

2023

## Incorporating Mind-Body Therapies in Behavioral Health to Improve Patient Outcomes

Silvia Stark  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Psychology Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Silvia Stark

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. James Brown, Committee Chairperson, Psychology Faculty

Dr. Michelle Ross, Committee Member, Psychology Faculty

Dr. John Schmidt, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2023

Abstract

Incorporating Mind-Body Therapies in Behavioral Health to Improve Patient Outcomes

by

Silvia Stark

MS, Monmouth University, 2019

BS, Thomas Edison State College, 2016

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

February 2023

## Abstract

Mental health disorders are a global epidemic that continue to drain society of money, resources, and overall human life expectancy. The purpose of this qualitative case study was to analyze how a behavioral health organization that provides mind body therapies, such as yoga and meditation, in conjunction with clinical interventions to treat mental health disorders contributed to providing quality care and better patient outcomes. Currently, the behavioral health organization included mind body therapies within a clinical session and their goal was to separate yoga and meditation from a clinical session as reimbursable and evidence-based treatment for individuals with mental health disorders to improve patient outcomes. Organizational data was collected from semistructured interviews with the leaders of a behavioral health organization and from the website, brochure, and policy and procedure manuals. The Baldrige Excellence Framework was utilized as a point of reference to analyze the leadership structure, the workforce and regulatory environment, and performance metrics to determine how the organization could best implement health care delivery policy changes. The study found that leadership structural changes, development of a strategic plan, and implementation of a performance metric system, to adequately measure patient outcomes in regard to mind-body therapy as treatment for mental health disorders, can lead to separating mind-body therapies from a clinical session as reimbursable treatment to improve quality of care provided and patient outcomes. Improving the quality of care provided to individuals with mental health and substance abuse disorders will contribute greatly to positive social change as it will positively impact the global mental health crisis.

Incorporating Mind-Body Therapies in Behavioral Health to Improve Patient Outcomes

by

Silvia Stark

MS, Monmouth University, 2019

BS, Thomas Edison State College, 2016

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

February 2023

## Dedication

Without the tremendous love I have for son and my quest for answers when he died from opioid addiction in 2010, I would not be here. My son Ryan has been with me every step of the way, encouraging me and supporting me, especially when the reality of how truly devastating addiction is and when I began to understand what his suffering looked like. My mission since has been to help those suffering from mental health and addiction and provide support for their family members. Helping others has been tremendously healing for myself and my family and we owe it to our deep love for Ryan and his love for life.

I also dedicate my work, my continued tenacity, and commitment to helping others to my precious daughter, Brooke. Without you and my love for you I would not be where I am today. You are my hero, and you give me the courage and strength every day to not only survive but thrive. I am in awe of your kindness and compassion for others despite the pain and loss you have experienced. Thank you for the endless support during my doctoral journey. I am so proud of the wonderful young lady that you are, and I love you more than anything forever.

## Acknowledgements

I would like to acknowledge my first chair, Dr. James Brown for his unwavering support throughout this process, Dr. Michelle Ross, my second chair, for her words of encouragement and the University Research Reviewer (URR), Dr. Hendricks-Noble, for her constructive input that fostered valuable expansion on this case study and growth in me as a researcher practitioner.

I also want to thank my husband, Jayson, for “picking up the slack” at home since I went back to school, and for the endless support he has given me. I am so grateful for you. Jennifer, my fellow doctoral journey traveler, you have been a constant of love and support throughout this arduous process, we have cried and laughed together, and I am so grateful for you and our forever friendship.

## Table of Contents

List of Figures .....	v
Section 1a: The Behavioral Health Organization .....	1
Services to Treat Mental Health Disorders .....	1
Leadership .....	3
Practice Problem .....	5
Purpose .....	7
Significance .....	9
Summary and Transition .....	11
Section 1b: Organizational Profile and Key factors .....	13
Organizational Profile .....	15
Organizational Key Factors .....	16
Treatment Offerings and Services .....	18
Strategic Direction .....	19
Mission, Vision, and Values .....	20
Governance Structure .....	22
Organization Background and Context .....	24
Clients, Customers and Stakeholders .....	25
Suppliers, Partners, and Competitive Environment .....	26
Strategic Context .....	28
Performance Metrics .....	29
Operational Definitions .....	30



Summary and Transition.....	32
Section 2: Background and Approach—Leadership Strategy and Assessment.....	34
Supporting Literature .....	35
Sources of Evidence.....	41
Leadership Strategy and Assessment.....	43
Leadership and Governance.....	43
Strategic Implementation .....	44
Identification of Strategic Challenges.....	46
Clients/Population Served.....	47
Workforce and Operations.....	49
Analytical Strategy.....	51
Archival and Operational Data .....	53
Evidence Gathered for the Doctoral Study .....	57
Procedures.....	60
Data Collection .....	61
Trustworthiness.....	62
Summary and Transition.....	62
Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge	
Management Components of the Organization .....	64
Analysis of the Organization .....	65
Workforce Environment .....	65
Workforce Engagement .....	66

Workforce Capability and Capacity.....	67
Operational Effectiveness .....	71
Knowledge Management .....	74
Measuring and Improving Organizational Performance.....	75
Knowledge Development.....	75
Information Technology Infrastructure.....	76
Summary and Transition.....	76
Section 4: Results, Analysis, Implications and Preparation of Findings .....	78
Analysis, Results, and Implications .....	80
Client Programs, Services and New Initiatives.....	80
Client Focused Results.....	82
Workforce Focused Results .....	83
Leadership and Governance Results .....	84
Financial and Marketplace Results .....	85
Social Change .....	86
Strengths and Limitations of the Study.....	87
Summary and Transition.....	88
Section 5: Recommendations and Conclusion.....	89
Recommendations.....	89
Leadership.....	90
Performance Metrics .....	92
Summary .....	93

References.....96

Appendix A: Psychological Services Provided .....107

Appendix B: Interview Protocol .....109

## List of Figures

Figure 1. Organizational Chart .....25

Figure 2. Operational Definitions .....35

## Section 1a: The Behavioral Health Organization

The for-profit behavioral health organization (BHO) founded in 2006 that collaborated with this case study is located in the northeastern region of the United States. The BHO combines Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples, and families. Information gathered for this case study consisted of email communications and semistructured interviews with the founding partner, managing partner, and clinician coordinator. Data were collected from the BHO website, brochure, and policy and procedure manual referred to as the “Handbook”. The BHO website and brochure describe the organization as the “premier mind/body service provider” in the state. The website and brochure further represent that psychotherapy, mind-body services, and psychiatry are at the core of the diverse integrative services provided by the BHO to treat mental health disorders in children, adolescents, adults, couples, and families. The policy and procedure manual addresses the internal organizational operations of the BHO.

### **Services to Treat Mental Health Disorders**

Within the psychotherapy realm, the BHO specializes in counseling for depression, anxiety, anger management, intensive out-patient (IOP) and partial hospitalization program (PHP) for children and adolescents, marriage and couples counseling, trauma informed care, addiction counseling, mindfulness training, and assessment services for employers, schools, and court systems.

When referencing mind-body therapeutic services, which consist of yoga and meditation to treat mental health disorders such as depression, the BHO provides one on

one yoga and meditation as well as yoga and meditation groups. According to Cramer et al (2017), studies show positive results when incorporating yoga in conjunction with psychotherapy to treat major depressive disorder (MDD). Although yoga is deemed relevant in treating depression, low sample sizes limit the previous studies' validity and there is a need for further research using randomized controlled trials to compare treatment with and/or without yoga as an adjunct form of treatment for depression (Blignault & Kaur, 2020; Cramer et al., 2017; Fe et al., 2020) Although not the focus of this case study, to be accurate about the BHO service offerings, it is of importance to mention other yoga related services that the BHO also offers such as LifeForce Yoga. This type of yoga has been defined by Weintraub (2012) as yoga that incorporates sound, breath, hand gestures, meditation, and self-inquiry with and/or without usage of postures to treat anxiety and depression. In addition, another yoga related service provided by the BHO is iRest Yoga for individuals seeking treatment for trauma they have experienced as iRest yoga uses guided mindfulness meditation to reduce symptomology associated with traumatic experiences (Pence et al., 2014). A 12-step yoga-based recovery program is offered in the BHO to individuals with substance use disorders (SUDs). A study conducted by Mallik et al (2019) notes that, yoga, in conjunction with medication assisted treatment (MAT), has shown a reduction in relapse rates in individuals with SUDs. Qigong, Reiki & chakra-balancing are also offered at the BHO as a form of energetic healing practices to use in conjunction with psychotherapeutic and psychopharmacological services to treat mental health disorders more effectively and/or efficiently (Lando & Remhoff, 2015).

From a psychiatric perspective the BHO offers psychological assessments and evaluations, medication management and education, forensic psychiatric evaluations and monitoring of co-occurring disorders, case management, clinical supervision, and adolescent/adult IOP and PHP treatment services (Mpourazana et al., 2021). Currently, the BHO accepts solely managed care for its mental health and/or addiction services. This includes both psychotherapeutic and psychiatric services. The PHP and the IOP are currently self-pay, as the certification process ensues, to allow the BHO to accept insurance for PHP and IOP. The state certification process ensures that PHP and IOP providers meet certain standards and guidelines when providing care which will then allow for reimbursement.

### **Leadership**

According to the BHO website, leadership consists of a founding partner, managing partner, operations coordinator, clinician coordinator, integrated adolescence program coordinator, site coordinator, clinical supervisor, HR coordinator, administrative coordinator, and full-time access coordinator. The BHO serves clients in four locations and staff consists of administrative professionals and clinicians that are provisionally or fully licensed counselors and/or social workers. In addition, the BHO staff consists of Life-Force, iRest, and 12 step yoga trained individuals to provide services to children, adolescents and adults that are struggling with anxiety, depression, or trauma, or to provide support for substance abuse recovery. Psychiatrists in the BHO provide medication monitoring and management among other services such as psychological evaluations and treatment for individuals attending the adolescent IOP or PHP.

Moorefield (2019) has shown leadership that is well versed in spirituality as more engaged in self-awareness practices as well as possessing a strong linkage to their overall well-being in themselves as well as others. This can lead to more effective leadership in organizations as it can shape how the BHO views their wellbeing and health, their ability to change and grow within the organization and their connection with others. In the BHO, leadership embraces the concept of spirituality for all its' staff as well as clients in that the BHO leadership believes an increase in staff well-being is directly linked to an increase in client well-being (see Donaldson-Feilder et al., 2019). The BHO incorporates a transformational leadership approach as it values the followers needs and strives to help the followers reach their full potential (Northouse, 2018). According to Northouse (2018), transformational leadership coincides with leadership establishing a connection that increases the engagement and motivation of the followers that thus increases the quality of care provided to the clients in the BHO. This directly coincides with providing quality care in the form of an integrated concept, combining Western and Eastern wellness philosophies, to the BHO's current consumers as well as to potential future consumers such as disadvantaged populations on Medicaid and/or Medicare.

Transformational leadership that directly defines the BHO culture is reflected in their innovative methods of providing a higher quality of care to their consumers that includes a combination of Western and Eastern wellness philosophies. The BHO is a trailblazer in using mind-body therapy in conjunction with clinical interventions for the treatment of mental health disorders in children, adolescents, adults, couples, and



families, and as such is contributing to the transformation of how quality care is defined in treating mental health disorders in the state and potentially nationally.

### **Practice Problem**

This qualitative case study focused on a for-profit BHO, located in the northeastern region of the United States, and their goal to “de-silo” mind-body therapies, specifically yoga/meditation, as evidence-based and reimbursable treatment for disadvantaged populations. De-silo, in this context, refers to separating mind-body therapies from a clinical session. This would benefit the BHO as it would allow for expansion of integrated services and thus, increase revenue and organizational sustainability. In addition, it contributes to the current knowledge base on the benefits of integrative services to treat mental health disorders. Burnett-Ziegler et al. (2016) note disadvantaged populations as individuals that are typically on Medicaid and/or Medicare may not have access to an integrated care concept that incorporates mind-body therapies in conjunction with clinical interventions for treatment of mental health disorders. The goal of the BHO is to expand and efficiently and/or effectively provide services to such disadvantaged populations.

The barriers in providing care to all and not just those with money to pay for services is the evidence-based guidelines set forth by the Joint Commission, but does not currently include yoga and meditation, as yoga and meditation are not yet a licensed profession and yoga instructors are not currently credentialed (Anderson et al., 2021). Therefore, the BHO is not able to expand their services to include individuals with Medicaid and Medicare, which are typically those with lower socioeconomic statuses, as

they will not be reimbursed and/or they may have reimbursement deductions that would financially strain the organization (Burnett-Zeigler et al., 2016). Subsequently, the issue for this case study is to explore expanding integrated services statewide and potentially nationally and “de-siloing” mind-body therapies in the treatment of mental health disorders. The end goal is for the BHO to develop and implement a strategic plan to address policy changes to incorporate holistic care as reimbursable services in the BHO.

Although researchers in Ee et al., (2020) have investigated this issue, there is very little or no literature and/or organizational practice knowledge on an integrated concept of providing care to individuals or families that combines Western and Eastern wellness philosophies. Especially within the context of a reimbursement model, which would allow underserved populations to benefit from these services. Blignault and Kaur (2020) mention the need for further research to be conducted on the benefits of combining Western and Eastern philosophies when treating mental health disorders. Without such literature supporting the potential efficacy of mind-body therapies in conjunction with clinical interventions to treat mental health disorders and establishing integrated care as evidence-based treatment, it makes it more difficult for organizations that provide integrated care to accept individuals on Medicaid and Medicare as they may not receive compensation or be penalized with reimbursement deductions which can interfere with the organizations’ sustainability (Blignault & Kaur, 2020). It also makes it more difficult for disadvantaged populations to obtain mind-body therapies in conjunction with clinical interventions to treat mental health disorders. Since less is known about the efficacy and/or effectiveness of an integrated care collaborative approach as a form of treatment

for physical and mental health, there is a gap to be further investigated. As such, the following research questions guided this case study:

Research Question 1 (RQ1): What is the process of enacting policy changes in relation to reimbursable mental health treatment?

Research Question 2 (RQ2): How does a specific mental health treatment and/or intervention become evidence-based and thus reimbursable?

Research Question 3 (RQ3): What are the perceptions of leaders and staff in relation to policy changes?

### **Purpose**

The purpose of this qualitative case study was to explore how policy change in the BHO can contribute to mind-body therapies, such as yoga and meditation, becoming evidence-based treatment for mental health disorders and thus reimbursable by Medicaid and Medicare to organizations that provide these services. The for-profit BHO is in the northeastern region of the United States and provides individuals and/or families an integrated approach to mental health treatment. More specifically, this organization combines Western and Eastern philosophies in its' practice. Clinical interventions such as psychotherapy and psychopharmacology are combined with yoga and meditation to treat mental health disorders in children, adolescents, adults, couples, and families.

The practice problem depicts the inability of the BHO to accept individuals on Medicaid and/or Medicare as the BHO is only able to accept managed care insurance for their services. Policy changes for mind-body therapies, specifically yoga and meditation, as evidence-based treatment in conjunction with clinical interventions for treatment of

mental health disorders would allow for this BHO provide reimbursable services to disadvantaged populations and thus increase its' financial sustainability. Currently, the BHO provides integrated care simultaneously as the mind-body therapies alone are not a reimbursable form of treatment in managed care.

The ways in which the Baldrige excellence framework supported this study included providing the lens to understand how leadership strategized to develop and/or implement a strategic plan to incorporate mind-body therapies in conjunction with clinical interventions as evidence-based treatment for mental health disorders and thus be reimbursable by Medicaid and Medicare. The Baldrige excellence framework is a framework grounded in concepts designed to increase organizational performance (National Institute of Standards & Technology [NIST], 2020). More specifically, the sections in this doctoral study that focused on how the BHO collects and analyzes data to implement strategies that increase organizational performance from a leadership, program development and implementation perspective. This conceptual process allows for the organization to understand how they track the development and implementation of their strategic goals and how the organization learns as they go and/or grow (NIST, 2020). The results of this process determined that the strategic goals of the organization align with the changes and/or implementations the organization is currently doing or wants to do to accomplish the end goal of increasing overall organizational performance.

Since the BHO wants to incorporate mind-body therapies in conjunction with clinical interventions in their integrated care approach to treat mental health disorders, the Baldrige excellence framework was used as a tool to guide the organization in

strategizing an approach to develop and implement a strategic plan. The Baldrige excellence framework assisted with understanding multiple organizational components of the BHO to understand how the organization responds to internal and/or external activities. This helped to develop and implement a strategic plan to address policy changes to incorporate holistic care as reimbursable services in the organization. Furthermore, this also allowed for the organization to service disadvantaged populations that are on Medicaid and Medicare. The Baldrige excellence framework guided the process of addressing current leadership styles and how leadership strategizes to develop and implement change initiatives within the organization. Understanding the conceptualization of the practice problem, and thus the nature of the case study, allowed for the necessary recommendations for optimal organizational results.

### **Significance**

This case study was significant in that the BHO integrates Western and Eastern philosophies in their treatment of mental health disorders and wants to “de-silo” the Eastern philosophies in the BHO. The end goal of this case study was to identify appropriate strategic planning efforts to assist with identifying funding sources that are sustainable yet accessible for underserved populations (Blignault & Kaur, 2020). This would allow for the BHO to provide integrated services to disadvantaged populations that are on Medicaid and Medicare, as currently, the BHO is only able to accept managed care as a form of reimbursement for mental health services provided which excludes socioeconomically disadvantaged populations (see Burnett-Zeigler, et al., 2016; Evans-Lacko, et al., 2018).

Lake and Turner (2017) note the importance of addressing the inadequacies of using solely clinical interventions in the treatment of mental health disorders as depression in individuals between the ages of 15-44 in the United States is the major cause of disability and results in the annual loss of overall productivity in excess of \$31 billion. The positive impact that the use of Western and Eastern wellness philosophies when treating mental health disorders has on social change directly interacts with the need to incorporate complementary and alternative (CAM) modalities, which include mind-body therapies, in treating mental illness to address the overwhelming global crisis of mental health disorders (Lake & Turner, 2017). The emergence of research on the benefits of incorporating mind-body therapies and the need for further training for medical and mental health professionals to provide these services is a way to enact social change by increasing the overall quality of care provided.

Reimbursable integrated care for the BHO is of value as it would increase the organization's revenue by providing services to disadvantaged populations and allow for receipt of reimbursement from Medicaid and/or Medicare (Evans-Lacko, 2018). The BHO wants to provide quality care for all, and they are currently unable to do that as their mind-body therapies are not recognized as evidence-based clinical interventions to treat mental health disorders.

Public health law and the overall population health is described by Furrow et al., (2018) to be a collective effort to mandate government-imposed requirements to monitor quality of services provided and affordability to individuals and families. These standards help determine a baseline for acceptable services in prevention and treatment and their

cost to individuals and families. As such, this case study sought to increase the effectiveness of the BHO practice and leadership by providing all individuals with reimbursable integrated quality care. This case study further examined the psychological benefits of incorporating an integrated care concept including mind-body therapies in the treatment of mental health disorders that will add to the organizations' longevity and sustainability in providing quality care.

The goal of this doctoral study was to identify opportunities of how leaders can incorporate an integrated care approach that combines Western and Eastern wellness philosophies by including mind-body therapies in conjunction with clinical interventions as reimbursable treatment for mental health disorders in the BHO and beyond. Allowing for an integrated care approach to be more mainstream allows for optimal treatment of mental health disorders in all populations including disadvantaged populations who currently do not have access to integrated care like their more socioeconomic advantaged counterparts. This concept can illicit positive social change and contribute to making quality care more affordable and accessible to disadvantaged populations (Evans-Lacko et al., 2018).

### **Summary and Transition**

In summation, this section included an introduction of the for-profit BHO located in the northeastern region of the United States and described the services they offer, clientele they serve, their practice problem, organizational structuring, and significance of this case study. The BHO combines a Western and Eastern approach in the treatment of mental health disorders. As such, the BHO postulates the need for organizational

expansion to include servicing disadvantaged populations. As previously noted, disadvantaged populations are typically on Medicaid and/or Medicare and the BHO is not currently able to address the needs of disadvantaged populations as often as they would like.

This case study addressed the regulatory requirements of the BHO to efficiently and/or effectively develop a strategic plan to incorporate mind-body therapies in conjunction with clinical interventions as reimbursable treatment for mental health disorders. In addition, this case study analyzed the organizational structuring of the BHO to address the expansion of services provided to disadvantaged populations.

Data were gathered from BHO leaders, specifically the partner and founder, managing partner, and clinician coordinator, via semistructured interviews, and collection of internal documentation regarding their current regulatory environment and the state requirements to incorporate mind-body therapies in the BHO as reimbursable services. Further data collected via interviews with the behavioral health leaders (BHLs) assisted in understanding the current organizational structure to determine appropriate recommendations that can address the expansion of integrative care services in the BHO.

Section 1b incorporates usage of the Baldrige excellence performance to address the organizational profile, background, and context of the BHO. This includes the mention of key factors that play a significant role in the strategic placement of the BHO and their potential expansion of providing integrated services to disadvantaged populations.



### Section 1b: Organizational Profile and Key factors

The for-profit BHO is situated in the northeastern region of the United States and combines Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples, and families. According to their website, the BHO's mission and vision states, "We believe in the power of compassion, kindness, unity, respect, and peace to create a client-centered, innovative, supportive clinical experience". The BHO is innovative and trailblazing in its' commitment to provide cutting edge and quality care to its' consumers. As such the BHO treatment constructs consist of psychotherapy, in conjunction with mind-body services and psychiatry, to help children, adolescents, adults, couples, and families that are affected by mental health and/or substance abuse disorders.

Currently the BHO only accepts managed care for the integrative services they provide to children, adolescents, adults, couples, and families. Insurances accepted are Horizon, United Healthcare, Cigna, Aetna, Oxford Health Plans, and Humana. The BHO would like to "de-silo" the mind-body therapies and the Eastern wellness philosophies they offer to treat mental health disorders by expanding their organization and providing services to disadvantaged populations on Medicaid and/or Medicare as this would positively impact reimbursement to the BHO and thus increase sustainability and growth.

The purpose of this case study was to explore expanding integrated services in the BHO statewide and potentially nationally and "de-siloing" mind body therapies to provide integrative care to individuals and/or families that are affected by mental health disorders. The end goal for the BHO was the development of a strategic plan that allowed

the BHO to implement policy changes to incorporate mind-body therapies as reimbursable services in the BHO to service disadvantaged populations and thus increase revenue and organizational sustainability.

The research questions that guided this case study are as follows:

RQ1: What is the process of enacting policy changes in relation to reimbursable mental health treatment?

RQ2: How does a specific mental health treatment and/or intervention become evidence-based and thus reimbursable?

RQ3: What are the perceptions of leaders and staff in relation to policy changes?

The next section discusses and assesses the organizational profile and key factors to determine the appropriate strategic direction the BHO requires for successful implementation of mind-body theories in conjunction with clinical interventions as evidence-based and reimbursable treatment for mental health disorders in disadvantaged populations. In addition, the organizational background and context was addressed using the Baldrige excellence performance (see NIST, 2020).

This qualitative case study depicted a for-profit BHO located in the northeastern region of the United States that provides a combination of Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples, and families. The BHO currently only accepts managed care for its' integrative care approach for treatment of mental health disorders. The goal was for the BHO to "de-silo" yoga/meditation from the traditional psychotherapeutic clinical interventions to treat mental health disorders and quantify these integrative care services as evidence-based

and reimbursable treatment for disadvantaged populations that are on Medicaid and/or Medicare.

An in-depth semi-structured interview was conducted with the BHL to discuss the organizational profile and key factors that are of importance to the success and sustainability of the BHO. Gathering background information and context of the BHO's need for this doctoral case study to "de-silo" the Eastern wellness treatment of yoga and meditation to have the ability to offer services to disadvantaged populations was key to identifying the strategic initiatives necessary to implement social change.

### **Organizational Profile**

The for-profit BHO organizational workforce profile consists of a plethora of leadership and staff to provide integrative care to its' consumers. Leadership is a critical element in the organizational structuring of a BHO as it directly impacts successful integration of an organization's mission and values (Northouse,2018). As noted in the BHO website, leadership is made up of a founding partner, managing partner, operations coordinator, clinician coordinator, integrated adolescence program coordinator, site coordinator, clinical supervisor, HR coordinator, administrative coordinator, and full-time access coordinator. The largest and flagship location is comprised of approximately 38 clinicians working a mixture of full time and part time. The other four locations currently have less than 10 clinicians in each setting.

According to Burns et al., (2020), effective leadership requires one to possess the ability to motivate individuals to accomplish goals that are set forth collectively. In addition, effective leadership requires a keen focus on the individual strengths and

weaknesses of each staff member to provide appropriate strategies for them to achieve said goals (Northouse, 2018). Strong communication skills are an essential component of good leadership skills as the leader needs to establish a clear and direct way to communicate directives to staff while simultaneously maintaining an open line of communication with BHO leadership (Burns et al., 2020). The characteristics and style of leadership are a crucial component in the effectiveness of goal attainment and in the BHO, leadership takes pride in their communicative and hands on approach of taking care of their staff by providing supervision, support, and trainings so they can accomplish their goal of continuously providing innovative and quality care to its' consumers.

The BHO employs provisionally licensed associate counselors (LAC) and licensed social workers (LSW) which are candidates who have completed either a clinical mental health or social work master's degree. In addition, they employ clinicians that are fully licensed such as licensed professional counselors (LPC) or licensed clinical social workers (LCSW) who have completed a clinical mental health or social work master's degree and the required hours for full licensure mandated by the state. In addition, the BHO is comprised of administrative staff, prescribers, and trained/certified yoga instructors who are mostly licensed clinicians although there are two staff that are solely trained and certified in yoga.

### **Organizational Key Factors**

The key factors in this case study were regulatory requirements and organizational structuring which are components of the organizational profile section in the Baldrige Performance Excellence Program (Baldrige Performance Excellence

Program, 2020). In this case study, gaining an understanding of the BHO's regulatory environment would efficiently and effectively assist with the development of a strategic plan to incorporate mind body therapies, specifically yoga and meditation, in conjunction with clinical interventions as reimbursable treatment for mental health disorders. This would allow for the BHO to expand its' services by providing treatment to disadvantaged populations typically on Medicaid and/or Medicare. In addition, the analyzation of the current organizational structuring of the BHO allowed for implementation of necessary changes to address the expansion of services provided to disadvantaged populations.

The BHLs lead with a top-down approach. With four locations run by the founding partner and managing partner. Although there are other leadership positions in the four locations, the organizational control and decision making seem to lie with the founding partner and managing partner. According to Burns et al (2020), leadership and management are defined as two distinctively different processes, with leadership focusing on setting and accomplishing goals based on an overall organizational goal, and management establishing objectives to accomplish said goal. At times management may need to navigate both setting goals and establishing objectives to accomplish goals simultaneously. Burns et al (2020) further note that the balance of internal functioning to its' environment is a critical role in leadership. Organizational sustainability requires internal balance and definitive roles for leadership and management to develop and implement strategic initiatives to allow for efficient and/or effective change management in organizations (Northouse, 2018).

Understanding the key factors connected to addressing the practice problem in this case study will allow for successful development of strategic initiatives to mitigate the practice problem in the BHO of “de-siloing” its’ integrative care services and have yoga and meditation recognized as evidence-based treatment in conjunction with clinical interventions to treat mental health disorders. Gathering internal data from leaders of the BHO regarding their current regulatory environment and the external data consisting of current state requirements to incorporate mind body therapies in the BHO as reimbursable services was essential to this process.

### **Treatment Offerings and Services**

As previously noted, the BHO utilizes a holistic wellness philosophy to treat mental health disorders in children, adolescents, adults, couples, and families. The BHO’s treatment offerings and services are listed in Appendix A. According to the data obtained from the BHO website (2022), assessments and psychiatric evaluations provide information and insight to determine the symptomology being experienced to appropriately and effectively guide the treatment of said mental health issue. In addition, the BHO website notes that for clients that require psychotropic medication in conjunction with talk therapy the medication monitoring service provided by the psychiatric providers after the assessment is complete and medication is prescribed is geared towards the monitoring of medication for efficacy and/or negative side effects and negative reactions to medication.

The Self-Harming Behavioral Therapy mentioned in the BHO website is for clients with self-injurious behaviors such as cutting, burning, pulling the skin, puncturing,

biting, pulling hair and hitting. These self-injurious behaviors tend to be maladaptive coping skills for stress and pain, self-punishment and/or to elicit euphoric feelings, and are most prevalent in young teenagers. Sexual trauma therapy supports victims of sexual trauma and provides them with coping skills from a compassionate and client centered perspective to move on past their trauma. The BHO's Substance Abuse Recovery Program is designated for clients that have SUDs and currently experienced a relapse. The BHO website states that they offer the Intoxicated Driver Resource Center and the Partnering for Recovery Group for family members of SUD clients. All psychiatric sessions are offered either in person or via telehealth (see Appendix A).

### **Strategic Direction**

The development of strategies to achieve successful implementation of an organization's mission and goals, as mentioned by Burns et al. (2020) and Ferreira and Proenca (2015) correlates with the effectiveness of an organization. Burns et al. (2020) describe strategies as an essential component in accomplishing successful adaptation to growing trends. This is accomplished by reviewing strategies that have had previous success and those that need to be adjusted as well as the way an organization responds to change management within the BHO. Kaufman (2016) further discusses the importance of talent in strategic planning as it is a component of delivering quality services within an organization. The strategy to employ qualified candidates, whose goals and visions align with the organization adds to the effectiveness of an organization. The BHO prides itself in strategically employing provisionally and fully licensed/credentialed individuals that have a strong alliance with and belief in integrated care. Furthermore, according to the

managing partner of the BHO, most of the clinicians are certified and trained in yoga which helps unify the holistic wellness philosophy to treat mental health disorders in children, adolescents, adults, couples, and families (Personal communication, January 24, 2022). As this facilitates the use of mind-body therapy in conjunction with traditional clinical interventions within a clinical session.

Research conducted by Ferreira and Proenca (2015) further determined organizations benefited, in terms of effectiveness of goal accomplishment, by implementing strategies, as they maximize external opportunities, reduce external threats, continue to use their strengths, and improve the weak areas of an organization. Although a good strategy is beneficial, without proper implementation, it is considered by Burns et al. (2020) to cause conflicts within an organization. Completing a plan that is not time specific with criteria and objectives to achieve said goal, as stated by Burns et al. (2020) and Kaufman (2016), will not be successful in their strategic implementation. To accomplish the BHO goal of “de-siloing” yoga and meditation and incorporating policy and procedure changes in the BHO would take collaborative development of a strategic plan with a special focus on the implementation of the regulatory requirements and changes in organizational structuring to adapt to the increase in consumers and services provided to disadvantaged populations.

### **Mission, Vision, and Values**

Burns et al. (2020) mention the mission and vision of an organization as the driving force behind strategic planning and implementation of services. In the for-profit BHO, located in the northeastern region of the United States, their mission is to provide



children, adolescents, adults, couples, and families compassionate, supportive, equitable and innovative Western and Eastern wellness modalities to treat mental health disorders. The BHO takes pride in the fact that they are one of the only BHO's in the United States that embraces a total body healing modality and a "*place where the art of being well meets the science of well-being*" which is defined by the BHL as their quest to maintain currency with optimal treatment for mental health disorders by identifying gaps in mental health treatment and creating innovative and evidenced based wellness opportunities that incorporate both a Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples and families (Personal communication, January, 24, 2022). This case study explored the ability of the BHO to "de-silo" its' Eastern wellness philosophies to provide treatment to disadvantaged populations that are typically on Medicaid and/or Medicare.

The founding partner and managing partner envision an organization wherein all their clinical therapists and/ or social workers are certified in yoga to incorporate both Western and Eastern wellness philosophies in their treatment of diverse mental health disorders (Personal communication, January 24, 2022). The BHO embodies a client centered approach with a strong belief in kindness and peace to enhance the consumers' clinical experience. The authors in Burns et al., (2020) define value as how an organization can improve the quality of care while simultaneously providing broader access to care with a reduction in cost. To provide value to consumers the BHO must be knowledgeable of current public health policies and their components, obtain funding sources to implement public policy, apply theoretical perspectives, collaborate with other

healthcare organizations, and measure the value to ensure viability by incorporating statistics in the form of measurement outcomes. As discussed in Collier and Jones (2013), sustainability is defined as the ability to meet the needs of communities, while engaging in current and future goals and objectives, with strong organizational partnerships to address the current trends of needs to sustain long term social change. This case study explored the expansion of the services in the BHO to “de-silo” its’ eastern wellness philosophies and provide integrative care to disadvantaged populations that are typically on Medicaid and/or Medicare.

### **Governance Structure**

The BHO roles and responsibilities of leadership are as follows:

*Founding partner:* responsible for growth and business development in the BHO.

In addition, addresses gaps in service and provides innovative solutions.

*Partner-managing partner:* responsible for daily activities of BHO, finances, administration, head of core management team, billing, attorneys, and consultants.

Facilitates weekly leadership meeting, weekly core management meeting consisting of clinician coordinator, operations coordinator, administrative coordinator and HR coordinator, and weekly meeting with Clinical Coordinator and HR coordinator.

*Operations coordinator:* mostly responsible for facilities, new building for IOP/PHP, infrastructure, IT, the purchase and/or rental of office supplies, computers, printers, furniture.

*Clinician coordinator:* works closely with HR to help with on-boarding, head of intern program consisting of 12-15 interns, assists administrative coordinator with access, and care navigation, assists clinicians with any issues they may have.

*Integrated adolescence program coordinator:* founding partner oversees all aspects of IOP and PHP program, group development and implementation, including snacks that are provided for PHP.

*Site coordinator:* works closely with HR to help with on-boarding, assists administrative coordinator with access and care navigation, assists clinicians with any issues they may have.

*Clinical supervisor:* provides supervision for provisionally licensed staff.

*Clinical consultant:* consulted for guidance on internal and/or external BHO issues.

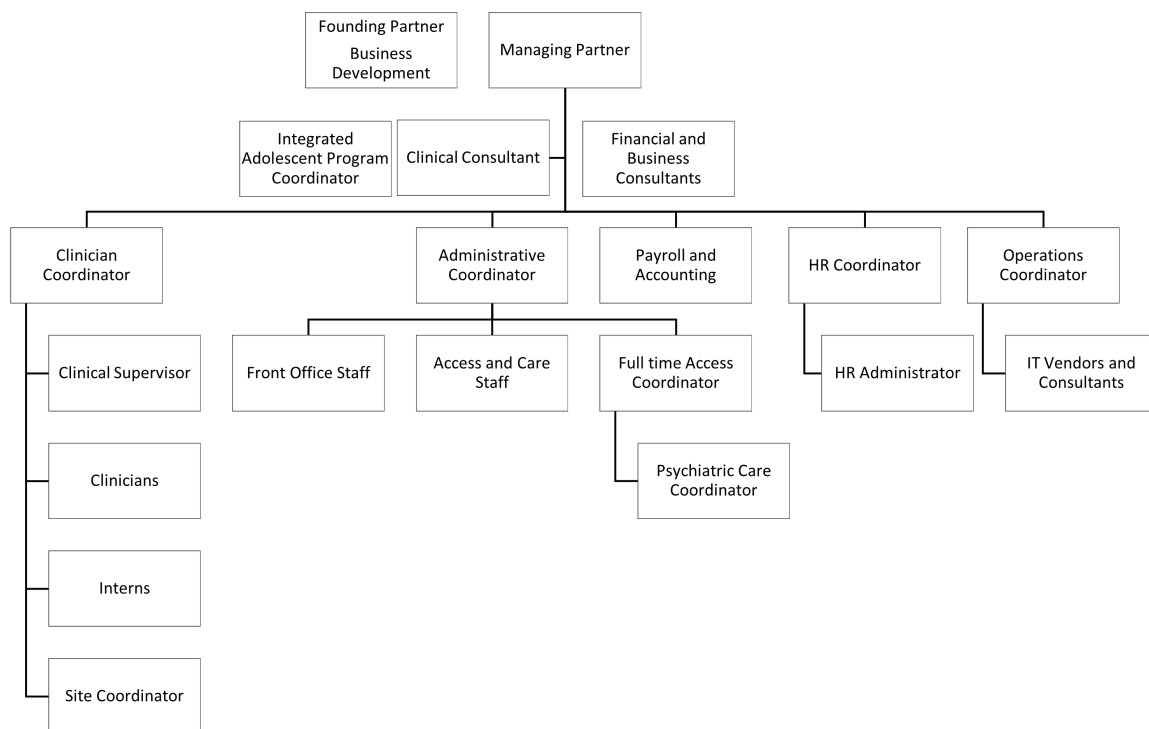
*HR coordinator:* responsible for on boarding process, filling BHO positions, insurance and health benefits.

*Payroll and Accounting:* inputs payroll information for payroll company, cuts checks, and manages employee 401K program.

*Administrative coordinator:* oversees front office staff, access and care staff, psychiatric care coordination.

*Full-time access coordinator:* responsible for coordinating treatment services for clients.

The BHO organizational chart denotes its leadership structure that embodies a top-down approach (see Figure 1).

**Figure 1.***Organizational Chart***Organization Background and Context**

The for profit BHO, founded in 2006, combines Western and Eastern wellness modalities to treat mental health disorders in children, adolescents, adults, couples, and families. The BHO currently only accepts managed care for their integrative treatment of mental health disorders so they do not have the same regulatory requirements that other behavioral organizations that accept Medicaid and/or Medicare for their clinical services may have. In addition, according to the BHL, they are the only organization that combines mind-body therapies in conjunction with traditional clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families

(Personal communication, January 22, 2022). Therefore, when asked to identify competitors, the BHL stated there are no other organizations that currently provide the combination of Western and Eastern treatment services to individuals struggling with mental health disorders (Personal communication, January, 24.2022).

### **Clients, Customers and Stakeholders**

The authors of the Baldrige excellence performance in NIST (2020) note that healthcare organizations that use their framework will reduce the cost of running their organization and improve patient outcomes. The BHO combines Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples, and families in the northeastern region of the United States. Reducing cost and increasing profit while maintaining the quality of care provided is of interest in that it can help the BHO maintain sustainability and growth over time. Currently, the BHO completes approximately 3,700 sessions a month within the five locations that provide mental health treatment to their clients consisting of children, adolescents, adults, couples, and families.

According to the managing partner, the BHO is dedicated to the customers in unison with the clients which include the parents and/or family members of the children and adolescents in treatment (Personal communication, January 24, 2022). In addition, other BHO customers include any third-party insurers including IOP and PHP which currently are out of network, but the BHO is the process of getting the IOP and PHP certified. Leadership and staff offer sliding scale payment to their managed care clients and/or customers and offer scholarship opportunities for individuals that are unable to

finance their treatment. This correlates directly to the care and compassion the BHLs, and staff have towards their clients and/or customers in the BHO.

The stakeholders include the aforementioned clients and customers along with approximately 96 staff members and growing. There are interns in the BHO, a program that is run by the clinician coordinator, which consists of approximately 12-15 interns which provide treatment to disadvantaged populations typically on Medicaid and/or Medicare for \$15 a session. Interns are supervised by various clinicians, and the BHO needs more credentialed supervisors due to the growth that the BHO has experienced in the past two years. There is currently no waiting list for the community outreach the BHO provides with its' intern program. On the other hand, there is a waiting list for managed care clients, customers and/or stakeholders depending on the clients' needs. This is due in part to the BHO doubling in staff size and clients within the past two years, therefore, the BHO is currently working on increasing staff and external stakeholder involvement. As such, the BHO recently initiated Integrated School Services and provides diverse and integrated services including social and emotional learning and training sessions for local school districts, guidance departments and school administrators.

### **Suppliers, Partners, and Competitive Environment**

The managing partner disclosed that the BHO rents all its' offices and/or facilities and is in the process of acquiring a separate location for the IOP and PHP that is not yet certified but that the managing partner is in the process of working with the Division of Children and Family Services to certify the PHP and the Division of behavioral Health to certify the IOP program (Personal communication, January 24, 2022). Since the IOP and

PHP services are billed separately in the BHO, having a facility of its' own will be more appropriate from an organizational and sustainable perspective. Furthermore, all the BHO furniture is purchased, and the computers, printers, scanners, and other technology are rented. Renting technology ensures the BHO maintains currency and innovation with the everchanging and evolving trends in technology.

The BHO partners with a school-based youth services program in the community that provides counseling services to students during school hours to furnish students with additional support. In addition, a monthly parent night is offered to community members to dispense them with support, informational and/or educational content about raising their children and/or adolescents. If a client requires a higher level of care, the BHO offers referrals to various institutions that can provide the clients and/or customers with a higher and/or different level of care. Another collaborative partnership the BHO has is with the social work board, the marriage and family therapist board and diverse managed care entities. The BHO can benefit from increasing their collaboration with similar organizations

Since there are no other BHOs in the state that provide the combination of Western and Eastern wellness philosophies to treat mental health disorders in children, adolescents, adults, couples, and families, the BHO has no competitors in that sense. However, when referring to traditional clinical counseling and therapeutic techniques there are many competitors in the state. From private practice providers to outpatient and inpatient treatment centers that treat mental health disorders in children, adolescents, adults, couples, and families.

## **Strategic Context**

A strengths, opportunities, aspirations, and results (SOAR) analysis was used to determine the strategic context of the BHO. Information for the SOAR analysis was gathered from the semi-structured interview with the managing partner and the clinician coordinator. Geoghegan (2018) defines a SOAR analysis as a tool that organizations can use to develop and implement strategic initiatives to postulate change and/or improvement management in organizations based on opportunities that align with the mission and vision of the organization. The acronym SOAR stands for strengths, opportunities, aspirations, and results. Strengths and opportunities are the present strategic advantages of the organization while the aspirations and results components depict what the future can look like in the organization.

The following is based on a SOAR analysis of the BHO:

1. Strengths – unique and innovative approach using mind body therapies in conjunction with traditional clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families
2. Opportunities – the BHO identifies gaps in treatment and develops strategic initiatives to implement new and innovative treatment modalities in the BHO to maintain currency in the marketplace and improve the quality of care provided
3. Aspirations- the future goals of the BHO are to de-silo mind body therapies in conjunction with clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families



and make a difference by providing integrative care to disadvantaged populations

4. Results- the BHO needs to implement a metric system to determine goal accomplishment and track progress of the organizational goals, more specifically the current goal of “de-siloing” mind body therapies in conjunction with clinical interventions to improve treatment of mental health disorders in children, adolescents, adults, couples, and families.

### **Performance Metrics**

A key component of providing quality care is the ability to assess the treatment being provided to consumers regularly (NIST, 2020). The BHO is in the process of developing and implementing periodic trainings session in cardiopulmonary resuscitation (CPR), Narcan, sexual harassment, health insurance portability and accountability act (HIPAA), and office safety to be aware of what to do in a crisis (Personal communication, January 24, 2022). Currently the BHO has limited offerings of ongoing trainings sessions for their staff to ensure staff are informed on internal and external office policy and procedures.

According to NIST (2020) the necessity for organizations to be cognizant of how the client and/or consumer perceives their care is paramount to the organization’s growth and sustainability in a competitive market. Therefore, developing and implementing staff performance and client satisfaction surveys that can directly contribute to the quality of

care provided to clients and/or consumers is an essential component for organizational sustainability.

To address social justice issues the BHO has formed a foundation to provide scholarships and mentorship opportunities to disadvantaged populations. The BHO consistently strives for equitable treatment for all people and as such maintains currency in the marketplace by incorporating innovative and trailblazing methods of providing compassionate care to all (Personal communication, January 24, 2022).

### **Operational Definitions**

Figure 2 presents the definitions of terms used throughout this case study.

**Figure 2.***Operational Definitions*

<b>Term</b>	<b>Definition</b>
Behavioral Health Leader (BHL)	individual and/or individuals that develop goals and objectives in a BHO for organizational sustainability
Behavioral Health Organization (BHO)	an organization that provides mental health and/or SUD treatment
Clients	individuals that seek behavioral health treatment, also known as consumers and customers
Consumers	individuals that seek behavioral health treatment, also known as clients and customers
Customers	individuals that seek behavioral health treatment, also known as clients and consumers
Eastern Wellness Philosophies	also known as yoga and meditation designed to help individuals relax and be more mindful of themselves and others
Integrative Services	traditional clinical interventions in conjunction with mind-body therapies to treat mental health disorders in children, adolescents, adults, couples, and families
Interns	individuals attending graduate school and working towards their master's in social work and/or clinical mental health counseling that require experiential hours of experience for successful completion of graduate program
Intensive Outpatient (IOP)	treatment program to treat substance use and mental health disorders
Managed Care	health care system to manage cost, disbursement of equitable treatment and quality of care
Medicaid	State and federal health insurance program for low-income individuals
Medicare	federally funded health insurance program for individuals 65 and over
Meditation	mental exercise of mindful breathing and reflection
Mind-Body Therapies	yoga and meditation as adjunct treatment of mental health disorders
Partial Hospitalization Program (PHP)	higher level of care to treat severe mental health disorders
Yoga	spiritual discipline involving breath control, meditative exercises, and physical poses
Western Wellness Philosophies	traditional clinical intervention to treat mental health disorders

### **Summary and Transition**

The organizational profile of the BHO and the key factors that encompass that profile pertain directly to the BHO's goal to "de-silo" mind-body therapies in their organization, to not only increase organizational sustainability, but also provide integrative care to disadvantaged populations that are typically on Medicaid and/or Medicare and do not have access to mind body therapies for treatment of mental health disorders. The comprehensive background and context of the BHO and their innovative and creative methods of incorporating mind body therapies in conjunction with clinical interventions to treat mental health disorders aligns with their mission of providing compassionate and quality care to all. The BHO's strategic direction is geared towards the integration of mind body therapies in conjunction with clinical interventions to treat individuals with mental health disorders effectively and optimally and having those integrative services be reimbursable.

Incorporating mind body therapies in conjunction with clinical interventions to treat mental health disorders in children, adolescents, adults, couple, and families and obtaining reimbursement for said integrative care will require an in-depth probe into leadership and how they strategize to develop and implement goals in the BHO. As the BHO will need to incorporate policy and procedural changes to combine reimbursable Western and Eastern wellness philosophies into their organization for increased sustainability and to improve the quality of care provided. A review of the literature will substantiate the global mental health crisis and support integrative services such as mind

body therapies in conjunction with traditional clinical interventions to improve the quality of mental health care provided.

Section 2 will discuss supporting literature, search mechanisms and key terms used to obtain information about the benefits of incorporating holistic care in behavioral health organizations to improve patient outcomes. Additionally, background information will be provided on how leadership governs, strategizes, and assesses services in the BHO. This will allow for further elaboration on how the BHO can develop and implement health care policy delivery changes to provide mind body therapies, such as yoga and meditation, as treatment for mental health disorders. Thus, mind body therapies can become evidence-based treatment for mental health disorders and reimbursable by insurance. As this would increase access to quality care and contribute to positive social change.

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

The BHO located in the northeastern region of the United States is one of the few BHOs in the state that implements Western and Eastern wellness philosophies, such as mind-body therapies, in conjunction with clinical interventions, in the treatment of mental disorders in children, adolescents, adults, couples, and families. In this qualitative case study, Western and Eastern wellness philosophies are defined as a holistic care model of mental health treatment that combines evidence-based clinical interventions and mind-body therapies, such as yoga and meditation. Tsai & Yan (2021) note that effective and preventive treatment includes viewing wellness from a lens that incorporates one's physical, spiritual, and mental needs. The authors note that the whole person-centered approach to wellness is a key element to providing optimal treatment (Tsai & Yan, 2021).

Currently, the mind-body therapies, specifically yoga and meditation services, are incorporated into a clinical session to be reimbursable by managed care (Personal communication, January 24, 2022). The goal of this qualitative case study was to explore opportunities for leadership in the BHO to address policy and/or procedure changes that allow for reimbursement of yoga and meditation in the BHO for treatment of mental health disorders and thus increase its sustainability and the ability to provide quality care to all, including disadvantaged populations.

A review of the literature for this case study substantiates the need for the implementation of an integrated care concept when treating mental health disorders and SUDs. Studies show improved patient outcomes when clinical interventions are combined with yoga and meditation (Blignault & Kaur, 2020; Burnett-Zeigler, et al.,

2016; Cramer, et al., 2017; Donaldson-Feilder, et al., 2019; Ee et al., 2020; Lake & Turner, 2017). Thus, in the BHO, leadership has developed an integrative care model that incorporates yoga in conjunction with clinical interventions to treat their patients. The issue is that integrative care, specifically clinical interventions, in conjunction with yoga and meditation, to treat mental health disorders and SUDs, are not reimbursable by insurance companies. This case study explored how leadership can implement policy changes that can contribute to the existing literature on the benefits of an integrated care concept to increase the quality of care provided and improve patient outcomes in BHOs.

This section of the case study discusses the supporting literature, search mechanisms, and key terms used to obtain information, including a summary of how the literature aligns with the BHO practice problem. In addition, leadership structure, strategy, and governance will be discussed more in depth to determine BHO development and implementation of strategic initiatives. Data concerning clients and/or consumers and their relationship with the BHO and how that impacts treatment is further analyzed in this section.

### **Supporting Literature**

Walden University library was used to access databases and search engines to gathering supporting literature for this qualitative case study, including APA PsychInfo, PsycArticles, EBSCOHost, Sage Journals and Thoreau. The keywords that were utilized to search for this case study included *integrative care* and *mental health*, *integrative care* and *evidence-based treatment*, *mind body therapy* and *mental health*, *yoga* and *mental health*, *meditation* and *mental health*, *disadvantaged populations*, and *mental health*. To

address leadership and change management within BHOs, in particular policy and/or procedural changes, key words and phrases used were *behavioral health leadership*, *behavioral health leadership* and *policy change*, and *change management* and *healthcare*.

The BHO combines Western and Eastern wellness philosophies in the treatment of mental health disorders in children, adolescents, adults, couples, and families. This qualitative case study explored how leadership can implement change management initiatives in the BHO to provide reimbursable integrated care to consumers, as currently, yoga and meditation are not reimbursable by managed care and must be incorporated into a clinical session. Since the BHO uses an integrative care concept when providing mental health and addiction treatment, it was apropos to search *integrative care* and *mental health*. This led to the discovery that the literature defines yoga and meditation as mind-body therapies and thus *mental health* and *mind-body therapies* were searched. The literature supported the concept that clinical interventions in conjunction with mind-body therapies are optimal treatment for mental health disorders in children, adolescents, adults, couples, and families. This case study addressed how BHL can improve the sustainability and longevity of the BHO by incorporating health care delivery policy changes that will allow for mind body therapies as reimbursable mental health and addiction treatment services. As such *behavioral health leadership* and *change management* and *behavioral health leadership* and *policy changes* were used as search terms.

Another key phrase searched was *care delivery policy in mental health* to analyze how care delivery policies in mental health are developed and implemented. Phelps et al.,



(2017) note how the progression of the psychological profession and its' integration with the healthcare system over the past 25 years has contributed to changes that address the diverse delivery of mental health services. Major contributors to these changes include the Affordable Care Act of 2010, the evolution of managed care and managed care cost controls, evidence-based practice (EBP), treatment guidelines, and nondoctoral mental health practitioners (Phelps et al., 2017). These drivers of change have allowed for the growth of the mental health profession, development of treatment guidelines with a focus on evidence-based clinical interventions, and increased reimbursements to managed care over the past quarter century to maintain currency with societal mental health treatment needs.

The BHO also wants to provide integrated care consisting of mind body therapies in conjunction with clinical interventions as evidence-based treatment to disadvantaged populations (Personal communication, January 24, 2022). Therefore, other keywords and/or phrases searched included *disadvantaged populations* and *mental health* which led to peer reviewed articles which found better patient outcomes when Western and Eastern wellness philosophies were combined to treat mental health disorders (Blignault & Kaur, 2020; Burnett-Zeigler, et al., 2016). Blignault and Kaur (2020) and Zeigler et al. (2016) further depicted the need to address policy and procedural changes to incorporate holistic care to improve the quality of care provided in the treatment of mental health disorders in children, adolescents, adults, couples, and families.

Combining Western and Eastern wellness philosophies, such as clinical interventions and mind body therapies (yoga and meditation), are considered an integrative treatment approach (Personal communication, January 24, 2022). Blignault and Kaur (2020) conducted a literature review and assessment on the national health policies in the Pacific Island Countries to analyze the role of traditional healers in mental health. Although traditional healers contribute to mental health on a global level, despite studies with limited sample sizes, the results yielded benefits of implementing traditional healing methods to treat depression and/or anxiety. Blignault and Kaur (2020) noted that although traditional healers are common and traditional healing methods are widespread, their work is not officially recognized in the Pacific Island Countries. The literature further concluded that out of 45 articles reviewed in the Blignault and Kaur (2020) study, only 14 mention traditional healing methods as effective treatment for mental health, although mental health care workers disclosed in a survey that traditional healing methods in conjunction with clinical interventions are common practice in the treatment of mental health. In the study, the authors note that the World Health Organization (WHO) advocates for continued efforts and focus on the inclusion of traditional healing methods in conjunction with clinical interventions to treat mental health on a global level (Blignault & Kaur, 2020).

This qualitative case study contributes to the existing literature on the benefits of combining Western and Eastern wellness philosophies, from a leadership perspective, to increase organizational sustainability and quality of care provided in BHOs. Muther et al., (2016) note and promote the expansion of an integrative concept of care in healthcare

settings to improve the quality of care provided and reduce costs. In addition, the authors in Vaughn et al., (2017) note the need for BHL to collaborate with other providers to develop strategic initiatives to implement objectives that will accomplish the goal of integrating services to treat mental health disorders from a treatment and provider perspective. Both Muther et al., (2016) and Vaughn et al., (2017) determined that integrating care concepts in healthcare and behavioral health care facilities and increasing collaboration with healthcare providers will result in better patient outcomes and reduce the cost of care provided. This includes the integrated care concept of providing yoga and meditation to treat mental health disorders as reimbursable treatment by managed care, Medicaid, and Medicare.

There are key factors to consider when developing a strategic plan for change management in organizations. NIST (n.d.) notes the importance of client-driven solutions as a key motivating factor in maintaining currency and/or sustainability in organizations. Another key component to success in organizations is the continued effort to improve the operational design of organizations through innovative methods of delivering treatment to patients by the development and implementation of a strategic plan that addresses growth efficiently and/or effectively (NIST, n.d.). This ties directly to the practice problem in the BHO as they currently provide yoga and meditation within a clinical session to treat mental health disorders in children, adolescents, adults, couples, and families. The goal of leadership in the BHO is to provide yoga and meditation as reimbursable treatment for mental health disorders. BHO leadership aspire to address policy and/ or procedural changes that allow mental health professionals to also be certified in yoga and meditation,

and receive reimbursement from managed care, Medicaid, and Medicare which requires an organizational learning strategic component from the BHLs.

Approximately 300 million people suffer from depression worldwide and it is estimated that 35% to 50% of individuals do not receive treatment and/or treatment is inadequate (Ee et al., 2020). Ee et al (2020) note the complexity of treatment for mental health as it commonly coincides with physical comorbidities. The limitations of using solely clinical interventions for treatment of mental health disorders is discussed by Ee et al., (2020) and Lake and Turner (2017) and the authors note the urgency in the development and implementation of a healthcare model that encompasses collaborative and integrative methods of wellness, such as combining Western and Eastern wellness philosophies, to treat the complexity of mental health disorders. Furthermore, Burnett-Ziegler et al., (2016) mention the efficacy of providing mind body therapies, such as yoga and meditation, to disadvantaged populations as they are less likely to seek conventional treatment for mental health. The authors also found that mind body therapies have less societal stigma (Burnett-Ziegler et al., 2016).

Incorporating mind-body therapies improves the quality of life for individuals with physical and/or mental health disorders as it increases their self-care activities resulting in a positive impact in their ability to function daily (Burnett-Ziegler et al., 2016). Although the study found lower rates of utilization of mind body therapies in disadvantaged populations, such as ethnic and racial minorities, the results suggest there is still significant evidence that mind body therapies were widely used and thus a valid resource to improve quality of care provided. Spence (2021) delineates the author's

personal tragedy and how she healed, physically and mentally, by practicing mindfulness and incorporating movement with yoga and then combining her clinical skills as a social worker with yoga to treat mental health disorders at an inpatient facility.

The concept of yoga is conceptualized by the author in Spence (2021) as self-care and self-awareness in conjunction with breath work and movement. Both Spence (2021) and Weintraub (2012) promote the practice of yoga and meditation as effective practices, in conjunction with clinical interventions, to treat mood dysregulation in individuals suffering from depression and anxiety. Other systematic reviews, meta-analysis and studies concluded that yoga and/or meditation have a positive impact on depressive and anxious symptomology, stress reduction and minimizing negative thought patterns (Brinsley et al, 2021; Gonzalez et al, 2021; Manish, 2021; Richert & DeCloedt, 2018; Schlosser et al, 2022; So et al, 2020; Vollbehr et al, 2018; Yin et al, 2021). Further studies concluded that serious mental disorders such as schizophrenia can benefit from mind body therapies such as yoga and meditation for improved symptom management (Govindaraj et al, 2020; Rao et al, 2021).

### **Sources of Evidence**

The BHO, located in the northeastern region of the United States, is one of the only BHOs that incorporates an integrated care concept that combines Western and Eastern wellness philosophies, such as clinical interventions in conjunction with mind body therapies, specifically yoga and meditation, in the treatment of mental health disorders in children, adolescents, adults, couples and families. The current challenge for leadership in the BHO is the inability to obtain reimbursement for the yoga and

meditation services they provide. This case study addressed how leadership can develop and implement change initiatives in their health care delivery policies to obtain reimbursement for mind body therapy services, such as yoga and meditation, to contribute to the sustainability of the BHO and to make a positive impact on its' societal responsibility to provide quality care (NIST, 2020).

A source of evidence used to gather information for this case study derived from semi structured interviews with the founding partner, managing partner and clinician coordinator. In the semi structured interview, the BHLs described an increase in efficacy and effectiveness when providing an integrated care concept to treat mental health and substance abuse disorders (Personal communication, January 24, 2022). The BHLs also discussed how mind body therapies are incorporated into a clinical session, so that the BHO can be reimbursed for mental health services rendered to consumers by managed care (Personal communication, January 24, 2022)

A relational approach in qualitative research addresses the process of inquiry as one wherein the researcher is open minded, flexible and person centered in the gathering of data (Ravitch and Carl, 2021). This approach allows for researchers to be mindful of the perspectives of the participants when noting the phenomenon, gain answers to the qualitative questions and abstain from bias. Building a strong rapport with the BHLs and maintaining transparency and a sense of vulnerability was essential as they were the greatest source of evidence in this case study.

Further evidence gathered for this qualitative case study was from current BHO policy and procedure manuals to assess how leadership can implement strategic

initiatives and health care delivery policy changes so that the integrated care provided, specifically clinical interventions in conjunction with mind body therapies can be reimbursable and available to disadvantaged populations.

## **Leadership Strategy and Assessment**

### **Leadership and Governance**

According to the Baldrige Performance Excellence Program, leadership plays a critical role in the development and implementation of an organization wide strategic plan that embraces actions that align with organizational values, future goals, and innovation (NIST, 2020). The Baldrige Framework (2020) notes the importance of the leadership role in setting and modeling the values of the organization and maintaining balance with the vision of the stakeholders involved with the BHO. Currently, the BHO lacks balance in its' attempt to satisfy all the needs of their stakeholders and the BHO has grown beyond their ability to deliver services due to the lack of forward thinking and not having a strategic plan in place that would guide the BHO in the development and implementation of services provided in the BHO. The Baldrige Performance Excellence Program addresses the identification of the leaders' role, leaders' role model behaviors, ethical and legal environmental elements, and innovation as the main components to describe successful leadership in the BHO (NIST, 2020).

The leaders of the BHO lead and govern with a transformational leadership approach. As such the BHO values concepts that change and transform people and concerns itself with the values, motivation, and emotional connection of others, including staff members as well as consumers (Northouse, 2018). Notgrass (2014) denotes

transformational leadership as a leadership style that cultivates an environment that encourages creativity and vision connectedness. This is accurate when referring to the BHO and how the BHLs lead and govern in their BHO as they strive to be innovative and creative in the integrated mental health services, incorporating mind body therapies in conjunction with clinical interventions, they provide their consumers to ensure quality of care.

Transformational leadership is recognized as a style of leadership that motivates others to enact positive social change and address the higher-level needs of society (Northouse, 2018). The BHLs are mindful of treatment gaps in the behavioral health field and are eager to address them innovatively. This has led to the desired long-term goal of “de-siloing” mind body therapies in conjunction with clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families and thus allow for an integrated care concept to be reimbursable from an insurance perspective. Combining mind body therapies in conjunction with clinical interventions to treat mental health disorders as reimbursable treatment would allow for disadvantaged populations to have access to integrative care and thus provide optimal mental health treatment for all.

### **Strategic Implementation**

The semi structured interview with the BHL included questions about the current strategic elements the BHO employs to address goals, growth, and change management in the BHO. The BHL stated there are no strategic systems and/or plans in place for the BHO to address goals, growth or change management and this is an issue that can be addressed in conjunction with this case study (Personal communication, January 24,



2022). As needs change and evolve in the BHO, it is key that a strategic plan is developed and implemented to ensure the success and longevity of the organization. This would include the involvement of stakeholders in the decision making and globalization on organizational strategic planning to sustain cooperation, collaboration, and coordination of the change efforts for future organizational growth (Bryson, 2018).

Bryson (2018) states “unless the top decisions makers are fully committed to strategic planning, it is unlikely to succeed in the organization as a whole” (p.386). Effective leadership is key to the successful development and implementation of strategic planning and in the BHO that collaborated with this case study, leadership welcome the opportunity for the development of a strategic plan to address their goals, growth, and change management (Personal communication, January 24, 2022). The authors in Bryson (2018) state there is no exception and/or substitute for effective leadership and committed followership in terms of the strategic planning process and as such plays a vital role in the successful development and implementation of the strategic plan. A continuous benefit of organizational strategic planning is that when rules are enforced, and members uphold organizational norms of honesty, transparency, and good business practice the organization is modeling the behavior and culture it seeks to nurture and embrace. Goals and guidance to achieve said goals are an essential component of successful change management within organizations.

Leadership in organizations play a significant role in developing and implementing the overall organizational culture which includes alignment with the mission and vision of the organization as well as its’ values, commitment to consumers

and providing quality care (NIST, 2020). While the BHO has created an environment for continuous innovation, it does not incorporate a strategic plan to accomplish short and/or long-term goals which can impact the BHO's sustainability over time. NIST (n.d.) states that for an organization to be successful they need to have a strong plan for development and orientation of future initiatives to maintain currency. There is a fundamental need for responsive change from leaders and staff in the healthcare industry to address the needs of consumers as well the emerging benefits of diverse treatments for mental health and addition (Harrison et al., 2022). According to Harrison et al., (2022) although there is a need and want for change, change management continues to be poorly managed in healthcare and as such requires a keen focus on strategic initiatives for change implementation in BHOs.

### **Identification of Strategic Challenges**

Although the BHO does not have a strategic plan that develops strategies and identifies strategic challenges, the BHLs are aware of the strategic challenges in the BHO. The BHLs identified the following as current strategic challenges in the BHO: lack of a metric system for clients and staff to assess quality of care provided in addition to client and staff satisfaction, infrastructure challenges, EMR/HR deficits, organizational structuring, compliance and regulatory concerns in the psychiatric department and a need for the development and/or implementation of health and safety trainings, ethical compliance and educational/informational workshops to maintain currency on new and innovative treatment options (Personal communication, January 24, 2022).

Organizational governance is a key component in protecting the interests of stakeholders

as it can audit diverse functions of the BHO to assess its' ethical considerations, quality of care provided to consumers and staff performance/satisfaction to ensure the BHO's efficacy and effectiveness to ensure sustainability (NIST, n.d.).

### **Clients/Population Served**

According to the BHL's, and the BHO marketing materials, (brochures and website), the clients and/or consumers utilizing mental health services in the BHO are children, adolescents, adults, couples, and families (Personal communication, January 24, 2022). Referrals for mental health services in the BHO come from the managed care insurance companies that are aligned with the BHO, marketing and word of mouth (Personal communication, January 24, 2022). The targeted population of the BHO is middleclass clients with health care insurance and/or clients of a higher socioeconomic status that can pay cash for mental health services. There are also opportunities for clients that are less financially stable in the form of sliding scale and scholarships as payment methods for treatment of mental health disorders.

In addition to individual, couples, family, and group counseling, the BHO has an IOP and PHP program for adolescents between the ages of 14-18 that are struggling with depression, anxiety, or trauma. The BHO IOP and PHP services are out of network and currently only accept cash, sliding scale fee, or managed care scholarships (Personal communication, January 24, 2022). The website notes numerous testimonials from satisfied clients on the benefits of incorporating mind body therapies in conjunction with clinical interventions to treat mental health and SUDs. The testimonials denote how the BHO is unlike any other and most helpful. Based on the success of the IOP and PHP

programs and how they have grown exponentially, the BHO is in the process of obtaining state certification.

The PHP program in the BHO will be certified by the State's Department of Children and Family Services and state certification for the IOP in the BHO will be from the Division of Behavioral Health. According to the State's Department of Children and Family Services (n.d.) and The Joint Commission (n.d.), mental health program licensing allows for partial care programs to provide a clinically structured setting for individuals that have serious mental health disorders to prevent psychiatric hospitalizations or to help with the transitioning process following a psychiatric hospitalization; State Certification allows for regulatory monitoring of services provided by the BHO and will contribute to the IOP and PHP program accepting Medicaid as a form of reimbursement for services. This will potentially lead to the development of a quality measurement system in the BHO as they currently do not have a metric system in place to assess client satisfaction and/or clinical performance.

A program evaluation system can be used to maintain currency in the health care marketplace and promote innovation and improvement in the quality of care provided in healthcare organizations (Centers for Disease Control and Prevention, 2016). The Centers for Disease Control and Prevention (2016) further note that program evaluations are a practical and valuable tool to assess the efficacy of programs within healthcare organizations. Using a framework for evaluation that summarizes and organizes the programs components by following certain steps and standards will allow for a

systematic review of treatment guidelines and patient outcomes that foster providing quality care.

The benefits of administering patient satisfaction surveys, as a form quality assurance from an organizational perspective, is that it allows administrators to determine if services rendered are effective for patients (Ilioudi et al., 2013). This can lead to improvement in care that is provided to ensure that it benefits the consumers and/or clients in addition to the sustainability of the organization. In the BHO, the BHL's indicated that the growth of the organization stems from a supply and demand perspective and currently do not have a quality assurance system in place to assess client satisfaction. The BHO is in the process of establishing a metric system for consumers and/ or clients as it would be a good indicator of the quality of care provided and it would allow for continued and sustainable growth in the organization.

### **Workforce and Operations**

The vision of the BHO is that the mind body therapies, especially yoga and meditation, they provide as treatment for mental health disorders in children, adolescents, adults, couples, and families can and will be reimbursable by insurance as this will affect how healthcare is delivered in the BHO and similar organizations worldwide. Currently, the BHO offers mind body therapies within clinical sessions as they are not a reimbursable form of treatment for mental health disorders. Change management in the BHO to integrate mind body therapies as reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families requires modifications and adjustments in health care deliver policies within the BHO.

The BHO operates with a top-down approach in that the organizational goals are determined by the founding partner and the managing partner and subsequently discussed in weekly leadership team meetings to the diverse coordinator positions in the BHO (Personal communication, January 24, 2022). Kahane, and Ronen (2021) note how a top-down approach is a framework that enables organizations to transform in an expeditious manner and thus implement immediate change. This top-down approach explains how quickly the BHO has been able to address their expansion of services, as they have doubled in size with staff and consumers in the past two years. Although a top-down approach can be beneficial to organizations, to be wholly and successfully transformational, there needs to be a bottom-up approach in conjunction which takes longer to implement yet has lasting and organizational longevity benefits (Kahane & Ronen, 2021).

Building lasting relationships with stakeholders and establishing long term viability can be closely tied to an organization's corporate social responsibility (CSR). According to Chang-Lin et al (2016) CSR is the equivalent of the organizations ability to self-regulate within the context of a business model. This correlates with the integration of business operation practices and values and how they are based on a culmination of feedback from stakeholders, including consumers, staff, and surrounding community members. The prioritization of the financial, environmental, and social dimensions associated with CSR are encouraged in organizations to increase sustainability (Chang-Lin et al., 2016). Chang-Lin et al. (2016) mention how the International Organization of

Employers (IOE) interpret CSR as a mechanism that integrates business practice and stakeholder buy in with environmental and social considerations.

In addition, the World Business Council for Sustainable Development (WBCSD) elucidate CSR as a systemic form of compliance with ethical norms that significantly contribute to the betterment of the quality of life for consumers, staff, and community members. A component of CSR is establishing a metric system in the BHO to measure the quality of care provided to consumers and staff satisfaction with work related elements. These factors directly contribute to the quality of care provided and the efficacy of the organization which in turn contributes to the sustainability and longevity of the BHO.

### **Analytical Strategy**

In this qualitative case study, data regarding the BHLs goal to separate mind body therapies, such as yoga and meditation, from a clinical session as reimbursable treatment of mental health disorders were collected from the founding partner, managing partner and clinician coordinator via semi-structured interviews. Insight from the literature and the BHO goal of “de-siloing” yoga and meditation were the source of the open-ended interview questions that allowed for elaboration on the perspectives of the BHLs in regard to health care delivery policy goals in the BHO. The semi structured interviews produced data that was then analyzed by this researcher using coding which is a process that allows for the gathering and categorization of data that leads to thematically sorting of information to make meaning out of the phenomenon (Williams & Moser, 2019). Recording and coding the responses of the BHLs provided this researcher an opportunity

to analyze the data in detail to determine embedded patterns and/or themes within the data (Ravitch & Carl, 2021). According to Rubin and Rubin (2012) to code means to use a word and/or a phrase that represents the overall idea of what was discussed in qualitative interviews. Phrases are key in that they depict a cycle or pattern in the qualitative interviewing process that assist researchers in dissecting, identifying, and researching further to study the phenomenon (Saldana, 2016). Precoding methods were also used to highlight key terms and phrases of text to establish a theme and an overall picture of what the BHLs were disclosing during the semi structured interviews regarding the BHO's desire to "de-silo" mind body therapies.

Upon reviewing and analyzing the data collected from the BHLs, this researcher used the concept of analytic direction as a strategy to narrow down data from multiple themes that the BHLs discussed as important to address in the BHO. Sale (2022) notes how themes can be generated and/or developed either during the coding process and later on in the study during the analytic phase. The reoccurring and/or salient theme this researcher determined to be of priority based on coding of the semi-structured interviews with the BHLs, was the desire to de-silo mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families. Thus, the case study findings were analyzed to determine a comprehensive understanding of the goal of the BHO to separate mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders.



### **Archival and Operational Data**

This qualitative case study describes the perceptions of leadership concerning separating mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders. The archival and operational data collected consisted of semi-structured interviews with senior BHO leaders (See Appendix B for Interview Protocol), email communications, marketing materials such as website and brochure, and current policy and procedural handbook.

Interviews are a qualitative method of data collection that study phenomena in their natural setting and interpret phenomena based on the meaning people bring to it (Burkholder et al., 2020). This allows for phenomena to be examined in more detail and therefore more compelling to the social sciences. An ethical consideration in using interviews as a data collection method, lies in maintaining the subjects' anonymity and confidentiality when interpreting the data. Further data collected included marketing materials, such as the BHO website and brochure, which provided extensive information on the services offered and the clients served in the BHO. In addition, the policy and procedural handbook provided insight into the current operational procedures of the BHO.

Qualitative research enables the thematic analysis of the data that affords us with a better understanding of the phenomena. This researcher gathered archival and operational data and used sections of the Baldrige framework to conduct an assessment that analyzed the BHO's status on multiple levels. Self- assessment is key with respect to change management and/or to sustain the status in organizations and NIST (2020) notes

how self-assessment is a key factor when consumers, competitors and/or the organizational budget is a driving force. In addition, self- assessment can address maintaining currency during environmental changes. Organizational benefits of self - assessment include identification of strengths and opportunities for growth, assessment of current performance in comparison to competitors, rejuvenation of the workforce and the process of jump-starting new initiatives (NIST, 2020). The BHO can benefit from identifying their strengths and opportunities for growth as the goal is to implement change in the healthcare policy delivery to include mind body therapy, such as yoga and meditation, as reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and children.

The research questions in this case study addressed the process of enacting health care delivery policy changes in relation to reimbursable mental health treatment, how a specific mental health treatment and/or intervention become evidence-based and thus reimbursable and the perceptions of leaders and staff in relation to policy changes. Howard-Grenville et al. (2021) examine the importance of internal coherence in qualitative research as it is crucial to explore how the research question and/or questions, data collection methods, analysis and determinations come together to form a conceptual framework. This is a highly recursive process of collecting data to comprise a concept that will impact social change and therefore required the elements of this case study to complement one another and work well together. As such, this qualitative process analyzed the BHO's practice problem so the BHLs can develop and implement strategic initiatives that can contribute to the mind body therapies provided in the BHO become

reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families.

According to Ravitch and Carl (2021), a conceptual framework gathers all the information that is pertinent to a study and serves as a guide in studying the phenomenon to produce high quality research on a specific topic. A conceptual framework takes into consideration the ideas, assumptions and/or beliefs of one's experience to answer a research problem. Rubin and Rubin (2012) consider in depth qualitative interviewing as a key naturalistic research method to gather detailed information on the "experiences, motives, and opinions of others" to "learn to see the world from perspectives other than their own" (p.3).

In this case study, separating mind body therapies, specifically yoga and meditation, from a clinical session will increase organizational sustainability and improve the quality of care provided. As such a solid conceptual framework in the data analysis phase after gathering data helped this researcher add to an existing theory that mind body therapies in conjunction with clinical interventions are best practices for treatment of mental health disorders and contribute to organizational sustainability (Blignault, & Kaur, 2020; Lake & Turner, 2017).

Separating mind body therapies from a clinical session and obtaining reimbursement will allow for an increase in organizational sustainability for the BHO as it will increase revenue and provide a higher level of quality care. It will also contribute to positive social change in that it will allow for disadvantaged populations to access a

higher quality of care to treat mental health disorders in the form of clinical interventions in conjunction with mind body therapies.

A conceptual framework explains why a research topic is important and how the methods chosen will answer the research question being asked (Ravitch & Carl, 2021). It also provides guidance in selecting appropriate literature to support research as new contributions are developed to fill current gaps in research. Ravitch and Carl (2021) note that a conceptual framework is much like “the compass, the landmarks, the navigation system, and the Zoom function” of the vision “apparatus” (p.35). The researcher then determines how these realities and tools will be combined to expand on the research topic.

Ravitch and Carl (2021) further mention the components of qualitative research as fieldwork and naturalistic engagement, descriptive and analytic, complexity and contextualization, researcher as instrument, process and relationships, fidelity to participants, meaning and meaning making and inductive. These components identify the central aspects of qualitative research in terms of foundational beliefs, values, methodological approaches, and dimensions. The transformative possibilities of qualitative research are endless and can dramatically impact social change from a person-centered perspective and considering the volatile and tumultuous times we have experienced recently; qualitative research can continue to help us grow and develop better methods of doing things in general.

Muther et al., (2016) and Vaughn et al., (2017) note the importance of providing an integrated care concept as it increases the quality of care provided and reduces costs.

This section describes the strategic analyzation process of key findings to support the modification of health care delivery policies in the BHO to provide reimbursable integrated treatment of mental health services to children, adolescents, adults, couples, and families.

### **Evidence Gathered for the Doctoral Study**

Institutional Review Board (IRB) number: 11-22-21-1043982

#### ***Participants***

The participants for this case study were identified and selected as senior leaders with extensive knowledge of the BHO and consisted of the BHO's founding partner, managing partner and clinician coordinator. Purposeful sampling was used in the selection of participants to ensure the participants in this case study had the most knowledge about the phenomenon being studied (Palinkas et al., 2015). Equally important was the commitment of the BHLs, willingness to participate in the case study as well as their availability to do so (Palinkas et al., 2015). The BHLs in this case study participated and were engaged in the process via open communication and collaboration during semi-structured interviews and email interactions.

During the initial meeting it was discussed that the contact person in the BHO would be the clinician coordinator and subsequent meetings would include founding partner and/or managing partner and/or clinician coordinator depending on availability. Therefore, informed consent was received from the clinician coordinator of the BHO. One of the ethical considerations researchers can make is obtaining informed consent from participants prior to the research and ensure they are aware of all the aspects of

research, including any potential risks and/or consequences (Ravitch & Carl, 2021). As such, this researcher clearly detailed the components of the case study and the extent of participant involvement. In addition, to minimize harm in a few ways, this researcher did not engage in any coercion towards participants to participate in the research, use deceptive and/or misleading language, judge and/or marginalize participants, and potentially share data that can compromise their confidentiality. The information shared between participants and this researcher in the case study was consensual, collaborative, and transparent.

A connection with research participants' and their responses created a comfortable and supportive environment for this case study. Asking open-ended probing questions brought forth more detail and depth in the interviews and thus will potentially produce rich data in this qualitative case study (Rubin & Rubin, 2012). Another key point to consider is the importance of the quality and structure of the questions asked in qualitative research to ensure internal coherence (Howard-Grenville et al., 2021). This researcher asked questions that were clear, easy to interpret and open ended, and that allowed for a better flow of conversation and for rapport and trust to be established between the interviewer and the participants. Maintaining a level of professionalism and respect for the participant in an ethical manner is also best practice when interviewing in qualitative research and such professionalism and respect was mutually maintained in this case study (Rubin & Rubin, 2012). In addition, how the interview ends will also impact the ability for future contact, so this researcher continued with the rapport building throughout the conversation while obtaining data for the qualitative research. These best

practices were deployed during the interview process between the researcher and the participants in this case study.

### ***Researcher Role***

Researchers are inherently curious and as such strive to answer questions about phenomena. Kornbluh (2015) describes qualitative research as a way “to develop an understanding of the phenomenon by examining the ways in which participants experience, perceive, and make sense of their lives”. As such, qualitative research has become quite popular in psychology. There is, however, a need for quality, trustworthiness and credibility in the process and Kornbluh (2015) mentions engaging in member checks as a strategy to ensure the trustworthiness of a study. The author in Kornbluh (2015) defines member checks as researchers following up with participants to double check that the data collected reflects the appropriate meaning the participants had intended and is, in fact, what they had said. Since researchers may be influenced by their subjective lived experiences, member checks can help with their potential to influence their analysis of the data collected and reduce or eliminate researcher bias. Member checking was conducted periodically during this case study to ensure accuracy of leadership perceptions. Furthermore, Ravitch and Carl (2021) note that the researchers’ role and social identity are factors that relate to the context and setting of the research which contribute to the richness of qualitative research. A clear understanding of the researcher subjectiveness during the qualitative research process is key to ensuring the validity and reliability of the research.

## **Procedures**

The compilation of data collected in this qualitative case study consisted of semi-structured interviews with senior leaders, email communications, marketing materials such as the BHO website and brochure and review of current policy and procedural handbook.

The semi-structured interviews with senior leaders were comprised of open-ended questions from insight based on the literature and the goal of the BHO to separate mind body therapy, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders. According to Siedlecki, (2022) using “grand story telling questions”, also known as open ended questions, allows for elaboration in responses that contribute to determining key points in an interview.

Email communications in this case study allowed for this researcher and the BHL to schedule appointments to meet. In addition, the content of the meeting and interview questions were exchanged via email so that the BHLs had an idea of what would be discussed so they could prepare accordingly. This process saved time and allowed for fluidity of information from the BHLs to the researcher and vice versa.

The marketing materials gathered such as the information in the brochure and website provided extensive insight into the diverse treatments and levels of care that the BHO offers to children, adolescents, adults, couples, and families. The website specifically noted age appropriateness for programs and services available to community members. Furthermore, the brochure and website noted the various locations available to consumers to obtain integrated services.



The policy and procedural handbook afforded this researcher an opportunity to gather data on the current policies in place that depict employee benefits, safety, and protocols. Analyzation of this data will provide insight to how the BHO currently provides for its' staff.

### **Data Collection**

Although the researcher and clinician coordinator communicated via email to schedule interviews via Zoom, privacy and confidentiality were maintained as the email in the BHO is encrypted and HIPAA compliant (Personal communication, April 12, 2022). The BHLs disclosed that the outsourced IT consultants sign a confidentiality agreement, and the email is encrypted and secure, and the phone and telehealth systems are equally HIPAA compliant (Personal communication, April 12, 2022).

The marketing materials for the BHO such as the website, brochures and social media provided this researcher an extensive overview of services that the BHO offers. The website also contained feedback from consumers on the integrated services provided by the BHO via testimonials that enlightened the researcher on the positive impact that the BHO has on community members. The website thoroughly explained the mission, vision, and values of the BHO and how that translates into the provision of Western and Eastern wellness philosophies in the BHO. The website was also user friendly as information was easily accessible. The BHO brochure was equally informative about the services offered and the locations wherein community members can access integrated services.

This researcher interviewed the managing partner and clinician coordinator and was informed that the BHO has an employee handbook and is currently working on an organizational policy and procedural manual (Personal communication, April 12, 2022). The employee handbook provided additional insight to the existing policies in the BHO and upon analyzation brought clarity to how the practice problem impacts the BHO.

### **Trustworthiness**

Although research may confirm what researchers had anticipated, to be trustworthy, it must be open to surprise (McSweeney, 2021). Objectivity and avoidance of bias is key to trustworthiness in qualitative research. This researcher recorded the semi-structured interviews with the BHLs and was later able to determine reoccurring themes and/or patterns based on coding methods. This process increased the trustworthiness of this case study as data was analyzed based on the responses of the BHLs.

### **Summary and Transition**

In summation, supporting literature, sources of evidence, assessment of leadership strategy and consumers served were discussed to understand the context of information gathered for this case study. In this qualitative case study, the supporting literature supported the implementation of health care delivery policy change to address the deficiency in mental health treatment and needs of consumers and to provide quality care. As the research in this case study suggests, mind body therapies in conjunction with clinical interventions are best practices to treat mental health disorders. The sources of evidence provided insight to how information was gathered during this qualitative case

study. Assessing how leadership develops and implements strategy was essential as it guided the recommendation portion of this case study based on the current findings.

Furthermore, a clearer understanding of the consumers and their needs via a metric system to measure outcomes will allow for accuracy in the development and implementation of health care delivery policies that will address the consumers' needs. The strategic process of analyzation of the data collected will allow for the development of strategic initiatives to implement change in the BHO that will increase the longevity and sustainability of BHO.

Section 3 discusses workforce environment, including the culture and climate of the BHO and its staff. In addition, workforce engagement and employee autonomy will be explored to assess task performance and creativity fostered by clinicians while providing care to their patients in the BHO. Work processes and operational effectiveness that determined the organizational staff capability and capacity in the BHO, along with the current operational procedures in place to address change management will also be discussed. This will provide clarity on how the workforce functions and how services are provided in the BHO.

### Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management

#### Components of the Organization

The BHO that collaborated with this case study is located in the northeastern part of the United States. It incorporates Western and Eastern wellness philosophies, such as clinical interventions in conjunction with mind-body therapies, namely yoga and meditation, to treat mental health disorders in children, adolescents, adults, couples, and families. The practice problem involves leadership wanting to “de-silo” mind-body therapies from clinical sessions as reimbursable treatment for mental health disorders in the BHO. “De-silo” in this context suggests that mind-body therapies can be provided on their own without the current method of incorporating yoga and meditation in a clinical session to obtain reimbursement from managed care (Blignault & Kaur, 2020; Burnett-Zeigler et al., 2016). Mind-body therapies as reimbursable treatment for mental health disorders for children, adolescents, adults, couples, and families will require leadership and stakeholder buy-in, engagement and involvement in the modification of current health care delivery policies in the BHO.

Information collected for this qualitative case study consisted of peer-reviewed journal articles and books, semi-structured interviews with leaders, BHO marketing materials and internal documents that substantiate the individual and organizational benefits of incorporating mind-body therapies in addition to clinical interventions as best practice to treat mental health disorders and thus improve quality of mental health treatment provided to children, adolescents, adults, couples, and families and reduce organizational costs. Semi-structured interviews with the founding partner, managing

partner, and clinician coordinator were conducted to gather data pertaining to the leadership and organizational aspects of the BHO and its' practice problem to "de-silo" Eastern wellness philosophies in the treatment of mental health disorders in children, adolescents, adults, couples, and families. Marketing materials such as the BHO website and brochure were a valuable source of evidence as they depict service offerings, program descriptions, and locations wherein treatment is provided to cater to diverse mental health community needs throughout the state. In addition, the organizational employee handbook provided me insight into the current policies and procedures developed and implemented by the BHO.

### **Analysis of the Organization**

#### **Workforce Environment**

The BHO that collaborated with this case study takes pride in their ability to foster a culture of family that promotes equity, compassion, and support for the future growth and potential of its' staff (Personal communication, April 12, 2022). Staff and leadership are equally valued and the BHLs rely on staff and client feedback to enact change and growth in the BHO. Spell and Arnold (2007) note the importance of the mental wellbeing of employees in organizations as it contributes to the organizations' productivity and as such, the climate of an organization will influence the organizational culture of the organization. The climate in the BHO is one of acceptance and kindness and employees feel psychologically safe to share feedback as easily as any grievances they may have (Personal communication, April 12, 2022). This is a direct reflection on

the open-door policy the BHLs have in place to address organizational issues and/or concerns at any time.

The BHO has a universalism value system that responds to the needs of others in an equitable manner, whether they are employees and/or consumers. A universalism value system consists of values that emphasize social justice, equality, and the welfare of others (Richards et al., 2012). This is at the core of the BHO and contributes significantly to how the BHO has developed a supportive and thriving work environment that fosters care, educational, and personal growth, and compassion for all. Richards et al., (2012) note that cultural values in organizations are values that can transcend the economic transitions of an organization. As such, the culture and value system has remained a constant in the BHO regardless of its' growth (Personal communication, April 12, 2022). The BHLs work diligently to ensure the organizational climate, culture, and values maintain currency in an everchanging market.

### **Workforce Engagement**

The BHO has created a familial culture and climate in the workforce wherein the employees are equally valued and appreciated. Leadership embraces employee autonomy by actualizing employee goals, entrepreneurship, and individuality (Personal communication, April 12, 2022). This creates a learning environment with opportunity for staff growth and development. Barbosa and Borges-Andrade (2021) mention informal learning behaviors (ILBs) as beneficial to assure that staff complete workplace competencies to maintain a higher level of care delivery to their clients. The BHO offers learning opportunities based on information and feedback gathered during clinical

consultations and/or supervision. Leadership has monthly staff meetings to support staff and they offer self-care opportunities to ensure that staff is taking good care of themselves. In addition, they offer in-house trainings and educational workshops to maintain currency on innovative behavioral health treatment for mental health disorders. Offering internal competency trainings periodically contributes to career fluidity for the workforce and it allows for increased engagement in performance improvement activities (Barbosa & Borges-Andrade, 2021).

Pattnaik and Sahoo (2020) note that workplace autonomy stems from a workforce climate that embraces creativity. In the BHO, BHLs strive to create an atmosphere that engages staff in innovative and creative methods to treat their clients as this type of workforce climate fosters improvement in task performance and increase in staff engagement (Pattnaik & Sahoo, 2020). The BHO does this by listening to staff feedback from clinical sessions with their clients and then discussing additions and/or changes to existing services and/or programs during weekly leadership meetings (Personal communication, April 12, 2022).

### **Workforce Capability and Capacity**

Smoyer et al., (2021) note the importance of leadership establishing an organizational wide system that emphasizes employee development as a key factor in building workforce capacity. The BHO offers clinical consultation groups for their provisionally licensed clinicians weekly and their fully licensed clinicians bi-weekly to ensure that the clinicians are receiving the support they need (Personal communication, April 12, 2022). In addition, these clinical consultation groups provide feedback to

leadership on the clients' needs and are a clear contributor to the development and implementation of new and innovative services in the BHO (Personal communication, April 12, 2022).

The BHLs hold weekly meetings with leadership in the BHO wherein the clinical supervisors and clinician coordinator discuss feedback from clinicians in the clinical consultation groups that are held weekly for provisionally licensed clinicians and bi-weekly for fully licensed clinicians. Information gathered during these weekly leadership meetings allows for discussions on the current needs of clinicians and/or their clients. The BHLs then select and offer inside and/or outside paid trainings for their clinicians such as play therapy training and yoga therapy training to contribute to the continuous learning aspect of the BHO and to provide quality care (Personal communication, April 12, 2022). In addition, based on clinician feedback the BHLs may expand or develop new programs and/or services to supply the demands of the clinicians and/or the consumers of the BHO. Much of the growth in the BHO stems from clinician input based on their observations of gaps in services as well their clients' perspectives and/or needs (Personal communication, April 12, 2022).

The Baldrige Performance Excellence Program framework allowed for this researcher to assess the current strategies used by leadership and to explore opportunities that will contribute to improved delivery of services in the BHO that address the practice problem of "de-siloing" mind body therapies, specifically yoga and meditation to treat mental health disorders in children, adolescents, adults, couples, and families as best practice (NIST, 2020). The managing partner noted that Spring of 2022, all the clinicians



in the BHO will be eligible for paid yoga training to supplement clinical interventions with mind body therapy to treat mental health disorders that consumers of the BHO experience (Personal communication, April 12, 2022). These paid trainings contribute to the workforce capacity in providing an innovative and integrative concept of care and increase staff engagement in the BHO.

Sanzo et al., (2015) define corporate philanthropy as an element of corporate social responsibility that has been increasingly gaining the attention of leaders. The BHO started a non-profit Empowerment, Diversity, and Inclusion (EDI) that works in conjunction with the for profit to provide grants to individuals on Medicaid and/or Medicare that seek an integrated care concept of mental health treatment that combines Western and Eastern wellness philosophies to meet the needs of local community members. Therefore, in addition to providing services to managed care recipients, the BHO can provide integrated mental health treatment to disadvantaged populations that are typically on Medicaid and/or Medicare.

The BHO has doubled in size with staff and consumers in the past two years and according to the managing partner, to meet the demands of new positions in the BHO they hire and promote from within (Personal communication April 12, 2022). In addition, they fill clinical positions based on current clinicians' recommendations and praise of working at the BHO (Personal communication April 12, 2022). The clinician coordinator works closely with the clinicians to capture the essence of clinical needs of both the clinician and their clients to maintain currency in the organization (Personal

communication April 12, 2022). This is the main source of how the organization meets the needs of staff and community members.

According to the Employee Policy and Procedure Handbook, referred to as the Handbook, the BHO provides an "at will" employment policy that allows clinicians to resign from their position at any time and it also allows the BHO to alter the terms and conditions of employment with and/or without cause or notice. In addition, the Handbook states that it only employs US citizens and/or persons with alien status with authorization to work in the US. The BHO is an equal opportunity employer and does not discriminate based on race, religion, creed, color and/or gender. It also accommodates individuals with disabilities in compliance with the Americans with Disability Act (ADA) and the Americans with Disability Act Amendments Act (ADAAA). The Handbook includes protection for employees that make good faith complaints in accordance with the Anti-Retaliation and Whistleblower Protection Policy and the Conscientious Employee Protection Act.

Benefits include paid time off (PTO) for full time employees, paid sick time for part time and holidays for both part time and full-time employees. Clinical staff need to rearrange their schedule and notify the clinical supervisor of scheduled time off. The BHO provides clinical supervision and/or consultation at no charge and continuing education via internal and/or external training at no charge. Other benefits include Workers Compensation, Pregnancy Accommodation Policy, Family and Medical leave, Additional Military Family Leave Entitlement, Certification Supporting Need for Military Family Leave, State Disability Insurance and Personal Leave of Absence. The

BHO offers a Problem Resolution Policy that fosters an open-door policy with leadership to informally discuss problems and/or concerns. Safety policy states that individuals must assume responsibility for themselves. The HR Department of the BHO is currently updating the organizational policy and procedural manual that accurately reflects the growth the BHO has experienced the past two years (Personal communication April 12, 2022). This will allow for congruency in the BHO as far as staff expectations, development, and benefits in relation to their growth in the past few years and continue to embrace and/or recruit like-minded individuals in the workforce that inspire innovative treatment opportunities for consumers and integrated advancement opportunities for staff.

### **Operational Effectiveness**

The BHO operates with a top-down approach that allows for expedited growth based on consumer demand. Thus far, the BHLs have been successful in their operational and innovative effectiveness through weekly leadership team meetings to discuss organizational needs based on feedback from clinicians during supervision and/or consultation and feedback from the various coordinator positions within the BHO. Based on this feedback, decisions are made by leadership to improve, modify and/or expand services in the organization. The BHO does not have and/or follow a strategic plan that allows for sustainable change management in the BHO to “de-silo” or separate mind body therapies, specifically yoga and meditation, from a clinical session to be eligible for reimbursement. Yoga and meditation are offered within a clinical session so the BHO can be reimbursed from managed care for treatment. Reimbursement for mind body therapies would increase revenue and sustainability in the BHO.

Currently, the managing partner oversees the overall costs of the BHO, and financial requests are submitted to him, and he checks availability of funds to ensure viability of request (Personal communication, April 12, 2022). The BHO is currently working on a departmental budget for each program as an overall organizational budget is becoming cumbersome due to monumental growth (Personal communication, April 12, 2022). Financial approval has been obtained for all clinicians in the BHO to become trained and certified yoga instructors. This is a substantial and positive contribution to addressing the practice problem of separating yoga and meditation from a clinical session as clinicians would be able to do both separately for their clients as needed.

The BHO offers staff a multitude of opportunities to maintain a safe working environment. They plan to offer Narcan (naloxone HCl) Nasal Spray training, self-defense, and office safety workshops to educate staff on safety procedures for themselves and for their clients (Personal communication, April 12, 2022). Trainings and/or workshops held in the BHO for continuing education, workplace safety and employee advancement are provided at no charge to staff. This key factor increases staff engagement and contributes to a growing and empowered workforce that is united in providing high quality care (NIST, 2020).

Although the BHO does not have a strategic plan in place that would serve as a roadmap for sustainable growth, they do have a system in place to ensure reliability of their information systems. The BHO currently contracts with an IT organization that has signed a confidentiality agreement and regularly maintains a technological information system that is HIPAA compliant (Personal communication, April 12, 2022). Vishnevskiy

et al., (2016) support an integrated form of road mapping in organizations as it takes into consideration market demand and technology demand that identifies the needs of clients and the technological requirements to meet those demands. As such, the BHO strives to align consumer needs with technological advances as most services they provide can be in the form of telehealth. For continued organizational effectiveness in protecting patient data, the BHO email and phone system is encrypted. To add to the effectiveness of the organization in providing integrative quality care, the BHLs are currently looking for a new electronic medical records (EMR) system that provides statistics pertaining to appointments (Personal communication, April 12, 2022). This would allow for further analysis of appointments made and appointments completed successfully to determine the efficacy and/or effectiveness of the organization.

Quality assurance is an area wherein the BHO requires improvement. Such as development and implementation of a metric system to determine client and staff satisfaction. The current system of assessment consists of clinician feedback based on client information. The managing partner notes that the client base consists of “refugees from other IOP and PHP programs” that complained about past services and/or treatment for their mental health and programs and/or services stem from that information and feedback (Personal communication, April 12, 2022). This feedback currently allows for the development and implementation of new services in the BHO during leadership meetings as previously mentioned. Although, this has expeditiously addressed the growth, it lacks a clear plan for the future of the organization and its’ sustainability. Cookson et al. (2018) acknowledge the equity of care in addition to the quality of care as

pivotal in the assessment of services. Allowing for mind body therapies, specifically yoga and meditation to be separated from a clinical session for reimbursement purposes, will open the door to providing quality integrated care to all, including disadvantaged populations that may not have had previous access to an integrated form of care to treat mental health disorders.

### **Knowledge Management**

The information collected via interviews with the BHLs (BHLs) allowed this researcher to analyze how the BHO obtains information about the services provided to its' consumers. There is no specific metric system in place and information about services rendered and services that are needed by consumers is discussed during weekly leadership team meetings (Personal communication, April 12, 2022). When the clinicians meet with clients, they assess how the clients are responding to treatment services and what the BHO can do to improve their experience, whether it is adding and/or modifying current mental health treatment options. The clinicians relay this information to leadership during their weekly and/or bi-weekly supervision and thus the information is shared in the leadership meetings and discussed in more detail to comply with consumer needs (Personal communication, April 12, 2022).

The discussion surrounding consumer needs during leadership meetings pertains directly to the goal of the BHO to separate mind body therapies, specifically yoga and meditation, from clinical interventions as reimbursable treatment when treating mental health disorders as consumers have shared their views on the importance and significance of mind body therapies and their effectiveness in treating their mental health (Personal

communication, April 12, 2022). Gathering information directly from consumers via clinical sessions allows the BHLs to assess the needs of community members and address those needs accordingly. The BHO is currently working on a metric system that would allow for continuous data collection on the needs of consumers to ensure that the most possible information is obtained to assess services in the BHO (Personal communication, April 12, 2022). This would allow for continued growth, sustainability and providing cutting edge treatment to consumers in the BHO.

### **Measuring and Improving Organizational Performance**

The BHO does not have a formal metric system in place to assess organizational performance from a staff and/or consumer perspective. The BHLs currently rely on client feedback to clinicians during sessions to determine consumer needs (Personal communication, April 12, 2022). In addition, the BHLs retain information from clinicians during supervision sessions to assess the needs and engagement of staff in the BHO. Although this system has proven to be successful in the past, as evidenced by the significant growth of the BHO, the BHLs recognize the need for a formal metric system in the BHO to measure and thus improve organizational performance.

### **Knowledge Development**

As previously noted, the BHO gathers knowledge about services rendered from clinical sessions to ensure that the client needs are being met. Services are added and/or modified to address the needs of the consumers in the BHO. The information is then added to the BHO website and brochure so that community members are aware of the services provided in the BHO (Personal communication, April 12, 2022). The BHO takes

pride in their state-of-the-art website that offers extensive information and insight into the staff, services, mission, and vision of the BHO. According to the BHL, they hire an outside contractor to develop marketing information and strategies for the BHO and then that information is added to the website and brochure (Personal communication, April 12, 2022). Community members can easily access the website to view the BHO's services, locations, hours of operation and to familiarize themselves with staff members and their credentials (Personal communication, April 12, 2022).

### **Information Technology Infrastructure**

The BHO hires an outside contractor to develop and monitor their email communication system to adhere to HIPAA regulations (Personal communication, April 12, 2022). Emails to and from clients are encrypted to maintain the confidentiality of consumers in the BHO. Interoffice emails for staff members to communicate about and/or refer patients to one another are equally protected to ensure respect for the patient and confidentiality. The BHO prides itself in maintaining a standard of communication that is respectful and confidential to always uphold patient rights to confidentiality (Personal communication, April 12, 2022).

### **Summary and Transition**

In summation, Section 3 reviewed the workforce environment, consumers, management of operations, performance, and knowledge management in the BHO. The BHLs understand the need to maintain currency in the marketplace and to provide quality care requires consistent adjustments, such as development and implementation of cutting edge and innovative treatment of mental health disorders, to satisfy patient and staff



needs (Personal communication, April 12, 2022). This correlates directly to the goal of the BHO to “de-silo” or separate mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health to improve patient outcomes

Section 4 addresses the results portion of this qualitative case study. Including analysis of current policy and procedural manuals to analyze leadership’s role in the development and implementation of health care delivery policy in the BHO. Additionally, data that was collected via semi-structured interviews with the BHLs will be analyzed. With a special focus on client and workforce focused results, leadership and governance results and financial and marketplace results. As well as implications and preparation of findings based on evidence this researcher has collected throughout study.

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

This qualitative case study focused on a BHO that promotes holistic care, such as clinical interventions in conjunction with mind-body therapies, specifically yoga and meditation, to treat mental health disorders in children, adolescents, adults, couples, and families. Currently, the BHO incorporates mind-body therapies into a clinical session as yoga and meditation are not reimbursable treatment for mental health disorders. The goal of the BHO is to “de-silo” mind-body therapies from clinical interventions in the organization and beyond. “De-silo” in this context means to separate mind-body therapies from a traditional clinical session as reimbursable and evidence-based treatment for mental health disorders in children, adolescents, adults, couples, and families.

Current policy and procedures manuals were examined to analyze how leadership develops and implements initiatives to enact innovative health care delivery policy changes in the BHO. In this case, to separate mind-body therapies, specifically yoga and meditation, from clinical interventions as evidence-based and reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families. Mind-body therapies as reimbursable treatment for mental health disorders would allow access to disadvantaged populations.

The Baldrige Criteria for Performance Excellence notes the importance of leadership roles and responsibility in the development and implementation of innovative health care delivery policies to increase the quality of care provided and thus increase organizational sustainability (NIST, 2020). Although the BHO has experienced significant growth, there is no strategic plan in place to guide the change process

successfully and methodically to allow for the separation of mind-body therapies from clinical interventions as reimbursable mental health treatment. Implementing criteria from the Baldrige Performance Excellence program specific to leadership and strategy allows for more definitive roles and modeling behaviors of leaders in their goal to “de-silo” mind-body therapies, specifically yoga and meditation, from clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families.

Semi-structured interviews were conducted with the founding partner, managing partner, and clinician coordinator to gather data on how the BHO currently combines Western and Eastern wellness philosophies, specifically mind-body therapies in conjunction with clinical interventions to treat mental health disorders in children, adolescents, adults, couples, and families. The semi-structured interviews with the BHLs led to the divulgence of the goal to “de-silo” and/or separate mind-body therapies from clinical interventions as evidence-based and reimbursable treatment for mental health disorders in the BHO.

The data collected from the semi-structured interviews was then coded to establish reoccurring key words and phrases. These words and phrases relate to the overall idea of what was discussed during the qualitative interview process with the BHLs. Determining key words and phrases utilized by the BHLs allowed me to find patterns and themes which can then assist with further identification and dissection of the phenomenon being studied (Saldana, 2016).

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

### **Client Programs, Services and New Initiatives**

The BHO offers a multitude of services to treat mental health disorders in children, adolescents, adults, couples, and families such as psychotherapy, psychiatry, and mind-body therapies. In addition, the BHO offers adolescent IOP and PHP, and they are currently in the process of certifying the IOP program with the Division of Behavioral Health and the PHP program with the state's Department of Children and Families (Personal communication April 12, 2022). Ee et al (2020) and Vaughn et al (2017) note the importance of providing diverse mental health treatment options for optimal results in combating the global mental health epidemic. Within the psychotherapy and psychiatric services realm in the BHO there were no current metric systems in place. Assessment of services rendered is discussed in clinical sessions between client and clinician. The clients are welcome to discuss their perspective and satisfaction of services provided as well as offer suggestions for new services. The clinicians then discuss client feedback and recommendations with leadership during their monthly meetings

The psychiatric services offered in the BHO, such as prescriptions and medication monitoring, in addition to psychiatric evaluations, are also not measured for quality and performance (Personal communication, April 12, 2022). The current method of assessing client satisfaction is discussed during appointment and/or evaluation. According to the BHLs, they rely heavily on feedback from staff to address any modifications to current standard of treatment practices in the BHO. Ferreira and Proença (2015) explore the

importance of strategic planning in organizations to development a system to assess the services they provide as a crucial component of organizational sustainability.

Subsequently, the BHO leadership team meets once a week to discuss client feedback and to assess if community needs are being met from a clinical perspective and what could be done to modify and/or improve the care provided to consumers in the BHO. The website also offers a testimonial section wherein clients are welcome to share their experiences with the services provided in the BHO.

The BHO is currently working towards certification with the state for the new adolescent partial hospitalization program (PHP). As such, the BHO will need to comply with Children's Partial Care Program Standards established by the state. This will require changes in policies and procedures for the partial program as the BHO will need to consider specific criteria clients need to participate in program, services that are specific to state standards, admission, intake and treatment planning compliance with state requirements and adherence to medication administration guidelines, termination, discharge, and referral procedures that follow state protocol.

In addition, the certification for the IOP will require compliance with the standards set forth by the Division of Behavioral Health in the state for organizations that provide intensive out-patient services to consumers. The BHO will be required to maintain the IOP running according to state guidelines and licensing requirements. This will require a more organized metric and compliance system within the BHO.

The current method of obtaining information related to client satisfaction and community needs via feedback from clinical sessions is not a sustainable and reliable

method to gather data pertaining to quality of service provided and client satisfaction. This can directly impact the future of the BHO as they may not be able to keep up with changes and trends in behavioral health and this can negatively affect the growth and sustainability of the BHO. In addition, the BHO's method of assessment of program services is a barrier to the development and implementation of health policy delivery changes to "de-silo", otherwise referred to as separate, mind body therapies, specifically yoga and meditation, from a clinical session to allow for reimbursement.

### **Client Focused Results**

The BHO obtains information about client satisfaction and/or service recommendations via clinical sessions. The open communication between clinicians and clients builds rapport and establishes a trusting relationship with staff in the BHO. The client data gathered in a clinical session is then discussed during supervisory meetings. Leadership then processes the information gathered and determines the next step in adhering to client feedback and recommendations.

According to the BHLs, the clients feel validated and heard when their feedback helps the BHO develop and implement better methods of providing quality care to consumers (Personal communication, April 12, 2022). This corresponds directly to why the BHO has grown significantly and is in high demand with an extensive waiting list. Although open communication and rapport is an essential component of providing quality care, organizational sustainability requires a more formal method of gathering and recording data collected from consumers to statistically assess BHO services and to effectively grow the organization while maintaining currency. Assessment of services is

key in that it will determine what services the clients are benefiting from and what other services they may need.

The BHO wants to “de-silo” and/or separate mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families. As such, to substantiate the need for additional services in conjunction with clinical interventions, specifically mind body therapies, when treating mental health disorders. Currently and otherwise, there is no concrete data supporting the benefits of mind body therapies in conjunction with clinical interventions as best practice and optimal treatment for mental health disorders in children, adolescents, adults, couples, and families in the BHO.

### **Workforce Focused Results**

Based on the data collected via semi-structured interviews with the founding partner, managing partner and clinician coordinator, the BHO prides itself in developing and implementing innovative programs to treat mental health disorders in children, adolescents, couples, and families. The BHLs accomplish this by gathering information from clinicians, collected from clients during clinical sessions, regarding their satisfaction with current services and to gain insight for new services to meet the community members’ needs. Once the information is gathered during clinical supervision meetings, leadership meets weekly to discuss any modifications and/or adjustments that will be made to the current clinical treatment of mental health disorders in children, adolescents, adults, couples, and families in the BHO. Although there is no metric system in place, the

BHO relies on their open communication and rapport with staff to assess the clinical climate in the BHO so they can maintain currency while providing quality care.

While the current method of communicating in the BHO via monthly and bi-weekly supervision and weekly leadership team meetings seems to be fostering growth in the organization with the development and implementation of new services. To “de-silo” and/or separate mind body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment for mental health disorders in children, adolescents, adults, couples, and families will require a formal method of assessment of services and their efficiency and efficacy. Documentation and data substantiating the effectiveness of mind body therapies as evidence based and best practice in treating mental health disorders will facilitate the changes in health care delivery policy changes in the BHO and beyond.

### **Leadership and Governance Results**

Upon analysis of the leadership and governance structure and functioning in the BHO, two key factors were determined to be of importance to address the practice problem of separating mind body therapies, specifically yoga and meditation from a clinical session as reimbursable treatment for mental health disorders. The first is the regulatory environment in the BHO. In addition to separating mind body therapies from a clinical session the BHO is also currently seeking licensure and certification for their IOP and their PHP. As such the regulatory environment is going to grow and require a formal and organized system to maintain compliance and to continue to provide quality care to its’ consumers.



Adjustments to the regulatory environment to allow for policy changes in the BHO will require a modification of the current governance structure in the BHO. Currently, there is not a specific regulatory and compliance component in the organizational structuring of the BHO. Since there are many factors that need to be considered surrounding compliance such as educational requirements for clinicians, limits in group sizes and criteria of attendees, the BHO will require a separate leadership team allocated to meet the compliance requirements of state regulations. This would require a strategic plan to develop and implement a quality assurance and compliance system in the BHO that can successfully contribute to its' sustainability.

Secondly, the BHO operates from a top-down approach which lends itself to expeditiously handling the substantial growth the BHO has experienced in the past few years. However, a more balanced approach incorporating a bottom-up approach in conjunction with a top-down approach would be ideal as it would help the BHO with longevity and sustainability in providing innovative care to its consumers. A combination of leadership approaches will allow for efficient planning of strategic initiatives that need to be developed and implemented in the BHO to sustain the innovative and quality care that it provides to consumers.

### **Financial and Marketplace Results**

The BHO provides integrated mental health services and mind body therapies for children, adolescents, adults, couples, and families in four locations across the state. According to the BHLs, they complete 3,700 sessions a month (Personal communication, April 12, 2022). The intensive outpatient program (IOP) and Partial Hospital Program

(PHP) are billed separately and are not included in the 3,700 sessions a month. The mind body therapy services provided at the BHO are conducted within a clinical session as they are currently not a reimbursable form of treatment for mental health and thus the reason for the importance and significance of this case study.

The largest location is comprised of 40 clinicians, second largest has 6 clinicians, third largest 4 staff, including two mental health associates, one clinician and an Educational Coordinator, and lastly, their newest and smallest location has two clinicians. The BHO's integrated concept of care, providing a Western and Eastern wellness philosophy in the treatment of mental health disorders in children, adolescents, adults, couples, and families is prevalent in all locations. The significant growth the BHO has experienced the past few years is indicative of the need for change in treatment of mental health disorders.

### **Social Change**

Addressing healthcare delivery policy in BHOs to include holistic care can enact positive social change by improving patient outcomes. Blignault and Kaur (2020) reference the need for further research on the benefits of combining a Western and Eastern wellness philosophy in the treatment of mental health disorders. This qualitative case study contributed to the current literature depicting holistic care as optimal in the treatment of mental health disorders in children, adolescents, adults, couples, and families. Specifically, the study results determined that incorporating mind body therapies, categorically yoga and meditation, in conjunction with traditional clinical

interventions to mental health disorders can impact social change by improving patient outcomes, providing quality care, and reducing healthcare costs.

### **Strengths and Limitations of the Study**

A strength of this case study was its design. In depth semi structured interviews allowed this researcher access to personal perspectives from individuals that have lived experience and knowledge about the issues discussed in the case study. This knowledge contributed to the evidence and findings in this qualitative case study that mind body therapies in conjunction with clinical interventions are optimal in the treatment of mental health disorders. Choosing a semi-structured interview design resulted in answers to specific questions this researcher had as well as elaboration and personal insight from the BHLs in relation to the practice problem in this case study. Using a research design, such as semi-structured interviews in future research would contribute to the existing literature on leadership perspectives of the benefits of incorporating mind body therapies, specifically yoga and meditation, with clinical interventions to treat mental health disorders.

A limitation of this case study was that only one organization was utilized in the gathering and analyzation of data that addressed the practice problem. Future research can benefit from analyzing and gathering organizational data from more than one behavioral health organization to explore multiple perspectives on the benefits of incorporating mind body therapies, such as yoga and meditation, with clinical interventions to treatment health disorders. While using more than one organization would allow for better generalization of the results, it would also take more time due to

more data collection and analyzation. Bias is another limitation as the personal perspectives, knowledge, and insight of the BHLs is subjective to their experiences in the behavioral health field. Thus, while the personal insight of the BHLs is valuable, it is also a limitation.

### **Summary and Transition**

In summation, Section 4 analyzed client programs, services, and new initiatives in the BHO to assess the best course of action to de-silo mind body therapies, specifically, yoga and meditation, from a clinical session, as reimbursable treatment for mental health disorders. Furthermore, it provided information about client focused results, workforce focused results and leadership and governance focused results to gain a better understanding of how the BHO develops and implements new initiatives and how those initiatives impact clients, leadership, and the workforce. This knowledge can assist the BHLs in comprising health care delivery policy changes that embrace mind body therapies as evidence-based treatment for mental health disorders. Thus, becoming a reimbursable form of treatment for mental health disorders.

In transition, Section 5 discusses the recommendations stemming from the data gathered and analyzed throughout this case study. Including how leadership governs and how its' current approach can benefit from this case study and its' findings. In addition, recommendations were made on how the BHO develops and implements strategy to initiate change management. Furthermore, this section discusses the importance of a metric system to assess current services, staff, and consumer satisfaction to consistently improve the quality of care provided in the BHO.

## Section 5: Recommendations and Conclusion

### **Recommendations**

Based on the themes identified in Section 4, several recommendations have been identified for the BHLs to consider. These recommendations stemmed from analysis of the BHO on multiple levels using the Baldrige Framework of Excellence. This study determined a need for leadership restructuring to accommodate implementation of a strategic plan to develop a metric system in the BHO. This metric system would allow for statistical data on the benefits of de-siloing mind-body therapies from a clinical session as reimbursable treatment. The metrics gathered would then substantiate the need for health care delivery policy changes in the BHO to address how they provide mental health care to their consumers.

The BHO collaborating with this case study is seeking to “de-silo” or separate mind-body therapies, specifically yoga and meditation, from a clinical session as evidence-based and reimbursable treatment for mental health and SUDs. The need for an integrated concept of care when addressing mental health and SUDs is a concept that has recently gained momentum, as solely applying clinical interventions to treat mental health and SUDs has been shown to be ineffective (Blignault & Kaur, 2020; Lake & Turner, 2017; Schlosser et al., 2022). Section 5 focuses on categorical recommendations in leadership, strategy and performance metrics that would allow the BHO to enact the necessary health care delivery policy modifications to separate mind-body therapies from a clinical session as reimbursable treatment for mental health.

## Leadership

The BHO operates with a top-down approach so the BHLs develop and implement organizational goals that filter down. This provides BHLs an opportunity to accommodate growth expeditiously. According to many studies, leaders play a significant role in setting goals and fostering values that encompass open communication, innovation, and balance within an organization (Bryson, 2018; Chang-Lin, 2016; Collier & Jones, 2013; Kahane & Ronen, 2021; Moorefield, 2019; NIST, 2020). Ideally, to create balance in the BHO using a top-down approach in conjunction with a bottom-up approach would allow for a flow of organizational communication to determine future endeavors in the BHO. This would contribute to a more sustainable method of growth and development. Although the BHO does encourage feedback and recommendations from staff, there is no formal system in place to consistently discuss the growth and direction of the BHO with staff. Organizational sustainability and success require a powerful orientation to the future and if the BHLs develop and implement a combination of a top-down approach and a bottom-up approach, sustainability and success would be more attainable.

According to NIST (2020), an organizational governance structuring that allows for leadership accountability and responsibility is key to transparency and improvement of the leaders and the leadership team in organizations. The BHO does not currently have organizational structuring that allows for the performance management and improvement of leadership. Re-organizing the organizational structuring of the BHO to include performance management, legal and regulatory compliance sectors would contribute to

the concept of a combined top-down and bottom-up approach to leadership and allow for the organic growth of corporate social responsibility within the BHO via the designated sectors.

### **Strategy**

Strategizing and strategic planning are processes that identify the organizations vision. Many researchers note the importance of strategy in the competitive environment, longevity, and sustainability of organizations to ensure the current and future success of an organization (Bryson, 2018; Chang-Lin, 2016; Collier & Jones, 2013; Kahane & Ronen, 2021; Moorefield, 2019; NIST, 2020). The development and implementation of strategic initiatives are integral components of an organizations' ability to maintain currency. The BHO does not have a strategic plan in place for their organizational goals. This makes it more challenging to enact health care delivery policy modifications in the BHO to “de-silo” or separate mind-body therapies, specifically yoga and meditation, from a clinical session as reimbursable treatment of mental health disorders. Developing and implementing a strategic plan would allow for a “road map” of objectives for the BHO to follow to accomplish their goal of separating mind-body therapies, specifically yoga and meditation, from clinical interventions for the treatment of mental health.

The BHO can benefit from developing a strategic plan to create a new health care delivery policy that separates mind-body therapies from a clinical session and thus potentially become a reimbursable form of treatment for mental health and SUDs in children, adolescents, adults, couples, and families. Without a strategic plan with goals and objectives, it will be difficult to accomplish change initiatives in healthcare delivery

policy in the BHO. Other organizational benefits include customer-focused excellence, as noted in NIST (2020), to be a force and driver in customer engagement and satisfaction in organizations. In addition, innovation and performance improvement, and learning capabilities provide organizations opportunities to maintain a higher and current standard of knowledge about quality care.

### **Performance Metrics**

The identification of best practice and evidence-based treatment requires a metric system that assesses the performance of organizational leadership, staff, and customer satisfaction surrounding the provision of services. An organizational system that measures and analyzes all data that relates to the success and sustainability of an organization is essential to the growth and longevity of said organization (NIST, 2020). The BHO, which was the focus of this case study, does not have any metric systems in place to assess leadership capability and responsibility, staff engagement and knowledge management and customer satisfaction of the services it provides its' consumers. The BHO currently relies on feedback from clinical sessions and reviews and/or comments on the website.

The administration of measurement instruments to ensure organizational alignment with the mission and vision of an organization and its' goals are critical components to the organizations' marketable growth and development (NIST, 2020). Collecting data on the benefits of yoga and meditation in the treatment of mental health would assist the BHO in accumulating data that directly reflects patient outcomes when providing mind body therapy to treat mental health and SUDs. This can positively



contribute to the existing literature on the benefits of an integrated and/or holistic concept of care in the treatment of mental health and SUDS in behavioral health organization.

### **Summary**

Researchers have summarized that solely using clinical interventions to treat mental health disorders is not conducive in making a positive social impact that results in the reduction of the global mental health epidemic we are experiencing (Blignault & Kaur, 2020; Brinsley et al., 2021; Burnett-Zeigler et al., 2016). In response to this deficit, this qualitative case study explored how one BHO uses mind body therapies, in particular yoga and meditation, in their clinical sessions to treat mental health disorders. Although, as per the consumers, not a formal metric system, the results have been promising and positive, the BHLs wanted to “de-silo” and/or separate mind body services and retain reimbursement for them. This requires modifications to the leadership and governance structuring in the BHO to accommodate for the necessary healthcare delivery policy changes.

A strategic plan can benefit the BHO goal to separate mind body therapy from a clinical session as it can provide BHLs with a roadmap of objectives that lead to the step-by-step completion of the organizational goals that align with the mission and vision of the BHO to provide an integrated concept of care in the treatment of mental health and addiction. In addition, developing and implementing a metric system in the BHO on the effectiveness of mind body therapies in the treatment of mental health and addiction can solidify and justify yoga and meditation as evidence based and best practice which could then allow for reimbursement of said services and increase the BHO’s sustainability.

Leadership, strategy, and metrics play a critical role in incorporating holistic care in behavioral health. For starters, leadership needs to recognize the need for mind body therapies, potentially yoga and meditation, as elements that can enhance the quality of care provided and thus improve patient outcomes. The literature in this qualitative case study suggests that while many organizations incorporate holistic care in the treatment of mental health, not many acknowledge holistic care as formal treatment and thus, do not include it in their metrics and compliance systems within their organization to formally assess their effectiveness in treating and/or contributing to positive outcomes with patients although the literature suggest that holistic care does improve patient outcomes and can benefit behavioral health organizations that provide it to their consumers (Anderson et al., 2021; Blignault & Kaur, 2020; Burnett-Ziegler et al., 2016; Cramer et al., 2017; Ee et al., 2020; Gonzalez et al., 2021; Malik et al., 2019; Manish, 2021; Mpourazan et al., 2021; Pence et al., 2014; Rao et al., 2021; Schlosser et al., 2022; So et al., 2020; Tsai & Yan, 2021; Vollbehr & Bartels-Velthuis, 2018; Yin et al., 2021).

The BHO in this case study recognizes the benefits in incorporating holistic care within a clinical session as patients report enjoying the experience and finding it helpful in the treatment of their mental health. However, the challenge is implementing a strategy to adjust the organizational structuring in leadership to address healthcare policy delivery changes to enable holistic care to become a reimbursable form of treatment in the BHO. This would also require a metric system to formally measure patient outcomes so that data can contribute to yoga and meditation becoming evidence based in the eyes of the insurance companies. While the benefits are plentiful, there are challenges in

restructuring leadership, developing a strategic plan, and incorporating a metric system to allow for holistic care to be available for all individuals that are covered by insurance, including Medicaid and Medicare.

While this case study contributed to the existing literature on the benefits of incorporating holistic care in behavioral health, there is a need for further research so we can embrace an integrated concept of care when treating mental health and SUDs. Since the 2019 pandemic, the global decline of mental health has been exacerbated and it is an ideal time to reflect on other forms of treatment in conjunction with clinical interventions to treat mental health. Further research on the benefits of a holistic approach in the treatment of mental health disorders will allow for mind body therapies, in particular, yoga and meditation, to be a reimbursable form of evidence based and best practice treatment for mental health disorders for all, including disadvantaged populations.

## References

- Aboujaoude, E. (2019). Protecting privacy to protect mental health: The new ethical imperative. *Journal of Medical Ethics*, 45(9), 604–607.  
<https://doi.org/10.1136/medethics-2018-105313>
- Anderson, B. J., Meissner, P., Mah, D. M., Nielsen, A., Moonaz, S., McKee, M. D., Kligler, B., Milanes, M., Guerra, H., & Teets, R. (2021). Barriers and facilitators to implementing bundled acupuncture and yoga therapy to treat chronic pain in community healthcare settings: A feasibility pilot. *Journal of Alternative and Complementary Medicine*, 27(6), 496–505.  
<https://doi.org/10.1089/acm.2020.0394>
- Barbosa, F.L., & Borges-Andrade, J.E. (2021). Informal learning behaviors, interaction and workplace autonomy and readiness to learn. *Journal of Workplace Learning*, 34(4), 388–402. <https://doi.org/10.1108/JWL-04-2021-0047>
- Bignault, I., & Kaur, A. (2020). Integration of traditional and western treatment approaches in mental health care in Pacific island countries. *Australasian Psychiatry*, 28(1), 11–15. <https://doi.org/10.1177/1039856219859273>
- Brinsley, J., Schuch, F., Lederman, O., Girard, D., Smout, M., Immink, M. A., Stubbs, B., Firth, J., Davison, K., & Rosenbaum, S. (2021). Effects of yoga on depressive symptoms in people with mental disorders: A systematic review and meta-analysis. *British Journal of Sports Medicine*, 55(17), 992–1000.  
<https://doi.org/10.1136/bjsports-2019-101242>

- Bryson, J. M. (2018). *Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement* (5th ed.). John Wiley & Sons, Inc.
- Burkholder, G. J., Cox, K. A., Crawford, L. M., & Hitchcock, J. H. (Eds.). (2020). *Research designs and methods: An applied guide for the scholar-practitioner*. SAGE Publications.
- Burnett-Zeigler, I., Schuette, S., Victorson, D., & Wisner, K. L. (2016). Mind–body approaches to treating mental health symptoms among disadvantaged populations: A comprehensive review. *The Journal of Alternative and Complementary Medicine*, 22(2), 115–124. <https://doi-org/10.1089/acm.2015.0038>
- Burns, L. R., Bradley, E. H., & Weiner, B. J. (2020). *Shortell & Kaluzny's health care management: Organization design & behavior* (7th ed.). Cengage.
- Centers for Disease Control and Prevention. (2016). *A framework for program evaluation*. US Department of Health and Human Services. <http://www.cdc.gov/eval/framework/index.htm>
- Chang-Lin Yang, Ching-Lien Huang, Rong-Hwa Huang, & Kai-Ping Huang. (2016). Corporate social responsibility-based business performance evaluation system. *International Journal of Organizational Innovation*, 8(3), 293–307.
- Collier, G., & Jones, R. (2013). A lot, but not yet enough - A call for more action on sustainability. *Commonwealth Journal of Local Governance*, 13/14, 157–169. <https://doi.org/10.5130/cjlg.v0i13/14.3730>

- Cookson, R., Asaria, M., Ali, S., Shaw, R., Doran, T., & Goldblatt, P. (2018). Health equity monitoring for healthcare quality assurance. *Social Science & Medicine*, *198*, 148–156. <https://doi.org/10.1016/j.socscimed.2018.01.004>
- Cramer, H., Anheyer, D., Lauche, R., & Dobos, G. (2017). A systematic review of yoga for major depressive disorder. *Journal of Affective Disorders*, *213*, 70-77.
- Donaldson-Feilder, E., Lewis, R., & Yarker, J. (2019). What outcomes have mindfulness and meditation interventions for managers and leaders achieved? A systematic review. *European Journal of Work and Organizational Psychology*, *28*(1), 11–29. <https://doi.org/10.1080/1359432X.2018.1542379>
- Ee, C., Lake, J., Firth, F., Hargraves, F., de Manincor, M., Meade, T., Marx, W., & Sarris, J. (2020). An integrative collaborative care model for people with mental illness and physical comorbidities. *International Journal of Mental Health Systems*, *14*(1), 1-16. <https://doaj.org/article/b7f6a5463b9147f89fc35e6146593b61>
- Evans-Lacko, S., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Benjet, C., Bruffaerts, R., Chiu, W. T., Florescu, S., de Girolamo, G., Gureje, O., Haro, J. M., He, Y., Hu, C., Karam, E. G., Kawakami, N., Lee, S., Lund, C., Kovess-Masfety, V., Levinson, D., & Navarro-Mateu, F. (2018). Socio-economic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders: results from the WHO World Mental Health surveys. *Psychological Medicine*, *48*(9), 1560–1571. <https://doi.org/10.1017/S0033291717003336>

- Ferreira, M. R., & Proença, J. F. (2015). Strategic planning and organizational effectiveness in social service organizations in Portugal. *Management: Journal of Contemporary Management Issues*, 20(2), 1–21.
- Furrow, et al. (2018). *Health law: Cases, materials, and problems* (8th ed.). West Academic Publishing
- Geoghegan, D. (2018). *SOAR Analysis*.  
<https://expertprogrammanagement.com/2019/11/soar-analysis/>
- Gonzalez, M., Pascoe, M. C., Yang, G., de Manincor, M., Grant, S., Lacey, J., Firth, J., & Sarris, J. (2021). Yoga for depression and anxiety symptoms in people with cancer: A systematic review and meta-analysis. *Psycho-Oncology*, 30(8), 1196–1208. <https://doi.org/10.1002/pon.5671>
- Govindaraj, R., Varambally, S., Rao, N. P., Venkatasubramanian, G., & Gangadhar, B. N. (2020). Does yoga have a role in schizophrenia management? *Current Psychiatry Reports*, 22(12), N.PAG. <https://doi.org/10.1007/s11920-020-01199-4>
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house”. *Administrative Issues Journal: Education, Practice, And research*, 4(2), 12-26
- Harrison R, Chauhan A, Minbashian A, McMullan R, & Schwarz G. (2022). Is gaining affective commitment the missing strategy for successful change management in healthcare? *Journal of Healthcare Leadership*, 14, 1–4

- Howard-Grenville, J., Nelson, A., Vough, H., & Zilber, T. B. (2021). Achieving fit and avoiding misfit in qualitative research. *Academy of Management Journal*, 64(5), 1313–1323. <https://doi.org/10.5465/amj.2021.4005>
- Ilioudi, S., Lazakidou, A., and Tsironi, A. (2013). Importance of patient satisfaction measurement and electronic surveys: Methodology and potential benefits. *International Journal of Health Research and Innovation*, 1(1), 67-87
- Kahane, Y., & Ronen, T. (2021). TransFormNation: A suggestion for rapid top-down transformation. *Cadmus*, 4(4), 92–102.
- Kaufman, R. (2016). Strategic planning: Getting from here to there. *Talent Development*, 70(3), 54–59.
- Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology*, 12(4), 397–414.
- Lake, J., & Spain Turner, M. (2017). Urgent need for improved mental health care and a more collaborative model of care. *Permanente Journal*, 21(4), 44–51. <https://doi.org/10.7812/TPP/17-024>
- Lando, M., & Remhoff, V. (2015). *Dynamic healing: A practitioner's guide to Reiki Applications*. Balboa Press.
- Lundgren, L., & Krull, I. (2014). The Affordable Care Act: New opportunities for social Wvrk to take leadership in behavioral health and addiction treatment. *Journal of the Society for Social Work & Research*, 5(4), 415–438. <https://doi.org/10.1086/679302>



- Mallik, D., Bowen, S., Yang, Y., Perkins, R., & Sandoz, E. K. (2019). Raja yoga meditation and medication-assisted treatment for relapse prevention: A pilot study. *Journal of substance abuse treatment, 96*, 58-64.
- Manish, Kumar Dwivedi. (2021). Mitigation of stress through yoga nidra (meditation) intervention. *The Journal of Mental Health Training, Education and Practice, 16*(4), 300–312. <https://doi.org/10.1108/JMHTEP-09-2020-0065>
- McSweeney, B. (2021). Fooling ourselves and others: Confirmation bias and the trustworthiness of qualitative research – Part 1 (the threats). *Journal of Organizational Change Management, 34*(5), 1063–1075.  
<https://doi.org/10.1108/JOCM-04-2021-0117>
- Moorefield, R. (2019). Effective leadership: What does spirituality have to do with it? *American Journal of Health Promotion, 33*(7), 1085–1087.  
<https://doi.org/10.1177/0890117119866957c>
- Mpourazana, D., Vlachos, I., Aristotelidis, P., Koureta, A., Lempesi, E., Chondraki, P., Tsantila, S., Papageorgiou, C., & Margariti, M. (2021). New patients' access to psychiatric treatment services: Improving the quality indicators of mental health services. *Psychiatriki, 32*(2), 123–131.
- Muther, E. F., Asherin, R., Margolis, K., Buchholz, M., Bunik, M., & Talmi, A. (2016). Child health matters: Integrating behavioral health services into pediatric primary care. *International Journal of Integrated Care, 16*(6), 1–2.  
<https://doi.org/10.5334/ijic.2707>

- National Institutes of Standards and Technology. (2020). *Baldrige excellence framework (health care): A systems approach to improving your organization's performance*. <https://www.nist.gov/baldrige>.
- National Institutes of Standards and Technology. (n.d.). *Baldrige performance excellence program*. Retrieved March 12, 2022, from <https://www.nist.gov/baldrige/baldrige-criteria-commentary>
- Northouse, P. G. (2018). *Leadership theory and practice* (8th ed.). SAGE Publications.
- Notgrass, D. (2014). The relationship between followers' perceived quality of relationship and preferred leadership style. *Leadership & Organizational Development Journal*, 35(7), 605-621.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pattnaik, S.C, & Sahoo, R. (2020). Employee engagement, creativity, and task performance: role of perceived workplace autonomy. *South Asian Journal of Business Studies*, 10(2), 227–241. <https://doi.org/10.1108/SAJBS-11-2019-0196>
- Pence, P., Katz, L., Huffman, C., & Cojucar, G. (2014). Delivering integrative restoration-yoga nidra meditation (iRest®) to women with sexual trauma at a veteran's medical center: A pilot study. *International Journal of Yoga Therapy*, 24(1), 53-62.

- Phelps, R., Bray, J. H., & Kearney, L. K. (2017). A quarter century of psychological practice in mental health and health care: 1990-2016. *American Psychologist*, 72(8), 822–836. <https://doi.org/10.1037/amp0000192>
- Rao, N. P., Ramachandran, P., Jacob, A., Joseph, A., Thonse, U., Nagendra, B., Chako, D. M., Shiri, S., Hassan, H., Sreenivas, V., Maran, S., Durgam, D., Nandakumar, K., Varambally, S., & Gangadhar, B. N. (2021). Add on yoga treatment for negative symptoms of schizophrenia: A multi-centric, randomized controlled trial. *Schizophrenia Research*, 231, 90–97. <https://doi.org/10.1016/j.schres.2021.03.021>
- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological* (2nd ed.) SAGE Publications.
- Richards, M., Egri, C. P., Ralston, D. A., Naoumova, I., Casado, T., Wangenheim, F.V., Hung, V. T., Pekerti, A. A., & Schroll, M. S. (2012). How can we better understand current and future workforce values in the global business environment? *Thunderbird International Business Review*, 54(5), 609–623. <https://doi.org/10.1002/tie.21488>
- Richert, L., & DeCloedt, M. (2018). Supple bodies, healthy minds: Yoga, psychedelics, and American mental health. *Medical Humanities*, 44(3), 193–200. <https://doi.org/10.1136/medhum-2017-011422>
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). SAGE Publications.

- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). SAGE Publications.
- Sale, J. E. M. (2022). The role of analytic direction in qualitative research. *BMC Medical Research Methodology*, 22(1), 1–12. <https://doi.org/10.1186/s12874-022-01546-4>
- Sanzo, M. J., Alvarez, L. I., Rey, M., & Garcia, N. (2015). Business-nonprofit partnerships: a new form of collaboration in a corporate responsibility and social innovation context. *Service Business*, 9(4), 611–636. <https://doi.org/10.1007/s11628-014-0242-1>
- Schlosser, M., Jones, R., Demnitz-King, H., & Marchant, N. L. (2022). Meditation experience is associated with lower levels of repetitive negative thinking: The key role of self-compassion. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 41(5), 3144–3155. <https://doi.org/10.1007/s12144-020-00839-5>
- Siedlecki, S. L. (2022). Conducting interviews for qualitative research studies. *Clinical Nurse Specialist*, 36(2), 78–80. <https://doi.org/10.1097/NUR.0000000000000653>
- Smoyer, C. B., Dwyer, R., Garfield, J. K., & Simmons, B. D. (2021). Developing Workforce Capability in Nonprofits Through Effective Leadership. *International Journal of Applied Management & Technology*, 20(1), 167–182. <https://doi.org/10.5590/IJAMT.2021.20.1.09>

- So, Wendy Wing Yan , Yiqing, Erin Lu, Cheug, Wai Ming, & Tsang, Hector Wing Hong. (2020). Comparing Mindful and Non-Mindful Exercises on Alleviating Anxiety Symptoms: A Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, 17(8692), 8692. <https://doi.org/10.3390/ijerph17228692>
- Spell, C. S., & Arnold, T. J. (2007). A multi-level analysis of organizational justice climate, structure, and employee mental health. *Journal of Management*, 33(5), 724–751. <https://doi.org/10.1177/0149206307305560>
- State of New Jersey Department of Children and Family Services (n.d.). Mental health program licensing. Retrieved on March 4, 2020, from <https://www.nj.gov/dcf/about/divisions/dfcp/>
- The Joint Commission (n.d.). State Recognition. Retrieved on March 4, 2022, from <https://www.jointcommission.org/accreditation-and-certification/state-recognition>
- Tsai, L.-M., & Yan, Y.-H. (2021). A preliminary study on applying holistic healthcare model on medical education behavioral intention: A theoretical perspective of planned behavior. *BMC Medical Education*, 21(1), 307. <https://doi.org/10.1186/s12909-021-02746-0>
- Vaughn, W. M., Bunde, P. K., Remick-Erickson, K., Rebeck, S., & Denny, D. (2017). Forging multidisciplinary collaboration to improve mental/behavioral health. *NASN School Nurse*, 32(5), 298–301.

- Vishnevskiy, K., Karasev, O., & Meissner, D. (2016). Integrated roadmaps for strategic management and planning. *Technological Forecasting & Social Change*, *110*, 153–166. <https://doi.org/10.1016/j.techfore.2015.10.020>
- Vollbehr, N. K., & Bartels-Velthuis, A. A. (2018). Hatha yoga for acute, chronic and/or treatment-resistant mood and anxiety disorders: A systematic review and meta-analysis. *PLoS ONE*, *13*(10), e0204925. <https://doi.org/10.1371/journal.pone.0204925>
- Weintraub, A. (2012). *Yoga skills for therapists: Effective practices for mood management*. WW Norton & Company
- Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative research. *International Management Review*, *15*(1), 45–55.
- Yin, J., Tang, L., & Dishman, R. K. (2021). The effects of a single session of mindful exercise on anxiety: A systematic review and meta-analysis. *Mental Health and Physical Activity*, *21*. <https://doi.org/10.1016/j.mhpa.2021.100403>

## Appendix A: Psychological Services Provided

### **Psychotherapy Services:**

#### **Telepsychotherapy**

**ADULTS:** Anger Management, Assessment, Brainspotting, Career Coaching and Empowerment, Couples and Marriage Counseling, Ecotherapy, Enhanced Family Therapy, Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Family Systems Therapy, Gay, Lesbian, Bisexual, Transgender Counseling, Group Therapy, High Conflict Divorce and Co-Parenting, Integrated at Work, Integrated Co-Occurring Services: Adult Substance Use and Mental Health Integrated School Services, Mindfulness-Based Therapy, Parenting Education and Coaching, Sand Tray Therapy, Self-Harming Behavioral Therapy, Sexual Trauma Therapy, Substance Use Disorder Treatment, Traditional Psychotherapy Services, Anger Management for Teens and Adults

**TEENS:** 21<sup>st</sup> Century Adolescents, Anger Management, Assessment, Brainspotting, Ecotherapy, Educational Advocacy, Enhanced Family Therapy, Family Systems Therapy, Gay, Lesbian, Bisexual, Transgender Counseling, Group Therapy, Integrated School Services, Mindfulness-Based Therapy, Parenting Education and Coaching, Sand Tray Therapy, Self-Harming Behavior Therapy, Sexual Trauma Therapy, Substance Use Disorder Treatment, Traditional Psychotherapy Services

**CHILDREN:** Assessment, Ecotherapy, Educational Advocacy, Enhanced Family therapy, Family Systems Therapy, Gay, Lesbian, Bisexual, Transgender Counseling, Group Therapy, Mindfulness-Based Therapy, Parenting Education and Coaching, Play Therapy, Sand Tray Therapy, Sexual Trauma Therapy, Traditional Psychotherapy Services

**Mind-Body Services:**

**ADULTS:** Art Therapy, Breathwork Therapy, Dialectical Behavior Therapy (DBT),

Equine Therapy, Group Therapy, Integrated at Work, Integrated School Services, iRest

Yoga Nidra, LifeForce Yoga, Mindfulness-Based Therapy, Trauma-Sensitive yoga, Toga

Therapy

**TEENS:** Art Therapy, Breathwork Therapy, Dialectical Behavior Therapy (DBT),

Equine Therapy, Group Therapy, Integrated School Services, iRest Yoga Nidra,

LifeForce Yoga, Mindfulness-Based Therapy, Trauma-Sensitive yoga, Yoga Therapy

**CHILDREN:** Art Therapy, Breathwork Therapy, Equine Therapy, Group Therapy,

Mindfulness-Based Therapy, Yoga Therapy

**Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP)**

**TEENS:** The Integrated Adolescence Program



## Appendix B: Interview Protocol

1. What is the governance structure and leadership approach in the BHO?
2. How is the regulatory environment structured and how do they adapt to healthcare policy delivery changes?
3. What is the process of enacting policy changes in relation to reimbursable mental health treatment?
4. How does a specific mental health treatment and/or intervention become evidence-based and thus reimbursable?
5. What are the perceptions of leaders and staff in relation to policy changes?
6. Does the BHO have a metric system in place to assess services provided and consumer satisfaction?
7. What key changes have led to the goal of separating yoga and meditation from a clinical session?
8. What are the benefits of incorporating holistic care in behavioral health organizations?
9. Describe the strategic challenges experienced in the BHO?