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## Benefits of Technology Integration in a Small Behavioral Health Organization

Tremaria Sweet  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Tremaria Sweet

has been found to be complete and satisfactory in all respects,  
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## Review Committee

Dr. Kristen Chesser, Committee Chairperson, Psychology Faculty  
Dr. Frederica Hendricks-Noble, Committee Member, Psychology Faculty  
Dr. Richard Thompson, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost  
Sue Subocz, Ph.D.

Walden University  
2021

Abstract

Benefits of Technology Integration in a Small Behavioral Health Organization

by

Tremaria Sweet

MS, Walden University, 2017

BS, University of Central Florida, 2012

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

Walden University

November 2021

## Abstract

The current study sought to understand the significance of information systems (IS) planning in small-to-medium enterprise (SME) behavioral health agencies and the direct impact it has on organizational growth and performance. The research was guided by the Baldrige Excellence Framework. The study was based on a sample of one senior leader from one agency licensed to practice in three states in the eastern region of the United States. This exploratory case study involved using semi-structured interviews and internal archival data during the process of data collection. Information technology (IT) competence, skills, leadership, infrastructure, and awareness were emergent themes identified in research. Through an extensive search of literature, the study found that leadership IT competence and leadership IT skills are critical to improving efficiency, productivity, and performance in a behavioral health SME context. Study findings led to a recommendation for leaders of SME agencies to increase their IT knowledge, contemplate employing the technology-organization-environment framework, and implement lean management. The positive social change impact of IS planning for behavioral health leaders of SMEs is increases in client satisfaction, technology cost reductions, and increased profitability. Furthermore, behavioral health leaders are impacted due to better treatment outcomes, efficiency, growth, competitive advantage, and expanded access to mental health treatment.

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## Dedication

I want to specifically dedicate this publication to God, who has given me purpose, directed every step, and cleared my path to success. God has made all things possible, and I am thankful for his love, patience, and unrelenting pursuit.

To my loving and supportive father (Zema) and devoted and prayerful mother (Magdalene), thank you for your love, wisdom, compassion, kindness, endurance, patience, and faithfulness to me during these last 12 years. Your unconditional love, guidance and mentorship has brought me to where I am today, and this study is forever dedicated in your name. To my (late) grandparents Jim & Jannie Pearce and Horace & Cornelius Sweet, who believed in me and who would be intensely proud of my accomplishments. They taught me perseverance and strength and forever will I cherish their devotion to me.

Particularly, I want to acknowledge my devoted, wise, and faithful pastor; Voltaire Pearce, whom I appreciate and honor dearly. To my sister Trevaria, and my cousin's Tasha T., Joseph G., Vianny G., Salondria J. (late), and Natasha G. Also, to my aunt Aretha S., Blondell B., and my loving friends Megan M. and Barbara C.; thank you for your endless counsel and encouragement. I wish I had the space to individually illuminate your greatness and all the prayers, actions, and unconditional support that have contributed to my successful completion of my PsyD. You all are key players that have walked alongside of me throughout my challenges, and never retreated from your belief in my ability to succeed. Thank you, as I will forever remember those who were called to undergird me. To my external family members and friends who have believed in me and in one way or the other have encouraged me to continue and not give up; thank you!

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## Section 1a: The Behavioral Health Organization

### **Introduction**

The entity that served as the behavioral health organization in this case study was a private-practice limited liability company. This organization is a one member-led small to medium-size enterprise (SME) serving clients for over 10 years in the eastern region of the United States (U.S.). To secure and ensure the privacy of the organizational leader and participants in the study, the behavioral health organization will be referred to as the *agency* throughout the narrative. Clients served include individuals and families, community, state, and nonprofit agencies. Organizational service offerings involve professional and personal services that include clinical counseling and therapy services, coaching, consultation, grant writing, mentoring, policy development, quality assurance/performance improvement, small groups, speaking engagements, and strategic planning. Each type of service offers aids for helping clients develop and achieve their road map for success.

The agency primarily offers mental health counseling services to adults. Grant writing is another prominent service that the agency offers to aid clients in order to fulfill state, community, and nonprofit agency requirements specific to behavioral health and higher education. The CEO's credentials included securing multimillion dollar federal grants and state agency contracts, as well as experience with community foundations of various sizes. To date, the CEO has been responsible for securing \$19,334,745 worth of grants awarded to businesses. The agency's grant award success rate is 80%.

Grant development services are provided to nonprofits, community agencies, states, and municipalities in the grant writing industry, funded investigators are interested in professional grant writers who are experienced in different fields including criminal justice, behavioral health, housing, homelessness, education, mental health, HIV/AIDS, substance abuse, arts and culture, and community development (Burrow-Sanchez et al., 2016). The agency's consultation and coaching offerings provide both personal and professional services to assist with defining and attaining goals and desired success during the grant writing process.

Additionally, the agency offers strategic planning services to help align organizational goals for long-term success. Strategic planning includes formulating organizational charts, policies, procedures, certification, and analysis of internal and external environments (Bert et al., 2019). The organization also delivers consultation and mental health services, including face-to-face sessions and distance counseling through technology-supported audio and video.

### **Practice Problem**

Information systems planning has remained one of the most critical challenges in global businesses (Pekmez, 2016). For almost four decades, information technology (IT) executives and information systems (IS) professionals have been challenged with aligning overall business strategies with IS and IT development planning and investments (Pekmez, 2016). Mirchandani and Lederer (2014) said ineffective strategic information systems planning can lead to the development of novel systems that waste scarce resources and fail to support organizational objectives. The general organizational

problem that was examined in this study was understanding the importance of IS planning within a SME behavioral health organization and its impact on organizational growth.

A key objective of the study was to understand the importance of implementing effective IS planning, with the desired outcome of increased awareness and IT knowledge amongst behavioral health leaders regarding types of IT systems that would be beneficial to meeting their organizational and departmental goals. Mirchandani and Lederer (2014) said businesses who prioritize and improve their core infrastructure or activities will encourage IS planning, which in turn can lead to effective IS planning. According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015):

New technology systems represent new means of communication; messages must be tailored to the technology and the issues at hand. The utilization of new tech systems requires behavioral leaders to consider ethical and legal issues such as confidentiality, the scope of practice, privacy, data security, consent management, and state licensure regulations. p. 4)

The use of technology in delivering behavioral health services permits a well-organized, uniform, and cost-effective collection of clinically significant client information in distinct settings (SAMHSA, 2015). Lacking information technology infrastructure planning in an SME behavioral health organization was the research gap to be addressed in the study. IT strategizing is essential in identifying consolidation strategies for current IT systems or implementing new IT systems aimed at supporting

and achieving organizational objectives. The objectives of technology integration include delivering consultation and mental health services efficiently and economically.

### **Purpose**

The purpose of this qualitative organizational case study was to explore the organizational benefits of technology integration in SMEs to improve operational management. The goal was to ensure the successful delivery of consultation, grant writing, and mental health services efficiently and economically through IT consolidation or implementing new IT systems. Research was conducted using semi-structured interviews and archival documentation review by examining the agency's operating agreement, client survey, professional development plans (PDP), visionary statements, financial records, client demographic information, and third-party payor statements, which were obtained via email correspondence with the agency's leader. The Baldrige Excellence Framework guided the evaluation of the organization's leadership, strategy, and operations involving IT integration.

### **Significance**

Behavioral health organizations often use various forms of technology that are specific to the types of services they provide. Mental health professionals often use telehealth services and electronic health records (EHR) platforms, which are encouraged by healthcare systems that make use of virtual digital data and communication technologies (Jenssen et al., 2015). The question that drove this study was: Would this technology be effective in terms of delivery of consulting services or management of many international or local conferences the agency facilitates? The behavioral health



organization that served as the client organization for this study was interested in consolidating current technologies, exploring different forms of technology integration for efficiency, and determining the benefits of integration on improving IT and IS operations. As a result of the study, organizational leadership gained greater insight into the benefits of integrating different forms of new technologies.

This study and potential findings contribute to positive social change by recommending effective strategies for improving operational management through technology integration processes in SMEs. Information technology such as EHRs can be affected by security breaches and resulting costs of maintaining the system (Pekmez, 2016). Therefore, finding ways to cut technology costs while remaining efficient entailed consolidating systems or finding more effective forms through information systems planning. Additionally, the agency's clients could benefit from social change, as their user experience would be heightened more positively and securely as they used client systems required to retrieve services.

### **Summary and Transition**

The agency at the time of this study was an SME in the eastern U.S. whose organizational objective was to see people maximize the potential within them. The organizational leader placed significant value on the implementation of novel technology systems integration to help improve operational efficiency in each facet of the business. The purpose of this qualitative case study was to explore how an agency's planning practices and IT knowledge could aid in successful IT integration, thereby improving

operational efficiency within SMEs. The following section include information regarding the agency's organizational profile, key factors, and strategic context.

## Section 1b: Organizational Profile

### **Introduction**

The purpose of this study was to explore how a behavioral health SME might benefit from IT integration while improving operational efficiency. The research question (RQ) driving the study was: How does IS planning in an SME influence IT integration and its ability to improve operational management processes, drive greater service efficiency, and promote organizational growth? Sharafizad (2016) said information and communication technology educate organizational leaders regarding markets, customers, and suppliers, which enables SMEs to grow at an incremental rate with existing capabilities. This section addresses the agency's organizational profile and key factors, which were considered useful in terms of influencing the practice problem.

### **Organizational Profile and Key Factors**

The organizational profile informed how the business operated and key influences as well as the organization's place in the competitive market. To understand how an SME can engage in effective IS planning to ensure successful IT integration, it was essential to consider the agency's governance practices, strategic direction, mission and vision statements, and key factors that were of strategic significance to the organization. The two key factors that were of strategic importance to the agency were strategic challenges and workforce.

### **Organization Profile**

Regarding mental health counseling offerings provided by the agency, there have been no outpatient services, as the agency only provides contractual and private practice

counseling services primarily to adults in face-to-face, remote, and telehealth/telemedicine settings. The CEO has had experience with addiction, family conflicts, trauma and abuse, grief, parenting issues, anger management, career difficulties, and depression. Furthermore, the agency's services extended to include the following specializations: anxiety, conflict, communication, life changes, relationship issues, and self-esteem.

The strategic direction of the agency is being guided by a visioneering strategy, a unique strategy that resembles a strategic plan but is based on faith-based principles that state *visioneering is the engineering of a vision* (Stanley, 2016). Regarding SMEs, the development of creative strategies that may be distinguished from larger businesses has been vital due to SMEs' lack of resources for research and development budgets and personnel (Lee et al., 2017).

The CEO has strategized and made key decisions based on how the agency envisions organizational outcomes. Stanley (2016) said the process of visioneering involves an individual's path and direction, which is often multifaceted. This concept was essential for the agency as it has been used to evoke emotional responses that helped to reinforce the CEO's commitment and dedication to the vision of the organization.

The governance structure of the agency was defined by the CEO who has been responsible for all duties associated with managing and operating a limited liability company (LLC). Accomplishing tasks as a sole leader of a small organization has had its challenges, yet this provided small consultation agencies with an advantage over larger agencies in terms of flexibility, individual, and customized approaches to address clients'

needs that may lead to enhanced client satisfaction (Hanulakova & Beckova, 2016). The agency's operating agreement is a key document that is required of sole member LLCs. The document has governed the agency's internal processes and operations and generally includes rules, regulations, and provisions to provide consultation and counseling services, such as its governing laws. According to the CEO, the operating agreement has required that members within the organization submit to the jurisdiction of the courts of the state of Florida for the enforcement of this agreement or any arbitration award or decision arising from this agreement.

### **Key Factors**

As a small behavioral health organization led by one senior leader, the CEO relies on her visioning strategy to refine her treatment approaches, achieve goals, and improve service quality. The visioning strategy is rooted in faith-based principles and helps guide decision-making, given the absence of a workforce to aid in alleviating additional tasks. The Baldrige Excellence Framework indicates key factors that are of strategic importance to the agency, including strategic challenges and advantages related to operations, healthcare services, and workforce.

### **Strategic Challenges**

It is pertinent to the practice problem to address strategic challenges of integrating new technology systems and workforce. By understanding implications of successful IT integration in SMEs, it is important to identify barriers that small agencies face when accepting new technology, which can begin by understanding current IT infrastructures. Veerasamy (2015) said tasks that are generally found to be challenging in terms of

creating a new IT infrastructure involve ascertaining appropriate technologies, monetary challenges, and operational issues. Mirchandani and Lederer (2014) said core business activities and infrastructure place agencies at a competitive advantage.

In addition to external and internal influences such as business markets, and financial and budget issues, workforce discrepancies can be challenging and lead to operational mismanagement. As a sole member agency, there is no workforce segment that includes full-time employees. Initially, the agency began with six contractors, and to maintain cost optimization and improve profitability, it downsized its contractual staff to two training/technical assistant consultants. As the government contract ended, the contractual workers were no longer required to remain contracted, as 1099 employees ended their cycle during October of the 2019-2020 fiscal year.

Contractors are required to work independently for under 5 hours a month. They are not expected to return unless or until another government contract is available, which may potentially become available in December of each subsequent fiscal year. The training/technical assistant consultant's scope of work involves providing support and resources through in-person meetings and conference calls, providing support for the identification of state-specific needs, identifying and delivering appropriate materials and resources, and developing specific materials relating to identified areas of focus. Materials are subject to review by the company before conducting any training and technical assistance to state and community-level prevention professionals and stakeholders. The agency's minimal staffing of contractual workers hinders their capacity to ensure continuous monitoring of IT operations required to improve operational

management as an SME. Gong and Blijleven (2017) defined continuous improvement as improving the execution of organizational processes and perpetual efficiency.

### **Organizational Background and Context**

According to the agency's operating agreement, as a sole member LLC, new members are not permitted to be added to the company. Moreover, the agency reported no relationship with parent organizations and is therefore responsible for all governing practices. The agency's need for new technology integration to improve efficiency and accelerate growth at little to no cost with an emphasis on IT knowledge is the focus of this qualitative case study. According to Ranjbar and Reza (2015), IT knowledge comprises the acquisition of technological data as part of a broader process whereby an organization is abreast of technological harm or opportunities.

Many facets of IT may be explored that have a direct impact on the adoption of IT, which in turn can aid in improving efficiency. The technology acceptance model (TAM) and technology organization environment (TOE) frameworks are recommended theories in IT adoption studies. Rad et al. (2018) said the TAM affects intention to manage technologies, specifically, ease of use and perceived usefulness. The TOE involves identifying environments, organizations, and contexts of technology as three qualities that affect the adoption of IT innovation. The TOE framework will be discussed in more depth in Section 5 as a recommendation to approach IT integration.

A highly organized infrastructure is important for smaller organizations, as it provides structure and increases organizational efficiency. The agency engages in lean management practices. Lean management involves small organizations eliminating

wasteful resources to improve client value, reducing activities that are not deemed essential to operations and enhancing operational processes (Parkhi, 2019). Cost savings are achievable for this agency because the agency does not own a facility. It rents a coop by the hour when conducting mental health services, and use client facilities when practicing consultation services, which saves operating costs. Last, the absence of an IT department allows for cost optimization as there is no compensation payout for IT staff and expenses relating to maintenance of IT and IS systems and services.

Lean management is a type of organizational structure intended to help small businesses create more value holistically within their businesses. SMEs experience both challenges and benefits as they seek to incorporate IT into their strategic processes. Before exploring the importance of IT competence, it is imperative to understand two types of innovation: IT assimilation and exploitative innovation. Ko and Liu (2019) said IT assimilation refers to the organization's capacity to implement IT methodically, which directly reinforces, molds, and enables business activities. Exploitative innovation is opportunistic and involves improvements in processes and technologies within organizations to improve efficiency among current products and services (Ko & Liu).

IT knowledge and its direct influence on innovation are essential for SME behavioral health organizations to operate at their full capacity. Organizational design and internal infrastructure differ among SMEs. SME growth is identified via three essential factors: internal capacity and capability, leaders' vision for the organization, and the external environment (Catto, 2016).



Veerasamy (2015) said information technology services include messaging, web, email, data, and log monitoring services that all types of businesses deem essential to operating a business. The CEO of the agency uses web-based systems such as Psychology Today, MD Live, and Betterhelp, which allow for video and audio conferencing with clients seeking counseling and consultation services remotely. Use of digital media devices within a behavioral health context in terms of delivering treatment and support is now becoming more acceptable worldwide (SAMHSA, 2015). The agency's current technologies includes Zoom, which is an online cloud platform that is used by the agency to facilitate distance counseling sessions with clients, as well as video and audio conferencing. Dropbox is another form of cloud storage that allows the agency leader to file and store data on any technology device. This technology is specifically used by the agency for student assignment submissions. Next, MS Bookings is an online and mobile app that many small businesses use to schedule appointments for services provided to clients or customers. MS Forms are used to create clinical evaluation forms that assess both services offered, and customer satisfaction provided to clients by the agency. Last, Square is used to complete invoices for 1099 workers and helps small businesses process mobile payments.

The agency's website is used for marketing services provided by the CEO. Online marketing cut costs by eliminating unnecessary waste of resources such as paper and ink. While Zoom, Dropbox, MS Bookings, MS Forms and Square have been used to achieve the agency's activities and objectives, not every technology system meets the needs of each diverse service offering. To become familiar with new technologies that

can benefit the agency, cut costs, and meet all needs of the business, an integrated system that addresses all service demands is encouraged, as opposed to maintaining complex systems. Integrated information systems consist of both manual and computer mechanisms created for the assembly and processing of data. These systems are also in place to ensure legitimacy of data and free-flowing functionality that aids leaders in terms of decision-making (Zafary, 2020). Integrated information systems include gathering, processing, controlling, and storing information, which help to ease support of information management during decision-making (Zafary, 2020).

Pigni et al. (2016) said there is an opportunity for agencies to embrace digital data streams that can help produce immediate awareness of information systems, and potentially increase capital. This guide informing the CEO's IT knowledge to improve efficiency and accelerate growth of a small agency through IS planning and implementation. Hakansson et al. (2015) said in small organizations, it is vital to communicate the entire implementation process and the outcomes thereof when evaluating a new technology for eventual integration. It is during the evaluation process where leaders can gain firsthand knowledge and experience in conceptualizing and using potential technologies that reveals great potential for the agency.

Moreover, the agency's educational requirements for contractors are contingent upon the contract they are supporting, meaning contractors must have behavioral health training if they are supporting a behavioral health government contract. Contractual staff must have experience providing training and technical assistance to support face-to-face training and virtual opportunities. The CEO is required to have a master's degree or

higher as required by the state licensing board [the state under study] department of licensing and regulatory affairs, [the state under study], Board of Examiners in Counseling,[the state under study], and Department of Health Division of Medical Quality Assurance.

An organization's core competencies pertain to their areas of greatest expertise and are focused capabilities that are key to fulfilling the mission, while providing an advantage in the marketplace (NIST, 2017). The CEO has deemed the establishment of core competencies as inessential to the agency due to the absence of an actionable workforce. When there were full-time employees, core competencies were established for that group of staff members. Factors that aid in terms of engaging contractual staff when achieving the mission of the organization are deliverables and financial compensation. Each contributing factor serves a significant purpose for contractors which will ultimately result in benefiting a larger community of people receiving mental and behavioral health treatment.

The expansion of contractual staff is predicated upon the agency's decision to compete for government and state contracts. Therefore, since the agency is a private practitioner, the CEO needs to attain more grants and provide more hiring opportunities for contractual staff who are 1099 workers. Client demographics from all three practicing states provided by the agency show most of the client base is African American, followed by Whites and then Hispanics. Ages range from 19 to 72 years old, with women being the predominant gender receiving counseling services. The CEO provides services in varying cities in all three states in both rural and urban areas.

Regulatory requirements, as well as the type of certification required for a specific area of specialty, vary from state to state where services are being rendered. Specifically, the agency must follow federal and state regulations. Under the U.S. Department of Health and Human Services, there are federal laws the agency is required to uphold such as (i.e., Health Information Portability and Accountability Act [HIPAA]). Supplementary regulations include the Code of Federal Regulation (CFR), state requirements that are specific to the discipline of counseling which is (name of stated redacted) (Licensed Professional Counselors); (name of stated redacted) (Licensed Professional Counselors); (name of stated redacted) (Licensed Mental Health Counselors); and the American Counseling Association Codes of Ethics.

Also, the agency is a provider for Employee Assistance Program(s) (EAP), which provides employees with assistance in resolving personal issues that could adversely impact their ability to work, such as family problems or substance abuse issues. The agency must adhere to the Employee Assistance Professionals Association guidelines requiring that EAPs have written policies ensuring client confidentiality, an adequate number of trained employee assistance professionals, and formal procedures for following up with or monitoring people who use the EAP (SHRM, 2020).

The agency continues to adhere to environmental and health care service delivery regulations by complying with the Americans with Disabilities Act (1990) (ADA). The ADA makes certain that all persons receiving clinical services through the organization are accommodated and protected. Accommodations include providing transport ramps for those who are wheelchair-bound and close facility parking for all persons with

disabilities. Furthermore, as the CEO is working from the digital platform, she can help clients and prospective clients under the ADA have access to caption options on the Zoom digital platform. When conducting presentations on technical assistance training, clients may request additional accommodations such as making print larger on the screens and requesting an interpreter, which is not currently available through the agency. The CEO is considering hiring an interpreter experienced in American sign language, or for linguistic reasons, if the client's primary language is not English.

A standard operating procedure for fiscal resource planning procedures is not utilized by the agency. In the past, when the agency had an active contract with the state, the state provided its contract terms for invoicing and payment protocols. The training/technical assistant consultants submitted their Excel invoices monthly, and the agency paid them electronically within 72 hours of receipt via PayPal. Once this transaction occurred, the CEO would reconcile their invoices and submit a combined invoice through the U.S. postal service. The state processed the payment and transmitted it via direct debit to the CEO's financial account. Additionally, the agency's third-party payer is Cigna, an insurance provider. Cigna is billed via a vendor portal known as Office Ally Business Associates. Upon submission acceptance, Cigna reimburses the agency via direct deposit.

### **Definitions of Terms**

An in-depth qualitative study will contain terms and definitions that are not easily understood without prior knowledge. The following terms and definitions are provided to

give the reader clarity in the narrative regarding the studies analysis, methods, and data collection protocols used in the study:

*Agency*: Refers to the behavioral health organization that is the research site for this study.

*Information systems (IS)*: Incorporates the people and processes involved with information and supports companies and organizations internally. Includes knowledge management systems, learning management, database management, transaction processing and composed of hardware, software, data, and telecommunications.

*Information systems planning (ISP)*: Planning for IT implementation and integration to enable businesses to achieve their organizational objectives and activities.

*Information technology (IT) or information and communication technology (ICT)*: A subset of IS—the design and implementation of information or data and refers to a broad range of computerized information and communication technologies. Video conferencing, mobile devices, desktop computers, spreadsheets, network security, and content management software are examples of IT. IT and ICT was used interchangeably in the study.

*Lean management*: Structure that is designed to create more customer value using fewer resources than a traditional organizational structure while finding ways to eliminate unnecessary waste in the production process.

*(Small-to-medium size enterprise (SME)/Small-to-medium size business (SMB)*: 0-99 employees are considered a small size enterprise/business. SMEs and SMBs was used interchangeably in the literature.

*Technology-organization-environment framework (TOE)*: Process of innovation in the context of an enterprise. It is a theoretical framework that explains technology adoption in organizations and how the process of adopting and integrating technologies are influenced by the technological, organizational, and environment context.

### **Summary and Transition**

Information systems planning is essential for effective IT integration for SMEs. The literature suggests how systems integration is a benefit for small-scale organizations. As a sole member LLC, the behavioral health agency's organizational profile serves to identify two key factors that are of strategic importance: strategic challenges and the agency's workforce.

Details regarding the agency's compliance with behavioral health policy, including federal and state regulations, are provided. The agency's treatment offerings, mission, vision, and governance structure were discussed in conjunction with the regulatory environment. The strategic direction of the organization includes a visioning strategy, rather than a formal strategic plan, that guides the agency's goals.

Furthermore, fiscal resource planning and operational terms and definitions are disclosed. Section 1 emphasizes the importance of conducting the study, which is to provide insight into the agency's IT infrastructure, examine the importance of IS planning, ensure successful IT integration, improve operational efficiency, and accelerate growth. In Section 2 of the qualitative case study, the background and approach regarding the agency's leadership, strategy, and clients will be discussed.

## Section 2: Background and Approach: Leadership Strategy and Assessment

### **Introduction**

Larger organizations typically have an established infrastructure and workforce readily available to assess, evaluate, and implement new technologies. Hakansson et al. (2015) said larger-scale organizations have the financial resources not only to evaluate new external technologies, but also develop unique methodologies and technologies. Raymond et al. (2020) said SMEs are found to be less endowed than larger organizations regarding the abundance and availability of resources and competencies.

SMEs must engage in creative processes to improve operational efficiency and encourage organizational growth in order to be at a competitive advantage with larger organizations. ISP is crucial to IT integration in small organizations through lean management practices that eliminate unnecessary waste of resources. Mirchandani and Lederer (2014) defined ISP as the process of recognizing an entity's projected IT investments to aid in accomplishing business aims, and consequently enhance organizational performance.

Many SMEs have failed to integrate new technologies due to financial strains, lack of resources, and insufficient infrastructure (Bala & Feng, 2019; Masood & Sonntag, 2020). The purpose of the study was to identify the benefits of IT integration for smaller-size behavioral health agencies in order to increase efficiency and accelerate organizational growth. Furthermore, Ramsey et al. (2016) said the Patient Protection and Affordable Care Act of 2010 enforced regulations to support the reduction of healthcare



costs and enhance efficiencies that relate to treatment involving health information technology and use of technology-based treatment approaches.

The conceptual framework was the Baldrige Excellence Framework. The framework allowed me to investigate the agency's workforce, leadership, strategies, clients, measurements, analysis, knowledge management, and operations, relating them to IT integration efforts in a behavioral health organizational context. Data collection involved semi-structured interviews, archival documentation reviews of the organization's operating agreement, client surveys, PDPs, visionary statements, client demographic information, financial records, and third-party payor statements. Section 2 includes supporting literature, sources of evidence, leadership strategies, assessments, clients, population served, and analytical strategies that were used.

### **Supporting Literature**

Supporting literature for this study was derived from various databases associated with three key disciplines: business and management, behavioral healthcare management, and technology and applied science. To identify different databases, I began by researching precise terms related to business and management, behavioral healthcare management, and technology and applied science disciplines. Identified databases provided IT integration strategies and concepts that inform IT integration procedures and protocols. Academic Search Complete, PsycInfo, EBSCOHost, ProQuest Central, SocINDEX with Full Text, Business Source Complete, SAGE Journals, ABI/INFORM Collection, and ScienceDirect were the primary databases used to search for literature.

Keywords used for this section were *technology integration, information systems, information technology, business process management, operational management, behavioral health organization, information systems planning, information systems infrastructure, strategic planning and effectiveness, SMEs, lead management, information technology adoption theories, SME growth model, technology acceptance model (TAM), technology-organization- environment-framework (TOE), unified theory of acceptance (UTAUT), benefits, infrastructure, operations, leaders, efficiency, competency, and barriers*. The scope of the review was holistic and comprehensive in terms of identifying benefits and barriers of new technologies in SMEs and the influence of ISP on IT integration. Bala and Feng (2019) said there has been limited research from a holistic perspective regarding ICT contributions towards achieving success within SMEs.

### **Barriers and Benefits**

Masood and Sonntag (2020) studied the benefits and challenges associated with technology adoption and implementation. Barriers of IT implementation in SMEs include financial and knowledge constraints. Financial constraints refers to the funding required to implement new technology systems, while knowledge constraints refers to minimal awareness of a vast number of technologies and understanding how to apply them successfully. Benefits of IT implementation include cost reductions, quality improvement, efficiency, flexibility, productivity, and competitive advantage. Masood and Sonntag (2020) said larger SMEs tended to experience higher levels of success and benefits than smaller size SMEs in terms of efficiency, economic growth, and

profitability. Due to the absence of a large IT-dedicated workforce, the agency has been limited in terms of its capacity to influence and accelerate IT growth.

Ramsey et al.'s (2016) study aimed to identify categorically 8 barrier themes that hinders behavioral health organizations from using technology-based treatment approaches. These barriers extend to include funding/cost, privacy/ethics, need for knowledge/skill building, equipment/infrastructure, negative impact of technology-based tools on the provider-client relationship, client access/maintenance of tools, provider/agency openness buy-in, demands/time, staffing/support, client internet connectivity/service, and billing/reimbursement. Technology-based treatment approaches include mobile and web-based devices relative to EHR systems. Ramsey et al. (2016) reported that technology-based treatment approaches are as effective, if not more effective, than the use of traditional therapeutic methods provided by trained clinical staff. According to Ranallo et al. (2016) e-health and mhealth technology is associated with regulatory and privacy issues regarding communication and data exchange.

### **Information Systems Planning**

In addition to IS being critical in terms of the evaluation and integration of IT, organizations that use IS to integrate data across SMEs do so to ensure they maintain a holistic view of stakeholders, customers, and suppliers (Pigni et al., 2016). For this to be effective, ISP is vital to ensure that company managers implement new technologies to achieve company objectives and deliverables. Pigni et al. (2016) said by embracing digital data streams, company leaders could monitor organizational events and activities in real time, decrease decision cycles, and intensify their understanding of their client

base. Also, ISP helps organizations define goals and milestones and can also help by making future predictions about competitor actions, government regulations, technology changes and client needs; thereby avoiding unwarranted challenges (Mirchandani & Lederer, 2014).

While ISP and formal strategic planning are essential for behavioral health agencies to integrating technologies, improve efficiency, growth, profitability, and other benefits, both constructs hold different meanings. ISP focuses on the strategic planning of IT systems and the formal process of strategic planning is used by organizations to outline an agency's operational agenda and methods for achieving objectives. Agencies providing consultation services are not obligated to use formal strategic plans, yet these agencies can still emphasize the importance of establishing a clear vision and strategy.

Mirchandani and Lederer (2014) asserted how the examination of an organization's core and infrastructure activities motivates effective IS planning. The research findings suggested that the effectiveness of IS planning does not simply occur through its implementation process but requires different phases of the planning process and acknowledgement of the influence of that planning-on-planning effectiveness. Mirchandani and Lederer (2014) pointed out the biggest challenge in SMEs is IT security, which is due to a shortage of cybersecurity professionals. Veerasamy (2015) said planning for security procedures could help leaders clarify ways to protect the agency against security breaches.

## **Information Technology Systems**

Bruns et al. (2016) found in their study that only 30% of providers in the behavioral health field had implemented any form of EHR technology. EHRs are systems designed to increase efficiency and outcomes of wraparound coordinated care. EHRs have various functions, including communications, documentation, billing, expenses, and monitoring of patient portals. Electronic behavioral health information systems (EBHIS) are a specific type of health information technology. The goal of this system, which has the potential to increase workflow efficiency, is to replace paper-based record keeping.

Personal health records are a subcategory of electronic health records, and both can help increase efficiency in inpatient care, improve client satisfaction, and promote patient engagement. mHealth technologies include mobile apps with numerous tools and software applications intended to be used as a self-help feature for users. These technologies enable self-management activities for healthy eating, weight loss, medication adherence, HIV, and depression (Bakken et al. 2019). mHealth apps increase access to care and produce behavioral health outcomes, aiding in the uptake of therapist-based treatment approaches. The experiential learning theory (ELT) is the framework used to help providers conceptualize the process of learning as well as the direct benefits of technology.

Behavioral health leaders and mental health professionals have used ELT to promote clinical and professional change. Broussard and Teng (2019) further discussed the importance of the ELT model by establishing how it could be used to shape the development of mHealth applications, and how each application can aid in the evaluation

and enhancement of the efficacy of digital technologies and interventions, even in the absence of face-to-face clinical treatment.

Dimeff and Koerner's (2018) study explored the impact of behavioral health technologies on reducing public health disparities amongst ethnic and minority groups. Health disparity populations encompasses racial/ethnic minorities, low socioeconomic status, sexual and gender minorities, and/or others subject to discrimination due to poorer health outcomes (Bakken et al., 2019). Minorities in rural areas are often challenged with ease of access to mental health services due to childcare issues, limited access to computers, or lack of transportation. Mental health technologies that can aid minorities with these challenges include tele-mental health, giving individuals the option to receive therapy via videoconferencing, technology-mediated self-help, all of which provide a host of mobile apps, including automated assessments transmitted through the internet, technology adjuncts to care that provide tools for use in sessions, and gaming protocols to enhance mental health functioning.

Clinical workers providing telehealth services have often been tasked with the challenge of requiring more expensive and higher-speed internet services. This has always been essential for the efficacy of providing services at an optimal level. Walker (2021) also asserted the need for health information technology to help enhance patient centeredness in healthcare.

### **Sources of Evidence**

The sources of evidence analyzed in this study includes semi-structured interviews aimed at understanding the agency's organizational processes, capabilities,

leadership, and structure. A review of the agency's following archival data was performed: operating agreement, client survey, PDP (professional development plan), visionary statements, financial records, client demographic information, and third-party payor statements. A thorough examination of each document provided the researcher with a comprehensive understanding of the organization's core infrastructure and any factors affecting the successful integration of new technology systems. As a sole member agency, interviews were conducted with the CEO. The researcher analyzed the interview by conducting a thematic analysis of the data and classifying themes, patterns, and meaning.

### **Leadership Strategy and Assessment**

Leadership is a concept that may be defined in various ways, yet leadership has been commonly known to indicate a certain level of influence on others. Franco and Matos (2015) defined leadership as influencing others through motivation to accomplish tasks in a non-coercive manner. Kocak's (2019) study similarly asserted that motivation is the key stimulus that aids in achieving leadership goals and tasks. In the same way, Franco and Matos (2015) found leadership to be a vital concept that has played an instrumental role in SME management. Effective leadership has often been reflective of the style of leadership exhibited by an organization's leadership team. Similarly, Howard et al. (2019) placed a high value on effective leadership within SMEs, which is noted to be a widespread subject discussed amongst successful owners of small businesses.

Leadership style is crucial and a key factor in operational management and can negatively impact organizational effectiveness or performance (Franco & Matos, 2015).

One way that managers and leaders can ensure business growth and maintain competitive advantage within SMEs is by knowing and implementing certain leadership styles (Franco & Matos, 2015). The CEO identified laissez-faire, democratic, transformational, and servant leader as the four leadership styles. These types of leadership are not only conducive for managing staff or contractors but are essential for producing a high-performing organization. The CEO's style type was determined through attending numerous business workshops, reading literature on various styles of leadership, and taking leadership-style inventories. Franco and Matos (2015) explained that leaders who recognize and assume particular leadership styles are more likely to witness growth and gain a competitive advantage. Expanding upon this idea, Howard et al.'s (2019) study noted how leadership styles amongst sole proprietors were as equally notable and pertinent in SMEs as they were with larger organizations because the style of leadership can deliver a framework to help SMEs achieve organizational success. Howard et al.'s study found there was limited research conducted on leadership style and its impact on small business growth and performance. As a result, Howard et al. suggested that leaders not only pursue knowledge but also participate and engage in leadership topic-based research regarding SMEs.

Breevaart and Zacher (2019) stated that leaders are not limited to one style of leadership as in laissez-faire or transformational; rather, both behaviors can occur at varying points in time. Franco and Matos (2015) noted that transformational leaders can influence employees to work beyond what is required of them. According to Kocak (2019), democratic leadership involves incorporating employee perspectives in decision



making, although leaders have the final authority. It is believed that subordinates within an organization define and connect leadership effectiveness with characteristics such as being pleasant, communicative, strong, sensitive, charismatic, and being team players (Breevaart & Zacher, 2019). Servant leaders can benefit their organizations by leading with a genuine heart, mind, and spirit (Kocak, 2019). Eva et al. (2018) reported similar results linking servant leadership to the positive attributes of morality, altruism, spirituality, and authenticity. Leadership styles and management that have been proven successful and that endorse an optimistic vision shared with all members of the organization, exclusively customers and the community, generate a higher level of accomplishment for business owners (Howard et al., 2019).

A sole proprietorship involves a single owner with a straight-forward organizational structure who is responsible for all matters pertaining to the business, including strategic alignment, finances, and marketing. The CEO disclosed an associated benefit of a sole proprietor is the ability to control all organizational outcomes and vet potential contractors, and this has created space for innovation, creativity, and leadership flexibility. The CEO explained the absence of an established governance structure that included a Board of Directors and bylaws identifying governing practices within the agency, given that the agency is a sole managed behavioral health organization. Generally, in larger behavioral health agencies, there is a hierarchical structure that may be outlined in an organizational chart that includes executive leaders such as the CEO and the titles and job responsibilities of middle and lower-level management. Kocak (2019) associated hierarchical processes within organizations to exerting power and authority.

On the contrary, the CEO's hierarchical structure currently involves managing two technical/training assistants who are considered 1099 workers.

Although contractors are not employees, they were solicited by the CEO who has been responsible for their direct supervision during their duration with the contract they supported. The agency initially began with six contractors but deemed it financially feasible to reduce the number of contractors. Two contractors have been sufficient to deliver a behavioral health contract and adequate to support the same level of funding. This reduction did not lead to a loss of funding for the behavioral health contract allocated to the agency. Furthermore, engagement with these remaining contractors has been minimal, as they were only required to work less than 5 hours a month. Eva et al. (2018) noted how leadership influence diminishes in a highly controlled and formalized organization, as structured rules and policies create behavioral controls that regulates employee actions, limiting their scope of empowerment. The CEO has been meeting one time a month to retrieve an invoice for reimbursement of services for compensation, and this has been the extent of the CEO's communication with the technical/training assistants. Howard et al. (2019) exclaimed how leaders of small organizations should remain grounded in suitable management and leadership techniques which play a pivotal role in organizational success.

According to Bryson (2018), strategic management may be used to accomplish three significant agendas: create clarity of direction, eliminate functions that no longer serve core purposes, and clarify roles separating policy-making and regulatory roles from service delivery and compliance roles. The agency does not have a written or electronic

formal strategic plan such as those utilized in many public sectors. The leader writes a visioneering strategy that is utilized as a strategic plan, according to the following formula: Visioneering = Inspiration + Conviction + Action + Determination + Completion. Implementation of the visioneering strategy is aligned with specific, measurable, attainable, relevant, and time-bound (SMART) objectives, and placed on a hardcopy document referred to as a professional development plan. The strategic planning process requires leaders to engage in goal setting, setting agendas, and monitoring implementation (Anum et al., 2020). Based on time constraints, the leader's strategy is to look incrementally at each area by quarters, with attainability as a central focus. The next step is to pair necessary activities, strategies, and deliverables to each area and then secure the pairings of activities into a hard copy calendar to increase follow-through.

As a motivation to follow through with organizational objectives, the leader includes a positive reinforcement i.e., a tangible reward to increase motivation in achieving the agency's visioneering goals. This is based on B.F. Skinner's three branches of motivation theory, a concept called reinforcement motivation that suggests how people become motivated to behave in predetermined ways through the direct consequences of their behaviors (Lussier & Achua, 2015). At the time of the study, the agency's first 2020 visioneering goal was to secure a minimum of one grant or contract. The second goal was to successfully write a minimum of four grants for clients. The next goal was to maintain the 2019 revenue with an emphasis on counseling followed by creating an audio

and digital (a & d) Bible app devotional. This devotional app contains a format, purpose, and provide a time for daily prayer and meditation.

Bryson (2018) discussed implications for implementation of short and long-term goals, which involves building capacity for sustaining strategies, ongoing goal achievement, and continuous learning and readjustment based on that learning. The agency achieved goal # 1 by maintaining two contracts in 2020, continuing those contracts with increased contract potential, and undergoing negotiations to garner new 2021 contracts. Seventy-five percent of goal #2 was achieved with three successful grant awards. Goal #3 was accomplished with a 15% completion rate; as the goal was deferred because it required further editing for submission, review, and prospective acceptance. Franco and Matos (2015) described leadership as a process of influence towards the achievement of organizational objectives.

Anum et al. (2020) described strategic planning as a deliberative and disciplined effort to seek an answer to the following question: What is the organization, what does the organization do, and why? The agency's visioning plan is based on Biblical principles that supports the leader's faith-based approach to mental health counseling and is written at the beginning of each new fiscal year. More specifically, strategic planning helps leaders to maintain accountability in reaching goals, increase profit, and support the continuity of leadership effort (Anum et al., 2020). To ensure financial and other resources are available to support the agency's achievement of its visioning goals, the CEO engages in cost savings. The agency is not the CEO's sole income source, which allows the CEO to save the bulk of earnings due to decreased overhead. On the contrary,

if the agency's financial capacity is limited, the CEO then fronts the funds with personal monies. This process has occurred since the agency's start-up.

One significant strategic challenge facing the agency pertains to employee capacity. An organization's strategic objective can address workforce capability and capacity concerns (NIST, 2017). There are often more needs and opportunities that the agency is called upon to service, but without the volume and sustainability to meet the need, the agency refers clients out to other agencies. Individuals with more extensive needs are provided appropriate referrals to other programs within the organization or another service in the community (CARF, 2020a). This decision to refer out becomes an internal conflict given the agency's goal and the CEO's desire to help others.

As a result, the agency is contemplating bringing on expertise-specific contractors in addition to extending this opportunity to post-degree supervisees who are interested in private practice. According to Bryson (2018), organizational leaders can expect unintended and undesirable results from a threat and missed opportunity, or both, if strategic issues are not adequately addressed. Therefore, it is imperative to consider all aspects of organizational planning to ensure sustainable outcomes. CARF (2020a) said services are dynamic and focused after a planning process, with expectations and outcomes recognized by the client and the service providers.

The second strategic challenge is integrating new technology systems. It is a two-fold issue, allocating time towards conducting IT integration research and making the conversion from old to new technology systems. Anum et al. (2020) called attention to the need for leaders to strategize effectively and plan ways to obtain relevant and current

information to elevate knowledge and increase research and practice in the discipline of mental health. Masood and Sonntag (2020) stated one issue that small organizations face is their lack of awareness of the latest technologies.

While this study aimed to discuss the benefits of technology integration in a small organization, it is the agency's goal to convert to a single integrated system at low cost as opposed to maintaining a complex web of varying technology systems and equipment. Integration is defined as the extent to which care is coordinated across persons, functions, activities, and sites over time to maximize the value of services delivered to persons served (CARF, 2020). Leaders typically analyze and measure efficiency data for programs, services, and technology to improve the quality of care.

The planning process can either be a benefit or a limitation; it simply depends on how formal and informal leaders and followers at all organizational levels use it or misuse it (Lussier & Achua, 2015). The agency reported that they did not track the efficiency of the current technology systems due to a lack of evidence of client complaints or negative feedback from customer responses via social media and evaluation surveys. Anum et al. (2020) encouraged mental health leaders to give special attention to contextual factors within the organization that impact project selection and implementation.

### **Clients/Population Served**

The agency services a total of 11 urban cities in two states located in the eastern region of the U.S., and two largely populated urban cities in the midwestern U.S. The CEO provides mental health counseling to predominately African-American clients,

precisely 98% across the two states on the East Coast: ages ranging from 19 to 72 years old. Alegria et al. (2020) noted the importance of clinicians implementing egalitarian collaboration regarding the engagement of ethnic minorities, as this style of management seeks to address a client's needs, influences decision making, and encourages an active voice in treatment. Except for counseling clients, over 95% of payments within this demographic are self-pay. The two midwestern clients are of Caucasian descent and range between 24 and 32 years of age. Both clients use their medical insurance to pay for treatment services. In both regions, the leader provides counseling to both males and females, with females being the predominant gender receiving mental health treatment.

In consultation, the leader works with client agencies that include non-profit (African-American male CEO, family business [name of state redacted]), federally qualified health centers (multi-race men and women to include Hawaiians), small businesses (African-American male-owned [name of state redacted]), state government (multi-race and gender composition [name of state redacted]), and municipality (African-American male judge [name of state redacted]).

Obtaining information from clients begins with responding to leads for services that are received via phone or email correspondence. Information is then provided with the next steps in the process including intake documentation. Clinical assessment may be gathered through face-to-face contact, telehealth, written material, and other external resources (Commission on Accreditation of Rehabilitative Facilities [CARF], 2020a). If a prospective client is interested in moving forward with services, there is a self-scheduling link provided to request an appointment, which auto-populates to the agency's Outlook

calendar and is sometimes included in a hard copy calendar. The agency confirms the appointment via email, provides access information, and initiates a Square invoice via cellphone applications. Comparable agencies requesting services go through a similar process, which differs as they enter an endorsement contract before the CEO initiates service delivery. Apart from managing day-to-day activities solely, the CEO is required to set traditional business hours that help to maintain tasks and scheduling.

### **Workforce and Operations**

Maurer et al. (2015) stated how meaningful it is for healthcare leaders to engage their clients and patients in relationship building to improve health outcomes and increase patient care. The agency acquires clients primarily through individuals who are familiar with the agency's brand and recommends the services to others in their community, family, and through past client referrals, which is the second-largest source of acquiring clients. Howard et al. (2019) said that every small business owner manages their business differently and uniquely. The CEO is listed as a provider through Cigna insurance, allowing those who receive benefits to request the agency as a mental health provider.

The CEO embraces social media networks including Facebook and Instagram for marketing purposes and utilizes a paid subscription through *Psychology Today*, which funnels clients. Social media networks are not utilized by the agency to deliver services beyond marketing purposes. Jenssen et al. (2015) explained that social media networks are utilized by a wide range of individuals across various demographics and socioeconomic groups and provide a new channel for health communication. Technologies used to engage with clients include computers, phones, Zoom, dedicated



portals, MD live, email, and text messages. Client sessions are held within the Zoom platform or MD live. Each form of social media technology leads to behavior modification and enhanced health outcomes (Jenssen et al., 2015).

The agency retains clients based on client needs, goals, and delivering quality services. Clients are considered either a fit or not a fit, according to the CEO. The CEO noted rare experiences of feeling grief or disappointment when a client leaves the therapeutic alliance prematurely or upon goal completion; this grief is an expectation of the nature of business. According to Alegria et al. (2020), ethnic minorities receiving mental health treatment are more likely to discontinue treatment and less likely to adhere to treatment recommendations and regimens. The CEO has sustained clients based on defining leadership characteristics such as being highly responsive, engaging, empathetic, and overdelivering.

The agency's logo is also the brand of the agency as reported by the CEO. Service delivery becomes the mechanism for the maintenance of the brand, as in quality service delivery, which is supported in the formal survey feedback received and the feedback provided in social media space (Facebook). Consistency across social media, website, and public speaking have also contributed to the management of and enhancement of the agency's brand image.

### **Analytical Strategy**

Ravitch and Carl (2016) explained that mutual engagement and reciprocal transformation are constructs that are the foundation of effective interviewing. In this study, I conducted interviews with one member of the behavioral health agency to discuss

the benefits of IT integration, IS planning, competence, and its impact on operational efficiency. Thematic analysis and classifying themes were used to understand the data obtained, and the interviews were transcribed. Qualitative triangulation occurred through the gathering of the agency's operating agreement, client survey, visionary statements, client demographics information, financial statements, third-party payor, professional development plan, and public websites to increase the credibility of the study's findings. Triangulation refers to the cross verification of multiple methods, theories, and informational sources, and ensures credibility and consistency of the findings (Lincoln & Guba, 1985).

Trustworthiness of the data was established through member checking via data collection dialogue with the CEO of the agency and internal-facing transparency. This form of transparent behavior refers to being concise concerning all aspects of a study with the participant, including the goals of the research, and the expectations of them (Ravitch & Carl, 2016). In addition, I avoided researcher bias through informed consent. According to The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979), informed consent allows the participant to choose what they will allow or not allow during their participation in the study. Informed consent was provided to the CEO during the commencement of the doctoral study.

Furthermore, researcher bias was examined through reflexivity, which is a thorough examination of one's own preconceived biases and judgments. Reflexivity must be more robust and rigorous than occasional self-reflection; it can also be tracked and examined as a form of data (Ravitch & Carl, 2016). Reflexivity is associated with a

concept called bracketing in qualitative research, which refers to the way a researcher approaches his or her study, specifically, through identifying the researcher's prior vested interest, perspectives, and cultural factors that can impact the study's data. To protect the confidentiality of the client, I ensured all forms of documentation received electronically were encrypted with passwords. According to the APA Code of Ethics (2002), section 4.01 asserts that maintaining confidentiality requires psychologists and clinicians to be intentional with securing confidential information obtained through electronic means.

### **Archival and Operational Data**

Archival data currently exists within an organization and are important sources of context and historical data that aid the researcher in identifying complexities relating to a practice problem (Ravitch & Carl, 2016). The data obtained from the agency in this case study included financial statements, professional development plan, client survey, client demographic information, operating agreement, visionary statements, and third-party payor statements. These data were collected and approved by the CEO of the agency as there was no board of directors over the organization.

Per the agency's training protocol, technical assistants in training were provided with training materials during the initial training orientation. Topics included data, health disparities, resources-in kind, resources-financial, and documentation. The training objective was to have the technical assistant participate in training, gain knowledge on data, health disparities, and resources (in-kind and financial) to apply to the discretionary grant, engage in discussion to help facilitate learning, actively participate in experiential activities to reinforce learning, receive information on next steps for monthly

individualized remote technical assistance consultation and coaching, and to participate in data collection and evaluation. The agency's training materials and training schedules were also assessed.

My role in analyzing the agency was as a doctoral research student consultant. According to Ravitch and Carl (2016), the researcher is the primary instrument in conducting qualitative research and is required to be cognizant of reflexivity, positionality, and subjectivities throughout the research process. The primary procedure in gaining access to the evidence, including getting permission to gain access to operational data involved the initial request to research the practice problem identified by the CEO of the agency. The initial conversation explained the doctoral capstone requirements to include accessing numerous internal documents, records, and data relating to the practice problem. Approval from Walden Universities Institutional Review Board (IRB) (approval # 10-25-20-0571923) was secured and deemed essential before the researcher conducted interviews and engaged in data collection.

### **Evidence Generated for the Doctoral Study**

Qualitative approaches to research can include documentary analysis and in-depth qualitative interviews in the form of semi-structured interviews with pre-established interview questions related to the topic of interest (Rubin & Rubin, 2012). The evidence primarily generated for this doctoral study was archival data, including official documents such as training materials, and the mission statement (Ravitch & Carl, 2016). Next, the generation of evidence was explained by detailing the participants involved in

the study, the procedures, as well as the step-by-step description of the data collection process.

### **Participants**

The CEO of the agency was the sole participant in this study. The CEO was interviewed 20 times throughout the study. The interview questions are included in Appendix A. The participant is a doctoral-level, licensed practitioner and can practice in three different states. The behavioral health organization was selected by Walden University. The CEO is the sole proprietor of a limited liability company and oversees all operations in the organization.

### **Procedures**

In qualitative case studies, methods used by researchers have often been developed from theories that reflected previous knowledge and included a systematic process of accumulating and analyzing data (Ravitch & Carl, 2016). Data sources included transcriptions of the semi-structured interviews and archival data. Financial statements, professional development plan, client survey, client demographic information, operating agreement, visionary statements, third-party payor statements, are examples of data sources that were analyzed.

A behavioral health leader interview consent form was provided to the CEO via email correspondence before data collection and participant interviews. The email included a detailed written explanation of the doctoral study capstone project and the purpose of the agency's participation. The CEO responded to the email with "I consent" upon agreeing to be interviewed, recorded, and transcribed according to the consent form

stipulations. Ravitch and Carl (2016) described informed consent as a formal document between researcher and participant(s) that outlines a brief overview of research expectations and goals, benefits and risks associated with conducting the research, confidentiality terms, the format, structure, and process of the interview. Also, a service order agreement form was presented to the CEO, explaining the scope of work, researcher outcomes and deliverables, service summary, terms of confidentiality and compliance, and principles that ensured ethical conduct would be maintained with the partner site.

Appendix A contains the interview questions outlined for the CEO. Appendix B illustrates the client survey used after mental health counseling services were rendered. Thematic analysis was conducted, and themes were identified from analyzing the participant's interview responses. Trustworthiness, qualitative rigor, and research value was strengthened through the completion of semi-structured interviews with the senior leader.

I scheduled two phone interviews, and multiple interviews were conducted online via email with the CEO using a digital voice recorder. All interviews ranged from 15 to 30 minutes in length. For both phone-based interviews, I provided pre-written questions and asked questions as the topic was discussed in real time, while simultaneously taking written notes of the participant's responses. Online interviews were preceded by sending pre-written interview questions on a Microsoft Word document that was edited and resent with the CEO's detailed responses and follow-up questions. After the phone and online interviews were completed, interviews were transcribed and manually coded using

NVivo software. According to Ravitch and Carl (2016) coding, also known as tags or labels, is a process used by researchers in qualitative research involving organizing data into smaller units that may be grouped in themes and patterns relating to the research questions and findings across a data set. Under Walden University's IRB protocol and compliance, all data are being stored in a zipped and encrypted file on the researcher's laptop computer, which will be removed after a fixed number of years following project completion.

### **Summary and Transition**

I conducted this study to identify and discuss how small behavioral health agencies may benefit from IT integration. Section 2 provides information supporting the literature review, sources of evidence, leadership strategy and assessment, and clients/populations served. Furthermore, the researcher's analytical strategy, archival and operational data, participants, and procedures in collecting the data were discussed. In Section 3, the workforce, operations, measurement, analysis, and knowledge management of the organization will be examined.

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

### **Introduction**

Technology integration can aid businesses in terms of enhancing their operations and services and accelerating organizational growth. This study involved exploring the benefits of implementing new technologies in a small behavioral health organization and examining how organizational leaders who participated in effective ISP might acquire increased IT knowledge. The case study sought to address how ISP in a behavioral health SME could influence IT integration and its ability to improve operational management processes that drive greater service efficiency and promote organizational growth.

Sources of evidence for this study included archival data and semi-structured interviews with the CEO of the agency. Archival documents and interviews were requested via email. Archival documents included financial statements, operating agreements, PDPs, third-party payor statements, client surveys, visionary statements, and client demographic information. Section 3 includes an analysis of methods that the agency employed in building efficient and effective workforces and operations, achieving high-performance environments, and improving key services and work processes.

### **Analysis of the Organization**

According to Phadermrod et al. (2019), a strength, weaknesses, opportunities, threats (SWOT) analysis helps organizational leaders discover core competencies and current and future potential. It is an approach for managers to analyze the internal and external environment of organizations by analyzing strengths, weaknesses, opportunities,



and threats. A SWOT analysis, strategic plan, contract deliverables, and demands are the means that would determine if there would be a need for what is not currently being offered, according to the CEO (personal communication, February 1, 2021). There have not been any new programs or services added to the agency since the inception of the organization. As they relate to designing programs, services, and work processes to meet standards of care requirements, the guiding principles of the agency's clinical services are ethical codes espoused by the American Counseling Association. Ethical codes consists of informed consent and disclosure, confidentiality of information, respect for privacy, responsibility to clients, informed consent, and personal values. (American Counseling Association, 2014). Secondary to these ethical codes are each state's licensing entity, which is consistent across states with only minor differences in terminology.

The organization's programs and services are determined by the CEO. Core clinical services are already defined by the agency. Any opportunities for new program development that align with the CEO's goals are a matter of the timing and capacity to meet the need. When necessary for work process requirements, a task timeline is developed and used. The timeline is synchronized with a calendar so that requirements are met. Requirements involve day to day operating tasks as well as clinical responsibilities like scheduling, managing meetings, and budget reporting.

The CEO supported innovation within the agency in a normalized manner. Innovation was used to integrate technology and facilitate processes and services. This included telehealth for clinical service delivery, electronic billing, invoicing, and reimbursement. For consultations, Zoom was used to facilitate meetings. For

documentation transfer, Dropbox, OneDrive, Google Docs, and Microsoft Forms were used.

The CEO addressed and considered each client's expectations based on understanding deliverables or goals as communicated by the client or consultee. This involved formal documentation and dialogue. Activities, strategies, and interventions were then designed using a specific, measurable, achievable, realistic, time-sensitive (SMART) framework to address expectations. SMART goals have aided organizations, consultants, and individuals to engage in effective goal setting and allowed for objectivity in terms of key decision making (Giol, 2018). Key work processes included scheduling, confirmation of scheduling, provision of access to meeting platforms, invoicing, note taking, contract review, endorsement, and mailing; and likewise, research and preparation of source documents.

### **Knowledge Management**

The CEO measured and analyzed organizational performance via adherence to the agency's PDP, evaluation processes, and service delivery. Service delivery was used to measure organizational performance via an annual review of distribution of services and revenue. Future performance projections are based on the service delivery at the end of each year.

The PDP is the agency's vision for the current fiscal year and is created yearly with novel goals and objectives. The PDP is used to measure organizational performance via successful completion and attainment of each outlined goal. Analyzing organizational performance based on the PDP is facilitated annually with quarterly and monthly

reviews. This assists the CEO in terms of effectively determining if she is operating below or above performance levels or lacking progression. The PDP identified nine organizational goals to achieve in 2021. The first goal was to successfully secure three grants for clients followed by securing one grantor contract. The CEO's third goal was to create an A&D Bible app devotional. The fourth goal was to maintain existing contracts with the Ehealth Initiative (eHI) and federally qualified health centers (FQHCs). Next, was to maintain a small client caseload of 10-15 cases through MDLive followed by maintaining supervision caseloads of two to three post-degree supervisees. The seventh goal was to implement two or four couples' Grace Together curriculum groups with one to two churches and agencies. The eighth goal was to attend a business or personal development workshop or conference. The final goal was to decide on and implementing as appropriate an EHR platform to include email.

The agency's evaluation system is an additional method of measuring organizational performance and goal attainment. In the absence of a formal performance improvement system, the CEO provided both client satisfaction surveys and professional service satisfaction surveys to determine client satisfaction ratings and feedback regarding the CEO's professional service offerings. Favorability ratings established to measure CEO performance have been consistently above 90%. The CEO efficiently analyzed performance through evaluative means, which are reviewed after events and/or upon completion of treatment (see Appendix B).

Similar to how the agency measured and analyzed organizational performance, the CEO also improved organizational performance in different ways. The first step to

improving performance measures when the organization was facing stagnation was to reevaluate the visioning plan and amend it accordingly to accomplish goals outlined in the PDP. This included scaling back, accelerating or reprioritizing, deleting, and having goals that have been delayed to a new year. Also, the agency identified therapeutic process improvements based on feedback and then adjusted appropriately.

The agency has managed its organizational knowledge through continuous learning and education, certification, and maintenance of credentials. As a mental health counselor, the CEO has adhered to all credentialing requirements. Additionally, the CEO attended yearly conferences focusing on professional and business development, which added to the organizational knowledge. Furthermore, the CEO (personal communication, March 2, 2021) mentioned at the time of this study that her organization did not use knowledge and resources to embed learning into her operations.

The organization verified and ensured the quality of its data by reviewing data that was assumed accurate by clients or agencies. Relevant data may be used in the development of marketing of services. To ensure that all hardware and software systems and data were available and secure to serve clients and business needs, security was established as a safeguard by a business associate agreement and an informed consent. Clients were directed in emergencies to utilize local resources such as 9-1-1 and the emergency room. To add, clients were informed that contingent power and internet connectivity would be available in case of IT failure or a system breach. At the initiation of services, clients were apprised of the technology backup plan when neither was operational (CEO, personal communication, March 2, 2021).

### **Summary and Transition**

The CEO has been providing mental health counseling to marginalized populations, with over 95% of her client base being African American, followed by Latinos and Caucasians. The behavioral health organization's offerings continue to provide professional and personal services, including clinical counseling and therapy services. Section 3 described how the CEO created and implemented the programs and services in the agency based on her experience, expertise, and capacity. It described how the agency designed, managed, and improved its key services and work processes through knowledge management.

Knowledge assets included credentials, continuous learning, and certifications. Continuous learning was guided by the CEO's commitment to both short- and long-term goals. According to Mayer et al. (2020), an important component of goal setting is the commitment to achieve the desired goal, which is noted as influencing organizational performance outcomes. Organizational performance was measured by the agency's PDP, evaluation process, and service delivery. Key work processes were discussed to include scheduling, confirmation of scheduling, and provision of access to the meeting. Data were not collected on the workforce subsections due to a shortage of employees. Presented in Section 4 are the results of the study that includes the analysis, implications, preparation of findings, and strengths and limitations.

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

### **Introduction**

The goal of this study was to explore how the CEO of a small behavioral health agency could directly benefit from IT integration by way of effective ISP. Additionally, this study involved explaining how ISP is more effective when senior leaders have prior IT knowledge, leading to successful adoption of IT and implementation. Successful implementation of IT allows leaders to create a business plan and classification of challenges prior to developing a system to measure success (SAMHSA, 2015).

The research question motivating this study was as follows: How does IS planning in an SME influence IT integration and its ability to improve operational management processes that drive greater service efficiency and promote organizational growth? Sources of evidence examined in this study included semi-structured interviews and a review of the following archival data: operating agreements, client demographic information, client surveys, visionary statements, PDPs, financial statements, and third-party payor statements. Each source of evidence was obtained via email by way of semi-structured interviews with the CEO of the behavioral health organization discussed in this study.

### **Analysis, Results, and Implications**

According to the NIST (2017), the results section is vital for providing insight into organizational performance and improvement in terms of process, customer, leadership, and governance results. The results section of this study has limited data due to the CEO being the sole interviewee and the agency's absence of an IT infrastructure.

As a result, this section explains why I did not have data for each corresponding section, emphasizing what the agency should have provided according to the Baldrige Excellence Framework. The terms IT and ICT are used interchangeably throughout Sections 4 and 5 of the study.

### **Client-Focused Results**

As a sole proprietor, the CEO's sole metric for measuring organizational performance, client engagement, and efficiency was the client survey (see Appendix B), in which responses helped to identify areas of improvement. Based on the Baldrige Excellence Framework, client-focused results involved how this organization has been satisfying its clients and customers and engaging them in loyalty-building relationships. Informally, the CEO asked counseling clients at the end of each session about their thoughts and self-assessments involving the counseling progress. The agency's leader gauged effectiveness in terms of continuation of services; therefore, effectiveness has not been problematic. To build rapport with counseling clients, the CEO was intentional in terms of her attentiveness, focus on "the here and now", and use of foundational counseling skills, tracking, and personalization. For all other customer types, being responsive and straightforward and meeting deadlines were key to developing rapport. Additionally, the bulk of her clients and customers were referred from past clients or customers, which was an identified trend.

The purpose of the survey was to measure client satisfaction. Each response was representative of all clients from each service offered by the agency. Survey results showed 29% of respondents reported having accomplished counseling goals developed

during their initial intake. 34% reported experiencing insights or improvements in terms of concerns, issues, or needs for which they sought services. Similarly, 33% of client respondents were satisfied overall with the agency. Lastly, 36% of clients would recommend the agency to others seeking services provided through the agency.

Telehealth, social media, and mHealth are behavioral health platforms and useful for organizations, providing behavioral health treatment and interventions. Additionally, these platforms assist in the reduction of health disparities. Telehealth allows for individuals to receive clinical treatment via videoconferencing and reduces health disparities amongst ethnic/racial minorities (Bakken et al., 2019; Dimeff & Koerner, 2018). Clients who responded to the client survey attended face-to-face and telehealth mental health counseling sessions, with telehealth being the more predominant method during the COVID-19 pandemic. Factors such as resource availability, equipment, technology, knowledge, and core competencies are fundamentally important in terms of creating a successful work environment.

The agency has not implemented any new services since the inception of the organization. Nonetheless, continual learning is embraced by the CEO and relied upon for innovative ideas and approaches if warranted. According to the NIST (2017), leaders should address learning from a position of growth and embrace various forms of development opportunities such as education and ongoing training. Although core competencies have not been established due to the absence of employees, the CEO has engaged in continuous improvement of existing approaches and is open to change and innovation that may lead to new goal setting and approaches, which are both essential in



organizational learning. The NIST (2017) said learning involves enhancement of an organization's approach carried out through cycles of evaluation and modification, encouragement of advanced change to the agency's approach by way of innovation and sharing of refinements and new ideas. Engaging in ongoing learning and research related to IT and implementing technology systematically could help small businesses increase productivity and efficiency. Learning is a necessary quality of high-performing organizations (NIST, 2017). Broussard and Teng (2019) said learners generate one or more novel, but untested, ideas for a project or service and then participate in experiments that shapes their ideas into new beliefs.

### **Workforce Results**

Lacking a workforce structure and capacity has been a challenge for the agency as well as implementation of technologies. The CEO disclosed that a challenge with recruiting additional subcontractors was finding workers who would fit well and have a strong work ethic. 46% of small business owners noted that hiring and retaining employees with a good work ethic remained as the top two growth challenges (Zeuli & O'Shea, 2017). Workforce capability is an organization's ability to fulfill its work processes by way of its members' knowledge, skills, aptitudes, and competencies. Workforce capacity refers to an organization's ability to ensure sufficient staffing levels to achieve work processes (NIST, 2017). These structural challenges have often had a direct impact on the service population in terms of organizational capacity to accept new clients. Having an appropriate number of workforce contributors with a desirable skill set is crucial to the success of the agency.

The CEO retained two contractors who have remained with the agency for 2 to 3 years prior to the commencement of this study. Each contractor was required to have experience providing technical and training assistance prior to supporting a behavioral health grant. According to Yeo and Grant (2019), a lack of technical skills and ineffective regulations are enigmas that diminish the effectiveness of information technology. Technological competence amongst clinical staff is a high priority in behavioral health. It requires all working members to have an awareness of available technologies as well as the technological capacity each requires (SAMHSA, 2015). Also, SMEs who have sufficiently trained staff in ICT contractors or employees tend to adopt ICT and utilize it as a competitive tool (Patil & Chavan, 2016).

The NIST (2017) determined that senior leaders have a responsibility in demonstrating authenticity and taking ownership of their missteps and opportunities for improvement. This study had limited data on the agency's staff-focused performance results, given the lack of full-time employees. In larger organizations, a substantial workforce is essential because the success of the organization depends on an engaged workforce that is reinforced from meaningful work (NIST, 2017). An agency with a capable workforce is more important than incorporating information communication technologies, as both temporary and permanent staff have a positive impact on capacity utilization (Yeo & Grant, 2019).

Ramsey et al. (2016) identified staff stability and the size of the organization as two key factors that influence IT integration. Likewise, Yeo and Grant (2019) determined there is a positive correlation between workforce and capacity utilization; meaning

leveraging IT is heavily reliant upon the workforce. Sole owners of micro-size agencies, whose clinical encounters are exclusively between the provider and the client, often have limited access to a larger care team and administrative support to aid in integrating technology. It is essential for SMEs to ensure they employ the right skills, whether permanent or contracted, and identify the roles these positions will have in ascertaining the SME is able to achieve leveraging ICT (Patil & Chavan, 2016). The current nature of behavioral health care makes the application of health IT quite challenging, according to Ranallo et al. (2016).

### **Leadership and Governance Results**

According to the CEO, leadership performance is measured through Microsoft Office 365 that generates a report called MyAnalytics. This system measured the CEO's productivity, meeting habits, communication patterns, and focus time for wellbeing. This software is occasionally used to review information for leadership awareness and is provided in the form of a graph or chart to display the data. The NIST (2017) theorizes that organizational success is predicated on senior leaders' commitment to improvement. Additionally, the report presented results every 4 weeks. Based on the results, 34% of the CEO's time was spent collaborating with other providers, 11% was spent collaborating via email, 6% was spent on chats and calls, and 17% was spent in meetings with Skype or Teams link. Email hours increased from 3.5 to 7.5 hours over the past few weeks according to the report. Furthermore, 66% of the CEO's time was focused on a typical week. The CEO's performance was also attributed to the set traditional business hours

maintained to ensure the fulfillment of leadership tasks and scheduling in an efficient manner (CEO, personal communication, April 1, 2021).

Patil and Chavan (2016) posited that SMEs are owner-managed, and the owner is typically responsible for making all decisions about the strategic direction of the organization. Relative to senior leadership and governance, senior leaders have the responsibility of setting values and directions while understanding that risk is a part of planning and conducting operations (NIST, 2017). The leadership and governance results showed that the agency does not have a governance system due to being a sole proprietor LLC. There were no additional senior leaders outside of the CEO. In larger organizations, senior staff are tasked with identifying functions carried out by the governing board and parent organization (NIST, 2017). However, the agency did not have a board of directors or a parent organization to associate with. Nevertheless, the CEO mentioned that a societal responsibility of the agency was to work alongside ministry leaders and their spouses to address the challenges they faced as they answered the call to minister to others. Next, servant leadership was mentioned to be the CEO's predominate style of leadership. The Baldrige Excellence Framework listed that one aspect of societal contributions is to include efforts made on behalf of leadership to improve the environment (NIST, 2017).

Based on a study conducted by Hakansson et al. (2015), if an agency is not prepared for ICT implementation, the lack of preparation can lead to unforeseeable outcomes. Planning practices in organizations are critical for the success of an organization and could place them at a highly competitive advantage in the field. The

NIST (2017) encourages tactical thinking and acting to develop a basis for a distinct competitive position in the marketplace. Patil and Chavan (2016), Raymond et al. (2020), and SAMHSA (2015) asserted that effective management and use of ICT not only maintains the organization but also improves its competitive performance regarding innovation and productivity. The CEO is responsible for managing all aspects of the business, and without additional staff to assist in the planning process, a challenge is posed requiring a team effort.

Before leaders consider and adopt ICT, it is pertinent they immediately identify the need or issue to be addressed followed by assembling a planning team. Traditionally, in a larger organizational context, a planning team involves the input of a wide range of stakeholders to include counselors, administrative staff, managers, and technical experts (SAMHSA, 2015). Although it is recommended in the behavioral health literature to have other stakeholders involved in the planning process, it is not the sole determinant of organizational uptake and ICT implementation success. After all, the owner is considered the most critical part of an SME as he/she makes most of the determinations regarding the agency and performance (Patil & Chavan, 2016).

Thus far, the CEO has decided not to track technology efficiencies to account for the time that is spent or lost (personal communication, December 31, 2020). Therefore, the CEO can gain knowledge that will increase the agency's ability to plan for ICT integration that is aligned with business objectives and to inform if it is worth adopting new technologies that shaves time without compromising experience or output. According to SAMHSA (2015), successful application requires a precise and developed

business plan and identification of problems prior to inventing a method to measure success.

The previous section examined why organizational planning is important for leaders of SMEs prior to ICT implementation. Planning is not only reduced to formal planning methods and specific planning cycles pertaining to the organization (NIST, 2017). Rather, there is a specialized form of planning, which is specific to ICT and essential for leaders of SMEs, called IS planning. Planning of this kind can significantly increase the time to create responses that will guide agencies to rely on other techniques such as time pacing, rather than formal planning. It may be accomplished periodically, with major efforts, or simply on a continuous basis (Mirchandani & Lederer, 2014). The IS planning involves a process whereby an entity establishes its intended ICT investments that can aid in accomplishing the entity's business aims, thus augmenting its performance (Mirchandani & Lederer, 2014). It is critical for successful ICT implementation, productivity, improved efficiency, and organizational acceleration. As well, IS planning requires leaders to have some degree of knowledge in ICT, which is discussed in the ensuing implications section of the study.

The literature suggested an IT knowledge gap in SMEs, which is a result of the tremendous number of applicable technologies and options available (Masood & Sonntag, 2020). IT knowledge is critical as it allows for understanding of the components of information systems, which is composed of hardware, software, people, and procedures. Managing these components requires leaders and staff to plan effective individual activities grouped into three parts: technical, personnel, and procedures

planning. The technical category refers to the computer hardware and software, personnel focuses on the individuals involved in the development of IS, and procedures planning emphasizes reliability and IS security (Mirchandani & Lederer, 2014).

### **Financial Results**

In the financial results section of this study, the researcher reported items that senior leaders use continuously to monitor an organization's financial performance and viability. The NIST, (2017) said financial measures and indicators include:

- revenues,
- budgets,
- profits or losses,
- cash position,
- net assets,
- debt leverage,
- cash-to-cash cycle time,
- earnings per share,
- value-based purchasing gain or loss,
- financial operations efficiency (collections, billing, receivables), and
- financial returns.

Notably, the CEO maintained a hard copy booking journal, utilized an Excel document, and received information from Square, which was used to conclude invoices for contract workers and to process mobile payments. Currently, neither of the previously mentioned financial indicators outside of expenses are being used or applied to the

agency. An Excel spreadsheet was used to enter, monitor, and manage the agency's expenditures manually. The CEO did not create any charts based on the financial data simply due to a lack of need. The biggest need for the CEO was showing the percentages per category.

Table 1 displays the agency's 2019 Excel expense log (2019 income was not provided due to a change in the 2019 financial maintenance system); Table 2 displays the agency's 2020 income; Table 3 demonstrates the agency's 2020 expenses; and Table 4 reveals the agency's 2021 income. By the conclusion of this study, the agency will have nearly 5 months remaining in the 2021 fiscal year to report the total amount of expenditures paid in 2021. As sole owner, the CEO did not have an annual budget by expense, rather, she had a targeted goal for revenue, which was determine based on the previous year and goals for the business.

Expenses were minimal as outlined in the tables below, and consequently, there was no need to cap expenses. Having additional sources of income enabled the CEO to maintain minimal expenses, and hence, save the bulk of earnings. The only time the CEO was uncompromising in allocating resources was if funds were bound to a contract or a grant. In those cases, the CEO was subject to the parameters of the funder.



**Table 1***2019 Expenses*

Expenditure	Total \$
Travel	4,872.88
Supplies & fees	2,075.24
Business checking	37.50
Construction	4536.56
Cellphone	972.00
Internet	660.00
Professional licenses, conferences & dues	1,779.20
Professional liability insurance	144.00
Website	114.90
Total expenses \$	15,192.28

*Note.* Information obtained from CEO's accounting booking journal.

**Table 2***2020 Income*

Source	Total \$	% of income
Supervision	110.00	0.76
A&D books /t-shirts	651.50	4.52
Cigna	788.00	5.47
Speaking	858.00	5.95
Coaching	883.00	6.13
Dissertations	1,060.00	7.35
Grant writing	1,549.00	10.75
Cx-Alabama	1,948.00	13.51
Cx-Florida	6,568.50	45.56
Monthly total \$	14,416.00	
4th circuit	1,000.00	1.38%
MDLive	3,660.00	5.06%
Aithoz	3,968.75	5.48%
SAMHSA	4,340.00	5.99%
EHI	12,626.59	17.44%
ADMH	51,100.67	70.58%
Monthly total \$	72,400.25	

*Note.* Information obtained from CEO's accounting booking journal.

**Table 3***2020 Expenses*

Expenditure	Total \$	% of Expenses
Sq fees	356.29	1.10%
Postage	143.80	0.44%
Contractors	14,118.50	43.62%
Psy today	359.40	1.11%
Travel	2,146.48	6.63%
Supplies	3,136.47	9.69%
Business checking	0.00	
Construction	450.00	1.39%
Office space rental	64.20	0.20%
Taxes	7,636.28	23.59%
Probono services	1,195.00	3.69%
Cellphone	972.00	3.00%
Internet	660.00	2.04%
Professional licenses, conferences & dues	694.00	2.14%
Professional liability insurance	322.00	0.99%
Website	114.00	0.35%
<b>Total expenses \$</b>	<b>32,368.42</b>	

*Note.* Information obtained from CEO's accounting booking journal.

**Table 4***2021 Income*

Source	Total \$	% of income
Supervision	915	4.03
A&D Books /t-shirts	22	0.10
Cigna	0	0.00
Speaking	450	1.98
Coaching	370	1.63
Dissertations	270	1.19
Grant writing	0	0.00
Cx-Alabama	1156	5.09
Cx-Florida	772.5	3.40
4th Circuit	527.5	2.32
MDLive	1610	7.09
Aithoz	906.25	3.99
SAMHSA	2660	11.72%
EHI	13043.8	57.45%
ADMH	0	0.00%
<b>Monthly total \$</b>	<b>22,703.05</b>	

*Note.* Information obtained from CEO's accounting booking journal.

**Implications**

As stated by the NIST (2017), telework provides organizations with many benefits and guides organizations to ponder and optimize the use of digital collaboration and communication tools. Additionally, telework can influence organizations to reconsider drivers of engagement, health and safety requirements, the way the organization manages and organizes its workforce, the way the organization manages capability and capacity, and workforce services, benefits, policies, and developmental opportunities.

Besides telehealth, social media, and mHealth behavioral health platforms, EHRs are highly effective in terms of improving the quality and outcomes of individuals receiving mental health services. The benefit to using an EHR system in behavioral health is in its capacity to provide faster retrieval of documentation, increase efficiency and welfare, and promote information exchange and coordination between providers and consumers (Larrison et al., 2017). Efficient and effective application of EHRs is crucial, as these systems progressively become a principal tool for patient care (NIST, 2017). Larrison et al. (2017) discovered that only 5 out of 48 states utilized a comprehensive EHR system, and only 18 states have a partial EHR system within their mental health agency. Likewise, Ranallo et al. (2016) stated how 97% of U.S. hospitals and 74% of U.S. physicians have implemented an EHR system, leaving only 30% of behavioral health providers utilizing these systems. This is a clear indication of the minimal implementation of EHR systems utilized by behavioral health professionals. The research has shown there is a gap in the amount and quality of behavioral health content in current IT products relative to conventional health care (Ranallo et al., 2016).

As stated by the CEO, finding the availability to conduct research on IT integration, implementation, and innovation has been an ongoing challenge; however, these issues have not been on the priority list. Furthermore, if she must continue using multiple technologies to achieve organizational tasks, there would be no purpose in modifying the current technologies. Since the CEO has not received any customer complaints or negative feedback about current technologies, the motivation to learn has been low (personal communication, December 31, 2020). The NIST (2017) noted that in

creating an atmosphere that is keen to innovation, there needs to be a clear established direction. Then, leaders should communicate any challenges or opportunities the agency is attempting to address, and then create a promising environment and clear process that will encourage and endorse intelligent risk taking.

This study provided a thorough examination of the positive outcomes of IS planning on ICT implementation in a SME behavioral health organization owned and managed solely by the CEO. Importantly, the present study's implications revealed the necessity of ICT competence in SMEs to improve efficiency, productivity, and performance. Zhang et al. (2018) stated that IT skills amongst managerial staff and competency is positively related to agency performance. In addition, ICT competence requires a leader's familiarity with how technology works, common terminology, ways that technology enhances behavioral health practices, privacy, and informed consent issues with the use of ICT. Secondly, the attainment of IT skills incorporates the leader's ability to access the internet for data, utilize ICT with simplicity, communicate with clients, provide basic trouble shooting, and build relationships. Further, attitudes should include the willingness to learn and apply technology to support clinical practice and foster greater interest in technology adoption, and the eagerness to work through technological glitches (SAMHSA, 2015).

Nonetheless, the acceptance of ICT by SMEs depends on an owner's ICT skills, personality, and attitude towards technology (Patil & Chavan, 2016). In line with Patil and Chavan's study, the NIST (2017) stated how organizations must be cognizant of the potential for novel technologies to create problems and opportunities in their own

marketplace. While some of these newest technologies may not affect the agency instantaneously, they are liable for influencing the competitive environment, resulting in new competitors for the agency's patient base. Barriers to ICT implementation in SMEs include lack of knowledge regarding strategic use of ICT, lack of ICT skills for application, uncertainty of ICT benefits, and security concerns. On the contrary, positive implications revealed that inclusion of ICT in SMEs can cut costs by improving internal systems and increasing efficiency and effectiveness of both IS and business practices (Patil & Chavan, 2016).

### **Social Change**

Digital globalization has enabled leaders and managers to dissect activities in present time, lessen decision time, and gain an in-depth conceptualization of their patients/clients simultaneously (Pigni et al., 2016). Zhang et al. (2018) emphasized the increasingly high number of organizations that are adopting new technologies globally, which is occurring due to the immense benefits that IT can bring to an agency's operations and services. Social change implications are comprised of direct benefits to include more patient access to treatment, improve the quality and effectiveness of care, enhance the overall efficiency of service delivery, and improve access to clinical services for underserved and diverse populations. Implications further suggested that technology can provide vast opportunities for persons with special needs and disabilities and help expand the methods for deaf people to communicate with others (SAMHSA, 2015).

## **Limitations**

The accuracy of the findings of this study were limited to four main areas: confidentiality, sample size, capacity, and amount of data collection. Confidentiality issues emerged from conducting online interviews with the CEO via email and Zoom. A breach of confidentiality was assumed if other individuals were to witness the researcher's email correspondence or overhear the conversations with the senior leader.

Next, the size of the sample was a major limitation based on a one-participant interview throughout the duration of the study. Interviewing one leader of an SME behavioral health agency did not represent an entire population of managerial staff in this sector. Third, capacity limitations were relevant as this study involved an SME with one senior staff. Therefore, it was difficult to gain a broader understanding without the opportunity to interview numerous executive leaders with varying expertise, knowledge, and input. Last, data collection was limited to seven forms of archival documentation that included financial statements, professional development plan, client survey, client demographic information, operating agreement, visionary statements, and third-party payor statements. Formal documentation such as meeting minutes, losses/gains, formal strategic plans, audits, performance measures, data on the workforce, and governance documents were not available for examination and limited the researcher's attempt for an in-depth analysis. The literature revealed a significant gap in behavioral health adoption of ICT in small organizations and warranted more in-depth research on the adoption and impact of ICT in SMEs.



## Section 5: Recommendations and Conclusion

Findings of this study were summarized to address this problem: How does IS planning in an SME influence IT integration and its ability to improve operational management processes, drive greater service efficiency, and promote organizational growth? This section includes recommendations not only for the CEO in this study but senior leaders at larger behavioral health organizations.

Based on findings, it is recommended that behavioral health leaders should increase competency in terms of ICT, consider implementing the TOE framework, and employ a lean management system. The study was conducted partly via teleconference and email correspondence. The study involved employing qualitative research methods and semi-structured interviews, secondary data, and archival documentation as methods for data collection. The respondent in this study was the CEO of a one member-led behavioral health LLC. The leader discussed in the study was selected by Walden University.

### **Recommendation 1**

According to the SAMHSA (2015), it is imperative for senior leaders and clinical staff to incorporate planning for IS and ICT and align it with the business plan, which does not require expertise but rather a willingness and ability to learn how to use new technologies. It is imperative for organizational leaders and staff in order to achieve optimal success during implementation. This leads to the first recommendation, which is for behavioral health leaders to increase competency in terms of ICT and IS. This may be accomplished through market research since it is important for all persons starting their

own business to be fully knowledgeable and educated regarding every aspect of the organization. Engaging in market research is almost mandatory for small business ownership (Howard et al., 2019). Structured organizational planning is essential to achieve business objectives because it provides SME business owners with a frame of reference for growth and productivity. Highly organized organizations fare better in adopting new technologies and practices than those who do not generally rely on structured process improvements (SAMHSA, 2015). ICT competency or awareness is defined as the extent to which behavioral health leaders and boards of directors are aware of IT as a business function (Zhang et al., 2018). According to the SAMHSA (2015), technological competencies can include how the technology works, common technology terms, ways technology can enhance practice, ethical challenges related to the use of technology, privacy, confidentiality, and informed consent issues involving use of technology including HIPAA, security risks that clients and providers may encounter, and policies regarding scope of practice, mandatory reporting, handling emergencies, and keeping electronic records.

Leaders who are competent build confidence, self-efficacy, and feel more comfortable with technology when answering clients' questions in addition to troubleshooting technological problems with clients (SAMHSA, 2015). One of the agency's services is providing clinical students with supervision hours facilitated via telephone conferencing, webcams to record clinical sessions, online discussions, and video conferencing. Leaders should ponder how technology may be most useful in addressing the needs of individuals or groups participating in individual and group

supervision for Registered Mental Health Counselor Interns. At any juncture during the supervision process, a technical glitch or security breach can occur, and it is important that the leader understands how to respond. Since supervision depends on exchange of clinical data and documentation between participants and clinicians, leaders should be well-versed in strategies that curtail risks to clients associated with information integrity, information security, privacy, and confidentiality (SAMHSA, 2015).

Behavioral health agencies should plan accordingly for implementation of ICT and IS to support effective communication and coordination of care that will improve quality of care (Ranallo et al., 2016). In addition to benefits of enhancing quality of care for agency clients, ICT awareness enables leaders to remain abreast of technological trends. For CEOs to keep up with increasing technological advances, there is a need for continual monitoring and evaluation of these trends by leaders in SMEs. However, the CEO divulged not prioritizing ICT research, which could hinder the agency's ability to drive establishment of clear goals pertaining to technology adoption. Hakansson et al. (2015) said demands on ICT planning to be thorough have increased and are especially significant for smaller organizations. This is due to many advances in business technologies that have led to significant modifications for SMEs.

A major shift in SMEs started from past generations where smaller organizations would only venture out to its local communities. In modern-day business, SME owners must include and consider the global community of consumers, because new technologies and devices are shaping organizations in vastly different ways compared to businesses in the past (Howard et al., 2019). It is critical for leaders of SMEs to recognize new

technological innovations as vital aspects of keeping businesses relevant . It is important to convey CEO perceived attitudes regarding gaining competence in technologies. It is vital because negative attitudes toward technologies could impact the outcomes of a successful implementation process. SME owners must be willing to learn and use technology to support clinical practice, be interested in adopting new practice techniques, and be willing to face up to technology interruptions and glitches to maintain competitive advantage (SAMHSA, 2015). Awa et al. (2017) said organizational strategies are unequivocally shaped by perceptual idiosyncrasies of the decision maker as well as feelings involving technology's usefulness, which eventually drive motivation and attitude.

Organizational culture, business process flexibility, and availability of ICT skills are vital factors to take into consideration prior to ICT implementation, as improper planning, knowledge, and consideration may cause ICT adoption processes to fail (Patil & Chavan, 2016). Zhang et al. (2018) said leaders who engage in planning and are technologically knowledgeable can radically decrease risks of data tampering and loss, service disruption, and inadequate management of ICT systems. Zhang et al. also stated that organizational leaders who have fundamental knowledge or expertise in technology-based care tend to be more aware of IT-related weaknesses. Aside from being useful for ICT planning and implementation, ICT skills are another component of IT competency.

There are various skills that leaders can attain during their quest for IT awareness. According to the SAMHSA (2015), ICT skills include:

- Assessing the Internet for information.

- Communicating with clients using technology.
- Using technology with ease.
- Providing basic trouble shooting.
- Interacting with technology users effectively using technology.
- Establishing and maintaining relationships using technology.
- Possessing effective writing skills such as text etiquette when using text-based communication in the context of professional relationships and
- building referral relationships in the community, including emergency referrals.

### **Recommendation 2**

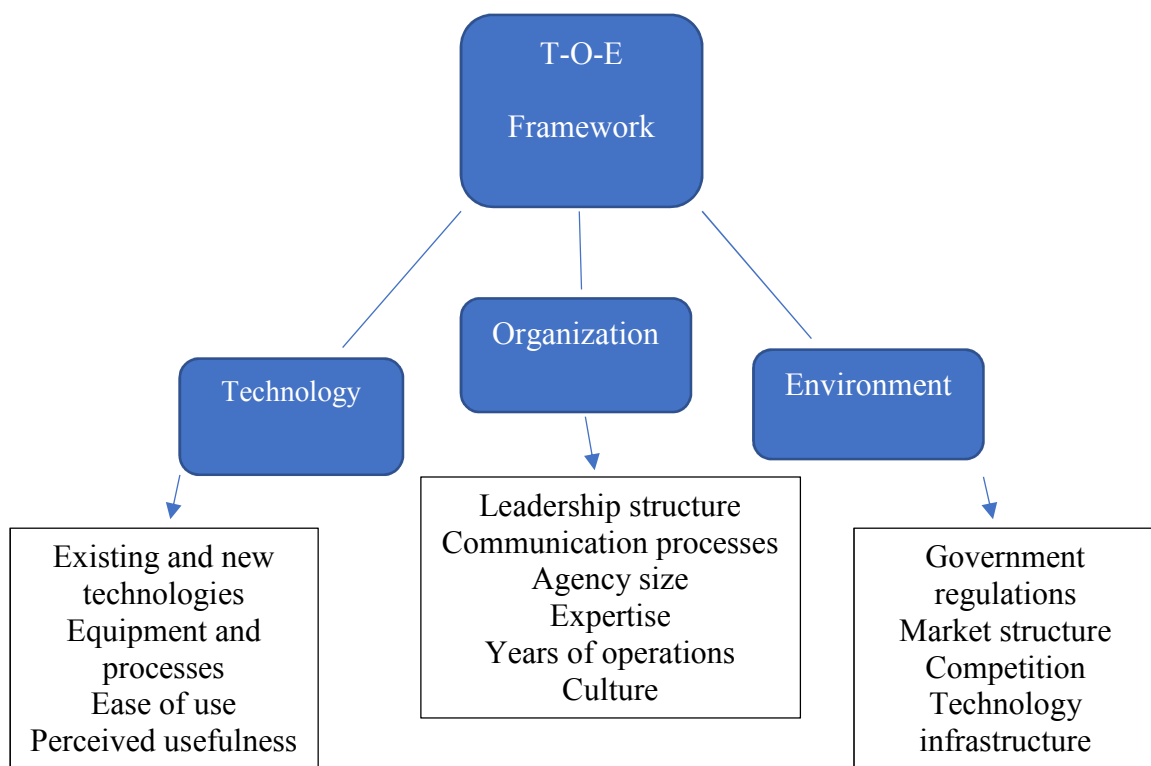
The TOE framework, more than many other technology adoption frameworks, has earned robust theoretical and empirical supports in the IS field. It allows organizations and its leaders to assess thoroughly organizational demand for adoption, which is crucial for the agency in this study. According to the SAMHSA (2015), clinical need and clinical benefit should guide the use of technology—not vice versa.

The framework is split into three meaningful and applicable constructs relevant to an organization and its IT (see Figure 1). The technology construct describes adoption as fashioned by collective technologies internal and external to the agency as well as to the agency's technical compatibility, complexity and learning curve, and visibility/imagination. Also, it involves equipment and processes relevant to the organization, including current technologies and those available in the marketplace that have yet to be accepted (Awa et al., 2017; Olufemi, 2018). Next, organization relates to

descriptive measures, integrated T-O-E classifications that include enterprise scope, leadership beliefs and supports, organizational culture, and complexity of leadership structure measured by centralization, formalization, and vertical variation, the quality of human capital, and size-related issues such as internal slack resources and specialization. Finally, the environmental context corresponds to the operating areas of business, including government incentives and regulations, customer mandates, competitive pressures, industry life cycle, socio-cultural issues, uncertainty, and vendor supports (Awa et al., 2017).

**Figure 1**

*TOE Framework*



This framework is valid, most dominant, and specific for enterprise-context adoption because its proposed generic factors provide a more consequential view into studying users' opinions about specific systems (Awa et al., 2017). It has been conveyed in the T-O-E literature that a decision maker's enthusiasm and growth ambition, an owner's emotion and motivation, top management's support and managerial productivity, a manager's belief differences, and a CEO's knowledge and characteristics influence technology adoption (Awa et al., 2017). With the CEO desiring to consolidate current technologies and/or implement new technologies, it is recommended for the agency to consider implementing and aligning the T-O-E framework with the organization's long-term visioning strategies, especially because the CEO is interested in implementing an adaptive telehealth practice management system that will no longer require the agency to use each basic technology separately. The current technologies in the agency are specifically important in the adoption process because each technology sets a wide limit on the scope and pace of technological changes that an agency could assume (Olufemi, 2018).

An adaptive telehealth practice management system is a form of IS that could deem beneficial in providing mental health services; however, it is not considered a platform that is applicable to all services. However, this type of integrated system is useful for the behavioral health agency as it automatically replaces five of the six major current technologies in use, which includes Zoom, email, MS Bookings for scheduling, MS Forms for creating forms and evaluations, and Square for invoicing. Google Voice is the one technology that is not inclusive and can easily be replaced by one of the CEO's

suggested technologies called Ring Rx, which is a HIPAA-compliant phone system that makes it more convenient for providers to engage their patients securely from anywhere and anytime using a mobile phone or desk phone. Providers, clients, administrators, and clinicians are just a few of the many who can use this adaptive integrated system for video sessions, client self-scheduling, referral system, secure email, therapy notes, online forms (customizable), document sharing, online payment system, invoicing, accepting credit card payments, and HIPAA compliance.

The TOE framework is considered an organizational-level innovation adoption theory (Olufemi, 2018). It benefits small and large organizations by providing organizational leaders with key factors that would directly influence their decision to adopt or not adopt a new technology. The decision-making process is impacted by the technological context, organizational context, and environmental context, all of which present constraints and opportunities for technological innovation adoption (Olufemi, 2018).

The organizational context is especially important in terms of SME infrastructure. Organizational infrastructure merely consists of the systems, processes, and protocols that give structure to the agency, support its key functions, as well as help to carry out an agency's mission, vision, goals, and values. According to Olufemi (2018), an SMEs financial standing, organizational structure, and size play a significant role in influencing small agencies to adopt a new technological innovation in their organization.

In addition, the environmental context is important for leaders to dissect when considering adoption because it considers exclusive forces outside of the agency's



control: market structure, government regulation pressure, and technology support infrastructure such as electricity and reliability of internet connection. Awa et al. (2017) considered technology competence, firm size, financial commitment, competitive pressure, and regulatory support as critical adoption factors within the T-O-E framework.

### **Recommendation 3**

The final recommendation for the CEO is to incorporate lean management practices within the organizational culture. A lean organizational structure is designed to create more customer value using fewer resources than a traditional organizational structure (Pekmez, 2016). This may be applied to both small and large enterprises in various disciplines. Also, this organizational structure continuously strives to improve the organization with ways to eliminate waste in the production process.

The lean management construct focuses on aligning green IS and IT with an agency's corporate business strategy. For this to be effective, organizations require a holistic, systematic, and well-planned strategy that focuses on the principles of business sustainability and ecological thinking. Ecological thinking is essential and focuses on eco-efficiency, energy saving strategies, recycling, utilization of sustainable products, and coloring many agencies green (Pekmez, 2016). Furthermore, it would benefit the agency to incorporate sustainability into its long-term business strategy because it could add additional value to services, better cost management and efficiency of IS and IT infrastructure, achievement of competitive advantage and a stable stream of income.

According to Pekmez (2016), IT infrastructure encompasses virtualization and cloud computing, both of which consume less energy, preventing the need for data

centers and extensive cooling systems. Organizations using virtualization software save on significant waste due to the software's ability to divide servers into multiple machines. Cloud computing is a form of IS that requires innovative thinking from leaders in SMEs, especially due to the barriers and challenges that SMEs face in adopting new technologies. Innovation is commonly known as the heart of IT because IT is constantly advancing and evolving. The consideration to migrate IT to the Cloud Platform could be an effective and efficient strategy.

According to Parkhi (2019), the benefits of lean implementation is quality improvement, cost reduction, reducing processing time and waiting time, increased capacity for client care, increased productivity, and increased patient satisfaction. The agency's goal is to consolidate current technologies at a low cost; therefore, the agency would benefit from a lean structure given how lean approaches are based on the elimination of non-value activities. Thus, the agency's non-value activities manifesting as cost savings may be accomplished without having to reduce contractor staffing.

The process of implementing lean structures includes focusing on the client base, providing effective leadership, and managing multiple stakeholders. Leadership tends to play a significant role in lean implementation. Likewise, stakeholders are typically involved in the process of negotiations, articulations, and conflicts when warranted (Parkhi, 2019).

The process of implementation is best guided by five lean principles. These five principles include defining value, mapping value stream, creating flow, establishing pull, and pursuing perfection. These principles will aid the behavioral health agency by

providing a framework for creating an efficient and effective organization, allowing managers and leaders to deliver better value to clients. The agency will greatly benefit from practicing these principles by remaining competitive, increasing the value delivered to clients, decreasing the cost of conducting business, and increasing profitability.

Lean management structures and principles leads to social change, as many lean management platforms are held in the Cloud, making them assessable from anywhere in the world at any time. The Cloud helps organizations to reduce toxic levels by storing large amounts of data over the internet. Organizational leaders are no longer required to manage physical servers on their own devices and machinery, which eliminates the need to discard hardware parts from computers and other technological devices.

### **Recommendation for Future Research**

The literature review revealed a significant gap in behavioral health adoption of ICT in small organizations and warranted more in-depth research on the adoption and impact of ICT in SMEs. More specifically, there is a great deal of research to be done on staffing capacity and its influence on information technology integration. There is limited research concerning the alignment between staff capacity and successful technology integration, which is imperative as staff capacity is a key contributing factor concerning integration. Thus, it is vital for researchers to explore the impact of full-time employee's vs contractual workers, workforce competence and skills, and the size of a behavioral health agency on fully integrating new technology systems.

Firm size is a term that represents the total number of full-time employees within an SME. It is stated that firm size is positively associated with organizational outcomes.

SMEs with more employees are more likely to thrive in competition with other SMEs with significantly lower staffing levels (Bala & Feng, 2019). SAMHSA (2015) stated the importance of having staff members who are actively engaged and participating in the ICT process; noting how workforce ICT skills and competence are required to implement ICT effectively in behavioral health services.

### **Conclusion**

This research aimed to understand how IS planning in an SME directly influences integration of new technologies and its ability to assist small organizations in enhancing operations, efficiency, and uptake. Based on a qualitative analysis of the agency's operations, workforce, leadership, strategies, clients, measurements, and knowledge management, it can be concluded that IT competence and acquired IT skills amongst leadership in SMEs are obligatory to maintain the agency's competitiveness and to improve the agency's efficiency, productivity, and overall performance. The results indicated that leaders of SMEs who acquire the skills and possess the knowledge needed to integrate or implement IT can witness a significant cost reduction and enhance efficiency and productivity of information systems.

This research illustrated the essentiality of leaders of small businesses to seek IT knowledge and skills prior to integration but also raised the question of whether the shortage of a full-time workforce (leading to a lack of manpower to address IT related problems, activities, and processes) drastically eradicated the agency's ability to adopt IT and IS successfully. As technological advances continue to expand at a rapid rate, it will be in the best interest of SMEs to consider hiring and retaining competent full-time staff.

SAMHSA (2015) highly suggested keeping staff members abreast of all required technological competencies on an ongoing basis. Leaders also need to have plans in place to inaugurate supplementary training and provision for staff members who struggle to conceptualize the newly implemented technologies.

Based on these conclusions, practitioners and leaders of SMEs should consider utilizing the TOE framework, increasing IT knowledge, and employing lean management. The TOE framework establishes a logical rationale for assessing the need for IT adoption. Given how expensive it is to integrate and implement technology, it is important for leaders to address the needs of the clients served and the current technologies and cost prior to decision making. Next, IT knowledge positions leaders and staff members to address any problematic issues that may arise during the onset of IT integration. Lastly, lean management assists SMEs in saving capital due to effective waste management that occurs during the production process of integrating technologies. To understand better the implications of these results, future studies could address how staffing levels, workforce competence and skills, and size can inadvertently affect the outcome of IT integration.

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## Appendix A: Interview Questions for CEO

1. What is your leadership structure and governance system?
2. What are the reporting relationships among the governance board, senior leaders, and parent organization, as appropriate?
3. What are the key applicable occupational health and safety regulations, accreditation, certification, or registration requirements that your agency is required to adhere to?
4. What is your agency's mission and vision statement?
5. Can you describe your agency's key market segments, clients, and stakeholder groups?
6. What are the key requirements and expectations for the agency's health care services, client and other customer support services, and operations?
7. Can you describe the agency's key types of suppliers, partners, and collaborators?
8. What role do each stakeholder play in the agency's work systems, especially in producing and delivering key health care services and client and other customer support services; and in enhancing competitiveness?
9. Please describe your organizations' competitive environment and position.
10. What key changes, if any, are affecting the organization's competitive situation, including changes that create opportunities for innovation and collaboration, as appropriate?



11. What are the organization's key strategic *challenges* and *advantages* in the areas of health care services, operations, societal responsibilities, and workforce?
12. Do you have a current performance improvement system in place? If so, what are the key elements of the organization's performance improvement system, including processes for evaluation and improvement of key organizational projects and processes?
13. When the agency garners a contract and hires employees can you describe how you assess your workforce capability and capacity needs? In terms of assessing skills, competencies, and certifications?
14. Can you explain how you typically recruit, hire, place, and retain the contractual workers who worked for you in the past? This process includes any future contractors as well.
15. As subcontractors become available and hired, how do you organize and manage your workers to 1? Accomplish their tasks, 2. And exceed performance expectations relating to their job description.
16. How does your organization determine key programs, services, and work process requirements?
17. How does the organization determine what programs and services are needed but possibly not currently offered?

18. How does your organization design its programs/services and work processes to meet the standard of care requirements (each county and/or state legislature may differ Dr. Griffin)?
19. How does the organization support innovation? Please include the organization's strengths and challenges with innovation (if applicable).
20. How does your organization address and consider each client's expectations?
21. What are the organization's key work processes?
22. How does the day-to-day operation of work processes ensure that the key process requirements are met?
23. How do you keep your technology skills current?
24. What controls are in place to protect the organization's information?
25. Can you describe any security measures used to keep your network secure from hackers?
26. How does the organization ensure that hardware/software systems and data/information are available and secure to serve clients and business needs in the event of an emergency?
27. Are you using each system as originally designed/intended?
28. Is the current technology user friendly and intuitive?
29. In what ways does the current systems you use integrate in an efficient manner so that duplicative, manual data entry is kept to a minimum?

30. How much time do you spend correcting data that should have properly flowed between fully-integrated systems?

## Appendix B: Client Survey

## Satisfaction Survey

Please review and respond to each question and/or statement.

Required

1. I received the following service: Required to answer. Single choice.

- Coaching
- Consultation
- Counseling
- Dissertation Coaching / Support
- Grant Writing
- Speaking
- Training / TA
- 

2. I accomplished the goals I initially sought to accomplish. Required to answer. Single choice.

- Strongly Agree

Agree

Disagree

Strongly Disagree

3. I experienced insight or improvement in the concern, issue, or need for which I sought services. Required to answer. Single choice.

Strongly Agree

Agree

Disagree

Strongly Disagree

4. I am satisfied overall with the result of engagement with the [name of agency redacted]. Required to answer. Single choice.

Strongly Agree

Agree

Disagree

Strongly Disagree

5. I would recommend [name of agency redacted] to others. Required to answer. Single choice.

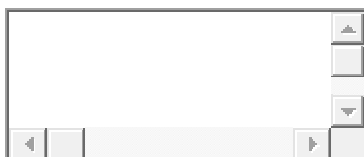
Strongly Agree

Agree

Disagree

Strongly Disagree

6. Additional Feedback for [name of agency redacted] Multi Line Text.

A rectangular text input field with a thin border. On the right side, there is a vertical scroll bar with a small arrow pointing up and another pointing down. At the bottom, there are two small square buttons with left and right arrow symbols, and a small square button with a right-pointing arrow symbol.

7. Name (Optional). Single line text.

A simple rectangular text input field with a thin border.