

# PLANNING AND IMPLEMENTING AN ORGANIZATIONAL HEALTH ASSESSMENT IN A COMMUNITY MENTAL HEALTH SETTING

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# STUDY BACKGROUND

51.5 million people in the U.S. with a mental illness<sup>1</sup>

Community Mental Health (CMH) workforce is essential

CMH workforce faces shortage of providers

Contributing factors<sup>3</sup>

- Lack of competitive wages and benefits
- Poor safety in physical work environment
- Unmanageable workloads
- Limited administrative and supervisory support
- Role ambiguity
- Lack of team cohesion
- Exclusion from decision making

Systematic recruitment and retention strategies required to retain providers<sup>3</sup>

# ORGANIZATIONAL HEALTH ASSESSMENT (OHA)

Periodic staff survey assessing work culture, climate, and attitudes

Informs development of organizational and managerial interventions<sup>4</sup>

Allows for continual monitoring of employee experiences<sup>5</sup>

Provides warning signs for turnover<sup>5</sup>

OHA's answer relevant questions

- Why employees leave or stay
- What aspects of the job drive satisfaction and work engagement
- How employees perceive the organization, management, and coworkers
- What are the perceptions of equity, diversity, and inclusion

# CASE STUDY

Planning and implementation of an OHA at a large nonprofit Community Mental Health (CMH) organization

## CMH Organization Background

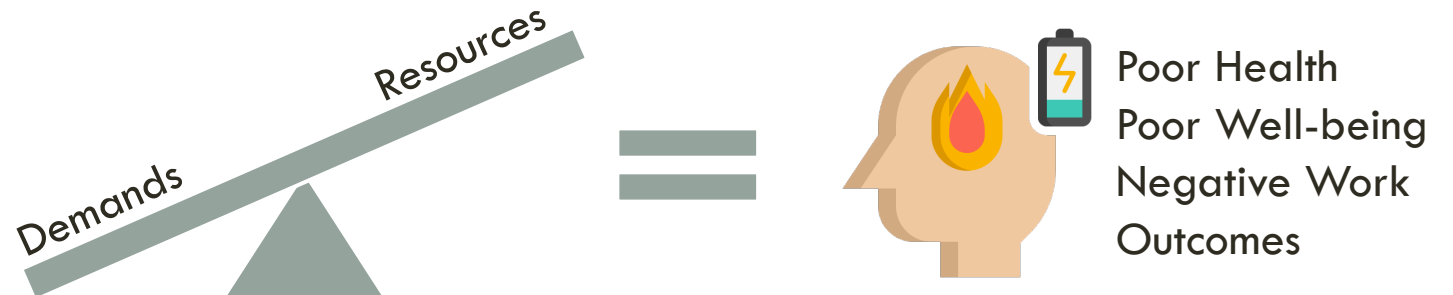
- Located in Southern California, U.S.
- 500+ employee
- Provides mental health, substance use, and suicide prevention services
- Serves 8,000+ clients a year
- Staff turnover ranged from 22-27% from 2012-2017
- Provider turnover ranged from 25-35% from 2012-2017

Planning and implementation carried out in 5 Phases

# PHASE 1: DEVELOPING AN OHA

## Literature Review

- Focused on Industrial and organizational psychology, human service organizations, and workforce management
- Organizational health factors: the shared perceptions of psychological impact of the work environment on individual employees
- Organizational health factors are important determinants for organizational outcomes
- Job Demands-Resources (JD-R) Model<sup>6</sup>
- Job demands and resources affect employee health and well-being and if an imbalance exists (e.g., high demands and low resources), workers will experience poor health and well-being that leads to negative outcomes such as turnover or poor work performance



# PHASE 1: DEVELOPING AN OHA

## Predictive Health Factors

Team Commitment<sup>7</sup>

Connection to Mission

Supervisor Relationship<sup>8</sup>

Communication  
Satisfaction<sup>9</sup>

Role Ambiguity<sup>10</sup>

Diversity Climate<sup>11</sup>

Pressure to Produce<sup>12</sup>

## Mediating Health Factors

Job Satisfaction<sup>13</sup>

Affective Engagement<sup>14</sup>

Burnout<sup>15</sup>

## Outcome

Intent to Leave<sup>16</sup>



## PHASE 2: DATA COLLECTION

Administered annually in the fall to all staff using the SurveyMonkey online survey platform from 2017 to present

Responses were anonymous and would only be reported in aggregate

Supported and promoted by work unit leaders (e.g., supervisors and managers)

Open for 3- to 4-week period

Reminder emails to all staff and work units

Response rate ranged from 73% to 96%

# PHASE 3: ANALYSIS

## Data Screening & Assumption Checks

### Scale Reliability

- Cronbach's alpha, inter-item and corrected item-total correlations were calculated
- All scales showed good internal consistency

### Path Analysis

- Model the relationships between organizational health factors and turnover intentions
- Tested each factor's relationship to intent to leave mediated through Job Satisfaction, Engagement, and Burnout
- Provided support for OHA factors as early warning signs of turnover

### Qualitative Analysis of Open-Ended Questions

- Thematic analysis conducted to establish emergent themes
- Helped triangulate quantitative findings with current literature
- Filled gaps unmeasured by quantitative findings



# PHASE 4: METRICS AND DATA VISUALIZATIONS

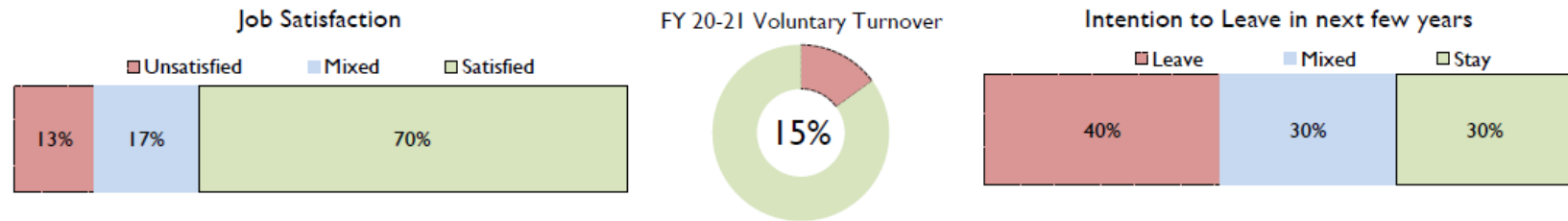
Convey the OHA results to clinical staff effectively to facilitate the use of the results

Developed profiles

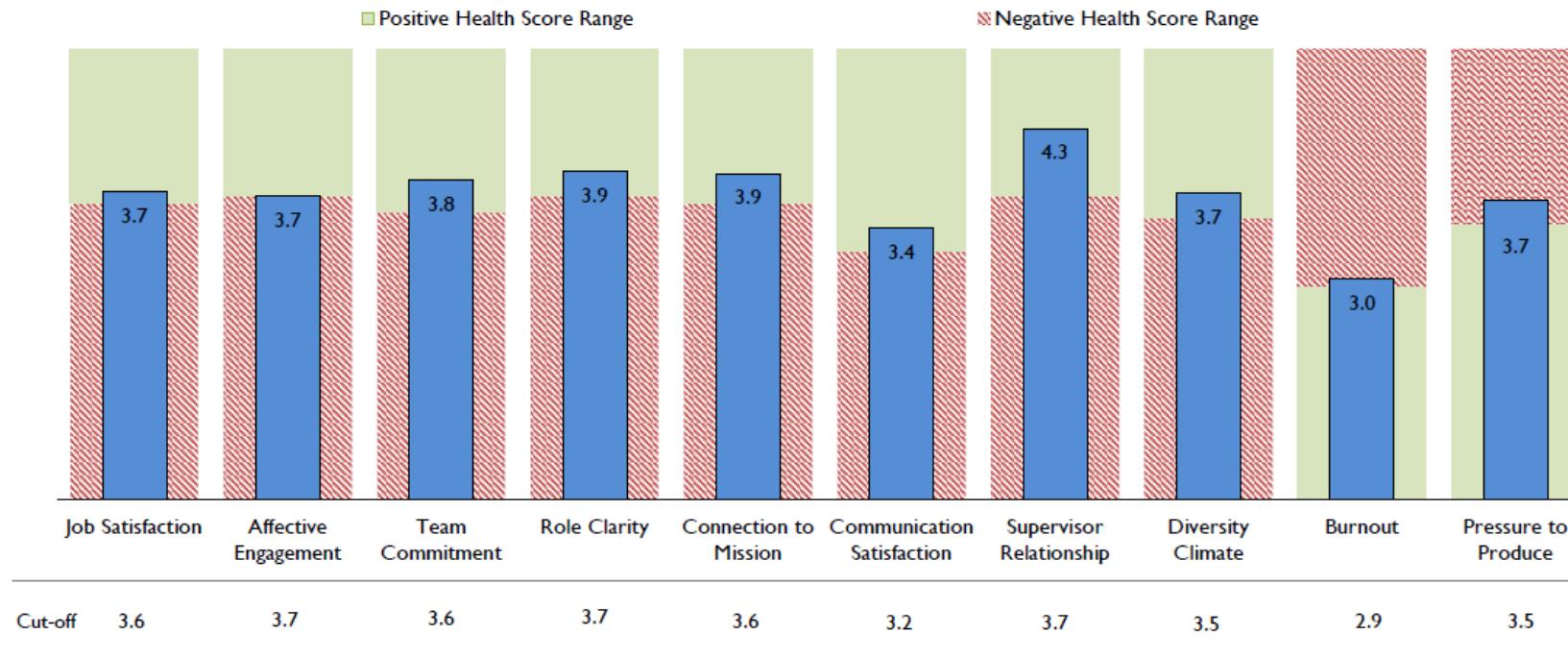
- Voluntary turnover
- Percentage of staff indicating job satisfaction and intention to leave
- Average scores for OHA factors
- Trends over time
- Results from qualitative analysis

Created **cutoffs** and **high score proportions** to display absolute and relative metrics in the profiles (see Lee, et al., 2022)

## [AGENCY] ORGANIZATIONAL HEALTH PROFILE

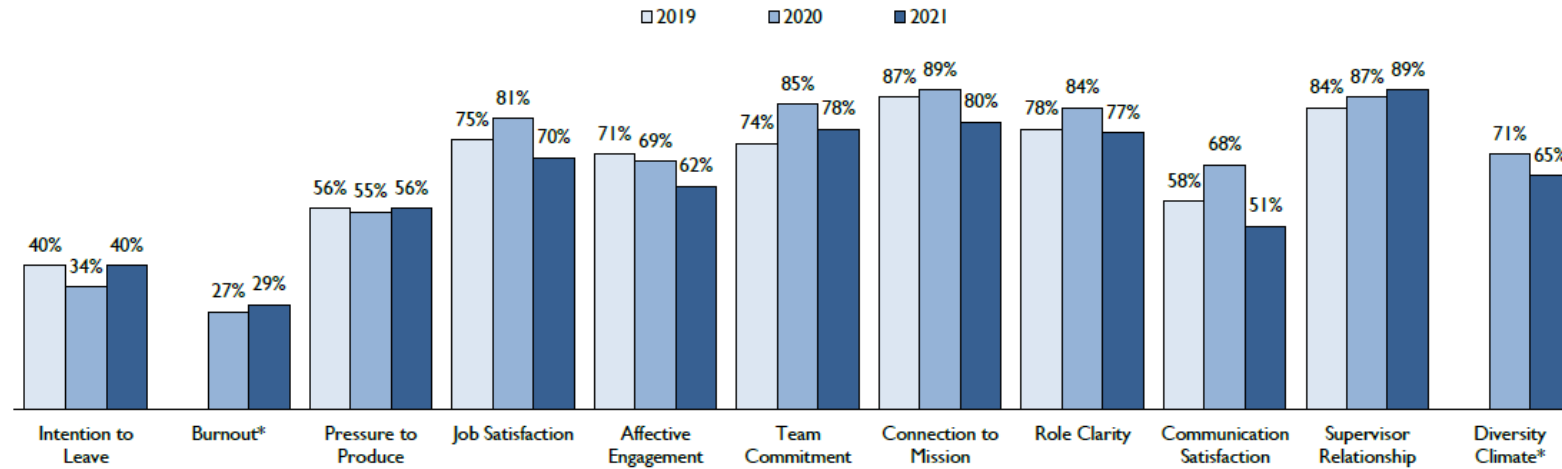


### Average Organizational Factor Scores for All Staff



Note: Values represent the average score for each organizational factor. Higher and lower scores represent more and less of the factor, respectively. Burnout and Pressure to produce are the only factors where higher values are associated with negative health. Cut-off value is the point that separates positive and negative health score ranges.

## All Staff Organizational Health Comparison from 2019 to 2021 (Percent of Staff with High Scores)



Note: High scores are values 3.5 or higher on a scale from 1 to 5.  
\*Burnout and Diversity Climate are new factors added for 2020.

### Staff Satisfaction

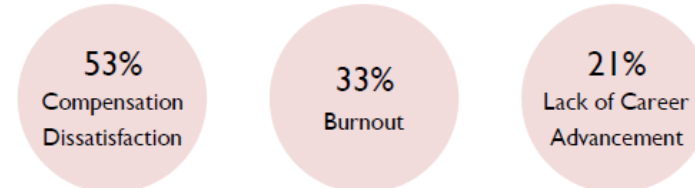
The top three factors driving employee satisfaction were:



In addition to the factors above, staff were satisfied with flexible scheduling and their connection to/support from supervisors and coworkers. They saw remote work, better technology, more team building, more staff appreciation/DEI initiatives, addition of mental health sick time, faster hiring, and remote trainings as major improvements since last year.

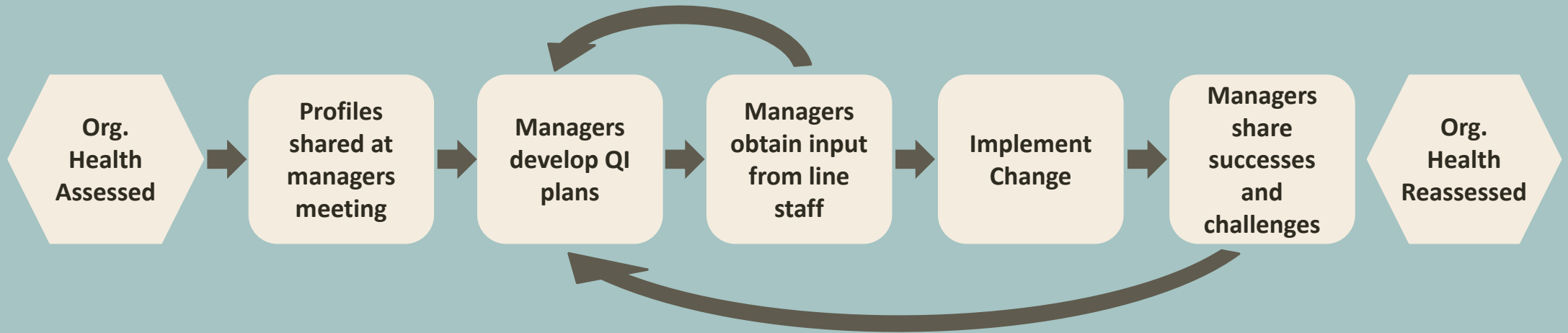
### Staff Concerns

The three main drivers of staff intention to leave the agency were:



In addition to the factors above, staff intended to leave due to lack of transparency/action from leadership, unrealistic expectations, understaffing, and feeling undervalued/unappreciated. Staff wanted to see higher pay, more focus on retaining employees, continued remote work and schedule flexibility, more realistic expectations, more action on DEI, and more focus on staff mental health.

# PHASE 5: DISSEMINATION OF FINDINGS AND DEVELOPING INTERVENTIONS



## Organizational Interventions

- Recruit EDI Director
- Implemented new EHR system
- Expanded professional development activities
- Redefined clinical supervisor roles

## Managerial Interventions

- Staff wellness rooms
- Promoted utilization of mental health services through EAP
- Team building activities

# PHASE 5: EFFECTIVENESS OF INTERVENTIONS

## Challenges to measuring effectiveness<sup>5</sup>

- Not able to collect longitudinal data
- Cofounding factors – organizational, social, economic factors
- Variability among work units

## Encouraging trends

- Turnover rates
  - Steady decreased from 22-27% (2012-2017; pre-OHA) to 22-15% (post-OHA)
  - Lower than all industries (26 to 29%) and health and social assistance sectors (22 to 27%)<sup>17</sup>
- Qualitative feedback from staff
- Changes at the work unit level
  - Intention to leave dropped from 30% to 20%
  - Team commitment increased from 71% to 100%

# CONCLUSION

OHA can serve as an effective tool to address staff turnover and increase retention

Develop and implement OHA with specific utilization plan in mind

Buy-in at all levels

- Top organization leaders need to support the OHA process and be committed anonymity of the data
- Make OHA results accessible to organizational members
- Ensure results are used to develop follow-up action plans
- Managers take ownership of the results

Conduct OHA over multiple years

Feel free to contact us with any questions:

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## Planning and Implementing an Organizational Health Assessment in a Community Mental Health Setting



Lee, S., Pasquarella, F. J., De La Peza, D., Lizano, E. L., & Santoro, K. (2022). Planning and implementing an Organizational Health Assessment in a community mental health setting. *Community Mental Health Journal*. <https://doi.org/10.1007/s10597-022-01052-3>

## An Examination of Work Engagement's Antecedents and Consequences in a Sample of U.S. Community Mental Health Providers



Pasquarella, F. J., Lizano, E. L., Lee, S., & De La Peza, D. (2021). An examination of work engagement's antecedents and consequences in a sample of U.S. community mental health providers. *Health Soc Care Community*, 1-12. DOI: 10.1111/hsc.13670

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