addition to the senior management. Qualified professionals and program managers are the middle level of management in this organization, as direct care staff are considered front-line staff.

Due to the barriers previously mentioned in this document (Section 4.1), I was not able to conduct the number of intended interviews; therefore, additional interviews need to be conducted to collect more data before the implementation of this project. Additional dates and times need to be coordinated with senior leadership to conduct the remaining interviews.

The data from the interviews with the owner/clinical director and executive director were recorded by taking notes during the interview. The interviews were conducted in their respective offices. I interviewed the owner at the beginning of the project, then coordinated the interview session with the executive director, which took place in the second year of the project. The desire was to complete all interviews during the second year. Prior to the interview with the executive director the Informed Consent Letter (see Appendix A) was given to him to review and sign off on.

During these interviews, I asked 10 prepared questions with some additional questions needed for clarification purposes. The recorded responses were compiled into a Word document and used as part of the assessment of the agency's culture. The results from these interviews were compiled and organized in the table below.

Interview Question	Responses
1. How would you describe the overall culture of this organization?	<p>The agency reacts to the mandates imposed by the state and LMEs as service definitions change frequently. This has created a reactive culture.</p> <p>Family culture as relationships with our families are the centerpiece of our service delivery modality.</p>
2. A learning culture is expressed in the assumptions, values, environment, and behaviors of the organization. How is learning advocated and valued throughout this organization?	<p>Learning is valued within the organization as it is important to have competent staff and remain in compliance with CARF standards.</p> <p>The management team encourages staff to develop themselves professionally.</p>
3. How does this company demonstrate professional development as a value?	<p>The management team encourages staff to attend trainings that are offered by the Department of Health and Human Services (DHHS).</p> <p>There is a desire to have more direct care staff gain the Qualified Professional (QP) status as many currently have the Associate Professional (AP) status. QPs can sign-off on clinical notes and this can be a shared responsibility within the agency.</p>
4. What does management do to create an environment to support learning?	<p>Supervisors meet with staff monthly for "supervision" and case consultation which help the company to meet goals and achieve the mission.</p> <p>Any training events attended by staff outside of the agency must be in alignment with the agency's goals. Staff is required to share the information presented in these training workshops with the rest of the staff.</p>
5. Describe activities or initiatives conducted by management to develop their employee's capacity to achieve organizational goals?	<p>Senior management conduct annual quality assurance audits to ensure that the organization complies with the standards for accreditation.</p> <p>QPs and Program Managers provide supervision and coaching to their staff on a monthly basis.</p>

<p>6. How would you describe your onboarding experience? Was the organization's expectations of learning and development communicated during recruitment?</p>	<p>The agency can do a better job with training and onboarding new staff. Most onboarding is handled by QPs and Program Managers. It is their responsibility to communicate the agency's expectations in addition to their own expectations of the staff person.</p> <p>Most of the recruiting and hiring is done by the Owner who communicates her expectations.</p>
<p>7. Describe your experience with training and development in this organization?</p>	<p>The Director provides training to staff, as well as, QPs and Program Managers. Most training occurs on-the-job.</p> <p>The desire of the management team is to have a formal training program delivered both online and, in the classroom. We feel there is a need to offer more types of training to expand the skillset of staff.</p>
<p>8. What are the preferred methods for training delivery in this organization (e-learning, classroom, CBT, webinars, etc.)? a) How would you describe the effectiveness of these methods for staff?</p>	<p>Currently training is conducted mainly in the classroom and one-on-one at the location of the staff.</p> <p>QPs and Program Managers monitor and track staff trainings, typically, staff is given a manual with policies and procedures and complete tests manually which is graded by the <i>CheckMarker</i> software system that the agency pays for annually.</p> <p>We would like to improve learning by expanding the training offered using online learning.</p>
<p>9. What do you see as the biggest challenges in your day-to-day work?</p>	<p>Keeping up with the changes in standards and policies that come from the state level.</p> <p>Providing the guidance and direction to QPs and Managers as they seem afraid to make decisions and handle day-to-day issues.</p>
<p>10. What do you like about working for this organization?</p>	<p>It's a good place to work because there is a lot of autonomy and flexible in how you do your job.</p> <p>The people are the best part of the agency as most of the staff are caring and dedicated employees.</p>

Observations

During the interview sessions, I was able to visit and observe both agency locations. I used the Observation Notes Sheet (see Appendix D) to document observations and

information about noticeable artifacts and physical structures, rituals and ceremonies, systems and procedures, language, and stories. The observations were manually recorded on the sheet. A separate sheet was used for each location.

The headquarters for Makin' Choices is in Fayetteville, North Carolina with another site in Durham, North Carolina. The purpose of the visits was to interview the owner/clinical director and executive director while observing the environment.

Summary of Observations

<p>Artifacts/Physical Structures</p>	<p>Headquarters: The physical structure of the office is that of a house which was converted into an office. This instantly presents a feeling of home and family. The waiting area is decorated like a living room in a residential household. Each of the bedrooms was converted into an office, and the dining area is used to house records in filing cabinets. There is a full kitchen which is decorated more like a kitchen in a home. There were a lot of pictures of present and past clients and paintings on the walls. The owner's office, which was a master bedroom, was filled with papers, bookshelves, a huge desk and a sofa. She had several ceramic elephants placed through the office, which represents her sorority affiliation. Degrees and plaques were hung on the walls. Overall very welcoming and comfortable environment.</p> <p>Day Treatment Center: This location is a 2,400 sq. ft. two story building. When entering the building, there is a lobby with a receptionist area. The lobby is typical of most businesses as there are a sofa and chairs and coffee tables filled with magazines. Plaques and pictures are on the walls; not as many as in the home office. The remainder of the floor is an open area, almost like a gymnasium, with offices/rooms placed around the open space. This space is used for activities with the clients. These offices house the middle management staff, and there are two offices on this floor that are shared spaces for the Direct Care staff to use when they may need to type notes or if they cannot meet their clients in the field. The second floor is the basement of the building. There is a gym with three pieces of exercise equipment. This is available to staff and clients. There are two more offices; one is the office of the executive director. This office is decorated with pictures of clients, and there are bookshelves filled with books about therapeutic practices and mental health manuals. The director's degrees are hung on the wall, and his desk is very neat and organized with pictures.</p>
<p>Rituals/ Ceremonies</p>	<p>Headquarters: I noticed that it is common practice for the staff to use the kitchen to prepare meals for breakfast and lunch. The assistant and the</p>

	<p>coordinator seem to have a routine in which each takes turns in bringing in food for these meals. The owner typically meets with the staff on a weekly basis but is available for phone calls 24/7. She also has a mailbox in which the assistant places bills, mail, and telephone messages.</p> <p>Day Treatment Center: At this location, the director meets with the staff daily as he holds morning huddles before clients arrive. He has an open-door policy, and staff are welcome to come talk to him about issues with clients or for those in the field to check in. Every morning, the staff greet the clients as they arrive, and they engage in structured activities for most of the day. They staff holds award ceremonies for the clients to recognize their accomplishments every other Friday.</p>
Organizational Systems/Procedures	<p>The agency transitioned to an electronic record-keeping platform which was a mandate from Medicaid. Senior management and middle management have laptops. Direct care staff still use paper forms to document their clinical notes, and it is the responsibility of the middle management to transfer these notes into the record-keeping system. QPs and program managers meet with staff monthly for “supervision” and case consultation. Every program has timeframes and deadlines to enter notes so the owner can submit the billing to Medicaid or the LMEs. All employee records are housed at the Fayetteville headquarters. All new hire onboarding takes place at the headquarters, and new client onboarding happens in the field or at the Day Treatment center based on the type of service. Both locations have standard office equipment.</p>
Language (Slogans, Acronyms, etc.)	<p>Both locations displayed signage with the name of the agency and their slogan: <i>Makin’ Choices: Where the Potential is Unlimited.</i> This is also located on the agency’s letterhead and brochures. Most of the language used in the agency is in alignment with industry standards based on services.</p>
Stories/Legends	N/A

Summary of Results

The findings from the interviews and observations indicated that the organization seems to have a reactive culture and is compliance orientated. I recognized some areas of opportunity for the agency that could be addressed by implementing this project. Overall, it seems as if a focal point for senior management is staff development outside of maintaining accreditation and compliance.

The senior leadership suggested that learning is valued within the organization and it is important to have competent staff. It is the consensus of senior leadership that the management team encourages staff to develop themselves professionally by attending trainings offered by the Department of Health and Human Services. Also, the management desires to have more staff gain the qualified professional status. Qualified professionals and program managers meet with staff monthly for “supervision” and case consultation which help the agency to meet goals and achieve the mission.

The senior leadership conduct annual quality assurance audits to ensure the organization complies with the standards for accreditation. Both senior leaders agreed with the idea that the organization could do a better job with training and onboarding new staff. In the current state, the management team provides training to staff as needed because the agency does not have a formal training program. The management team would like to have a formal training program delivered both online and in the classroom. This would allow supervisors to focus on other aspects of their job. Overall, it seems as if most staff like working for Makin’ Choices, as there is not a great deal of attrition. The management team seems to advocate for growth and success despite the ongoing challenges faced by the agency.

I was able to determine from the data collected that there is a need to collect additional data. I recommend that more interviews occur to gain information from different levels of staff. I felt enough information was provided from the initial interviews and observations to prompt research of best practices for improved service delivery in the mental health industry. After reviewing several journal articles on this topic, I decided the best way to address the issues in this organization was to propose a culture change initiative that would move the agency from the current compliance-based state to that of a learning culture.

9 Risks, Constraints, Assumptions

9.1 Risks

Identified Risk	Risk Level	Internal External
<p>Legal & regulatory change impacts project:</p> <ul style="list-style-type: none"> Federal and State regulatory entities (requirements)- Regional Mental Health Entities: Cumberland (Fayetteville, Hope Mills, Spring Lake, Eastover), Sandhills (Dunn, Lillington, Southern Pines, Rockingham, Sanford), Southeastern Regional (Lumberton, Elizabethtown, Laurinburg), Eastpointe (Clinton, Wallace, Kinston), Wake (Raleigh, Cary, Apex), and Southeastern Center (Wilmington). CARF accreditation requirements. 	<p>Medium</p> <p>The probability of this happening is moderate as the regulatory entities dictate the direction of the business</p>	<p>External</p>
<p>The project fails to match the organization's culture:</p> <ul style="list-style-type: none"> The culture is not accustomed to a formal training program as supervisors are responsible for the training and tracking of training for their staff. There may be some resistance and/or confusion surrounding the Leadership Development training program and New Employee Orientation (NEO) program. Standard Operating Procedures (SOP) manual- culture not accustomed to standardized processes and procedures. 	<p>Low</p> <p>The probability of this happening is minimum as the goal of the Owner/CEO is to change the culture to be more formalized and structured</p>	<p>Internal</p>
<p>Delays to training impact the project:</p> <ul style="list-style-type: none"> Budget- the budget is limited to nonexistent for training. Loss of time from work duties for training may pose resistance from management and staff. 	<p>Low</p> <p>The probability of this happening is minimum as the design of the training program and initiatives do not require significant</p>	<p>Internal</p>

	financial resources. Most of the material and resources are already developed and can be implemented during the project	
Decision delays impact project: <ul style="list-style-type: none"> All decisions are made by the Owner and Director which may impact the timeliness of decisions being made for the project based on her availability. 	Medium The probability of this happening is moderate as the Owner/CEO has the final authority in making decisions for the organization	Internal
Failure to integrate with the organization: <ul style="list-style-type: none"> Development of training program without a training team or HR department. 	Medium The probability of this happening is moderate since there is not a formal body to help govern the process	Internal
Components or products are not sustainable: <ul style="list-style-type: none"> Lack of skills to implement and maintain new processes/procedures (SOPs) by management. 	Medium The probability of this happening is moderate as a major issue is the lack of leadership skills by middle management. Some skills will require time and practice to master	Internal
Team members with negative attitudes towards the project: <ul style="list-style-type: none"> Resources (managers and supervisors) who are negative towards the project may actively or passively sabotage project efforts. 	Low The probability of this happening is minimum as plans will be put into place to gain buy-in and prevent the negativity	Internal
Under communication:	Medium	Internal

<ul style="list-style-type: none"> Communication may be a challenge during the project due to staff being located at various sites. Most of the direct care staff work outside of the office and communication channels for this group would need to vary. 	<p>The probability of this happening is moderate as communication is a major challenge with most change efforts</p>	
<p>Impacted individuals are not kept informed:</p> <ul style="list-style-type: none"> No dedicated Human Resources department and staff located at multiple sites may present issues with relaying information for the project. These factors may cause a stakeholder to be missed in the communication plan. These individuals could throw up project roadblocks. For example, creating and implementing Standard Operating Procedures (SOPs) and not informing the impacted staff could contribute to resistance. 	<p>Medium</p> <p>The probability of this happening is moderate as communication is a major challenge with most change efforts and it is important to identify the impact to different staff</p>	<p>Internal</p>
<p>Stakeholders become disengaged:</p> <ul style="list-style-type: none"> Stakeholders ignore project communications. The impacted staff may become disengaged if they are not kept “in the loop” of plans and changes. 	<p>Medium</p> <p>The probability of this happening is moderate if communication is not thoroughly addressed during the project</p>	<p>Internal</p>
<p>Stakeholders have inaccurate expectations:</p> <ul style="list-style-type: none"> Staff develop inaccurate expectations (believe that the project will achieve something not in the requirements, plan, etc.). Supervisors and managers may confuse the purpose of the SOPs and the leadership program. 	<p>Low</p> <p>The probability of this happening is minimum as the plan to communicate will include being specific and detailed about the purpose and goals of the project</p>	<p>Internal</p>
<p>Change management overload:</p> <ul style="list-style-type: none"> Many change requests dramatically raise the complexity of the project and distracts key resources. This could be a potential issue for this project due to the number of deliverables expected (internal auditing 	<p>Low</p> <p>The probability of this happening is minimum as the Owner/CEO has already given her</p>	<p>Internal</p>

process, SOPs, new onboarding process, leadership training program).	approval with the project deliverables	
<p>Cost forecasts are inaccurate:</p> <ul style="list-style-type: none"> Inaccurate cost estimates and forecasts could be potential issues for this project. The budget for this project is limited and is at the owner's discretion as to how much funding will go into the project initiatives. This could cause fluctuation based on what the owner sees as a value. 	<p>Medium</p> <p>The probability of this happening is moderate because all budget items and financial decisions go through the Owner/CEO who may not always understand the need to invest in resources that may not be viewed as "necessary"</p>	Internal
<p>Executives become disengaged with project:</p> <ul style="list-style-type: none"> CEO/Owner and Director disregard project communications and meetings. The Director and CEO are located at two different sites and may not always be "on the same page" if communication is not clear and concise. 	<p>Low</p> <p>The probability of this happening is minimum as the Owner/CEO has already given approval to do the project and is invested in the success of the project as it will benefit her organization</p>	Internal

Risk Mitigation

Risk	Early in Project	Late in Project
Legal & regulatory change impacts project	<p>Keep in mind that the LMEs and other regulatory entities have unique compliance criteria based on the programs.</p> <p>Become educated about the regulatory guidelines and the impact these may have on the project.</p>	Renegotiate project deliverables schedule if conflicts with external audits.
Decision delays impact project	<p>Educate the CEO/Owner about the importance of her role during the project.</p> <p>Clearly define and outline the role, responsibilities, and expectations of the stakeholders involved with implementation.</p>	Renegotiate the roles and/or expectations of senior leadership if CEO/Owner and Director become too overwhelmed.
Failure to integration with the organization	<p>Educate the stakeholders about the importance of their “buy-in” for the training programs and project initiatives.</p> <p>Educate the supervisors and managers about project complexities that will involve their action because of no formal HR department</p> <p>Provide examples of other projects that were successful in similar organizations.</p>	<p>Same as “Early in the Project” column.</p> <p>Renegotiate expectations and responsibilities of supervisors and managers as milestones are met.</p>
Components or products are not maintainable	<p>Provide proper training of supervisors and managers to develop skills.</p> <p>Educate stakeholders that initial commitments may change if resources become unavailable.</p>	<p>Communicate problems to stakeholders.</p> <p>Provide mentorship to supervisors and managers.</p> <p>Consider cutting some features or deliverables if resources are available and sustainable.</p>

	Develop a detailed plan and create project documents to support the project and to be used as a guide form implementation.	
Under communication	<p>Communicate the same idea many times in different ways for different levels of staff to ensure everyone is getting the same information.</p> <p>Book status update meetings with key stakeholders (supervisors, managers, CEO/Owner, and Director).</p> <p>Develop a detailed communication strategy to address communication across multiple locations using various channels.</p>	Same as “Early in the Project” column.
Impacted individuals are not kept informed	<p>Communicate the same idea many times in different ways for different levels of staff to ensure everyone is getting the same information.</p> <p>Book status update meetings with key stakeholders (supervisors, managers, CEO/Owner, and Director).</p> <p>Develop a detailed communication strategy to address communication across multiple locations using various channels.</p> <p>Create a climate in which stakeholders feel free and not threatened to communicate with others.</p>	Same as “Early in the Project” column.
Stakeholders become disengaged	<p>Educate all stakeholders that their involvement in the project is directly linked to the project’s success.</p> <p>Gain “Buy-in” from middle management by appealing to</p>	<p>Same as “Early in the Project” column.</p> <p>Escalate the issue to senior management if necessary.</p>

	implicit and explicit motivators. Appeal to their “WIFFM- What’s in It for Me.”	
Cost forecasts are inaccurate	<p>Use ranges when communicating cost to Owner/CEO.</p> <p>Use appropriate timeframes for implementation phases that may impact cost/budget. PERT charts may be used to provide visual support when discussing budget with the Owner/CEO</p> <p>Educate the Owner/CEO on how the initial investment will benefit the organization and is crucial to the success of the project.</p>	<p>Consider cutting some features of the project.</p> <p>Renegotiate the budget/time/scope if needed.</p>

9.2 Constraints

- Budget (limited for training)
- Availability of participants and commitment
- Loss of time from work duties for training
- Federal and state regulatory entities (requirements) – constant changes from these entities; no dedicated staff or resources to stay abreast of changes.
- CARF accreditation requirements – changes with accreditation requirements
- No dedicated HR department/staff to help with implementation and monitoring of training program
- Low response rates for satisfaction surveys

9.3 Assumptions

- Management staff is ready and willing to attend training workshops about leadership development.
- The training will address the gap in skillset for the management staff.
- The assessment of skills and traits will not be biased.
- Management staff will be open and respond to coaching and professional development.
- The development and implementation of a comprehensive training program for all levels of staff throughout the agency should help with the skill development of not only the management staff but all employees and stakeholders of the organization.
- A comprehensive training program will address inefficiency issues in practices and processes.

- Staff is ready and willing to participate in a training program that may require a greater level of participation on their part.
- The SMEs of the organization will be available to provide input needed to create standard operating procedures (SOPs).
- SOPs will keep the organization in alignment with compliance requirements.
- The organization will see an increase in the quality of service delivery.
- Customer and employee satisfaction will increase by implementing an internal auditing process.
- Customers and employees will respond to satisfaction surveys.
- Internal auditing will improve compliance adherence of the organization.

10 Financial Plan

There was never a budget allocated for this project; and with the recent financial issues the agency incurred due to the audit investigations, there is more reluctance to allocate funds for this project. The consultant estimated the total project could cost approximately \$7,000 including the cost for converting the compliance training to an electronic platform.

Proper training has a positive effect on employee and customer retention, sales, and overall profitability. According to the Association for Talent Development (ATD, 2017), a training budget will vary based on the specific business training needs, but typically 2-2.5% of the company's budget allocated to employee training is considered standard. If this is the standard, Makin' Choices will need to allocate approximately \$40,000 for training and development of the staff, because the company has a \$2 million operating budget. If the budget for this project is based on what should be allocated for training using industry standards, a percentage of the \$40,000 budget would need to be allocated to implement this project.

I recommended the agency outsource the maintenance of the compliance training to a company that can administer, track, and evaluate this training using an electronic platform like a learning management system. This should be more cost effective than traditional instructor-led training and the use of the *CheckMarker* grading software that is currently being used by the agency. The estimated cost for this service is \$4,500-\$5,000 per year. This breaks down into an average cost of \$56-\$58 per employee per year. Other costs are estimated as follows:

Activity/Task	# of Participants	Instructor Costs	Materials
New Hire Onboarding	TBD	N/A	Created by consultant at \$0 cost to company
Internal Audit/Compliance	Approx. 80	\$56-58 LMS for delivery	Only cost is for paper, printing, and copying materials
Leadership Development	Approx. 10	\$0	Created by consultant at \$0 cost to company

Other estimated expenses:

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 6 mo. project	\$300
Printer	\$300	\$300
Projector	\$900	\$900
Fax machine	\$150	\$150
Computer	\$500	\$500
	TOTAL	\$2,250

11 Quality Assurance Plan

The Plan, Do, Study, Act (PDSA) was the quality assurance model used for this project.

Plan	Do	Study	Act
<p>Increase the leadership skills of the management staff</p>	<p>Implement a leadership development training program for supervisors and managers with a focus on specific leadership competencies:</p> <ul style="list-style-type: none"> • Accountability • Conflict Management • Employee Development • Continual Learning- Self Assessment • Customer Service • Decision-Making • Flexibility- Create, Support, Manage Change • Influencing and Negotiating • Integrity and Honesty • Interpersonal Skills • Communication Skills • Problem Solving • Resiliency • Team Building 	<p>Employee Climate survey results</p> <p>360 Degree Feedback data</p> <p>Customer Satisfaction survey results</p>	<p>Adopt: Incorporate the leadership training program as a requirement for all management</p> <p>Adapt: Revamp the leadership training program and adjust the competencies</p> <p>Abandon: Discontinue leadership training program</p>
<p>Increase the competency level of all staff while remaining compliant with external accreditation entities and industry standards</p>	<p>Implement and evaluate competency-based training program</p> <p>Implement online learning program</p>	<p>Pre and Post Learning Assessment data</p> <p>Performance Review data</p>	<p>Adopt: Make competency-based training program with online learning component a requirement for all staff. SOP manual</p>

	Standard Operating Procedures (SOPs)	Training evaluation data Audit results	required for all staff. Adapt: Revamp the training program and adjust SOPs. Abandon: Discontinue competency-based training program and revert to previous training process.
Increase the quality of service delivery	Implement and evaluate an internal auditing process Maintain CARF Accreditation	Quality audit data Customer Satisfaction Survey results CARF Accreditation survey results	Adopt: Make internal auditing a standard for the agency using CARF standards Adapt: Change the auditing process to meet the needs of the agency based on data results Abandon: Discontinue internal audit program

Appendix A

Informed Consent Letter

Introduction:

My name is Pam Lucas. I am a doctoral student at Saybrook University in California. I am conducting a study of the culture in your workplace. I am completing this research as part of my doctoral degree. I invite you to participate.

Activities:

If you participate in this research, I will interview you for 45 minutes. Also, I will be observing your office location and work activities.

Eligibility:

You are eligible to participate in this research if you work for Makin' Choices Behavioral Healthcare.

I plan to interview 6-9 participants.

Risks:

There are minimal risks in this study.

Benefits:

If you decide to participate, there are no direct benefits to you.

The potential benefits to others are understanding the culture in your workplace better and strengthening the culture.

Confidentiality:

The information you provide will be kept confidential to the extent allowable by law. Some steps I will take to keep your identity confidential are: I will not use any names or direct quotations in any reports.

The people who will have access to your information are myself and my course instructor.

I will secure your information with these steps: locking any paper records in a filing cabinet or locking the computer file with a password.

I will keep your data for 7 years. Then, I will delete electronic data and destroy paper data.

Contact Information:

If you have questions for me, you can contact me at: plucas2@saybrook.edu or 704-281-1607.

My course instructor's name is Nancy Southern. She works at Saybrook University and is supervising me on the research. You can contact her at: nsouthern@saybrook.edu or (505)404-8675.

If you have questions about your rights in the research or if a problem has occurred, please contact the Institutional Review Board at: sirb@saybrook.edu or 510-593-2935.

Voluntary Participation:

Your participation is voluntary. If you decide not to participate, or if you stop participation after you start, there will be no penalty to you.

Signature:

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

Participant Signature	Printed Name	Date
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Researcher Signature	Printed Name	Date
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Appendix B

Interview Recruitment Letter

Hello!

My name is Pam Lucas and I am currently a doctoral student at Saybrook University in California. I am conducting an assessment of the organizational culture of your agency. I am completing this work as part of my doctoral degree and have been given permission to do this assessment by Ms. Brooks-Blue, President.

I would like to interview staff members from each of the following categories: 4-5 Direct Care staff, 1-2 Qualified Professionals (QPs), 1-2 Human Resources staff, and 1 upper management staff person. The interview will last no more than 45 minutes and can be conducted over the phone or in person at either of the Makin' Choices locations. The choice is up to you. Your participation is completely voluntary!

If you are interested, please contact me directly at plucas2@saybrook.edu or 704-281-1607.

Thank you for your time!

Sincerely,

Pam Lucas

Appendix C

Interview Questions

1. How would you describe the overall culture of this organization?
2. A learning culture is expressed in the assumptions, values, environment, and behaviors of the organization. How is learning advocated and valued throughout this organization?
3. How does this company demonstrate professional development as a value?
4. What does management do to create an environment to support learning?
5. Describe activities or initiatives conducted by management to develop their employee's capacity to achieve organizational goals?
6. How would you describe your onboarding experience? Was the organization's expectations of learning and development communicated during recruitment?
7. Describe your experience with training and development in this organization?
8. What are the preferred methods for training delivery in this organization (e-learning, classroom, CBT, webinars, etc.) How would you describe the effectiveness of these methods for staff?
9. What do you see as the biggest challenges in your day-to-day work?
10. What do you like about working for this organization?

Appendix D

Observation Notes Sheet

Organization Name: *Makin' Choices Behavioral Healthcare*

Location:

Observation Date:

Notes

Artifacts/Physical Structures:

Rituals/

Ceremonies: _____

Organizational

Systems/Procedures: _____

Language (Slogans, Acronyms, etc.): _____

Stories/Legends:

Other Relevant Observations: _____

Personal Comments (Reflection/Emotional Reactions):

Appendix E

Professional Literature Review

Makin' Choices Inc. – Behavioral Health Services is a provider of community-based mental health services for at-risk populations. In the current state, the organization is functional as it continues to meet the standards for accreditation from national and international accrediting bodies while maintaining compliance with state and industry standards. The owner of the agency wishes to grow the number of services offered and improve service delivery but is challenged with making this happen due to a lack of confidence in the abilities of the leadership team to manage and implement new initiatives.

A literature review is both a summary and explanation of the current state of knowledge on a limited topic as found in academic books and journal articles. The purpose of this literature review is to examine current research or evidence-based practices in the field of culture change for behavioral/mental health organizations. I provide an overview on the dynamics of organizational culture with a focus on moving from a compliance culture to a learning culture. I also present a synopsis of the concept of leadership and leadership development with a focus on mental health organizations. The inquiry questions used to frame this literature review are

- How can this type of organization improve overall service delivery?
- How can the development of the leadership contribute to improved service delivery and organizational growth?

These questions provide a foundation to support my proposed solution to address the issues of stagnation and ineffective leadership within this organization. Journal articles

and academic books published in 2008 or later are referenced in this literature review.

The referenced materials are categorized into three major themes with emerging subthemes.

Dynamics of Organizational Culture

Organizational culture has an assortment of definitions, some originating out of an anthropological approach and others founded more on a sociological foundation.

Organizational culture essentially refers to how an organization does things; from the attitudes of the people to habits and patterns of behavior (Hofstede et al., 2010; Schein, 2010; Winkler & Fyffe, 2016). There seems to be widespread agreement that organizational culture is a system of shared values held by its members which distinguish one organization from another (Hofstede et al., 2010; Schein, 2010; Stanislavov & Ivanov, 2014). Schein (2010) theorized that there are three sources from which organizational culture stems: (a) the values, beliefs, and assumptions of the founders; (b) the knowledge acquired during the development of an organization; and (c) the values, beliefs, and assumptions brought in by the new leaders' and members' culture. Schein considered that such formed organizational culture exists on three cognitive levels, resembling an iceberg. This theory suggests that the real essence of organizational culture lies in the basic underlying assumptions. Regardless of how organizational culture is defined, it is important to understand that each organization has its own culture and that drives the practices and behaviors within the organization.

Many cultures are created by the founder of the organization and have been supported through the success of its operations and strategies. According to Winkler and Fyffe (2016), the organization's culture influences the behaviors of the organization's

members. Culture can promote or impede specific behaviors which may impact the desired organizational practices and processes. Winkler and Fyffe also suggested that culture may explain the attitudes of the organization's employees which dictates the way they carry out tasks. If this is this case, culture influences how managers approach problems and implement new strategies which ultimately may impact the effectiveness of the organization. The leadership style of top management combined with the norms, values, and beliefs of the organization's members reflect the culture (Schein, 2010; Stanislavov & Ivanov, 2014; Winkler & Fyffe, 2016). Therefore, the assumption can be made that managers are essential when it comes to driving the organization's culture and change.

The effectiveness of an organization is contingent upon its ability to create a culture that can achieve organizational goals while meeting the expectations of its stakeholders; both internally and externally. An organization may need to make changes in practices and processes to remain competitive in the marketplace. The culture of an organization is a determinant that should be considered when implementing such a change initiative (Denison et al., 2012; Winkler & Fyffe, 2016). The culture can be a strength or barrier when implementing organizational change. For this reason, it is essential for change agents to understand the organization's culture as they develop an effective change strategy.

Many mental health organizations are nonprofit because of the "for service" business model used in these types of organizations. Traditionally, these organizations exhibit characteristics that reflect a mixture of different cultures (Winkler & Fyffe, 2016). These service agencies tend to adopt what is called a "wraparound" philosophy for

service delivery in a response to an historically poor quality of services provided to clients. This philosophy has been proven to be effective for these organizations because it provides a comprehensive, holistic approach to service delivery (National Wraparound Initiative, n.d.). Winkler and Fyffe (2016) stated a family-like culture may stress the importance of adhering to the traditions and norms through collaboration, whereas an entrepreneurial culture promotes individuality with an emphasis on individual accomplishments. If the wraparound approach has proven to be an effective evidence-based practice for mental health organizations, a family-like culture may be the most reflective of the organization's value of the intact family unit.

Compliance Versus Learning Culture

Organizations may have various degrees of transactional and transformative culture. Beinecke (2009) suggested that the transactional culture presents more of a focus on management activities within the organization, whereas transformative culture focus on vision, support change, trust, and the relationship between leaders and staff. Since transactional cultures have an emphasis on management activities, the assumption can be made that the management of resources and tasks takes precedent over learning and continuous improvement. Beinecke also posited that transactional cultures tend to place value on resources needed to ensure compliance and accountability occur in the organization. Transactional cultures seem to be in alignment with the compliance culture as both share the focus on management functions. Transactional leadership is the most common style applied in mental health organizations because these are complex organizations that typically react to the pressures of external forces (Beinecke, 2009; Langevoort, 2017; Winkler & Fyffe, 2016).

Behavioral health and other healthcare organizations have a responsibility to remain in compliance with federal, state, and other accrediting bodies. This focus on governance often leads to the development of a compliance culture. Langevoort (2017) stated that cultures of compliance refer to shared beliefs within an organization about the importance of legal compliance in relation to other pressures and goals. Compliance cultures tend to view human resources and technology as costly and intrusive; therefore, spending in these areas is often limited by the organization (Bennett et al., 2016; Langevoort; 2017). This philosophy can become a barrier for change and growth if it is deeply embedded in the culture.

Mental health organizations tend to maintain a compliance culture regardless of the potential benefit of moving to a noncompliance culture. These organizations can experience rapid change on a continuous basis, and many are caught in a cyclical process of trying to catch up to other industries. Lloyd (2018) inferred that the best practice for behavioral health organizations to meet the challenges presented is to implement a wholesale transformation of administrative, billing, and service delivery practices. The organizations that cannot keep up with the demands of the field tend to be at risk of being acquired by high-performing agencies or go out of business.

Research suggests that moving from a culture of compliance to a learning culture can produce greater benefits for an organization. Learning cultures share the characteristics of transformative cultures as the focus is on organizational values, people, and data-related processes. Nabong (2015) postulated organizations that implement a learning culture encourage continuous learning and systems thinking. The premise is that constant learning elevates an individual which opens opportunities to continuously

transform for the better (Bennett et al., 2016; Nabong, 2015; Winkler & Fyffe, 2016).

Learning cultures require this ideology to become the rule of practice and not an exception. This can be a fundamental change for many mental health organizations as it encourages the sharing of knowledge and learning throughout the organization; a shift from the traditional hierarchical driven compliance practices.

Mental health organizations can benefit from transitioning to a learning culture because it can improve service delivery and promote growth. Companies may achieve a competitive advantage when growth and profit occur on a consistent basis. The benefits of this type of culture range from increased efficiency, product, and profit to an enhanced ability for workers to adapt to change (Beinecke, 2009; Bennet et al., 2016; Nabong, 2015). According to Winkler and Fyffe (2016), learning cultures move beyond compliance cultures by encouraging organizations to develop self-correcting mechanisms and internal practices that use data to make program and operational changes. It may take several years for these organizations to move from a compliance culture to a learning culture because it is a process of changing the mindset of the members. Winkler and Fyffe also suggested that successful change begins with strong leadership and a willingness to devote the resources needed to implement the change.

Leadership in behavioral health organizations must work to create strategies that will embed the philosophy of learning into the culture. Senge (2006, as cited in Beinecke, 2009) contended that leaders in “learning organizations” are open to change and possess skills in sharing a vision, challenging mental models, and fostering systematic patterns of thinking. The literature presented key strategies for leaders and managers to apply as best practice to transition to a learning culture. The leadership of these organizations should

strengthen organizational and staff capacity by committing the appropriate resources, embed data use into organizational routines and processes by focusing on the importance of learning, and incorporate stakeholder feedback by recognizing that staff need time to incorporate the use of data (Lloyd, 2018; Winkler & Fyffe, 2016; Xie, 2018).

The Concept of Leadership

Leadership is a concept perceived by many scholars as being complex and too ambiguous to apply a common definition. Stogdill's (1974, as cited in Northouse, 2010; Stanislavov & Ivanov, 2014) review of leadership research concluded, "that there are almost as many definitions of leadership as there are people who tried to define it" (p.2). Historically, leadership has been viewed from various perspectives. Some definitions suggest that leadership is the power relationship between leaders and followers, while others view it as a transformational process in which followers move to accomplish more than what is expected of them (Beinecke, 2009; Northouse, 2010; Stanislavov & Ivanov, 2014; Xie, 2018). Northouse (2010) also suggested that some scholars address leadership from a skills perspective with the viewpoint that there are certain skills and knowledge needed for effective leadership. The disparities in defining this phenomenon pose a challenge for academics to fully accept leadership as a viable construct. However, most scholars agree that leadership requires a degree of influence, vision, and relationship, but it will differ in how it manifests in organizations (Carter, 2012). Each organization will decide how to view leadership from a perspective that is aligned with the organization's culture.

Leadership looks different across the various industries and within the different types of organizations. The field of mental health presents unique challenges for

organizational leaders due to the continuum of change that is embedded within this industry. Beinecke (2009) stated, “Modern leadership theory is about leading and managing complex adaptive systems that operate as a series of networks with multiple stakeholder interests” (p.6). Beinecke also suggested that leadership in mental health organizations faces problems and issues that are unique and typically entwined with other problems. These organizations traditionally operate from an area referred to as “the edge of chaos” or “bounded instability,” the area between order and chaos (Stanislavov & Ivanov, 2014). The leaders in these organizations are subjected to directives and mandates from all levels of legislative bodies, the judicial system, budget constraints, and pressure to change for effective service delivery. The way the leadership approaches these challenges can vary based on the leadership style of the management.

Leadership and Management

Leadership and management are concepts that have been intertwined in organizational development and leadership studies. Some researchers emphasize a clear distinction between leadership and management (Beinecke, 2009). These concepts are different, but there is a great deal of overlap between the two. In many organizations the management is referred to as the leadership. Beinecke (2009) suggested that in the field of mental health, leadership and management are not exclusive and both are equally important in the organization’s success.

As organizations face the need to change to remain relevant in the marketplace, the need to understand the roles of the organizational leaders becomes significant. It is important to distinguish leadership from management and not compare the two, as functionality may differ. Leadership is inspirational or transformative; and management

is viewed as transactional, traditionally focusing on managing activities and tasks (Beinecke, 2009; Northouse, 2010). A good manager should be a strong leader and able to develop the organization's culture. Organizations may have many leaders but a limited number of management positions. Not all leaders are managers and not all managers are leaders; that is why it is crucial for organizations to develop cultures that encourage leadership at all levels. Beinecke (2009) stated that leadership behavior enriches the management role which supports the idea that there are different dimensions in which leaders share and use depending upon the position or task. It may be imperative for the management to enact a strategic leadership style to ensure the mission of the organization is being fulfilled.

The leadership in many behavioral health organizations is comprised of the management team. Many supervisors in these organizations are clinicians who have not had ample management or leadership training and have had little to no experience applying practice management data to decision-making (Lloyd, 2018). As previously inferred, in many mental health organizations, leadership and management are the same as the managers and supervisors within the organization nurture the culture. Lloyd (2018) indicated that supervisors in behavioral health organizations tend to make decisions based on consensus in which everyone accepts the decisions made by management. Lloyd also suggested that this consensus-based management style may be a barrier for change in these rapidly transforming healthcare environments. This supports the notion of the importance of the role that organizational leadership has in implementing effective change initiatives.

Supervisors and managers in behavioral health organizations seem to be risk

adverse, meaning they cannot or will not accept their authority (Lloyd, 2018). For this reason, these managers need to become leaders because it highlights how the concept of management and leadership are not the same; all managers do not have leadership skills. It is customary in mental health for management and staff to meet regularly to discuss issues, but very little changes in how they solve problems. This presents another barrier for transforming the culture and can be addressed with developing the soft skills of the management team as well as the staff. According to Lloyd (2018), “when leaders step over the threshold of risk to make bold and creative decisions about how to change their service delivery practices and lead their agencies into the 21st century, everyone benefits” (p.1).

Strategic Leadership

An important component of the phenomenon of leadership is leadership style. The organization’s culture contributes to the style of leadership that is chosen by the management. Some research suggests that the relationship between leader and setting is interdependent because the leader affects the setting and the setting can stimulate the emergence of a leadership style (Pierre & Anthony, 2008, p. 3). There is an abundance of literature on leadership style and the role it has on organizational culture. The strategic leadership style was chosen as the focus for this project because of the need to make changes to the organization’s leadership abilities for improved service delivery. Mental health organizations serve the public and, like other social sector organizations, are looking to balance strategic plans with an ability to quickly see how change is unfolding, correct the course, and be increasingly responsive to the public (Clarke et al., 2019). Leadership style can be instrumental in the implementation of the organization’s strategy.

Strategic leadership may be viewed as a version of the transformative leadership style. A key characteristic of being a transformative leader is the strength of the leader's personal power rather than a focus on a position of authority granted by the organization (Beinecke, 2009; Stanislavov & Ivanov, 2014). The focus of strategic leadership is "the enduring performance potential of the organization achieving the potential of the organization over time so that it will thrive in the long term" (Hughes et al., 2014, p. 11). Hughes et al. (2014) suggested that the key to strategic leadership is within the context that leadership occurs in the organization. This leadership style may be effective for mental health organizations because of the complexities faced in the mental health industry.

Mental health leaders should have a strategy on how to address the challenges faced by their organizations while adjusting to the constant need for change. Leaders in this industry must learn how to assess and improve staff performance, aptitude, attitude, and behaviors (Lloyd, 2018; Mathewson, 2014). There seems to be an abundance of research focusing on the relationship between the personality of a leader and management style. Mental health leaders should develop a degree of self-awareness through assessing their personality type and leadership style. Assessment tools such as the *Myers Brigg Type Indicator* (MBTI), the *Everything DiSC Work of Leaders*, and the *StrengthsFinder 2.0* can be useful tools for mental health leaders to use to gain the degree of self-awareness needed for the development of a strategic leadership style.

Leadership Development

A strategic goal for organizations that strive to cultivate a culture of learning is to develop the leadership. The leadership does not necessarily refer only to management but

includes individuals in all positions at various levels. However, most leadership development programs focus only on management and typically consist of training workshops for this group. Beinecke (2009) concluded that mental health organizations need to train the next generation of leaders to meet the goals of improving mental health care. The Annapolis Coalition suggested that “leadership development, as a strategic goal, offers high potential to transform behavioral health” (Beinecke, 2009, p.4). If mental health organizations strive to cultivate a culture of learning, the leaders should understand the root of learning processes and act as champions for professional development.

Historically, there has been a debate in literature if leadership is innate or can it be learned. Most scholars believe that leadership can be developed in a person and leaders can change over the course of their career (Beinecke, 2009; Leathers et al., 2015; Pierre & Anthony, 2008). Some literature compares leadership development to self-development which may be an accurate depiction of the concept. Organizational leaders who develop themselves may increase their effectiveness and their ability to understand the need for change. Mental health leaders benefit from ongoing training and development as it is imperative for them to be prepared to handle the challenges they face on a regular basis. Leaders in these organizations should develop key competencies which include a commitment to self-awareness, systems thinking, building a shared vision, and group skills that enhance team learning (Beinecke, 2009; Leathers et al., 2015; Pierre & Anthony, 2008). Mathewson (2014) described how a behavioral health service agency in Canada transitioned to a learning culture as part of the agency’s attempt to improve service delivery. The success of the change initiative resulted from the

professional development of the leadership and staff. According to Mathewson, “to maximize participation in training and the application of new knowledge, an organization culture is needed that values training, expects and welcomes change, and rewards staff taking the initiative to learn and use new approaches to their work” (p.71).

Summary

This literature review presented an overview on the dynamics of organizational culture with a focus on mental health organizations. Culture has many definitions, as scholars view it from differing perspectives. The consensus in the literature is that every organization has its own culture and it should be a consideration before trying to implement change initiatives. I presented a brief comparison between cultures of compliance and cultures of learning. Research supports the benefits of a learning culture over that of a compliance culture. It can be concluded from the research that mental health organizations can enhance service delivery if a learning culture is adopted because of the increase in efficiency, productivity, and ability to change. Mental health organizations may discover a need to reform to support continuous improvement, increase client participation, create new partnerships with other service providers, and implement more effective treatments and monitor outcomes (Beinecke, 2009; Lloyd, 2018; Mathewson, 2014; & Winkler & Fyffe, 2016). All these strategies are in alignment with those of a learning culture.

I also presented an overview on the concept of leadership describing the ambiguity in defining it in the literature. I briefly discussed the challenges that mental health leaders face which require this population to differentiate between the role of management and leadership in their organizations. It is inferred that a strategic leadership

style could help mental health leaders manage the challenges presented in their organizations. Finally, the importance of leadership development in mental health was discussed which addressed my second inquiry question. It was suggested that mental health organizations should develop their leadership to be prepared to effectively manage the complexities they encounter on a frequent basis due to the nature of the business. Lloyd (2018) implied that the leadership in behavioral health organizations must learn how to lead their staff from resistance to change to accepting change and to become excited by the opportunities change can offer them. This idea supports my approach of moving Makin' Choices from its current culture of compliance to a learning culture. I believe this organization can still be client focused while becoming a value-based, outcome-oriented behavioral healthcare system by changing the culture.

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