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A Comparison of Mental Health Service Providers and Their Services for Adolescents

Carly Christine Ramirez Hardge
Walden University

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Walden University

College of Social and Behavioral Sciences

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Carly Christine Hardge

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Walden University
2021

Abstract

A Comparison of Mental Health Service Providers and Their Services for Adolescents

by

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MS, University of Phoenix, 2015

BS, University of Phoenix, 2012

Doctoral Study Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Psychology in Behavioral Health Leadership

Walden University

June 2021

Abstract

Quality mental health services for adolescents continues to be in high demand across the United States regardless of the adolescent's background. Adolescents in rural, urban, high-income, and low-income regions are all showing increased signs of depression and other mental illness. This study examined the quality of mental health services for adolescents by comparing four behavioral health organizations in the United States that offer treatment for adolescents in an outpatient setting. The study used the Baldrige Framework of Excellence to examine specific areas within each organization. A qualitative case study design allowed for descriptions of the organizations and similarities and differences to be examined. Data were obtained from secondary and public sources. The principal activities in the analytical approach included analyzing each organization's service offerings, connecting mission statements to the services provided, and reviewing leadership and governance activities. The study findings showed each organization has its unique policies and procedures, all four have three similar values: engaging the client, working with their specific community, and focusing on the clients' individual needs, all of which were found to help change clients' behaviors and desires to continue attending treatment.

Behavioral health organizations may use the study results to determine how they can improve their services to help communities better serve adolescents who need behavioral health services. Positive social change implications for behavioral health organizations, integrated care facilities, and the community are discussed.

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Dedication

I want to dedicate my work to my daughter Malyna.

Acknowledgments

First, I would like to thank my doctoral study committee for their patience and guidance with this doctoral study. Thank you for your leadership in helping me to achieve such a significant accomplishment.

I want to thank my brother and sister for always supporting me throughout our lives. I appreciate you and cherish you both. Thank you to my husband for continually helping me without hesitation. I love you. To my parents, none of this would be possible without your determination and motivation. I will be forever grateful.

Lastly, to my baby girl, Malyna Grace, all this hard work is devoted to you because you are my number-one motivator to be everything I can be.

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Section 1a: The Behavioral Health Organizations

Introduction

According to the U.S. Department of Health and Human Services, adolescents comprise 13% of the United States population and furthermore, 31% of adolescents who attend school between the 9th and 12th grades display depression symptoms (Office of Population Affairs, n.d.). This case study examined four U.S.- based organizations that provide mental health treatment services to adolescents. These organizations are similar in scope, as each organization offers treatment for adolescents in an outpatient setting and individual and family therapy. By comparing four similar mental health services available to adolescents, this study aimed to help organizations improve their services to adolescents with information and insight. To maintain their anonymity, the four organizations in this study that provide mental health treatment services to adolescents are referred to as Organization A, Organization I, Organization L, and Organization V throughout the study. This study was approved by the research ethics boards at Walden University, approval number 09-05-19-0741057.

Organization A started in Tennessee. Their mission was to operate a network for behavioral health facilities across the country. This organization has its adolescent program located in Nevada. According to Organization A's website, the organization is a leading provider in behavioral healthcare services at the time of this study, the organization had opened 582 behavioral healthcare facilities in the United States, Puerto Rico, and the United Kingdom. They provide various settings for their clients such as inpatient, psychiatric hospitals, specialty treatment facilities such as military programing,

LGBTQ+ programming, religious-based programming, various therapy modalities, residential treatment centers, and outpatient clinics,

Organization I has grown into one of Southern California's largest behavioral health treatment providers. Organization I has innovative programs, This organization are innovative by adding new treatment approaches that are geared towards individualized treatment. Organization I is built on more than 40 years of experience helping adolescents become drug-free, independent, and healthy. This organization believes they can significantly impact students' use, abuse, and dependence on substances and is working to increase mental health services to this population. This organization offers a different level of care to each client, who is assessed and admitted into the level of care for which they meet the criteria.

The website of Organization L indicates it has been operating for approximately 30 years. They believe they are the premier provider of quality services to adolescents in need of behavioral health services. This organization uses evidence-based modalities backed by research to provide services to their clients and promote that individualized care is best for their clients and that quality of care for the adolescent is their most important goal. This organization is located in the state of Missouri and has outpatient facilities that provide mental health services specifically to adolescents and transitional age youth (TAY; 18 to 20 years old) in an outpatient setting.

Reviewing the website for the third organization in the study, I found the following information: Organization V is located in Tennessee. They promote a standard of excellence, compassionate care, and ongoing care. This organization focuses on

adolescents ages 13 to 17 years old and offers these adolescents many different options for care when they enter their program. This organization promotes unique therapies and includes substance use treatment if needed. Overall, this organization believes that providing engaging activities and individualized treatment plans will positively change their clients.

Practice Problem

This qualitative case study focused on the outpatient setting and the individual and family therapy services that the four behavioral health organizations provide for adolescents who need services. All four behavioral health organizations are affiliated with the Commission on Accreditation of Rehabilitation Facilities International (CARF). CARF is an accreditation organization accrediting providers for over 50 years. According to the CARF website, they specialize in health and human services. CARF accreditation is achieved if providers are committed to quality improvement, focusing on each individual's unique needs, and monitoring the client's results (CARF, n.d.b). CARF accredits aging services, behavioral health, child and youth services, employment and community services, medical rehabilitation, opioid treatment programs, and vision rehabilitation services. When a provider has CARF accreditation, they are meeting CARF standards using the ASPIRE framework.

The ASPIRE to Excellence framework is an acronym meaning:

- (A) assess the environment,
- (S) set a strategy,
- (P) persons served and other stakeholders,

- (I) implement the plan,
- (R) review results, and
- (E) effect changes.

CARF (n.d.a) applies the ASPIRE to Excellence Framework as follows:

1. Overview of the environment: When assessing the environment, CARF is looking for a safe space and a professional atmosphere for the clients and future customers. The domain must correlate with the organization's mission and vision.
2. Core purpose: The core purpose focuses on the environmental assessment and creating a strategy to understand the organizational competencies. CARF needs to identify the opportunities and any concerns that may arise. The organization has a clear direction to achieve, sustain, and potentially advance corporate purpose. It has set goals and priorities for performance targets.
3. Customers and stakeholders: CARF make it a priority to focus on the customers and the organization's stakeholders. CARF believes that success cannot be achieved without its customers. Engaging the customer in their services are extremely important; collecting results and documenting data in performance are helpful to focus on improving. Obtaining feedback is also essential, as the stakeholders can engage all parties and promote long-term organizational excellence and optimal outcomes.

4. Being strategic: CARF expects a roadmap of organizational purpose by focusing on services delivery, business practices, and technology. Each organization must show a competent workforce, provide resources, and have desired outcomes.
5. Results: Once CARF examines the above items, they create recommendations specific to the organization. The leadership team and the organization's stakeholder representatives review these improvement areas and initiate quality improvement changes.
6. Change: The focus areas start the process of improvement. Each organization must be proactive towards aligning the organizational purpose, services provided, business practices, and resources—overall, this process is continuous to improve quality care (CARF, n.d.a).

For more information on results of a 2019 survey, conducted by the Centers for Disease Control and Prevention (CDC) of mental health diagnoses by age. As the chart shows, adolescents between the ages of 12 and 17 have a higher percentage of anxiety, depression, and behavior disorders, and show symptoms before they become teenagers. Over the past several years, adolescents aged 13 to 17 have become increasingly likely to experience the onset of disorders such as depression, anxiety, and suicidal ideation (Neufeld et al., 2017). Notably, 63% of adolescents who suffer from mental health disorders do not receive or seek assistance from mental health services (Smith et al., 2017). It can be challenging to find these services within their area of residence. Adolescents may be more willing to use mental health services if they are more

accessible (Smith et al., 2017). Many clinics that serve adolescents are overburdened (Kim et al., 2015) with waiting lists and prerequisites for the provision of behavioral health services (Neufeld et al., 2017) which can be barriers to adolescents who need mental health services.

Adolescents who receive services sometimes must wait, on average, a month before follow-up services (Neufeld et al., 2017). Evans (2017) underlined the importance of engaging adolescents during their first encounter with mental health services and creating a lasting impression, as first impressions influence their progress in future sessions. Evans (2017) also stressed the importance of engaging underserved youths. Accordingly, teenagers engaged in mental health services are more likely to benefit from these services (Evans, 2017).

This study examined the quality of mental health services for adolescents through a comparison of four U.S. organizations and a focus on the outpatient setting and the individual and family therapy services that they provide for adolescents who seek services. Behavioral health organizations can potentially use this study's results to determine how they can improve their services to help communities better serve adolescents who need services or improved services, ultimately creating positive social change.

Purpose

The purpose of this study was to compare four different U.S.-based for-profit behavioral health organizations that provide adolescent mental health services, using the framework of the Baldrige Performance Excellence Program (BPEP). This study

examined the services that the organizations offered and determined how they might improve the quality of their services to help adolescents (National Institute of Standards and Technology [NIST], 2017). According to Riggs et al. (2011), it is essential to include the adolescent, their family, the community they live in, and their schooling when treating adolescents. There are many aspects to adolescents, and their surrounding environment is crucial to how successful they will be when admitted into treatment. Riggs et al. (2011) explained that the first best practice is enrolling adolescents in an age-appropriate treatment center where the clinicians can provide age-appropriate interventions and therapies—explaining that each organization should have principles and a mission statement that show adolescents' considerations (Riggs et al., 2011). Another component to this best practice is that each behavioral health organization should be culturally and gender competent, using service elements such as screening, assessments, and planning, including adding recovery services to their treatment planning (Riggs et al., 2011). When adolescents have completed their initial level of care, they can enroll in recovery services like maintenance or check in with the counselor at least once per month (Riggs et al., 2011). The BPEP framework provides essential supporting material for this study to compare behavioral health organizations. Specifically, I used the BPEP framework to identify inconsistencies within organizations (NIST, 2017).

The BPEP uses a scoring system on two evaluation dimensions. The first dimension focuses on processes, including methods, approaches, deployment, learning, and integration to identify improvement opportunities (NIST, 2017). The second dimension focuses on evaluating levels, trends, comparison of similar organizations, and

integration of the organization for the holistic assessment of the organization's overall performance (NIST, 2017). These frameworks determine each organization's organizational measurement and knowledge management (NIST, 2017).

Moreover, the BPEP framework has helped organizations achieve their goals and enhance their core values (NIST, 2017). By applying this framework, I focused on core values and concepts related to the services provided by the four organizations and identified the services that the organizations offered to determine how each organization could improve the effectiveness and quality of these services to help serve adolescents better.

Significance

Potential Contribution to Behavioral Health Organizations

This study is valuable to behavioral health organizations because U.S. mental health services for adolescents are limited (Evan, 2017). Leaders of behavioral health organizations who seek to improve their organization and their services to adolescents needing quality mental health treatment will benefit from these study's results. The comparison among four behavioral health organizations provided an overview of how mental health services are provided to adolescents. These four behavioral health organizations based in the U.S. offer individual and family therapy services to adolescents in an outpatient setting. The comparison also identified each organization's strengths and addressed issues relevant to each. This study examined the services that the organizations offered and determined how they might improve the quality of their services to help adolescents by identifying these two key elements as well as recognizing

and understanding adolescents' needs in the United States. By doing so, this study has the potential to initiate social change through the elucidation of the types of services needed by this population.

To identify sources for evidence within the four organizations, I conducted a search using each organization's respective website. By performing this search, I identified data about each organization's services, mission, vision statements, and focus. Other sources of evidence used in this study were consumer reports, GuideStar, and other publicly available secondary data.

Potential Contribution to Positive Social Change

By comparing mental health services offered to adolescents in the United States, I can potentially contribute the results of this case study to promote positive social change. My research identified the mental health services provided for adolescents and the changes that organizations should consider regarding these services in order to serve the adolescent population better. Many of the changes will help engage each adolescent and improve the quality of care as they continue treatment. Each organization compared throughout this study has a different perspective on serving their clients. Though they are all different, they have all had much success when engaging their clients throughout treatment. For example, Organization I has many specialty therapies that help each client feel heard, as if they fit into what they are going through. Organization A offers different levels of care to assist their clients at what they need according to their intake assessment during their time of admission. Organization V prides itself on the different therapy approaches they offer to serve their clients better. Lastly, Organization L provides each

client with a team to recommend resources and treat them individually. Moreover, behavioral health organizations and their leaders can use this study to re-evaluate their mental health services for adolescents.

Summary and Transition

This study focused on four organizations that offer similar services and provided individual and family therapy services in an outpatient setting. The increasing numbers of adolescents who need these services make it difficult for some to receive such services within their communities. This comparison presented an overview of how mental health services are provided to adolescents and how these services may be improved and offered to communities in need. This study may benefit organizational leaders, stakeholders, and communities who want to expand their mental health services to adolescents. The BPEP framework was used to determine organizational measurement, performance, and knowledge management to achieve the goals of the study. As the organizational profile, background, and other critical factors played an essential role within the four behavioral health organizations, the collected data provided an overall perspective of how these organizations are managed and the focus of their services (see Evan, 2017).

Section 1b presents the organizational profiles for the four behavioral health organizations in this study. These profiles include an overview of each organization's services, specializations, and accomplishments. This information provides the context to understand each organization's mission and vision, their board of directors, stakeholders, and their background and organizational philosophies.

Section 1b: Organizational Profile

Introduction

This study's practice problem emphasized the comparison of four different U.S.-based for-profit behavioral health organizations that provided similar mental health services to adolescents. These U.S. organizations serve adolescents through a variety of services, including mental health services. This study focused on individual and family therapy services in an outpatient setting. Organizations were compared using the BPEP framework, which identified the strategic importance of each of the organization's critical factors: their mission and vision statement, their philosophy, and their focus. Last, the study explored each organization's background and public profile as they relate to the practice problem. This qualitative case study focused on the outpatient setting and the individual and family therapy services that the four behavioral health organizations provide for adolescents who need mental health services.

Organizational Profile and Key Factors

Organization A

According to their website, Organization A is a leading mental health service in the U.S. and the United Kingdom and is known for its specialty in handling substance abuse. The organization offers many different levels of care, including therapeutic services and medication management, for clients with mental health illnesses in both the U.S. and the U.K. Although the focus of Organization A is on different clients from different age groups, I focused specifically on the services they provide to adolescents aged 12 to 17 who need individual and family therapy. This organization accepts cash-

only clients and clients with private insurance. The stakeholders are the board of directors, including all seven members who have been in the mental health business for several years and who have the relevant education and background that can support this organization.

Organization L

Organization L is a behavioral health organization that provides mental health services with many different levels of care for adolescents aged 12 to 17 years. According to the CEO of Organization L, the staff believe in the importance of parental involvement in children's treatment programs. The organization offers family therapy, individual therapy focusing on family and relational issues, and other specialized therapy groups for adolescents. The organization accepts private-insurance and cash-paying clients and provides resources for those living in the Missouri community.

Organization I

Organization I provides mental health services to adolescents aged 12 to 17 years and focuses on cultural awareness. According to information on its website, Organization I has many specialty treatments, focusing on current and emerging issues that teens face, such as body image, gaming addiction, and social media addiction. This California-based organization has received five awards for congressional awards for contributions to the community as a treatment facility.

Organization V

The mental health professionals of Organization V are devoted to serving adolescents and helping them make better choices. Its mission and vision are to provide a

safe and welcoming environment for adolescents to understand the consequences of previous decisions that lead to consequences and help them make choices to improve their future. The organization provides individualized mental health services that include individual therapy, family therapy, and education. This education component of Organization V distinguishes it from other behavioral health organizations, as its specialty is in addressing substance abuse using the 12-step model. The mental health professionals on staff at Organization V believe that family involvement is essential in developing the long-term success of its clients.

Organizational Background and Context

Organization A

Organization A's website is organized with tabs that describe its treatment facilities, treatment scope, treatment programs, specialty, and mission and vision statement. An additional tab offers information about their investors and common stock. The tab also includes information about their corporate profile, corporate governance, executive management, and board of directors. While the organization appears to have many corporate-level leaders, the website does not detail these leaders' roles within each facility. Although the website describes the board members, it provides little insight into its background and organizational philosophies. However, this information helped address the present study's practice problem of examining the differences between the four organizations' upper management structures, and what each organization does to improve and maintain its level of quality care. The comparison helped determine whether the number of leaders in the corporate spectrum affects client services.

Organization A's website also has a section that describes its investors. Within the investors' tab, the organization presents the range of facilities they have in the U.S. The organization has common stock, and the website shows a live stream of the change percentage. The site also displays the organization's performance and facilities.

Organization A operates 595 facilities in the U.S. and the U.K. These facilities offer different levels of care, such as inpatient and outpatient clinics. Every year, Organization A attends the Wells Fargo and Baird Healthcare Conferences with which they are in partnership. Overall, this organization was chosen for the study due to its services including the amount of experience they have had with adolescents and their specific services offered.

Organization L

Organization L is based in Missouri, where they maintain two locations: an outpatient center in one site and a residential treatment center in another. The website publicly displays its prices, treatment programs, and levels of care. Organization L stopped offering adult services eventually and devoted their services entirely to serving children and adolescents. The staff members have different levels of experience in various mental health areas. Organization L offers specialty groups and treatments for children and adolescents with unique circumstances. The media have raised awareness about the prevention of suicide, cyberbullying, and Alzheimer's disease. Overall, this organization was chosen for the study due to the services that Organization L provides to adolescents. It is one of the smaller organizations, which stands out through its delivery of social media awareness, offering family and individual treatment, and linking its

clients to outside support. All of these elements of quality care are possible because of the smaller size of the organization.

Organization I

Organization I is an organization that accepts many insurance plans. This organization also offers financial assistance to those individuals who require treatment but who cannot afford treatment. Organization I's treatment facility focuses on networking within their community and bringing outside resources to provide services for their clients. Organization I's website displays the organization's entire staff, including the leadership team and face-to-face staff who mentor the clients. Overall, this organization was chosen for the study due to the services that Organization I provides to adolescents. This organization is the second-largest organization and stands out because of its delivery of community-related treatment, family, and individual treatment; it also links their clients to outside support, which is possible if it is needed by the client.

Organization V

Organization V is situated in Tennessee and provides unique, individualized treatment for each client, and accepts private-insurance and cash-only clients. Its website displays staff credentials, clients, and their experiences. Organization V was chosen for the study because of the services it provides to adolescents. It is one of the smaller organizations in terms of how it stands out in providing individualized treatment.

Table 1 provides detail regarding each organization's organizational background and its context in the current study. As shown in Table 1, all the organizations serve adolescents and operate within the U.S. In addition to operating in the U.S., Organization

A has facilities in the United Kingdom and Puerto Rico. Each organization's mission statement and vision are similar in providing quality care to each client they serve.

Table 1

Organizational Background of Behavioral Health Organizations

	Demographics	Community setting	Mission/strategic direction
Organization A (est. 2005)	Adolescents and adults	United States Puerto Rico United Kingdom Nevada	Setting the standard of excellence; standing out and measuring up from their competitors.
Organization I	Adolescents, mothers, expectant mothers, and adults	California	Providing professional services that will improve individuals and families, improving surrounding communities
Organization L	Adolescents and transitional age youth (TAY)	Missouri	Providing comprehensive care to adolescents in hopes of treating those in need
Organization V	Adolescents	Tennessee	Creating a serene environment with individualized treatment that provides engaging activities, creating overall positive change

Note. Based on information obtained from each organization's website in this study.

Summary

For this study, it was essential to gather information about each organization's context. While these organizations offer similar services and serve the same population, their leaders focus differently on organizational leadership, strategy, and clients. Positive or negative organizational focus affects the quality of services (Evan, 2017). It is necessary to explore detailed information about the background of each of the different organizations. In this study, I explored each organization's demographics, community setting, and the direction of its mission and strategy. Each organization differs due to the facility's location and mission statement. Overall, all of organizations explored in this study emphasized the importance of quality care. Additionally, these organizations were selected because they offer similar services to adolescents in the United States.

Section 2 first examines the literature supporting this study and practice problem. The existing literature is relevant to this study's topic and practice problem. The various sources of evidence used in the study, along with data collection and analysis methods, are described. Details of the leadership structures and leadership styles within each organization, the populations served by each organization, and each organization's services and specializations are discussed. Finally, the analytical strategy used to examine the four behavioral health organizations is introduced and explained.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

Section 2 focuses on the scholarly research literature in support of the study topic of comparing the similarities and differences between providers of mental health services for adolescents. Each organization's leadership strategy and assessment, populations served, workforce, and operations are explored. Using the BPEP framework, this study aimed to compare four different U.S. for-profit behavioral health organizations to determine the services needed to serve adolescents better. It is intended to help leaders of behavioral health organizations understand what services are offered to and needed by the adolescent population. This section discusses how each organization develops and implements strategy, gathers information from clients, and encourages clients to undergo treatment by building rapport.

Supporting Literature

This study found supporting literature at the Walden University Library using the search engine EBSCO and the database ProQuest Central. The search terms are as follows: *adolescents*, *mental health*, *engaging adolescents in mental health*, and *mental health in the U.S. among adolescents*. An analysis of the existing literature relevant to the topic and practice problem of this study follows.

Neufeld et al. (2017) determined there was a lack of mental health services that delivered treatment, interventions, and diagnoses for adolescents. Each of the four organizations developed a treatment center specifically to support adolescents within

their communities. Torio et al. (2015) identified trends in and the need for additional research on adolescent mental health.

Smith et al. (2017) reported that 63% of adolescents requiring mental health services have been on waiting lists for up to 26 weeks. Adolescents who were referred for mental health services were rejected for not meeting the required criteria, not having any mental health conditions, or not being qualified for the appropriate level of care provided. This is an essential factor when comparing each organization. The waitlist can be a factor when an adolescent is seeking treatment. Each of the four organizations has a less-than-1-week waitlist if the client does not meet the behavioral organization criteria. Each organization gives at least three referrals, where it would meet standards to suit the adolescent.

Evans (2017) explored the importance of engaging adolescents during their first encounter with mental health services and creating a lasting impression to influence their progress in future sessions. Mental health professionals concentrate on what matters to adolescent clients, engage them in their treatment goals to impact each adolescent, and make them accountable for their treatment. Organization L provides individualized treatment with a specialized team of clinicians to help treat each client.

O'Connor et al. (2018) aimed to examine the effectiveness of school-based mental health and emotional well-being programs. When having school-based programs related to mental health, adolescents could find an outlet to seek help (O'Connor et al., 2018). School-based mental health professionals also help promote a coping environment, stress the importance of social and emotional well-being, and allow students to receive

psychoeducation (O'Connor et al., 2018). Overall, a student who has access to these programs versus a student who does not have access to these programs will more likely use the services at their school (O'Connor et al., 2018).

Ten percent of children and adolescents have significant mental health issues impacting their day-to-day lives (Membride, 2016). In research that examined the importance of evidence-based early intervention and prevention programs, Membride (2016) found that these programs proved to support and have better outcomes for children and adolescents (Membride, 2016).

George et al. (2018) focused on the increasing need for mental health services in schools, even while funding for mental health services was being reduced. Both Organization V and Organization L incorporate their community and the client's schooling within their treatment. The leaders of these organizations feel it is essential that each client focuses on their priorities as adolescents and teach them how to balance their preferences into their treatment.

Moen and Hall-Lord (2019) affirmed the need for early intervention and prevention of mental health conditions by educating parents on mental health services. It is a best practice that each behavioral health organization encourages the client's caretakers to be involved in treatment. Including the client's caretaker helps the client use his or her skills outside of treatment, as the caretaker can become part of their support system when needed.

Defosset et al. (2017) stressed the importance of engaging underserved youths. They found that teenagers engaged in mental health services are more likely to benefit

from the services. Overall, the presence of more adolescent behavioral health organizations can help improve the community and families. Engaging underserved youth with education and healthy coping skills benefits each adolescent, no matter what he or she is going through. Bjørnsen et al. (2019) emphasized that finding different approaches and adding more mental health services are valuable for an adolescent's well-being.

Engaging adolescents on social media with education on mental health may have positive outcomes for adolescents (O'Reilly et al., 2019). The researchers believed that social media may become a positive outlet for adolescents seeking mental health services if the adolescents can utilize social media to seek more information about mental health (O'Reilly et al., 2019). This research addressed the many challenges and risks of using social media, while reaching out to those adolescents in need (O'Reilly et al., 2019).

LeCloux et al. (2017) confirmed that interventions and preventions are recommended within mental health services to screen adolescents at high risk for suicide and depressive symptoms. Using interventions and preventions is a best practice for every adolescent when entering a behavioral health organization. The adolescent may be appropriately assessed to assure he or she receives the services needed. Screening and assessments also give the client the best outcome and engagement during treatment.

According to research, it was found that optimizing employment within the mental health field was beneficial to adolescent clients. Having incentives and financial and career development programs has kept client-employees motivated, developed a long-lasting team, and creates employment opportunities within the behavioral health

stem since this system is known for high turnover rates due to burnout and lack of compensation (Paula et al., 2012). This research study recommends a long-term strategy to address these issues because these issues can become a barrier to quality care (Paula et al., 2012).

Sources of Evidence

Organizational websites were used as sources of evidence. Each of the four behavioral health organizations had a website that provided information about their services, mission, vision statements, and focus. Other publicly available sources were also examined. One of the four organizations, Organization A is a publicly-traded organization; hence, consumer reports and public financial documents were also reviewed.

Leadership Strategy and Assessment

Each organization had a reliable leadership team and a corporate location where the leadership team was stationed. For example, Organization A has a senior leadership team consisting of a chief executive officer, a chief financial officer, an executive vice president, a general counsel, an executive vice president for operations, a senior vice president for strategic affairs, a senior vice president for government relations, and a chief medical officer. Each organization focuses on its specialties to engage clients into treatment. Many are family-centered with individualized treatments that ensure a safe space for clients. In all four organizations, the critical strategic challenges included engaging clients to continue services and ensuring a successful outcome.

The Organization L executive team consists of a chief executive officer, a director of nursing, a medical director, a director of rehabilitation services, the Organization L school principal, a director of residential operations, a director of performance improvement and risk management, and a director of business development. Moreover, the Organization V executive leadership team consists of a chief executive officer, a chief financial officer, a business office director, a director of utilization review, a director of plant operations, a director of performance improvement and risk management, a human resources director, a director of business development, a director of admissions, a director of education and activities, an assistant director of residential services, a director of residential services, a clinical coordinator, a psychiatric nurse practitioner, a director of nursing, a chief clinical officer, and a medical director. Finally, the Organization I team consists of a founder/CEO, a founder/COO, an executive director, a chief financial officer, business development and marketing director, a clinical program director, a medical director, Services director, a director of nursing, and an administrative director. Each organization has a strong leadership team with members who are qualified in their leadership roles.

Figure 2 shows each of the four behavioral health organizations' leadership teams. The graph shows all four organizations. Each column shows the chief executive officer, executive team members, and program directors who work in the centers in a leadership role.

Figure 1*Leadership Team by Organization*

Note: Based on information obtained from each organization's website in this study.

Clients/Population Served

Over the past several years, adolescents aged 13 to 17 have increasingly experienced the onset of mental health disorders including depression, anxiety, and suicidal ideation (Neufeld et al., 2017). Notably, 63% of adolescents who suffer from mental health disorders do not seek or receive assistance from mental health services (Smith et al., 2017). As it can be challenging for adolescents to find mental health services within their residential area, promoting accessible mental health services may encourage adolescents to use such services (Smith et al., 2017).

Each organization serves adolescents aged 12 to 17 years. The clients are diagnosed and need services such as individual and family therapy. Each organization has

a unique way of engaging its clients and assisting them. These organizations offer individual and family therapy to their clients.

Organization A demonstrates social responsibility when encouraging their clients into treatment. They take pride in their commitment to patient care and their genuine endeavor to deliver quality services to their patients. According to the website, Organization A is one of the leading mental health services in the U.S. and the U.K. It is known for its specialty in treating substance abuse. The organization offers many different levels of care, such as hospitalization, residential, outpatient services, intensive outpatient services, and recovery services. In the U.S. and the U.K., clients with mental health diagnoses are given therapeutic services and medication management. Although the organization focuses on clients from different age groups, the present study focuses on adolescents aged 12 to 17 who need individual and family therapy.

Organization I focuses on identifying the potential in every client. Their professionals help the client to maintain a balanced stability. Organization I also fosters a family-oriented environment because the staff believes family members can offer a positive and safe environment. Organization I reported that they treat over 1000 families per year.

Organization I focuses on cultural awareness. This treatment facility serves adolescents aged 12 to 17 years. According to its website, Organization I has many specialty treatments solely focused on adolescents, such as body image treatment, suicidal ideation treatment, behavioral treatment, psychiatric treatment, trauma treatment,

depression, anxiety treatment, drug and alcohol treatment, and treatment for current emerging issues, such as body issues, gaming addiction, and social media addiction.

Organization L focuses on creating an age-appropriate environment to ensure a safe space for clients. This organization's treatments and services focus on the aspect of social community and the importance of family and education. Organization L is a behavioral health organization providing many different levels of care and mental health services to adolescents aged 12 to 17 who suffer from mental health issues. The organization believes in the importance of parental involvement in their child's treatment.

According to Moen and Hall-Lord (2019), parent involvement is an essential best practice. Research has shown that parents' involvement in their child's treatment has a lasting effect, and the adolescent is more likely to take in what he or she has learned from behavioral health services and make these skills last over time. Moen and Hall-Lord stated how essential it was for the clinician to involve the parent because parents can give insight into their adolescent's behaviors and lead the clinician to provide quality care (Moen & Hall-Lord, 2019). Organization L provides family and individual therapy, focusing on family, relational issues, and other specialized treatments for adolescents.

Lastly, Organization V focuses on the individual. The organization offers individualized treatment plans facilitated by skilled professionals to improve clients' quality of life. Organization V is devoted to serving adolescents and helping them make better choices. The organization's mission and vision are to provide a safe and welcoming environment for adolescents to understand the effects of their poor decision-making and help them make choices to improve their future.

Workforce and Operations

The four organizations in this study relied on full-time employees who are adequately credentialed per state regulations. All organizations employ full or part-time staff to help meet organizational goals. The Organization A website also provides details regarding recruitment; on the website, one can click on the career tab and view career opportunities for work in the medical field—physician, nurse, clinical positions, and jobs in the medication-assisted comprehensive treatment clinic. On their website, this organization shows a list of team members, including the executive leadership team, and the location of their headquarters, which is in Tennessee. However, this organization does not provide information on volunteering.

The Organization I website offers the most significant detail about the workforce, full-time staff, board of directors, and executive team members, including information on volunteering, donating, and fundraising within the organization. This organization also provides career opportunities for mental health clinicians, case managers, and substance use disorder counselors). The board of directors is listed on their website with a brief description of their work experience and what they bring to the organization. Lastly, this organization offers training to the public for a fee and training for their staff approved by the board of behavioral science and organizations that certify substance use credentials. These trainings include classes in ethics, confidentiality, regulations, substance use disorder, culture when working with families and addiction, and essential motivational interviewing.

Organization L provides information about current career opportunities for clinicians and counselors. There is no information regarding the board of directors, volunteering, and information that pertains to the workforce. This organization states they provide competitive compensation, benefits, and steady development and advancement opportunities. This organization provides the least information on the workforce compared to the other three organizations.

Organization V provides limited information regarding their workforce, such as current job openings at their location; they describe what kind of employee they are looking for, such as a compassionate individual wanting to change lives. This organization did not provide the board of directors' information, nor do they display volunteer positions. This organization states that each employee is thoroughly trained and certified to treat each client.

As shown on Table 2, all four organizations have full-time staff managing operations, while Organization I relies on some volunteers and non-paid interns for day-to-day operations of the organization. Two out of the four organizations displayed their board of directors on their websites. Each of the organization's workforce and operations will be discussed in further detail in Sections 3 and 4 of the study.

Table 2*Individual Organizational Composition*

	Full-time staff (yes/no)	Volunteer staff (yes/no)	Board of directors (yes/no)
Organization A	Yes	No	Yes
Organization I	Yes (plus contract employees, interns, and volunteers)	Yes	Yes
Organization L	Yes	No	No
Organization V	Yes	No	No

Note. Based on information obtained from each organization's website in this study.

Analytical Strategy

This study is a descriptive, qualitative study using a case study design to examine four behavioral health organizations. A qualitative research approach involves collecting and analyzing data to reveal new insights into a problem, generating new ideas for future research (Young & Rabiner, 2015). This research study was used to provide an understanding of what programs need to provide quality mental health services to adolescents. The data collection for this study involved gathering information on how clients experienced their treatment and what worked for them. (Young & Rabiner, 2015). Current behavioral health organizations can use the information gathered to improve and create new programs to enhance the client experience. Each organization's website or

brochure disperses information and content linked within their websites, such as information about collaboration organizations and financial fees.

A modified benchmarking approach was a strategy utilized in this study. The purpose of the modified benchmarking strategy was to focus on best practices, continuous improvement, and adapting to needs (Young & Rabiner, 2015). Using a modified benchmarking approach in conjunction with the Baldrige Framework aided in understanding the differences among the four organizations.

Organization A is nationally accredited by the Commission on Accreditation of Rehabilitation Facilities International. This organization is also affiliated with the National Alliance on Mental Illness (NAMI), The National Association of Addiction Treatment Providers (NAATP), The joint commission, and the Jason Foundation. Organization A has behavioral health facilities located in the United Kingdom that complies and is accredited through The Care Quality Commission (CQC).

Organization I is nationally accredited with CARF. Organization L is nationally accredited with CARF. This organization has partnered with the Jason Foundation, the Board of Behavioral Sciences, Arkansas Juvenile Officers Association, Tricare, the Joint Commission, Missouri Hospital Association, and Missouri Juvenile Justice Association. Organization V partnered with the Joint Commission, Accreditation of Rehabilitation Facilities International and the Jason Foundation.

Summary

The organizations in this study all serve the adolescent population. Each of the four organizations differs slightly in the composition of their leadership team and how

they govern their organization. They all have similar workforces but vary in the number of employees and volunteer staff. Section 3 includes an analysis of the four behavioral health organizations within the Baldrige Framework. The workforce, operations, knowledge management, and organizational results will be discussed. In all four of the organizations, the needs of the workforce are dependent on full-time staff, with only some volunteer staff. In comparison, some of the organizations have a strong management team whose team members have multiple years of experience. Section 3 describes these organizations' research aspects and explains the importance of adequate data to compare them.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

Section 3 discusses the use of electronic health records for measurement purposes and analyzes the organizations' workforces, which is an important aspect to investigate when considering the services offered to adolescents and their families. Understanding the workforce can elucidate how clients engage with the organization's services. Section 3 further reviews and discusses available information related to each organization's knowledge-management processes and operations. The evidence for Section 3, such as public financial data and organizational affiliates from each organization, were collected from the behavioral health organizations' websites and public sources.

Organization I has information listed about their workforce, operations, and knowledge management. Tax documents from the 2013 tax year were also publicly available. Public data regarding workforce, knowledge management, and organizational results on Organization L were very limited. There was, however, very detailed information regarding Organization L's operations and the services they provided to their clients. Finally, Organization V had limited information on their website about their workforce, operations, knowledge management, and organizational results.

Data and information related to organizational measurement, analysis, and knowledge management for Section 3 were obtained from the organizations' websites

and public sources. A detailed descriptive analysis of each organization utilizing the Baldrige Excellence Framework criteria will be discussed.

Analysis of the Organizations

Organization A: Leadership and Staff

Organization A has a senior leadership team consisting of a chief executive officer, a chief financial officer, an executive vice president, a general counsel, an executive vice president for operations, a senior vice president for strategic affairs, a senior vice president for government relations, and a chief medical officer.

Approximately 90% of this organization's employees are full-time employees. On this organization's website, it shows the qualifications the leaders are looking for in hiring staff. Each staff must have at least 3 years of experience and an educational background relating to the position they are applying for. For example, a mental health clinician must have a master's degree in a field related to mental health counseling, have 2 years post-graduation experience, and be licensed within their state of employment. Organization A has an extensive list of board of directors. The responsibilities of the board and committee members retrieved from the organization's website are as follows:

1. Identify, recruit, and recommend qualified candidates for new or vacant positions on the company's board, consistent with the minimum qualifications for director nominees approved by the committee or the board.
2. Review the qualifications and performance of incumbent directors to determine whether to recommend them as nominees for reelection.

3. Review and consider candidates who may be suggested by any director or executive officer of the company, or by any stockholder of the company, provided that such review is consistent with this company's charter, the company's certificate of incorporation, bylaws, any applicable stockholders' agreement, applicable laws and any guidelines developed by the committee or the board.
4. Periodically review considerations related to the board.

Organization A: Financials, Fundraising, and Marketing

This organization partners with diverse agencies, including the U.S. Military and the state's family support services, children's behavioral solutions, and treatment placement specialists. This behavioral health organization has its annual reports of the last 5 years on its website. Each annual report provides a section on what the company is about, its financial highlights, a letter to the stockholders, and a comparative performance graph that compares this organization to the Nasdaq Health Care Providers and the Nasdaq U.S. Stocks Denmark.

The annual report shows the total number of different facilities and the state where each facility is located. This organization has 585 different facilities, including those located in the U.K., Puerto Rico, and the United States. Last, revenue information for 2018 and 2019 are available from the organization's website.

Organization A: Client-Focused Services

Organization A's employees provide services in case management, individual therapy, family therapy, and group therapy. The staff also includes a treatment placement

specialist, who interacts with the clients and develops a plan for them before, during, and after treatment. A treatment placement specialist ensures effective management of operations: treatment guidance, vetting programs, streamlined admission, ongoing communication with concerned parties during treatment, continued care planning and assistance, and work planning (when applicable).

Organization A: Quality Care Indicators

Organization A supports the working environment by offering consultative supervision to their employees who face challenges with their clients. The organization also provides employees with a manageable workload. The staff members are encouraged to achieve high work performance through goal setting and weekly meetings to gauge goal achievement and progress. This organization holds itself to providing a world-class standard of excellence within the treatment of their clients. Organization A stated in their mission statement that they are committed to their staff, community, and employees. On their website, the focus is on improving the lives of their clients. They are inspired to help patients and families. Valuing staff and work culture, building collaboration and opportunity, connecting people and communities, investing in resources, and updating their treatment is vital to success.

Organization I: Leadership and Staff

The Organization I team consists of a founder/CEO, a founder/COO, an executive director, a chief financial officer, business development and marketing director, a clinical program director, a medical director, a service director, a director of nursing, and an administrative director. The organization's reputation spans more than 30 years and has

many clinical and medical directors who support their staff, motivate employees, and support their leadership team.

This organization builds an effective workforce environment by applying the same vital services they give to their clients: highlighting their employees' strengths and maintaining a positive outlook. They have found that this concept motivates and supports their employees to achieve their goals and expectations. This organization has monthly meetings, and staff members are encouraged to share their concerns and feedback about the organization and to complete surveys about their workplace environment. Each employee has a manageable caseload, meeting with each client at least once per week, which is an expectation and a goal for each employee.

Organization I: Financials, Fundraising, and Marketing

Organization I also provide tax information. This organization owns a thrift store and a bingo hall to provide additional money in the form of a scholarship to individuals who cannot afford to pay for treatment. Though this organization is a non-profit, they do have some private contracts with high schools to provide treatment for adolescents in need. This organization also participates in multiple fundraising luncheons and hosts an annual Walk for Sobriety, raising approximately \$10,000 annually. This donation goes to an individual's treatment if he or she is unable to pay out of pocket. The staff provides a safe, effective, and caring aspect to the organization by engaging their community to offer services within the community for the clients. They describe their board of directors, and some financial information is available to use from their section on "Return of Organization Exempt from Income Tax."

Organization I: Client Focused Services

Organization I focuses on client potential, which is the core of their critical services. With this approach, this organization believes that each child should focus their potential on something they are passionate about. The organization concentrates on this aspect and encourages the client to do the same. They manage these critical services by building rapport, emphasizing individuality, and igniting the client's strengths. They believe that this maintains client engagement, which results in better treatment outcomes.

Organization I has developed a non-traditional therapeutic environment; for example, they offer equine therapy. There has been a high interest and uptake from adolescents because of the availability of equine therapy. This organization's website lists all their therapeutic approaches such as individual therapy, family therapy, substance abuse treatment, and includes a small education piece on the definition of therapy. This is helpful for the teen's parents to understand what is available to their teen. This organization also provides different levels of care that would best suit the adolescent. These levels of care are based on the total score of multiple assessments taken at intake.

This organization prides itself on implementing the above research-based therapeutic approaches that have been clinically proven to help its clients. Their essential services focus on the holistic well-being of clients who may have co-occurring, behavioral, and substance-abuse issues. Programs are organized by client status (inpatient or residential), age, and gender.

Organization I: Quality Care Indicators

Organization I provides information on the board of directors and shows the stakeholders the benefits of improving the organization's quality of care. The organization has marks of quality care from several organizations, including The National Association on Mental Illness (NAMI), the Better Business Bureau (BBB), and the Joint Commission. Organization I uses individualized care when assessing their client during intake. Depending on the outcome of the assessment during intake, the client will either be in an outpatient setting, an intensive outpatient setting, or a residential setting. This organization works with their clients to focus on the treatment that works best for adolescents and their families, provides mental health services such as individual sessions and family sessions, as well as substance-use treatment for those adolescents who have co-occurring issues. The staff at Organization I collaborate with other surrounding agencies to give presentations on safe sex education and communicable disease presentation for patient education groups.

Organization L: Leadership and Staff

The executive team of Organization L consists of a chief executive officer, a director of nursing, a medical director, a director of rehabilitation services, the Organization L school principal, a director of residential operations, a director of performance improvement and risk management, and a director of business development. The employees can consult with an extensive array of clinical and medical supervisors who support the employees in helping their clients.

Organization L does not provide information on the board of directors or any financial information on their website. The detailed management facilitates the organization's effective operations management. The client is also expected to attain weekly goals, which the staff must chart each week.

Organization L: Financials, Fundraising, and Marketing

Organization L provides resources related to mental health for those within the community, such as local support groups and local mental health and addiction news within the community. This organization does not provide information regarding financial information and fundraising. For marketing purposes, Organization L's website provides detailed information regarding services. Clients can pay online through the organization's website. Future clients can directly email the organization and other mental health professionals who can refer a client. There is no social media information on this organization's website.

Organization L: Client Focused Services

Organization L prides itself on its individualized treatment. Clients are encouraged to be open and are provided with a safe environment to improve themselves. The organization supports clients by identifying what they want to work on as individuals, and their individualized critical services distinguish them from similar organizations. Organization L focuses on individualized programs because no two people are alike, especially in their treatment. The client determines what they want to include in his or her treatment goals, while the staff focuses on the client's needs, engages clients, guiding and motivating them throughout the treatment process.

Children, Adolescent & Teen Inpatient Programs

A typical treatment experience for the coed inpatient program for ages 8 to 13 includes the adolescent meeting with the treatment team on a weekly basis. Group therapy is provided when daily topics such as, addiction, family, self-harm, and anger management may be discussed. In Organization L' s website, the section describing their therapeutic inpatient environment says, "All program efforts are aimed towards successfully reintegrating the patient back into either their home or a public environment and providing them with the skills to continue growth in the future."

Children, Adolescent, and Teen Residential Programs

This organization provides residential programs that are in a more restrictive setting because of distress-related problems. Many of the clients who qualify for the residential programs have usually experienced a crisis, which has impacted them and others. Five special residential treatment programs are for children and teens. These residential programs provide therapeutic environments so each client can develop age-appropriate coping skills. This organization provides a team of experts who help each individual with their individualized needs, including medical, educational, and therapeutic needs. During residential services, services include individual therapy, family therapy, recreational therapy, group therapy, mental health, and medical assessments. There are also specialized groups that address substance use, family issues, sexual and physical abuse.

Sexually Maladaptive Boys – Ages 9 to 17

The boy's maladaptive program is designed for boys ages 9 through 17 who have had issues with poor sexual boundaries and who have experienced sexually maladaptive behaviors. This residential treatment program is designed to be a 9- to 12-month program that provides traditional medical, cognitive, behavioral, and psycho-educational treatment models. These clients will attend daily groups, an educational program, and family and individual therapy. The overall goal for these clients is to address the concerning sexual behaviors and create a safety plan to minimize relapse. This organization encourages self-worth and growth by helping their clients transition into the community after treatment. Many different treatment groups are offered to these clients to help them adjust to life outside of treatment and to teach them appropriate adaptive behaviors.

TRICARE Military Dependent Programs

This organization is certified by TRICARE; TRICARE is the medical insurance that is provided to military families. This program is explicitly designated for active duty and their dependents, uniformed services, and retired military members. TRICARE has rigorous licensing and certification requirements that this organization meets to support their military families. This organization offers two different types of specialty military programs for adolescents that are residential and separated by boys and girls ages 9 to 20 years old. This organization is centrally located in the U.S, which gives its military customers easy access within the U.S. This organization will also help with transportation costs for admission, monthly face-to-face family sessions, and discharge.

Regional School

Organization L has a regional school located onsite for those in need of educational services while receiving treatment. This education program earned national accreditation and must meet annual approval from their state. This education program is staffed by a principal, ten teachers, and special education facilitators. Each education staff is certified through the U.S. Office of Elementary and Secondary Education. The clients receiving services can receive their high school diploma or GED depending on what works best for them. These educational services' primary goals are to see improvement in both mental health and education. Overall, they believe if the client shows some improvement, he or she will be recognized as a positive contributing member of society.

Organization L: Quality Care Indicators

Organization L is open 24/7; although the number of opening hours may not be a traditional quality care indicator, I consider accessibility to treatment a quality care indicator. Overall, this organization shows that they want to provide quality care and improve their community's behavioral health aspect. The data displayed on the organization's website shows how Organization L provides quality care and works to improve their behavioral health services.

Their website shows their marks of quality care—The Jason Foundation, which follows the CARF accreditation standards of ASPIRE. Organization L's website describes reasons why this organization is an excellent choice for an adolescent who needs treatment, short- and long-term solutions, age-appropriate services, and

experienced, compassionate professionals. They show how they compare to other similar organizations and strive to improve. This organization is also affiliated with their state's safety organization to provide and follow the state's safety policies.

Organization V: Leadership and Staff

Organization V has an effective operations management team, which includes an executive leadership team consisting of a chief executive officer, a chief financial officer, a business office director, a director of utilization review, a director of plant operations, a director of performance improvement and risk management, a human resources director, a director of business development, a director of admissions, a director of education and activities, an assistant director of residential services, a director of residential services, a clinical coordinator, a psychiatric nurse practitioner, a director of nursing, a chief clinical officer, and a medical director.

Organization V: Financials, Fundraising, and Marketing

Organization V provides local resources within the community related to mental health and addiction. This organization provided information to *Psychology Today* in regards to helping individuals find a mental health care professional. This organization does not provide financial or fundraising information, but it does provide detailed information regarding services. Clients can pay online through the organization's website. Potential clients can email the organization directly, and other mental health professionals can refer a client. There is an online substance use and mental health assessment tool that parents and clients can take to see if they meet services criteria. This organization does not post social media information on their website.

Organization V: Client Focused Services

Organization V provides a healing environment, which they believe can change an adolescent's perspective, and which distinguishes them from other treatment centers. Organization V focuses on the treatment environment and believes that a stable setting helps the client recover and maintain recovery. Organization V focuses on unique treatments that the other organizations do not offer, such as equine therapy, dialectical behavioral therapy, and experiential therapy. They believe that having multiple therapeutic options serves individuals better.

Treating Addiction

This organization focuses on treating addiction. They have found that many of their clients have had experience with drug use or substance abuse. There is an onsite rehab facility that works in conjunction with their mental health clinic to provide services to those who require substance abuse services. They provide medication, individual therapy, group therapy, and family therapy. They also include recreational therapies such as dance, drama, music, and sports to help each adolescent find a hobby that he or she enjoys, which could potentially help them cope with their triggers.

Mental Health Services

Organization L provides an intensive program that offers outpatient and residential services for adolescents ages 13 to 17. Each client is assessed, and depending on their assessment, they are placed at the appropriate level of care. Individual therapy is offered where the client can work on problems that the client has experienced. The therapist will help the client with short-term goals, decision-making skills, and problem

solving. Group counseling is also offered to all clients daily. These sessions are focused on one issue at a time, including common emotional and behavioral issues. Life skill groups are also offered to clients who require educational lectures on identifying personal triggers, developing strategies to avoid triggers, identifying personal relapse dynamics, and improving and utilizing support systems. Life skills groups also deal with stress management, anger, and self-esteem. Lastly, family sessions are available for clients who need to mend relationships with their families, or for those families who need to understand what their child is going through during the process of healing. Their goal is to increase an understanding of the client's process and gain knowledge of the client's behavior.

Organization V: Quality Care Indicators

Organization V is very similar to Organization L when displaying quality care standards aligned with The Jason Foundation, which follows the CARF accreditation standards of ASPIRE. This organization focuses on the quality and effectiveness of its services towards its clients and is also affiliated with its state's safety organization and protocols to provide the best safety measures within its facilities. Organization V does not provide information about its board of directors and does not show any annual reports. Focusing on displaying information about their leadership team would be essential to show how they operate internally to improve their organization.

Knowledge Management

All four organizations have the appropriate workforce, including clinical and medical directors. These organizations represent a growing trend, integrated behavioral

healthcare, and physicians working with psychologists and behavioral healthcare staff in a professional environment. The organizations also focus on business aspects by implementing policies and procedures that drive the business forward.

I reviewed information related to each organization's performance, knowledge assets, and information technology infrastructure (if it was available from public sources). I also reviewed any outreach activity that the organization engaged in. Research has indicated that it is essential for behavioral health organizations to connect with the community by performing outreach, which would help to improve their client engagement and level of quality care (Babatunde et al., 2020).

Organization A improves their performance by continuously reaching out to the community and receiving feedback from its clients. Organization A is a large company. Of the four organizations, this organization has the most extensive knowledge of assets, information, and information technology infrastructure. The information technology infrastructure of Organization A has specific software to maintain electronic health records for their clients. Employees are provided with the proper telehealth equipment to receive services via telehealth. The information technology infrastructure includes webcams, computers, and appropriate confidential software. Organization A has many years of experience represented by its employees and has the most extensive business infrastructure of its kind in the world.

Organization I improves its performance by offering surveys to employees via the internet and the clients who have recently been discharged from their facilities. They are reviewed regularly and are discussed during board meetings. The information technology

(IT) infrastructure of Organization I has specific software to facilitate electronic health records, such as computing platforms, electronic health records; and IT departments to provide services and additional help to employees. Overall, this organization has a reliable technology infrastructure and is knowledgeable with its assets and other information. This organization is the second largest of the four organizations and is still growing.

Organization L and Organization V are similar, as they are both smaller in size. These organizations have a robust technology infrastructure and continue to build and improve their performance by using client feedback, which is typically verbal. The information technology infrastructures of Organization L and V have specific software to maintain electronic health records for their clients. Organization L and V generate accounts for many insurance companies, and these organizations have software that can invoice and track client services. Lastly, staff members can communicate via email and chat through confidential software to discuss clients or work-related information. As the smaller organizations in the study, both Organizations L and V serve fewer clients per year than the other organizations.

Summary

Section 3 compared the four organizations in each of the following areas: workforce, operations, knowledge management, and organizational results. The preliminary review indicated similarities in each of the areas reviewed thus far. Each organization has a system of control, and staff members perform different functions

throughout the day. One similarity among the organizations is that they are client centered. All the operational aspects of the organizations focus on their clients.

Section 4: Results–Analysis, Implications, and Preparation of Findings

Introduction

This section addresses the results of the study. The primary goal of this study examined the services that the organizations offered and determined how they might improve the quality of their services to help adolescents. The purpose of this study was to compare four U.S.-based for-profit behavioral health organizations using the framework of the BPEP to examine the services that the organizations offer and to determine how they are similar or different in the type and quality of their services for adolescents. All four organizations were benchmarked against each other to gain insight into best practices.

The organizations are similar in scope, as each provides treatment for adolescents in an outpatient setting along with individual and family therapies. All four organizations are privately funded and located within the U.S. Section 4 provides an evaluation of the organizations' adolescent programs, services, and operations. After a presentation of the study results through the application of the Baldrige framework, implications for positive social change are considered. Finally, the study's strengths and limitations are delineated.

Analysis, Results, and Implications

Adolescents who receive mental health services have more positive results post-treatment than those who do not (Ramchand et al., n.d.). Despite a lack of data, researchers have noted that adolescents who receive behavioral health services learn coping skills and techniques they can use after treatment (Ramchand et al., n.d.). Funding is essential because adolescents who receive mental health services have been known to

relapse into substance abuse behaviors even after being discharged from treatment (Ramchand et al., n.d.). However, adolescents can learn quickly and effectively, and it is vital to teach them healthy coping skills and implement posttreatment strategies throughout adulthood. When working with adolescents with substance-abuse problems, it is essential to focus on the small achievements that indicate their progress (Ramchand et al., n.d.). There are many ways for a client to measure their progress in treatment. For example, a client who achieves 30 days of sobriety has reached a milestone in recovery, meaning they are learning to use coping skills when emotional triggers arise (Ramchand et al., n.d.).

This study was a qualitative study that employed a comparative strategy to investigate four behavioral health organizations. According to Silver (2010), research has shown comparative strategy to be valuable to individuals engaged in research. The four organizations investigated in this study have processes to engage their clients, as described on their organizations' websites. The organizations focus on clients' strengths, interests, hobbies, and goals, and incorporate these aspects into their treatment. For motivation, each organization encourages clients to identify a plan or interest, so they become encouraged and eager to work toward their treatment.

As stated previously, it is imperative to focus on individual clients. According to research conducted by the CDC (2020), clients who are engaged and encouraged to attend treatment, who are made to feel safe and comfortable enough to share, are typically more willing (than those who are not engaged) to participate in therapy and learn. All four organizations found that adolescents who participate in mental health

services carry the techniques, awareness, and coping skills they have learned into adulthood and apply them in their daily lives. The CDC (2020) found that when an early diagnosis is placed on the child or adolescent, receiving the appropriate treatment is crucial. Finding the facility that will provide appropriate services for the child or adolescent can help them immensely. The CDC continues to perform more research on the access to behavioral health services for children and adolescents, including how to support their families through difficult times.

The purpose of this study is to compare four different U.S.-based for-profit behavioral health organizations, comparing their children and adolescent mental health services, using the framework of the BPEP to examine the services the organizations offer and determine how they can improve the quality of these services to serve adolescents (NIST, 2017). The BPEP focuses on healthcare criteria, including leadership, strategy, customers, workforce, operations, results, measurement, analysis, and knowledge management (NIST, 2017). Overall, this system will provide a clear idea of the four organizations' roles in providing behavioral health services to adolescents.

The BPEP discusses the importance of working with customers. According to the BPEP, a customer is defined as anyone who receives services from an organization, such as patients and clients. The purpose of the BPEP is to determine how the organization engages with its customers and listens to the customer's voice (NIST, 2017).

Section 3 of the BPEP discusses the importance of building a relationship with customers and creating a long-term marketplace. Section 3.1 of the BPEP describes the voice of the customer and how to obtain information about the client. BPEP focuses on

how employees listen to, interact, and engage with the customer (National Institute of Standards and Technology [NIST], 2017) and understands that customers can be different depending on the organization. Within the four organizations, all the customers are considered clients. The importance of focusing on and relating to clients is essential. Continuing to engage current clients may be a demanding task at times, especially within the adolescent population. BPEP wants the organizations not only to focus on the existing clients, but also to focus on potential clients.

The BPEP discusses the importance of customer satisfaction and engagement. When talking with the customer, it is essential to understand their satisfaction, dissatisfaction, and engagement experience. Doing so can help to improve the organization's customer-satisfaction levels. To improve the organization, BPEP emphasizes the importance of understanding who the organization's competitors are and focusing on what is working with their customers.

Section 3.2 of the Baldrige framework focuses on the customer's engagement and how well the organization's staff can build relationships with its clients during treatment. By being employed by the behavioral health organization, the staff members need to determine a customer's needs (NIST, 2017). Focusing on community outreach and determining what the community needs are significant (NIST, 2017). Providing a smooth referral and admission process is key to having a first impression with a client. Having long wait times or a complex admission process can lead to losing client engagement. Building relationships among clients is significant when they want to have a full

engagement. This helps foster a safe environment and provide a positive outcome (NIST, 2017).

The increase in the knowledge of how each organization is run with quality care suggests an increase in awareness of positive social change. These organizations also have short waiting periods while clients are waiting for their appointments to start, adequate staff, and flexible appointments. These factors enhance the client treatment process, improve adolescents' experience, and create a healthy therapeutic relationship (Centers for Disease Control and Prevention, 2020). Overall, each organization is unique and has a distinctive way of caring for its clients. Having a stable staff component is essential, especially when working with adolescents. Building a long-lasting therapeutic relationship can lead to an emotionally healthy adolescent.

Table 3 illustrates the type and level of information publicly available and reviewed for the study. This table shows that Organization A has publicly listed information related to their workforce, operations, and knowledge management, including board meeting reports and financial information. This organization is the largest of all the four organization, therefore it was expected that it would provide the most information. This information was gathered from each of the four behavioral health websites.

Table 3

Health Care Criteria for Performance Excellence

	Organization A	Organization I	Organization L	Organization V
Leadership	Available	Limited	Limited	Limited
Strategy	None	None	None	None

Customers	Available	Available	Available	Available
Workforce and operation	Available	Available	Limited	Limited
Results	Limited	Limited	Limited	Limited
Measurements, analysis, knowledge management	Limited	Limited	Limited	Limited

Note. Based on information obtained from each organization's website in this study.

Organization A: Leadership

Organization A presents its leadership team and its mission and vision statement on its website. The leadership team members describe their leadership approach and their standards on ethical behavior. This organization also introduces its executive leadership team's experience and roles within the organization, and the board of directors and how they contribute quality care services for the organization. Of the four behavioral health organizations, Organization A shows the most information about their leadership.

Organization A is the largest of the four behavioral health organizations, as it has many different facilities throughout the US and treats different populations. When compared with the other three behavioral health organizations, Organization A offers different levels of care such as detoxification services, inpatient treatment, residential treatment, partial hospitalization program, intensive outpatient program, traditional outpatient services, and they want to transition their clients into community-based support services. Organization A also promotes personalized care and focuses on the individual strengths and goals of each client.

Organization A: Customers

Organization A demonstrates social responsibility when encouraging its clients into treatment. This organization takes pride in its commitment to patient care and its genuine endeavor to deliver quality services to its patients. Organization A is one of the leading mental health services in the U.S. and the U.K. and is known for its specialty in treating substance abuse. The organization offers their customers different levels of care so the staff may meet their customers' needs. In the U.S. and the U.K., clients are from all different age groups with different mental health diagnoses and are given therapeutic services and medication management. However, this organization does not show clients' reviews of their services or whether the clients have been satisfied or dissatisfied with its services; as such, customer-satisfaction surveys could be given to the clients once they completed the program.

Organization A: Workforce and Operation

The Organization A website also provides details regarding recruitment; one can click on the career tab and view career opportunities for work in the medical field—physician, nurse, clinical positions, and jobs in the medication-assisted comprehensive treatment clinic. On its website, this organization shows a list of team members, including the executive leadership team, and the location of their headquarters, which is in Tennessee. However, this organization does not provide information on volunteering. Though this organization has an extensive website with the aforementioned information, it does not provide information on the work climate and the turnover rate of the organization.

Organizations A: Results

The clients admitted into treatment were all diagnosed with mental health issues that require long-term mental health services (i.e., 24 months). Figure 2 refers to Organization A's referral process, assessment of the client, and the treatment timeline. Organization A determines whether appropriate assessments and engagement help clients complete their services successfully.

Organization A was analyzed in this study because it is the largest out of the four organizations and serves the most adolescents within their organization. This organization has many different facilities throughout the U.S., whose staff treat diverse populations such as adults, elderly, and depending on the facilities, offer different levels of care, such as detoxification services, inpatient treatment, residential treatment, partial hospitalization program, intensive outpatient program, and traditional outpatient services. Organization A focuses on the customer aspect of treatment services for all community members. Moreover, they want to transition their clients into community-based support services. They also promote personalized care and focus on the individual strengths and goals of each client. Figure 3 below shows the referral process of Organization A.

Figure 2

Organization A: Referral Process

Note: Based on information obtained from Organization A's website.

Organization A: Implications

Organization A is the most extensive program of the four organizations. This organization can create positive social change by continuing to provide quality care and engagement with their clients. Overall, this organization has many different facilities that have different levels of care for each client. According to the Baldrige Performance Excellence Program (BPEP), providing quality care and engaging their clients with their families will keep the staff focused on the customer (National Institute of Standards and Technology [NIST], 2017).

Organization V: Leadership

The Organization V website displays its mission and vision statement. This organization describes its executive team briefly and identifies the executive leaders for the organization. This organization has many different leadership roles; there is an executive leader for each program: an admissions director, performance improvement, and risk management director. On the Organization V website, there is no information regarding its board of directors.

Organization V' operation is based on legal and ethical behavior and holds employees accountable for their actions, training them to learn about their program's legal and ethical responsibilities. The program focuses on compassionate care, and their staff follow the same standards as the organization. The organization also promotes lasting change; they want to ensure they help their clients succeed even outside of treatment.

Organization V: Customers

Organization V displays the services provided to their customers on its website, focusing on individualized care. It offers different levels of care such as outpatient and inpatient and provides these services to adolescents. Overall, this organization provides enough information to help a future customer explore its services to decide whether this is the appropriate behavioral health organization for them. Organization V does not show customer reviews about whether they were satisfied or dissatisfied with the services; however, the staff could give a customer-satisfaction survey to the clients once they completed the program.

Organization V: Workforce and Operation

Organization V provides limited information regarding its workforce, such as current job openings at their location; the website describes what kind of employee Organization V is looking for, such as a compassionate individual wanting to change lives. The Organization V website does not provide information on the board of directors, nor does it display volunteer positions. This organization stated that each employee is thoroughly trained and certified to treat each client and provided the least information regarding the workforce. There was no information regarding workplace environment and work accomplishment.

Organization V: Results

Organization V also promotes lasting change. They want to ensure that they help their clients succeed, even outside of treatment. This organization provides outreach efforts within the community to help clients adjust after being discharged from therapy.

The client will have other referrals available upon discharge, as well as a discharge plan. Organization V displays their accomplishments on their website. According to the BPEP, it is essential to report their patients' achievements as part of their marketing process. spotlighting their specialties and explaining their mission and vision. Patients' achievements are displayed for past and potential clients to see clients' achievements, which might attract a potential client to attend treatment.

Organization V: Implications

Organization V is a very diverse organization that also incorporates substance use treatment. This organization can create positive social change by continuing to provide quality care and engagement with their clients. This organization offers different levels of care. The appropriate level of care may be determined by the client's assessment. Providing quality care and engagement of their clients and their families will help each behavioral health organization's clients.

Organization I: Leadership

The Organization I website introduces its founder and CEO by mentioning background information on her experiences and her story and how she became the founder and CEO of this organization. This organization briefly displays information regarding its board of directors and leadership team but does not go into detail. This organization also highlights its mission and vision statement and shares limited information regarding its leadership team. Organization I focuses on uplifting teens and creating their futures. The staff wants to provide alternative therapies and focuses on each

of its client's specialized treatment and support. They believe that nurturing and supporting their clients' needs will help them have a better outcome.

Organization I: Customers

This organization shows that its staff are catering to their customers by focusing on identifying the potential in every client. On Organization I's website, it states that the organization caters to future customers looking for a behavioral health organization that focuses on cultural awareness. This treatment facility serves adolescents aged 12 to 17 years. According to its website, Organization I focuses on individualized specialty treatments for adolescents, such as body image treatment, suicidal ideation treatment, behavioral treatment, psychiatric treatment, trauma treatment, depression, anxiety treatment, drug and alcohol treatment, and treatment for current emerging issues: body issues, gaming addiction, and social media addiction. Each of these programs enforces individualized treatment and quality care. Organization I does not show whether its customers are satisfied or dissatisfied with the services offered; however, giving out a customer-satisfaction survey to the clients once they complete the program would provide beneficial feedback for Organization I.

Organization I: Workforce and Operation

The Organization I website offers the most significant detail about the workforce, full-time staff, board of directors, and executive team members, including information on volunteering, donating, and fundraising within the organization. This organization also provides career opportunities for mental health clinicians, case managers, and substance use disorder counselors. The board of directors is listed on their website with a brief

description of their work experience and contributions to the organization. Lastly, Organization I offers training to the public for a fee, as well as training for its staff, which is approved by the board of behavioral science and organizations that certify substance use credentials. These trainings include classes in ethics, confidentiality, regulations, substance use disorders, cultural guidance when working with families and addiction, and essential motivational interviewing. Organization I provides the most information regarding the workplace but does not describe the workplace climate or any testimonials about how employees enjoy working with this company.

Organizations I: Results

The Organization I focuses on uplifting teens and creating their futures. They aim to provide alternative therapies and focus on each client's specialized treatment and support. They believe that nurturing and supporting their clients' needs will help them have a better outcome. Organization I focuses on individualized treatment, which allows the client to feel he or she is getting the right treatment. This behavioral health organization creates a unique treatment that works for the clients, which will help build engagement and a healthy relationship between the customer and the organization.

Organization I: Implications

Organization I is a very diverse organization that has also incorporated substance use treatment. This organization can create positive social change by continuing to provide quality care and engagement with their clients. This organization states that its focus is the importance of quality individualized care within their client's services. This

organization also offers different levels of care, which is determined by the results of the assessment that the client takes to meet criteria for admission to treatment.

Organization L: Leadership

On the Organization L website, there is a description of its mission and vision statement. Members of the executive team briefly share their experiences; however, there is no information about the organization's board of directors. Since this organization has a campus onsite, there are different leadership roles, such as a principal and a school nurse. Overall, Organization L's website has limited information regarding its leadership. It has a targeted treatment approach and various modalities that focus on its adolescent clients. There is a multi-disciplinary team consisting of medical physicians, psychiatrists, psychologists, nurses, behavioral health technicians, and therapists. They believe this approach provides clients with comprehensive services and improves the outcomes of their treatment. Organization L also provides individualized treatment, since every patient has different treatment goals.

Organization L: Customers

The Organization L website shows the different services provided for a potential customer and focuses on creating an age-appropriate environment to ensure a safe space for clients. Organization L's treatments and services focus on the aspect of social community and the importance of family and education. Organization L provides many different levels of care and mental health services to adolescents aged 12 to 17 who suffer from mental health issues. The organization believes in the importance of parental involvement in their child's treatment. Organization L does not show whether its

customers are satisfied or dissatisfied with the services offered; however, giving out a customer-satisfaction survey to the clients once they complete the program would be beneficial feedback for Organization I.

Organization L: Workforce and Operation

Organization L provides information about current career opportunities for clinicians and counselors. There is no information regarding the board of directors, volunteer opportunities, or information that pertains to the workforce. This organization states how it provides competitive compensation, benefits, and steady development and advancement opportunities. Compared to the other three organizations, Organization L provides the least information on its website about its workforce. This organization is the only organization that shares its employees' performance expectations, acknowledging that their focus is providing quality care to their clients. Organization L also reports they have competitive pay. Organization L reported they pay their clinicians \$23.50 per hour, compared to other organizations who pay their clinicians approximately \$21.00 per hour.

Organization's L: Results

Organization L has a targeted treatment approach with modalities that focus on adolescent clients. They offer a multi-disciplinary team consisting of medical physicians, psychiatrists, psychologists, nurses, behavioral health technicians, and therapists. They believe this approach provides their clients with comprehensive services helping them to improve their treatment. They also offer individualized treatment, as every patient has different treatment goals. This organization has demonstrated that "[t]he approaches [are] well integrated with [their] current and future organizational needs as identified in

response to the organizational profile and other process items” (NIST, 2017). In the case of Category 7, “excellent organizational performance levels are reported that are fully responsive to the multiple requirements of the item” (NIST, 2017).

Organization L: Implications

Organization L incorporates many different programs for military families and maladaptive behavioral issues. This organization shows they can create positive social change by providing quality care and engagement with their clients. This organization also offers different levels of care determined by the client’s assessment.

Measurements, Analysis, and Knowledge Management

According to the Baldrige framework health care criteria, measurement is broken down into three different sections: patient and other customer data, comparative data, and performance data. None of the organizations reveal this data on their websites. Due to the lack of information provided, it would be necessary for each organization to show data resulting from their efforts to provide quality care to their clients.

Organization A uses knowledge management to improve their performance by continuously reaching out to the community and asking for feedback from its clients. Organization A is a large company. Of the four organizations, this organization has the most extensive knowledge of assets, information, and information technology infrastructure. The information technology infrastructure of Organization A includes specific software to maintain electronic health records for its clients. Employees are provided with the proper telehealth equipment to give services via telehealth. The information technology infrastructure includes webcams, computers, and appropriate

confidential software. Organization A has employees with more than 20 years of experience in the behavioral health field and has the most extensive business infrastructure of its kind in the world.

Organization I implements knowledge management by improving its performance and offering internet surveys to employees and clients who have recently been discharged from their facilities. These surveys are reviewed regularly and discussed during board meetings. The information technology (IT) infrastructure of Organization I has specific software and computing platforms to facilitate electronic health records, as well as IT departments to provide services and additional help to employees. Overall, this organization has a reliable technology infrastructure and is knowledgeable with its assets and other information. This organization is the second largest of the four organizations and is still growing.

Organization L and Organization V are similar in how they obtain knowledge management. They both have a robust technology infrastructure and continue to build and improve their performance by using client feedback, which is typically verbal. The information technology infrastructures of Organization L and V have specific software to maintain electronic health records for their clients. Organization L and V generate accounts for many insurance companies with software that can invoice and track client services. Lastly, staff members can communicate via email and chat through confidential software to discuss clients or work-related information. As the smaller organizations in the study, both Organizations L and V serve fewer clients per year than the other organizations.

Organizations L: Analysis

The main priority of Organization L is to provide a safe environment for clients. Organization L has a dedicated staff, most of who have been in the organization for 10 years. The organization is known for its assessments, good workflow, and outstanding organization. This organization provides services solely for adolescents. They offer different levels of care but also focus on specific populations, such as military families. This organization offers services to those in the military, making sure they meet the appreciation of TRICARE who can cover the cost of transportation, is strategically located in the middle of the U.S, and available to all U.S-based military. However, if the military family is located outside of the U.S.

Organization L will also provide transportation, which will be covered by its international TRICARE insurance. Lastly, this organization has a maladaptive program for teen males who suffer from maladaptive behaviors such as substance use, anger, self-harm, and social impairment. This is a residential program that transitions male clients into a public setting where they are taught the appropriate behaviors to help them cope outside of the program.

Organizations I: Analysis

Organization I specializes in specific disorders and categorizes each disorder in a with curriculum to provide individualized treatment. The staff at Organization I typically sees clients within a week after the client makes inquiries about the services and is open 7 days per week. Organization I also incorporates the substance use component within their treatment and provides specific services to the population that struggles with co-

occurring disorders. Organization I is known for its flexible scheduling, different assessments, and tools to facilitate the therapeutic approach.

Organization V: Analysis

Organization V believes that the family must participate actively in the treatment process. They offer regular family therapy sessions, which is a critical part of their program, ensuring the client's long-term success. Organization V also has staff who have been working for the organization for 10 or more years. Staff members manage small caseloads so they can focus on each client. Organization V provides a substance use treatment component that not all organizations provide. This organization has a rehabilitation center dedicated to those clients who require those specific services, including group therapy, recreational therapy, and individual therapy concerning substance use.

Organization A: Analysis

In examining the organization's website, Organization A has a resource coordinator who determines which intervention is appropriate for a client. Organization A emphasizes finding appropriate resources for their clients and focuses on a client's strengths to keep him or her engaged in the treatment. Organization A is the largest organization and provides a detailed process chart to illustrate the referral follow-through process. The employees of Organization A are well trained, qualified, and have extensive experience—on this organization's website, there is a tab that shows the careers and qualifications of its leaders and staff. Overall, Organization A is an accredited

organization that follows the CARF standards, focusing on quality care and individualized treatment for each of their client.

Strategy

There are limited sources of information provided on these organizations' websites; for example, strategy development is one area that is not discussed on their websites. A recommendation would be to provide information regarding the organizations' strategic objectives. This may help a potential client compare similarities and differences between the behavioral health organizations. Though it is believed that each organization has a strategy development in place, it is just not discussed on their websites.

Similarities

After thoroughly reviewing the organizations, it was found that each organization has a passion for providing quality care. Each organization is held to a standard through its accreditation organization and shows the services they provide on their website, highlighting their services and the different levels of care provided. Each organization shows the procedures for admitting a client, how to contact its administration, such as by telephone or an email. Each organization's website is thoroughly accessible, providing detailed information along with its mission and vision statement, and offering behavioral health outpatient and residential services to adolescents and their families. Though these organizations have overall similarities in services provided, each of these four organizations can stand on its own.

Differences

The four organizations in this study have many differences within their specialty treatments. All organizations treat adolescents within the scope of mental health. However, Organization A is the largest and focuses on the individual client who is assigned to a care coordinator. Organization I has an additional specialty on co-occurring disorders and offers substance use disorder treatment to those clients in need. Since Organization V also specializes in substance abuse treatment, the organization has a medical rehabilitation center to treat those who require mental health treatment. Lastly, Organization L has unique programs that the other organizations do not have. Organization L also offers a regional school for those clients in residential treatment who can continue their education. These students can even participate in a graduation ceremony. This organization also provides services specifically for military families within the U.S and for those overseas. Last, organization L provides a maladaptive residential program for adolescent males to transition into the community.

Strengths and Limitations of the Study

This study has many strengths and limitations. The strengths of these organization are that each organization operates differently regarding their individualized treatment programs. They all have a strong sense of providing quality treatment to all their clients. Each organization has an executive team with a variety of experiences to bring to their organization. Each organization highlights its specialty programs to provide each client with individualized care. Overall, each organization promotes its services to its potential customers by explaining what services are offered and how they can help their clients.

This study provided information regarding accreditations that each organization was held to. CARF was explained, and each organization had an affiliation with CARF and was held to the ASPIRE standards. Each behavioral health organization provides services for their clients, each organization has differences and similarities; yet, they all aim to provide quality care during each client's treatment period. One limitation of this study is the lack of specificity concerning the mental health services explicitly provided to each participant. The second limitation was with the methodology of this study—I did not have the opportunity to speak or meet with each of the selected behavioral health organizations. The third limitation was that each organization did not show data that displayed treatment and diagnosis.

Moreover, because of the lack of mental health services for adolescents and their family, there is the need for further research to improve organizations' quality of services for adolescents. The long treatment process can be confusing, and at times, frustrating for parents and adolescents. Using appropriate assessments and engaging the clients will ensure quality care, making it more likely that adolescents will continue to use the services. According to new research by the Centers for Disease Control and Prevention, “Connectedness is an important protective factor for youth that can reduce the likelihood of poor mental health” (p. 59) When employees are more emphatic and provide quality services, adolescents become more engaged and are more likely to complete their treatment successfully.

Other limitations include the lack of data and follow up with participants who discontinue their treatment, and the small sample size of only four behavioral health

organizations. An additional limitation is that the study did not clarify each participant's clinical diagnosis or why the participant was receiving treatment. According to new research (CDC, 2018), it is recommended that adolescents receive the proper care when in mental health treatment, such as with transition planning. goals, and timelines to meet the unique needs of each adolescent. However, most adolescents don't receive the recommended planning., which puts them at risk for discontinuing treatment. Overall, the CDC recommends that clinicians involve their parents, communities, schools, and the public to address the adolescent's unique needs and to help with making mental health services more reliable and assessable to our adolescents (CDC, 2018). This study recommends further research focusing on adolescents who require mental health services so that they can be served more effectively. Overall, the results of this study show that engaging clients encourages them to participate and complete the treatment, learn more, and retain the information presented to them.

Section 5: Recommendations and Conclusions

After a comparison of the four organizations, I determined that each organization had similarities. Each organization has its method of engaging its clients and helping their clients complete their treatment successfully. Furthermore, each organization has its specialties and various focuses that work well for the clientele within their community. Each organization demonstrates how crucial it is to focus on engagement and first impressions. Creating a good first impression means that members of the organization staff show that the client is essential during the client's first engagement.

Organization A

Based on the findings from this study, I concluded that Organization A is the largest organization of the four organizations. This organization has over 42,000 employees serving thousands of clients each year, provides multiple levels of care, and serves children, adolescents, and adults. When focusing on children and adolescents, this organization provides a children's behavioral solutions program—a cost-free referral system that helps refer children, adolescents, and their families to the necessary services to meet their behavioral health needs. No other organization in this study offered this kind of referral service. When the client is referred to the appropriate service, a resource coordinator can assist with the admission process.

Based on the results found in this study and current literature on adolescent behavioral health, the following recommendations are made for Organization A:

Recommendation 1: Employees who work for an organization as large as Organization A can experience employee burnout, leading to reduced quality of care. I

recommend that this organization identify employee burnout and find a solution to the resulting decreased quality of care. According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section that describes the optimal workforce environment, each organization should collect data regarding employees' perception of the workforce environment to retain the employees, to make sure the organization is treating employees appropriately, and to ensure the employees enjoy working in this organization. According to Beheshtifar and Omidvar (2013), it was found that high levels of stress appear in larger organizations due to large group sizes and large caseloads. Many clinicians are interacting with clients who are in crisis, which may lead to an increase in employees' stress levels.

Recommendation 2: In such a large organization, it is essential to have availability for the client, short wait times, and ease in scheduling appointments. Larger organizations who serve many clients may have longer waiting periods. According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section on customers, it is essential to cater to the identified customer. Within the behavioral health setting, it is essential to identify waiting times and waiting lists and consistently schedule clients appropriately to retain and receive additional clients through referrals to friends and family. This is important as the clients and their families need to feel that they are cared for and respected, this also keeps the client and their family engaged in treatment.

Organization I

Based on the findings from this study, I concluded that Organization I is the second-largest behavioral health organization within the four organizations, with 300 employees and 27 facilities that serve different populations within the community. Organization I offers specialty programs dealing with body-image issues, gaming addiction, and social media addiction. Based on the results found in this study and current literature on adolescent behavioral health, the following recommendations are made for Organization I:

Recommendation 1: I recommend that the organization continue to offer these specialty programs to adolescents because it will help their clients further. Research has shown that specialty program for adolescents are customized for individualized treatment, making it more likely that the client will be more engaged and potentially succeed (Farmer et al., 2003)

Recommendation 2: The second recommendation is to be more detailed about the admissions process on the organization website. This organization had detailed step-by-step instructions on how the admission process took, along with the necessary assessment that was needed for each client. Many potential customers are looking to admit their child, but the lack of admission information can cause the potential customer to look elsewhere.

Organization L

Based on this study's findings, it was found that Organization L is one of the smallest organizations of the four organizations. This organization has over 100

employees serving on average 800 hundred clients each year. This organization provides a unique treatment program that focuses on military families. Children of military families can attend a regional school while receiving services. There is also a maladaptive program for teen boys, in which the program teaches teen boys appropriate social behaviors that they can apply to life outside of treatment. This organization provides multiple levels of care and serves adolescents in a behavioral health setting in addition to providing maladaptive services to adolescent males.

Based on the results found in this study and current literature on adolescent behavioral health, the following recommendations are made for Organization L:

Recommendation 1: Creating a website that describes the admission process for a potential client. The website needs to provide enough information so that potential parents who require these services for their child have a better idea of the admissions process before enrolling their child. The potential client needs to understand the process and feel comfortable with the organization.

Recommendation 2: Providing an update on wait times, displaying how long it will take for their child to see a clinician, and how often, on average, the client will see a clinician. This is important as the client and their families need to feel they are cared for and respected. This also keeps the client and their family engaged in treatment.

According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section on customers, it is essential to cater to the organization's customer and identify what the potential customer is looking for. The appropriate

information could potentially lead the customer to choose this organization and receive treatment.

Recommendation 3: According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section on leadership, it is essential to share information on how leaders function in this organization by providing information on the roles of its board of directors and stakeholders. It is recommended that this information be shown on Organization L's website under leadership.

Organization V

Based on this study's findings, it was found that Organization V is a small organization. It is similar in size than organization L. This organization has over 100 employees, serving on average 750 clients each year. Organization V incorporates a rehabilitation facility located onsite to help those clients who suffer from a co-occurring disorder or who struggle with a substance use addiction. This organization provides multiple levels of care and serves adolescents in a behavioral health setting. This organization treats various disorders specific to adolescents, such as ADHD, oppositional defiant disorder, disruptive behavior, self-injury, suicidal ideation, and reactive attachment disorder. Since Organization V is very similar to Organization L, their recommendations are also similar. According to research, there has been an increase in the number families who look for services via internet versus word of mouth. Providing adequate information will be helpful to those families who are seeking mental health services (Ridout & Campbell, 2018). Based on current research, the following recommendations are made for Organization L:

Recommendation 1: According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section on customers, it is essential to share information on how potential clients are admitted. A potential parent who requires these services for their child can have a better understanding of the services provided before enrolling their child. The potential client needs to understand the process and feel comfortable with the organization.

Recommendation 2: According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section on customers, it is essential to share information on how to keep clients and families abreast of what is happening with their case by providing updates on wait times, displaying how long it will take for a child to see a clinician, and how often the client will see a clinician on average. Scheduling sessions in a timely and consistent manner can help build a therapeutic relationship and keep the client and their families engaged.

The following are also recommended: (a) creating a safe space for their clients and their families, (b) continue building rapport with client and family, and (c) even after establishing a connection with the client, continuing to engage the client through treatment to help them complete treatment. According to the Baldrige Excellence Framework, in the Health Care Criteria for Performance Excellence section, it is recommended that organizations engage in innovative strategy development by sharing their strategic objectives, work systems, and core competencies. It is also recommended that organizations share information regarding their performance measures, analysis, knowledge management, comparative data, and patient and customer data. Reporting this

information will be helpful to these parents seeking services for their children and referral agencies that are looking to refer their client to a behavioral health program. A recommendation for future research for this organization is to survey their clients, review the negative and positive feedback, and determine what worked and what was ineffective for each adolescent. Focus groups and open discussions for the adolescents will provide feedback and help adolescents brainstorm about improving issues addressed during the focus group.

According to the CDC, several factors relate to better decision-making and positive mental health outcomes for teenagers: (a) when parents are engaged in treatment, parents can learn parental monitoring, which can help their adolescents make better decision; and (b) having a father's influence can help the child avoid risky behaviors such as sexual behaviors; families can learn to talk about sex, promote positive communication on sexual orientation or gender identity. Overall, including parents with their child's treatment is important and has the potential to help improve communication and trust towards the parent and child" (CDC, 2020).

The management of a behavioral health organization always involves many policies and procedures that need to be considered. Although each organization has its unique policies and procedures, all four have three similar values: engaging the client, working with their specific community, and focusing on the clients' individual needs, all of which were found to help change clients' behaviors and desires to continue attending treatment.

This study examined the services that the organizations offered and determined how they might improve the quality of their services to help adolescents. This study was written to offer comparisons between organizations who are offering services to help adolescents succeed and aimed to guide behavioral health leaders who want to improve their organization's approach to assisting adolescents or who wish to form an organization for adolescents. This study offered information on what is helpful for adolescents and their families. Overall, creating a safe environment for adolescents provides a better chance for treatment organizations to engage adolescents in treatment.

References

- Babatunde, G. B., Van Rensburg, A. J., Bhana, A., & Petersen, I. (2020). Stakeholders' perceptions of child and adolescent mental health services in a South African district: A qualitative study. *International Journal of Mental Health Systems*, 14(1), Article 73. <https://doi.org/10.1186/s13033-020-00406-2>
- Balfour, M. E., Tanner, K., Jurica, P. J., Rhoads, R., & Carson, C. A. (2015). Crisis reliability indicators supporting emergency services (CRISES): A framework for developing performance measures for behavioral health crisis and psychiatric emergency programs. *Community Mental Health Journal*, 52(1), 1-9. <https://doi.org/10.1007/s10597-015-9954-5>
- Beheshtifar, M., & Omidvar, A. (2013). Causes to create job burnout in organizations. *International Journal of Academic Research in Business and Social Sciences*, 3(6), 107. <https://core.ac.uk/download/pdf/25768501.pdf>
- Bjørnsen, H. N., Espnes, G. A., Eilertsen, M.-E. B., Ringdal, R., & Moksnes, U. K. (2017). The relationship between positive mental health literacy and mental well-being among adolescents: Implications for school health services. *The Journal of School Nursing*, 35(2), 107-116. <https://doi.org/10.1177/1059840517732125>
- Commission on Accreditation of Rehabilitation Facilities. (n.d.a). *ASPIRE to Excellence*. <http://www.carf.org/Accreditation/QualityStandards/ASPIREtoExcellence/>
- Commission on Accreditation of Rehabilitation Facilities. (n.d.b). *Why does accreditation matter?* <http://www.carf.org/Accreditation/>
- Centers for Disease Control and Prevention. (2018). *Positive parenting practices*.

<https://www.cdc.gov/healthyyouth/protective/positiveparenting.htm>

Centers for Disease Control and Prevention. (2019). *Mental health*.

<https://www.cdc.gov/mentalhealth/index.htm>

Colais, P., Pinnarelli, L., Fusco, D., Davoli, M., Braga, M., & Perucci, C. A. (2013). The impact of a pay-for-performance system on timing to hip fracture surgery: experience from the Lazio Region (Italy). *BMC Health Services Research*, 13(1), Article 393. <https://doi.org/10.1186/1472-6963-13-393>

DeFosset, A. R., Gase, L. N., Ijadi-Maghsoodi, R., & Kuo, T. (2017). Youth descriptions of mental health needs and experiences with school-based services: Identifying ways to meet the needs of underserved adolescents. *Journal of Health Care for the Poor and Underserved*, 28(3), 1191-1207.

<https://doi.org/10.1353/hpu.2017.0105>

Evans, N. (2017). Experiences of a child and adolescent mental health service. *Nursing Children and Young People*, 29(5), 41-45. <https://doi.org/10.7748/ncyp.2017.e832>

Farmer, E. M. Z., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. *Psychiatric Services*, 54(1), 60-66.

<https://doi.org/10.1176/appi.ps.54.1.60>

George, M. W., Zaheer, I., Kern, L., & Evans, S. W. (2017). Mental health service use among adolescents experiencing emotional/behavioral problems and school impairment. *Journal of Emotional and Behavioral Disorders*, 26(2), 119-128.

<https://doi.org/10.1177/1063426617710240>

- Hoge, M. A., Wolf, J., Migdole, S., Cannata, E., & Gregory, F. X. (2015). Workforce development and mental health transformation: A state perspective. *Community Mental Health Journal, 52*(3), 323-331. <https://doi.org/10.1007/s10597-015-9953-6>
- Jackson, F. W., Schyve, P. M., & Hertz, H. S. (1994). C21 using Baldrige/Joint Commission standards to assess the health of your health care organization. *Quality Management in Health Care, 2*, 44. <https://doi.org/10.1097/00019514-199412000-00073>
- Kim, H., Kim, S.-J., Williams, T. G., & Garrity, J. F. (2014). New and ongoing users. *Journal of Emotional and Behavioral Disorders, 23*(4), 238-247. <https://doi.org/10.1177/1063426614565053>
- LeCloux, M., Maramaldi, P., Thomas, K. A., Maramaldi, P., Thomas, K. A., & Wharff, E. A. (2017). A longitudinal study of health care Resources, family support, and mental health outcomes among suicidal adolescents. *Analyses of Social Issues and Public Policy, 17*(1), 319-338. <https://doi.org/10.1111/asap.12139>
- Lewis, V. A., Schoenherr, K., Frazee, T., & Cunningham, A. (2019). Clinical coordination in accountable care organizations. *Health Care Management Review, 44*(2), 127-136. <https://doi.org/10.1097/hmr.0000000000000141>
- McMillen, J. C., & Raffol, M. (2015). Characterizing the quality workforce in private U.S. child and family behavioral health agencies. *Administration and Policy in Mental Health and Mental Health Services Research, 43*(5), 750-759. <https://doi.org/10.1007/s10488-015-0667-4>

- Membride, H. (2016). Mental health: early intervention and prevention in children and young people. *British Journal of Nursing*, 25(10), 552-557.
<https://doi.org/10.12968/bjon.2016.25.10.552>
- Moen, Ø. L., & Hall-Lord, M. L. (2018). Adolescents' mental health, help seeking and service use and parents' perception of family functioning. *Nordic Journal of Nursing Research*, 39(1), 1-8. <https://doi.org/10.1177/2057158518764036>
- Neufeld, S. A. S., Jones, P. B., & Goodyer, I. M. (2017). Child and adolescent mental health services: Longitudinal data sheds light on current policy for psychological interventions in the community. *Journal of Public Mental Health*, 16(3), 96-99.
<https://doi.org/10.1108/jpmh-03-2017-0013>
- National Institute of Standards and Technology. (2017). *Baldrige excellence framework (health care): A systems approach to improving your organization's performance*, U.S Department of Commerce.
- O'Connor, C. A., Dyson, J., Cowdell, F., & Watson, R. (2017). Do universal school-based mental health promotion programmes improve the mental health and emotional wellbeing of young people? A literature review. *Journal of Clinical Nursing*, 27(3-4), e412-e426. <https://doi.org/10.1111/jocn.14078>
- O'Reilly, M., Dogra, N., Hughes, J., Reilly, P., George, R., & Whiteman, N. (2018). Potential of social media in promoting mental health in adolescents. *Health Promotion International*, 34(5), 981-991. <https://doi.org/10.1093/heapro/day056>
- Office of Population Affairs. (n.d.). *Adolescent health*. Retrieved February 9, 2021, from <https://www.hhs.gov/ash/oah/facts-and-stats/picture-of-adolescent->

[health/index.html](#)

Optum. (2021). *Drug Medi-Cal organized delivery*.

<https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/dmc-ods.html>

Paula, C. S., Lauridsen-Ribeiro, E., Wissow, L., Bordin, I. A. S., & Evans-Lacko, S. (2012). How to improve the mental health care of children and adolescents in Brazil: Actions needed in the public sector. *Brazilian Journal of Psychiatry*, 34(3), 334-341. <https://doi.org/10.1016/j.rbp.2012.04.001>

Ridout, B., & Campbell, A. (2018). The use of social networking sites in mental health interventions for young people: Systematic review. *Journal of Medical Internet Research*, 20(12), e12244. <https://doi.org/10.2196/12244>

Riggs, P. D., Winhusen, T., Davies, R. D., Leimberger, J. D., Mikulich-Gilbertson, S., Klein, C., Macdonald, M., Lohman, M., Bailey, G. L., Haynes, L., Jaffee, W. B., Haminton, N., Hodgkins, C., Whitmore, E., Trello-Rishel, K., Tamm, L., Acosta, M. C., Royer-Malvestuto, C., Subramaniam, G., & Fishman, M. (2011). Randomized controlled trial of osmotic-release methylphenidate with cognitive-behavioral therapy in adolescents with attention-deficit/hyperactivity disorder and substance use disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(9), 903-914. <https://doi.org/10.1016/j.jaac.2011.06.010>

Scott, A., Sivey, P., Ait Ouakrim, D., Willenberg, L., Naccarella, L., Furler, J., & Young, D. (2011). The effect of financial incentives on the quality of health care provided by primary care physicians. *Cochrane Database of Systematic Reviews*, 2011(9),

Article CD008451. <https://doi.org/10.1002/14651858.cd008451.pub2>

- Silver, H. F. (2010). *Compare & contrast: teaching comparative thinking to strengthen student learning*. ASCD.
- SMART. (n.d.). *cloud based electronic health records software for OTPS*. retrieved February 9, 2021, from <https://smartmgmt.com/electronic-health-records-software>
- Smith, J., Kyle, R. G., Daniel, B., & Hubbard, G. (2017). Patterns of referral and waiting times for specialist child and adolescent mental health services. *Child and Adolescent Mental Health*, 23(1), 41-49. <https://doi.org/10.1111/camh.12207>
- Torio, C. M., Encinosa, W., Berdahl, T., McCormick, M. C., & Simpson, L. A. (2015). Annual report on health care for children and youth in the United States: National estimates of cost, utilization and expenditures for children with mental health conditions. *Academic Pediatrics*, 15(1), 19-35. <https://doi.org/10.1016/j.acap.2014.07.007>
- Valdez, C. R., Rodgers, C. R. R., Gudiño, O. G., Isaac, P., Cort, N. A., Casas, M., & Butler, A. M. (2019). Translating research to support practitioners in addressing disparities in child and adolescent mental health and services in the United States. *Cultural Diversity and Ethnic Minority Psychology*, 25(1), 126-135. <https://doi.org/10.1037/cdp0000257>
- Young, A. S., & Rabiner, D. (2015). Racial/ethnic differences in parent-reported barriers to accessing children's health services. *Psychological Services*, 12(3), 267-273. <https://doi.org/10.1037/a0038701>