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## Leadership Experiences With Organizational Infrastructure in Early Childhood Mental Health Consultation Programs

LaTia Greer  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

LaTia Greer

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

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the review committee have been made.

## Review Committee

Dr. Aundrea Harris, Committee Chairperson, Psychology Faculty

Dr. Michelle Ross, Committee Member, Psychology Faculty

Dr. Richard Thompson, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2022

Abstract

Leadership Experiences With Organizational Infrastructure in Early Childhood Mental  
Health Consultation Programs

by

LaTia Namu Greer

MA, Governors State University, 2017

BA, Quincy University, 2008

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

Walden University

August 2022

## Abstract

Lack of buy-in is a critical factor when initiating organizational change. Although changes are necessary for growth and sustainability, leadership can be met with resistance. Early childhood mental health consultation is a solution-focused intervention to support early childcare providers and educators to improve child outcomes. The implementation of the program requires a well-defined operational model to have greater effectiveness and efficiency. The present case study explored the leadership experience of buy-in to change during the implementation of an early childhood mental health consultation school-based program in a nonprofit organization in the Midwest region of the United States. The Baldrige Excellence Framework was used as the conceptual lens to assess the organization's effectiveness through its operational components. Data were collected through four semi-structured interviews and a review of organizational documentation and website. A thematic analysis produced themes related to resistance to change: leadership, infrastructure change, strategic planning, and culture change. Results indicated that leadership, change management, and strategic planning are key factors to influence the culture to change and decrease the experiences with resistance. This study has the potential to create positive social change by providing behavioral health leaders with insights to address resistance to change when implementing an early childhood mental health consultation school-based program.

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## Section 1a: The Behavioral Health Organization

Organization XYZ (a pseudonym in this study) is a nonprofit public agency in the Midwest region of the United States. The organization serves early learning and childcare providers, educators, families, and communities that care for children from birth to 5 years old. The organization offers an array of early childhood educational programs, services, advocacy, and resources to address root causes contributing to endemic poverty by improving the learning and life outcomes for children and their families. Organization XYZ is dedicated to creating the foundational conditions that allow young children to reach their full potential in school and life. The organization has served in various roles in local communities and has developed multiple partnerships that extend its services throughout the state. Organization XYZ has eight locations (four administrative offices and four directly owned daycares) and 18 early learning partnerships. The organization has three main operational agency functions: advocacy and policy, evaluation and research, and program design and development. Twenty-three programs and services span four divisions: early learning programs, family and community services, public policy and advocacy, and community impact. Organization XYZ's executive leadership team is made up of four levels of executive team members, including a 15-member board of directors, chief executive officer (CEO), chief financial officer, and executive project manager as the top tier. Each division is led by a vice president who reports to either the senior vice president for programs or the senior vice president for organizational advancement, who then reports directly to the chief executive officer (CEO). According to the human resources specialist, the organization has 472 staff from diverse

backgrounds and disciplines. Staff education levels range from high school diplomas to key staff who hold a master's degree.

In 2021, Organization XYZ's website stated that the organization's mission was to organize, develop, and support strong families and powerful communities where children matter most. The organization envisions a future in which all children and families, especially those most vulnerable, have opportunities and access to the resources they need. The organization equips early learning and childcare providers, families, and communities with the support needed to improve child outcomes. Organization XYZ's values are professionalism, integrity, communication, and teamwork. The organization identifies its pillars as alignment, architect, agility, and ability as leverage to meet the organization outcomes (strategic plan, 2018).

### **Practice Problem**

Organization XYZ's behavioral health leaders cited a lack of buy-in and its implication of problems related to the program design, implementation, and management of its early childhood mental health consultation school-based program (ECMHC-SB). The leader noted ambivalence to changes required for the organization's infrastructure to support the program, from changing business practices technology to assessing program evaluation outcomes. Resistance to change is associated with an impressive collection of action behaviors and is usually interpreted as an obstacle to change (Bareil, 2013). Managing resistance, also known as lack of buy-in, is one of the key challenges managers face when making changes or modifications to existing systems or environments (Bateh et al., 2013; Bovey & Hede, 2001; Cornescu & Adam, 2016). Changes made to existing culture and infrastructure fail because its members actively or passively resist the changes

(Martin et al. 2005). Buy-in is considered to be a personal and professional commitment to actively engage in a process, task, or initiative (French-Bravo & Crow, 2015). Most change initiatives fail because of employee reluctance and negative attitudes (Gilkey et al., 2009a, 2009b, as cited in Bateh et al., 2013; Heckelman, 2017; Irfan et al., 2021). Additionally, these behaviors have hampered the organization's ability to make a positive stride and make a profit, which has posed a threat to the program's sustainability. Addressing or preventing resistance to change is important to understand how employees perceive the impact of change and how it impacts them personally (Mathews & Linski, 2016). Readiness and belief in change initiatives improve organizations' ability to improve support for change initiatives (Abdel-Ghany, 2014).

Changes are inevitable and necessary for sustainability and to remain relevant in a current environment (Clanon, 1999). Changing an organization involves ending status quo practices, which in turn can create feelings of powerlessness and anxiety among its members (Bovey & Hede, 2001; Martin et al., 2005). Change can be both constructive and beneficial (Galli, 2018), but it can also present a number of challenges (French-Bravo & Crow, 2015), as well as generate uncertainty (Martin et al., 2005). In the context of implementing change, Applequist et al. (2017) noted that resources and people are necessary for strategic planning. Organizational membership and stakeholder buy-in are critical to support operational performance and efficiency both internally and externally (Applequist et al., 2017). Changes can be detrimental to the continued existence of a program if commitment to change is not assessed and managed appropriately (Smits & Bowden, 2015).

After a review of the organization's 2018 annual report, the early childhood mental health consultation- school based (ECMHC-SB) program was expanded to offer services to local school districts that provide early childhood programs in the community. The school-based program is a fee-for-service and differs from other variations of the consultation program, which are grant funded. Compensation is dependent on the number of services specified in the contract. The incorporation of this program required an internal restructuring, which has posed some unique challenges for leadership. Changes related to business operations and processes for billing and reimbursement have failed to turn a profit. Creating the correct service provisions to increase revenue has also been difficult to manage. Leadership noted they were under the impression that this program would generate a revenue stream; however, fragmented business practices and implementation has created a financial risk rather than a gain, which is typical with a fee-for-service model (Hatchett & Coaston, 2018). The organization leadership has formed a workgroup that includes individuals from different departments to aid with problem-solving; however, it is unclear whether this workgroup has helped or hindered the process.

The implementation of this program has caused a critical shift in the organizational culture because fee- for- service is not the normal way of conducting business. Hatchett and Coaston (2018) stated it is not unusual for community-based agencies to supply direct mental health services by clinicians who are compensated via salary whether client services are provided or not. However, with ECMHC-SB, services are indirect and there are financial consequences for incomplete contracts or lack of contracts that have a large financial amount.

Organization XYZ's implementation of a new variation of the ECMHC program within an existing culture has created a transformation in the way that work is completed. There have been changes in roles and responsibilities to implementation, which has caused resistance. The organizational culture matrix is made up of contextual factors that shape the way that individuals and groups think and behave, as well as how its members react to changes (Cameron & Quinn, 2011; Gopakumar et al., 2013). Organizational cultures are difficult to penetrate due to their complex and rigid nature (Levin & Gottlieb, 2009). Stakeholders may find it difficult to buy-in if it means changes in their work and processes that are part of the daily work culture. According to Cameron and Quinn (2011), knowing the organizational culture is important and is the largest factor that contributes to the organization's change, and an organization's functionality and overall effectiveness is based on key factors related to its culture. Buy-in from stakeholders involves evaluating readiness factors such as attitude, active communication, and commitment to change (McKay et al., 2013; Weiner et al., 2008).

ECMHC is an emerging problem-solving, evidence-based intervention for supporting young children's social/emotional development and addressing challenging behaviors through capacity and relationship building. Duran et al. (2009) stated "three core program components must be in place: 1) solid program infrastructure (e.g., strong leadership, clear model design, strategic partnerships, evaluation, etc.); 2) highly qualified mental health consultants; and 3) high-quality services. serve as catalysts for success" (p. 3).

The behavior health leader has experienced the implications of organizational culture and its impact while trying to adopt and implement an ECMHC program that

involves shifting business practices and resources to accommodate the changes.

Organizational change is inevitable and critical to the success of an organization and requires reevaluating the concept of resistance as positive resistance (Mathews & Linski, 2016), and requires leadership commitment to understand how resistance to change can hinder success and present a barrier to organization success (Bateh et al., 2013; Pascaris et al., 2008). A leader prepares and sets the tone and create an environment to promote cultural flexibility and adaptability for organizational change and growth (Vito, 2019). Failure to assess and manage both internal and external threats can be detrimental to the leader and the program's existence (Applequist et al., 2017). Encouraging employee buy-in is increased with active planning and working together to develop activities that assist with the mission (Mathews & Crocker, 2016).

Researchers have investigated program implementation and best practices for ECMHC in various early learning settings. However, at the time of this current study, limited knowledge about behavioral health leaders who implement and manage these programs, their experience with organizational infrastructure, and the ability to build a quality-driven ECMHC program. This approach is similar to how Organization XYZ approaches its vision and mission and delivery of services to engage, empower, and strengthen systems where children matter most.

The goal of the current study was to obtain insight and a greater understanding of the occurrences of competing for cultural values that lead to resistance within an organizational infrastructure. The following research questions guided the study:



1. What has been behavioral health leaders' experience with reflective strategic planning to meet the needs of the early childhood mental health consultation program?
2. What has been the leadership experience with developing key skills necessary to prioritize the changes necessary for the sustainability of early childhood mental health consultation programs?
3. What strategies have been used in the past to develop key skills that ensure program capacity building with organizational infrastructure for early childhood mental health consultation programs?
4. How would strategies that build program capacity in behavioral health organizations improve performance outcomes for early childhood mental health consultation programs?
5. What were the strategic planning tools needed to assist the behavioral health leaders in implementing early childhood mental health consultation programs in school districts?
6. What has been the behavioral health leaders' experience when attempting to change the organizational infrastructure for early childhood mental health consultation programs?

### **Purpose**

The purpose of this qualitative case study was to understand how behavioral health leaders experience a lack of stakeholder buy-in and resistance to organizational change when attempting to adopt and sustain an ECMHC school-based program. The target was a large nonprofit organization that serves over 75,000 children and 150,000

families yearly. ECMHC is an evidence-based intervention that promotes healthy growth in young children's social and emotional development by guiding and supporting the caregivers and parents in the child's life (Duran et al., 2009). Despite the benefits, the organization has faced significant challenges with its implementation due to a lack of stakeholder buy-in. Buy-in is critical to support operational performance and efficiency of any program or new initiative (Applequist et al., 2017; French-Bravo & Crow, 2015).

For my planned research design, I met with the behavioral health leader and supporting staff to conduct individual interviews. I used interview protocols to address the problem and purpose of the study. I also reviewed the organization's website and requested internal documents from the organization's planning documentation, program development information, memos, strategic plan, financial reports, program descriptions, and board meeting minutes. To address the research questions in this qualitative case study, I conducted interviews with the director of community and family engagement, the strategic manager, and the director of consultation. This approach was based on qualitative methods that included interviews with leadership and a review of secondary documentation to understand the process that leadership must implement to ensure the sustainability of the program.

### **Analytical Framework**

The Baldrige Excellence Framework offered guidance to my study through evaluation of the organization in the context of its leadership, measurement, analysis and knowledge, strategic planning, workforce, operations, and impact outcomes to provide a solution for the practice problem (see Baldrige Excellence Framework, 2021). The logical connections between the framework presented and the nature of my study

included Baldrige's theoretical work, which has been utilized in various settings as a framework for assessments, performance evaluation, and improvement (see Baldrige Excellence Framework, 2021). The Baldrige Excellence Framework's implementation focuses on improving the organization's operations and performance outcomes. The framework considers the various entities that exist within the organization, which includes how operational business structures measure up against categories of the Baldrige Excellence Framework (see Baldrige Excellence Framework, 2021).

### **Significance**

This study was significant in that it will assist with filling the gap in understanding the challenges that leaders face in building, implementing, and managing a quality behavioral health program that impacts the community it serves. The goal was to understand how leaders influence organizational cultures to improve internal mechanisms to render positive outcomes. The study results may assist with promoting positive social change by supporting behavioral health leaders in managing effective, efficient, and accessible behavioral health programming and resources. Early Childhood Mental Health Consultation (ECMHC) programs are a matter of public policy and evidence-based practices to promote children's social and emotional well-being and should be supported by quality-based programming. The results of this study may assist organizational behavioral health leadership in creating a solid infrastructure by improving performance and positive outcomes for children. Success in ECMHC programs is dependent on behavioral health leaders who have knowledge, skills, and abilities to implement innovative solutions to address mental health.

## Summary

Organizational change is necessary for growth and sustainability (Chesson, 2020). Resistance to change is a common barrier to successful implementation of organizational changes and is often perceived as an automatic response (Abdel-Ghany, 2014). Leadership often faces challenges with implementing change within an organizational culture (Gopakumar et al., 2013). Organizational culture can pose a barrier to needed change, and changes to the infrastructure can cause a disruption in traditional practices. Leadership plays a key role in influencing change by having a clear understanding of the organizational culture and assessing its readiness, commitment, openness, and cynicism for change (Choi, 2011). Leaders are also responsible for assessing the attitudes of their members to drive change (Choi, 2011).

Organization XYZ underwent an organizational and culture change during the implementation of the ECMHC school-based program. After years of internal reorganization and restructuring, the organization continues to face challenges with building a strong infrastructure and the sustainability of the program. According to the (Substance Abuse and Mental Health Services Administration [SAMHSA] 2021) Center of Excellence for infant and child mental health consultation, a strong infrastructure is imperative for a quality program to be established. A change in infrastructure is necessary to accommodate new business strategies and practices (Tucker et al., 2014). Leadership knowledge and knowledge sharing among organization members create an environment that promotes continual change and sustainability (Clanon, 1999). In the current study, I analyzed Organization XYZ by interviewing key leaders and evaluating secondary information to assist in understanding and addressing the notion of buy-in that addressed

the identified impediments of resistance. In Section 1b, I assess the organization's profile and background, along with additional key factors of strategy, environment, and organizational processes.

## Section 1b: Organizational Profile

An initial assessment of organizational operations is key to gain insight into the context in which the problem exists. The Baldrige Excellence Framework was used to evaluate the organization structural components and organizational relationships such as stakeholders, suppliers, and partnerships (see Baldrige Excellence Framework, 2021). Organization XYZ has established a history of providing quality programs and services in the community. The organization's relational and operational factors assist leadership with understanding their role in resistance to change and how to develop strategies to improve performance outcomes. An initial examination the organizational profile including internal and external factors that shape the organization's environment are necessary to understanding the context in which their problems exist (Baldrige Excellence Framework Program, 2021). Langstrand (2016) noted that system-wide changes on a larger scale are needed for most organizations to become successful. The ECMHC school-based program requires a change across teams to become sustainable and marketable. Leadership noted the organization has undergone notable changes within its culture within the past 3 years. Organization XYZ has experienced significant challenges with lack of buy-in from stakeholders, while attempting to change organizational infrastructure and culture it has posed a threat to the progress and success of the ECMHC school-based program. In Section 1b, the organization's background, current competitive environment, and strategic planning processes are explained to clarify the leaders' experience with resistance.

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

Organization XYZ provides services including referrals and resources for educators and caregivers, and childcare financial assistance for children ages birth to five years and their families. The organization also provides support, professional training, and resources for early childcare caregivers, educators, and communities. Organization XYZ is an influential entity in early childhood education in the state; however, this program does not have a vast competitive environment. There are individuals outside the organization who work as independent consultants throughout the state and other organizations outside of the region that offer similar consulting services. The organization is partnered with another organization that received grant funding to provide consultation services within the same area; however, since the emergence of the COVID-19 pandemic, it has been difficult to complete service agreements.

Organization XYZ is governed by the CEO who reports to the board of directors, which currently has 14 members. The current organizational chart designates the CEO as the organization's top leader, followed by the executive project manager, two senior vice presidents, and the vice president of four departments: Programs, Early Learning, Family and Community Services; and Public Policy and Advocacy. All the vice presidents report directly to the CEO. The next tier of leadership includes directors and managers. The ECMHC program has been moved over the years to different departments. The director and program manager are part of the leadership team; however, the director is the only leader with a clinical background out of the four levels of leadership.

Organization XYZ exists because of the recognition and the need for parents to go to work. For families to be self-sufficient, they need access to quality, safe, and

affordable childcare. Organization XYZ is a catalyst for organizing, developing, and supporting strong families and powerful communities where children matter most.

Organization XYZ envisions a future in which all children and families, especially those who are vulnerable, have opportunities and resources they need.

Values are the foundation of the organization to guide its behaviors brought about by tradition or its leaders (Martin et al., 2005). Professionalism, integrity, communication, and teamwork are among the organization's core values. The organization values and beliefs are embedded into practices, such as business strategies and management, governing rules, traditions and symbols (French-Bravo & Crow, 2015).

### **Service Offerings**

#### **Programs**

For more than 50 years, Organization XYZ has helped working families find childcare and access early learning opportunities. Early childcare and learning experiences can improve a child's life outcomes. Organization XYZ provides an expansive range of 23 unique programs that provide support to providers, families, and communities to promote equitable access to high-quality early care and learning.

#### ***Early Care and Education Provider Resources & Consultation Services***

The organization provides training and technical assistance, professional development, and consulting to home- and center-based licensed and license-exempt childcare providers and school districts to ensure the best outcomes for children and families.



### ***Family and Community Impact***

The organization builds relationships and engages families, communities, and schools to enhance their capacity to create a shared vision that results in better, more seamless access to the early care and education and other resources that all families need.

### ***Early Learning Programs***

Directly operated and partner-based early learning programs provide high-quality center-based environments, home visiting, and parent education for pregnant women and children throughout the county. These programs prepare children to enter kindergarten ready to learn and thrive.

### ***Family Resources***

Organization XYZ administers the Child Care Assistance Program on behalf of the state's Department of Human Services and offers enhanced childcare referrals to assist families in finding and paying for childcare for children ages 6 weeks to 12 years.

### **Advocacy and Public Policy**

Organization XYZ conducts original research, internal expertise, grassroots organizing, and strategic partnerships to advance priorities in early childhood and family/community support.

### **Evaluation and Research**

With insights gained through program practice and delivery, Organization XYZ conducts in-depth research and analysis to understand the problems and opportunities associated with ensuring that there is equitable access to high-quality early care and education as well as other essential family support in communities throughout the state.

## **Organizational Background and Context**

Organization XYZ created an extension of the ECMHC program to address the difficult time leadership has had with assessing the impact, expanding competent staff, and creating a financial game plan regarding the importance of ECMHC among children and the need to keep this intervention.

### **Workforce Demographics**

The Organization XYZ workforce includes 472 engaged and competent staff. The workforce profile, with segments and educational requirements, varies between departments. There are no organized bargaining units. Recent changes in workforce capability needs were seen with the replacement of the CEO over 1 year ago. There have also been many changes to the workforce composition due to a high turnover rate and COVID-19 mitigations. The organization has noted that if employees are not vaccinated, they will no longer be employed by the agency. The ECMHC-SB program has only three full time exempt (FTE) employees: one licensed clinical early childhood mental health consultant, one master's-level early childhood mental health consultant, and one family and community systems coordinator. The key drivers that engage employees in achieving the mission and vision are accountability, communication, continuous quality improvement, customer service, and performance plans. Workforce health and safety requirements are defined in the policies and procedures.

### **Assets**

Organization XYZ owns, manages, and leases four daycare sites and four administrative buildings. The organization owns vehicles to transport supplies to owner-operated sites and other partnership sites. The organization utilizes Salesforce, which is a

web-based tool that is used for collecting data and tracking activities throughout the organization. Mitel is used for telecommunication services, Comcast is the provider of high-speed internet and Wi-Fi, and the facility's educational vendors contribute to educational supplies.

### **Regulatory Environment**

The organization is regulated by the Federal 501(c)(3) as a nonprofit in the United States operating as a social service agency. The organization is also supported by the state human services agency, a state consultation agency, and the state education board. However, all programs that are adjacent are in partnership with a statewide mental health partnership, Department of Human Services, the state governor's office, and the statewide initiative for infant/early childhood mental health consultation. The Department of Child and Family Services assists with licensing for day care centers and their staff.

### **Stakeholders and Customers**

Organization XYZ relies on its stakeholders to assist in working towards its mission of being a catalyst for organizing, developing, and supporting strong families and powerful communities where children matter most. Children, their families, early childcare learning providers, and communities are key stakeholders. Organization employees are notable for their participation in providing comprehensive early childcare, education, and family engagement and other support services. Key customers are the school districts and administrators who receive ECMHC services. All entities who have received help from resources and referrals, professional development and training, evidence-based interventions, and financial support before list-funding opportunities are

imperative for the organization to its strategic goals. Surveys are given to stakeholders and customers to measure engagement, impact, and feedback on services provided.

### **Suppliers, Partners, and Collaborators**

Partners, suppliers, and collaborators, including a variety of vendors, are essential to the organization's ability to provide services to the community it serves. The organization has 18 partnerships with day care and educational institutions, in addition to community organizations. The organization is supported by the states governor's office, the state board of education, a state resource and referral agency, and the state infant and childhood mental health organization. Several organizations and suppliers provide educational materials. Suppliers for daily operations include internet and Wi-Fi capabilities, office equipment and supplies, and food services. The organization uses two data entry systems for tracking data and performance measurements throughout the organization.

### **Competitive Position, Changes, and Data**

Organization XYZ is an influential entity in early childhood education within the state; however, this program does not have a vast competitive environment. There are individuals outside the organization who work as independent consultants throughout the state and other organizations outside the region that offer consulting services. The organization is partnered with another organization that received grant funding to provide consultation services within the same area; however, the organization has not been able to make a connection, especially since the COVID-19 pandemic. To mitigate risk for potential competitors for ECMHC and other programs, the organization focuses on building and maintaining contracts and partnerships with community partners. The

organization owns and operates four sites that enable the organization to provide services for its facilities. Metrics are gathered to determine the impact of services and programs provided.

### **Strategic Context**

Organization XYZ's key strategic challenges and advantages are associated with overall organizational success. The 2020 strategic plan, which focused on programs, public policy, and research, identified the systemic impact areas that the organization wants to pursue. The organization believes a focus on these areas will drive the political, economic, and social changes that are required to create desirable outcomes). Evolving community systems serve the whole state, drive diversity of childcare and education, support parental choice for home- and center-based settings, vitalize the early care and education workforce, and work beyond need-based equity (strategic plan, 2018). The organizational advantages and challenges are reviewed and updated during the strategic planning process that happens annually. For example, the challenge of creating self-sustaining programs, identifying broader quality measures, and fund diversification are reviewed at that time. The advantage lies in the ability to merge networks and relationships for better program results, to focus on outcomes and impact through research capabilities, and to develop policies and procedures for legislative changes.

### **Summary**

Changes are inevitable in organizational infrastructures, both large and small, throughout their life cycle, and internal challenges pose a risk to an organization's effectiveness and long-term outcomes. To meet performance goals and address the needs of consumers, organizations are constantly changing their approaches by changing

processes or adding innovative products and services to become sustainable. An organization leader is responsible for shaping people's values, shared thinking and beliefs, and a host of behavioral patterns to create change. Lack of buy-in or resistance can be mistaken for the leadership's inability to make necessary changes systematically.

In the current study, I focused on leadership experiences with changing organizational culture and infrastructure while implementing an ECMHC program. Further research regarding the implementation of these programs was necessary to address the stated problem. Section 2 provides a brief review of literature related to the practice problem. The areas of organizational infrastructure and leadership are addressed in greater detail. The client population and analytical strategies are also addressed.

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

The purpose of this qualitative case study was to understand how behavioral health leaders experience lack of buy-in and its implications for adopting and sustaining a successful early learning program. Organizational change is necessary to sustain a competitive environment for success (Smits & Bowden, 2015). Organization XYZ leadership identified the problem of buy-in as a barrier to successful implementation since its initial introduction of an ECMHC school-based program in 2018. Interviews with the leaders advanced the understanding of their perceptions of buy-in as a challenge they have faced since the program's initial stages.

Organization XYZ's implementation of an ECMHC school-based program created a shift in its infrastructure since introduction. ECMHC is a highly recommended intervention for promoting children's social emotional development and to address the expulsion rate among preschool-age children by improving their social-emotional interaction with caregivers and early childhood educators (Upshur et al., 2009). Researchers have found that ECMHC is an efficient solution-focused intervention to address challenging behaviors in preschool (Upshur et al., 2009). However, there was a gap in understanding the barriers such as lack of buy-in and resistance leaders faced when implementing an ECMHC school-based program in their organization.

In this section, I evaluate supporting literature and data that relate to the practice problem. Information regarding Organization XYZ's leadership and governance is also be taken into consideration. The goal of the section is to assist leaders in the way they identify problems with understanding that organizational changes are inevitable and

transpire throughout an organization's life cycle; however, changes are necessary to remain competitive and sustainable.

### **Supporting Literature**

In preparation for this study, I conducted a thorough review and extensive topic search within multiple databases for peer-reviewed journals that were relevant to the research problem. The databases included Business Source Complete, Emerald Insight, Psychology Database Combined, Education Source, and Thoreau. The following key terms were searched: *buy in*, *organizational change*, *capacity building*, *early childhood mental health consultation*, *change management*, and *organizational culture*. The literature most relevant to the practice problem in this study related to resistance to organizational change, organizational culture, ECMHC, and the role of leadership in resistance.

The topic of buy-in is well-known in organizational change management (Applequist et al., 2017) and includes a complex array of human interactions, which is an essential component of implementing organizational change (Banerjee & Lowalekar, 2021). The term "buy-in" or lack thereof is often used by managers to describe resistance to change (Armenakis et al., 2007). Buy-in is one of the biggest challenges organizations face when introducing change to their complex environment (McCrae et al., 2014). Buy-in from internal or external stakeholders involves evaluating their commitment and participation in the change that is being implemented. According to French-Bravo and Crow (2015), buy-in is defined as actively participating processes, tasks, or initiatives related to change. Failure to obtain buy-in can shutter productivity. There are several reasons buy-in does not occur. Buy-in is not a one-time ordeal; it is continuous and can



occur before, during, or after implementation (Mathews & Crocker, 2016) French-Bravo and Crow asserted that the more buy-in members demonstrate the more change is more likely to be successful.

### **Resistance to Change**

Resistance to change is a common response, and lack of buy-in from stakeholders can be detrimental to organizations' growth. Successful program management requires the approval from all stakeholders who are affiliated with or support the proposed change (Banerjee & Lowalekar, 2021). The more buy-in there is, the more successful and sustainable the change will be over time (French-Bravo & Crow, 2015). Lack of buy-in from internal or internal stakeholders could be detrimental to the organization's growth. An organization's response to change should promote agility and flexibility to increase a sustainable change (see Baldrige Excellence Framework, 2021). Change is not always readily accepted and can cause different attitudes and behaviors that prevent the implementation of new working models (Bengtsson & Johansson, 2014). Identifying and addressing either problem in an organization can be a daunting task for leadership.

ECMHC is an emerging field that involves capacity building for early childcare providers and families to address challenging behaviors and to reduce preschool expulsions. ECMHC is an effective strategy that promotes social and emotional health in children by providing support for educators or providers. Organization XYZ implemented an ECMHC program in 2018. Research by the Foundation for Child Development indicated that three and four year-old children are being expelled from preschool at a rate higher than children in Grades K through 12 (Child Welfare League of

America, 1998). In fact, preschool children are three times more likely to be expelled than elementary students (Gilliam & Shahar, 2016).

The premise of ECMHC is based on a collaborative approach to acquiring knowledge that is intentionally driven by the need to provide support in relationship building, problem solving, and decision making for educators. However, the impact of change is not well understood; therefore, additional factors should be taken into consideration when developing a supportive literature focused on the benefits of ECMHC. There was limited information regarding entities that provide these services and the building. Change within organization involves modification of systematic changes, people, processes, and resources. Changes can either be simplistic or complex while including multiple levels and deviations from normal operations. One component of change that is difficult to manage is the human process. Promoting a shared view of purpose and understanding becomes challenging when implementing change. An organizational system must adopt new practices that require a shift in its infrastructure and assessing the capability of people to emotionally participate in change management (Dhinga & Punia, 2016).

Addressing competing values during the implementation of new initiatives involves supporting transformational change with the development of a culture-sensitive model (Gong et. al, 2022). Organizational culture can be difficult to penetrate because of its' complex and rigid nature; however, leadership's skills, attitudes, and behaviors inspire change (Bates & Atkins, 2017). Leaders' initial efforts are met with resistance and reluctance to shift from the comforts of business as usual. Changes to an organization involve examining the infrastructure and integration of operational and business practices

through creative design and management (Knight et al., 2020). Organizational buy-in is critical to operational performance and efficiency both internally and externally.

Transformational leadership is necessary to create an environment that promotes flexibility and adaptability for the organization to grow (Putri et al., 2020). For leaders, strategically managing risk involves integrating people, talents, skills, and resources to align with vision and mission as well as maintain its sustainability (Rune et al., 2012). Failure to assess, organize, plan, and manage both internal and external threats can be detrimental to the leader and the program's existence.

### **Sources of Evidence**

The qualitative case study consisted of four semi structured interviews with key leaders in the organization. Three leaders had been with the organization for at least five years; however, one interviewee was recently assigned to the team to monitor the program within the last year. The information was both relevant and important to understanding the roles and responsibilities related to organizational change. Additional sources of information such as the organization's policies and procedures, organization strategic plan, leadership and organization chart, employee portal, social media, and the website helped me understand the culture and infrastructure of the organization. Collection and analysis of data allowed me to gain insight into leadership experiences within the organization.

### **Leadership Strategy and Assessment**

Organization XYZ is governed by the CEO who reports to the board of directors. In 2017, the organization underwent a restructuring of the organization leadership to streamline the work. The current organizational chart designates the CEO as the

organization's top leader, followed by the chief financial officer, chief information officer, and vice president of four departments: Early Learning, Family and Community Services; Organizational Advancement; and Public Policy and Advocacy. All vice presidents report directly to the CEO. The next tier of leadership includes directors and managers. The ECMHC program has been moved over the years to different departments. The initial hierarchical structure included senior vice president, director of consultation and technical assistance program, assistant director of consultation programs, and the mental health consultant. The assistant director position was eliminated and replaced by a program manager who is now part of the leadership team; however, the director is the only one with a clinical background out of the four levels of leadership.

### **Clients/Population Served**

Organization XYZ's client population includes early educators and day care providers. The organization has a wide range of quality-driven services to support children and their families. The organization allows providers to request technical assistance, professional development, and mental health consultation for their early educators. Childcare assistance payments and additional resources are available for parents who qualify.

### **Analytical Strategy**

#### **Researcher's Role**

A researcher plays a critical role in qualitative research as the instrument that guides the process of research being conducted (Ravitch & Carl, 2021). In the current qualitative case study, the behavioral health leader had experienced issues with developing the necessary infrastructure to accommodate the ECMHC program over the

previous three years. An analysis was conducted via the Baldrige Excellence Framework (see Baldrige Excellence Framework, 2021). Semi structured interviews with open-ended questions were conducted. Organizational leaders who were part of the implementation team for the ECMHC were selected. Interviews were conducted via Zoom because in-person visits were not allowed. All participants agreed to record an interview and sign a consent form. The data collected were used for the sole purpose of this study.

As the researcher it was necessary for me to remember my ethical responsibility to remain objective during the process of collecting data. I was also an employee of the organization at the time of the study, so I needed to disclose my role in this qualitative research. I followed Walden University's ethical standards for research.

### **Participants**

Data were collected from the organization's behavioral health leader and three additional team members. Interviews were conducted with organizational leaders who had been employed at the organization for at least five years. Four interviews with senior leadership members were conducted. The interviewees were asked to participate in the study. Data collection was approved by Walden University's Institutional Review Board (06-23-21-1009192), and then the behavioral health leader signed the partner agreement that included specifics about the study. All participants signed a consent form.

Communication with the interviewees was done through my work email. Interviews were scheduled based on the availability of the participants. Interview questions were developed to obtain information that was related to the practice problem (see Appendix). All participants gave their consent to be a participant in this study. All participants were ensured of privacy and confidentiality.

**Sampling**

Purposive sampling was used for this study. Four interviewees were selected based on their roles in the leadership team of the early childhood mental health consultation school program and their knowledge of the practice problem reported by the behavioral health leader.

**Data Collection**

Approval was given by Walden University's Institutional Review Board, and the behavioral health organization signed the partner agreement to authorize data collection. In addition to interviews, the following information and documentation were requested for analysis:

- organization website (internal/external)
- staff demographics
- change management/strategic plans
- program development documents
- program specific meeting minutes
- senior leadership minutes

**Summary**

To obtain a greater understanding of how buy-in and resistance could impact the organization, a literature review was necessary. A review and analysis of the literature indicated that there are various explanations for the lack of buy-in, both negative and positive. Data collection included interviews and secondary sources such as strategic plans, senior executive reports and management meeting minutes, and any development

and planning information regarding the preliminary program structure. In Section 3, I present an analysis of the organization's operations and workforce information.

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

Organization XYZ has faced significant challenges with a lack of buy-in to create and implement an ECMHC school-based program. Organizational change is inevitable and necessary to achieve success. In this qualitative study, I examined the leadership experience with resistance and evaluated the organization's workforce operations and knowledge management using the Baldrige Excellence Framework. The goal was to better understand how resistance plays a role in change and explore solutions for leadership to increase the program's sustainability. The organization has served over 900 families and children and would like to extend its reach and continue to provide quality programs to the community. The organization is a nonprofit located in the Midwest region of the United States with 500 employees. The current ECMHC program includes two licensed clinical counselors (director and EC mental health consultant) and seven master's-level clinicians. I acquired evidence for this section from archived and current documents (e.g., employee handbook and operation manual), internal and public sources, and interviewing leadership and support staff. Information collected may aid the leadership with understanding their problem and developing solutions to address the resistance to change. Giniat et al. (2012) noted that evaluating people's response to change is just as important as altering tools, technology, and techniques. The organization's workforce capabilities are discussed in Section 3.



## **Analysis of the Organization**

### **Workforce Environment**

Organization XYZ's goal is to set the expectations for how the staff are oriented to clarify agency expectations and program demand via the agency manual. According to the agency manual and job descriptions, the human resources recruiter and the managers handle recruiting new talent for innovation. Open job positions and descriptions are written and approved to be posted on websites, social media sites, and multiple job boards. Current employees are encouraged to apply for posted positions if qualified, and managers are required to interview and hire if appropriate.

Organization XYZ prioritizes staff development through ongoing supervision and performance feedback, staff meetings, staff training, professional memberships, and external training opportunities. Internal training opportunities are available through Halogen and a leadership academy. Staff members may attend job-related professional meetings, seminars, or conferences with prior approval from their supervisor. Members of the ECMHC program receive reflective supervision and attend conferences and training for ECMHC.

Organization XYZ's human resources department is responsible for managing and building an effective, supportive workforce by providing training, benefits, and partnerships for work-life balance. According to the updated employee handbook, Organization XYZ offers a compensation package to employees consisting of wages and the following additional benefits:

- health, dental, and vision insurance options
- paid time off

- 401(K) with employer matching
- group/individual life insurance
- tuition reimbursement
- long- and short-term disability
- employee assistance program
- travel reimbursement

Additional benefits include public transportation, parking discounts, tuition reimbursement, credit union membership, and wellness in action. The organization hosts an annual employee recognition in an all-agency party. The organization does offer bonuses and raises throughout the year. The biweekly digital staff newsletter is dedicated to highlighting staff members' noteworthy activities, both in-house and in the community. Community events are shared by Community Resource and Recruitment.

### **Workforce Engagement**

Organization XYZ encourages teamwork and believes that success for one is success for all. The organization ensures that information is disseminated across teams so leadership can develop problem-solving processes. Organization XYZ believes in teamwork, and communication is the organization's effort to foster respectful, productive relationships with workers and partners. The organization hosts an advocacy walk every year to advocate for children, and staff are welcome to participate.

Day-to-day activities are managed by managers and supervisors who report to directors who reports to the vice presidents of programs. The division vice presidents then report to senior vice presidents who report to the CEO. The vice president of human

resources, vice president of facilities, chief financial officer, and chief information officer report to the CEO.

Organization XYZ assesses staff capability and capacity by evaluating staff performance annually by employee performance plans. Performance reviews are conducted yearly on staff goals and job-related responsibilities set the prior year. The performance reviews are mandatory. Staff are expected to participate in a self-evaluation and are evaluated on the following domains: communication, accountability, clear priorities, continuous quality improvement, competent people, and customer focus. If an employee is not meeting the expectations of their role, the manager may implement a performance improvement plan to correct actions. For the ECMHC program, master's-level clinicians are required for the workforce.

### **Work Environment**

Workforce welfare is managed by the director of facilities who is required to report any potential safety concerns throughout the agency and ensure that compliance is maintained. The director of facilities works in conjunction with Quality Improvement. Staff must complete mandatory training yearly on safety policies and procedures.

### **Knowledge Management**

Quality Improvement and Research ensure that all state and local regulations are adhered to, including safety standards for facilities and partnership sites. Quality measures include improving organizational performance by facilitating, operational planning, alignment, tracking, and reflecting for selected strategies and data systems. Organization XYZ's information technology department manages organizational assets, information, and information technology infrastructure. The information technology

department manages a secure server that stores all agency data and manages workforce documents and forms on an internal drive, one for upper management and the other for staff. Security measures protect the organization's information through monitoring of the data server, security firewalls, and additional technological equipment. Partners, donors, and the public can access information through the organization's website. The director of information systems reports to the chief information officer, who reports to the CEO.

### **Summary**

Workforce engagement is key because it relates to staff engagement and resistance being experienced by the behavioral health leader and the organization. In addition to the workforce details, the organization's operations were examined. Details in this section included strategic and performance strategies, workforce capacity, and capabilities. The organization was assessed for workforce engagement and how the organization prioritizes workforce development to implement changes and share knowledge. The environment was also explored to understand the structure and governance. In Section 4, I present the final analysis and results of this qualitative case study.

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

The purpose of this qualitative case study was to gain in-depth knowledge of the lack of buy-in experienced by the behavioral health leader during the implementation of the ECMHC school-based program at Organization XYZ. The organization had experienced a number of issues in recent years regarding the implementation and performance of the program. Organization XYZ's leadership had identified lack of buy-in as a barrier to the success of the program. The organization had been providing services and support for more than five decades and was a leader in early learning and childcare throughout the state. Organization XYZ provided services to 93 providers and over 2,000 children and families in 2018. A growing number of children are experiencing serious behavioral and emotional problems, according to epidemiological and community-based research the prevalence of these problems is significantly higher in impoverished communities (Costello et al., 1998; Lavigne et al., 1996; Narrow et al., 1998, as cited in Huffman et al., 2002). The organization acknowledged the significance and need for ECMHC to support its goal to address overarching issues of endemic poverty. However, ECMHC-SB implementation required a significant change to its infrastructure and business processes, which had proven to be laborious and challenging.

To prepare for this qualitative study, I conducted a thorough review of literature related to the practice problem. The following topics were identified: buy-in, organizational change, leadership, and ECMHC implementation. Semi structured interviews were conducted with key organizational leaders affiliated with the ECMHC. Information extracted from the organization's website, the internal employee portal, the policies and procedures manual, and other relevant internal documentation related to the

practice problem was also analyzed. In this section, I provide an analysis of findings and discuss the implications for Organization XYZ.

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

Organization XYZ provides services and programs including prevention services, technical assistance, and professional development training for early learning providers. Childcare payments and other resources are available to parents. Organization XYZ expanded its existing early childhood mental health services to include a school-based program. The program provides indirect services to children ages 0–5 years, including general and child-specific observations, professional development, and consultation for directors, principals, teachers, and parents within the local school districts. ECMHC is a collaborative, problem-solving approach that involves offering education and support to those who provide care to children (Carlson et al., 2012; Hunter & Horen, 2021). To acquire new school districts within the community, the ECMHC-SB program has a list of local school districts and uses cold calling yearly for recruitment and information related to services on the website. In this section, I review findings and analyze implications for the organization, community, and future research.

### **Service Delivery and Process Results**

Organization XYZ places a high priority on organizing, developing, and supporting strong families and powerful communities. Advocacy, community organization, and professional support has always been at the forefront of leadership's agenda to provide quality programs and services. Organization XYZ engages and communicates with the community via advocacy efforts through word of mouth, the website, and social media such as Facebook, Twitter, and Instagram.

The adoption of the ECMHC-SB program resulted in significant changes in service delivery and business practices. The expansion of this program included a fee-for-service model with services offered at an hourly rate. According to the behavioral health leader, services are rendered according to the contract, which are agreed upon during the planning meeting with an administrator of the school district. Leadership also notes that due to missed appointments, cancellations, and other impediments, some contracts had not been fulfilled. Most recently due to the COVID-19 pandemic, services had to be curtailed even more to accommodate changes and mitigations within the organization and the school districts. Reductions in hours were noted in consultation hours from 1 hour to ½ hour (virtually). In-person observations were canceled and delivered virtually, and professional development was conducted virtually. Carlson et al. (2012) noted that consultations are important and advised against limiting visits due to the relationship-based practice and the flexibility needed to effect positive change.

Surveys are often the primary source for data collection and capturing satisfaction and engagement (Ravitch & Carl, 2021). Twice a year, in the ECMHC school-based program, surveys are distributed to administrators, directors, teachers, and assistant teachers. The most recent survey conducted in the 2020–2021 school year addressed service delivery during the COVID-19 pandemic. The survey included sections about the teacher, staff, director, school's strengths and challenges (open-ended), and experiences of mental health consultation. The survey contained nine questions with responses on a Likert scale (*strongly agree, agree, neither agree nor disagree, strongly disagree*). Although there were multiple versions of the survey created, timing was a contributing factor as well as low response rates. Information about the outcomes was shared with

staff via email, and highlights were discussed but not in detail. To gather additional information and feedback, the organization used tracking systems to obtain demographic information and service usage.

Findings for the outcome measurement indicated that there was no formal internal evaluation process used throughout the organization. According to the organization's website, the organization relies on its continuous improvement feedback loop to inform leadership of the needs and engagement of the community. However, since the implementation of the ECMHC-SB program, there had been significant issues with capturing a sufficient amount of meaningful data to gauge progress or client satisfaction, as noted by the behavior health leader. There was no standard evaluation for this program, and it appeared to have been changed many times, so it was difficult to determine a baseline and the impact of services. Also, there were no goals or key indicators available. According to one leader, "the data we are getting from our surveys are not answering the questions we want answered." At the time of this study, there was no evidence of what those questions entailed or their target. In 2018, a process and outcome evaluation study were completed by an external intern; however, recommendations were not adhered to as suggested throughout the ECMHC program.

### **Workforce-Focused Results**

Organization XYZ had experienced loss within its workforce in recent months. Changes included cutting positions and downsizing in departments to cover the work. In 2021, the organization reported 499 employees with a turnover rate of 4% for the year; as of the first quarter of 2022, the workforce had decreased to 468 employees with a turnover rate of 14%. There were three common reasons people were leaving: (a) salary,



(b) leadership, and (c) COVID-19 mitigations. According to the human resource representative, staff satisfaction surveys were distributed on a consistent basis until 3 years ago; however, it was unclear why this had not been a continued practice. The surveys were distributed quarterly. Exit interviews were offered for staff who were leaving. Staff engagement included new employee orientation, quarterly appreciation events, and various other forms of communication. According to the behavioral health leader (personal communication, October 2021), information was delivered through the following methods:

- weekly newsletters
- management meetings
- emails
- virtual meetings
- one-on-one reflective supervision

Staffing plans are made according to the departmental needs and funding sources as noted on the internal employee portal. In the Consultation Department, the ECMHC school-based program has two separate functions and positions: the ECMHC and a family and community engagement coordinator. The family and community engagement coordinator and the ECMHC coordinate contracts and bill together. There are two ECMHCs and one family community engagement coordinator for school district personnel and parents within the pre-K setting. The vice president of family and community services (nonclinical) manages the director of consultation who oversees two program managers (one position was vacant). The assistant director position was eliminated over 1 year ago after being filled for 1 year. There had been no internal

promotions with the Consultation department. According to the behavioral health leader, there were no plans to hire any additional staff due to program financial constraints.

Participant 2 said “we did some online courses for human center design that focused on similar types of what they call social impact work.”

### **Leadership and Governance Results**

The organization’s historical and most recent strategic plan was analyzed for this study. A review of the agency’s internal documents indicated that the organization was founded in 1969. In 2000, Organization XYZ’s founding member/ CEO retired and was replaced by another trailblazer who fought on behalf of working families. In 2017, the organization underwent a notable change as leadership re-structured and redesigned the organizational chart, services, key positions, and job titles to streamline its programming to better align with its mission and vision. Since 2019, COVID-19 has presented some unique challenges for the organization and its ability to adjust to an unfamiliar environment. In 2020, the organization experienced the sudden loss of the CEO of 20 years. After an extensive search and thorough evaluation of candidates, an executive decision was made to advance the vice president of programs to the role of CEO. This role was assumed in 2021. The initial strategic plan developed was implemented in 2015.

The plan outlined the organizations’ agency wide goals:

1. Goal 1: Continue to address needed support to ensure school and life success.
2. Goal 2: Build local and national relationships that extend our policy and service capacity and expand opportunities for families and communities.
3. Goal 3: Continue to engage our board, our staff, and our field in building diverse leadership for an expanding, connected, and changing world.

4. Goal 4: Continue organizational transformation to deliver real-time excellence in the program, policies, and services that affect the families and communities we serve.

A later strategic plan was created in 2022, shortly after the loss of the earlier CEO. The plan reflected a streamlined strategic plan that included the following goals:

- evolving community systems serving the whole state
- driving diversity of childcare and education, supporting parents for home and center-based settings
- vitalizing the early childcare and education workforce
- working beyond needs

### **Strategy Results**

Organization XYZ's latest strategic plan was developed in 2020 to encompass all services and programs within the organization. The strategic plan was noted under its impact area for vitalizing the early care and education workforce. There was a reference to refining and expanding application of its consultation. However, it should be leadership's focus to ensure the success of the mission. It was evident that a comprehensive, effective plan of action including short-term and long-term goals and objectives had not been developed for this program. Strategic planning is the process of creating and executing plans for achieving organizational goals. In the interviews, some of the participants were unaware of the strategic plan. Participant 2 admitted to being aware of the strategic plan; however, Participant 2 noted "it's not like we don't plan but there's no overarching like real solid plan for how to pull this forward. We did some iterations of trying to do better planning, but we really planned it like year to year."

## Interviews

Organization XYZ's behavioral health leader identified lack of buy-in as a barrier to the implementation and success of the ECMHC school-based program. The adoption of the program required a paradigm shift within its infrastructure to incorporate work and processes for the development of this program. The changes created significant challenges for the leadership team and were noted in the interviews.

Four semi structured interviews were conducted with key organizational leaders. Participants were chosen based on their affiliation with the ECMHC-SB program. All four participants had been employed at the agency for more than three years. Questions were asked in the same order for each participant. Each participant provided informed consent to participate in the interviews, and names were excluded to mask their identity.

Interviews were transcribed using Happy Scribe, a transcription service, and I converted information into a Microsoft Word document. Then, I performed coding for responses to identify themes to determine uniformity and likeness. All codes were created based on specific words participants used. The following themes were identified:

- organizational change
- lack of buy-in
- response to change
- role of leadership

### **Emergent Theme 1: Organizational Change**

Codes related to organizational change to the infrastructure revealed subcategories of challenges with planning, process, and evaluation. Within these emerging themes, issues related to the implementation and evaluation had stalled

progress and stagnated the growth of the program. Each participant was asked about their experiences with implementing the ECMHC school-based program. All participants noted that inconsistency and frequent changes related to implementation. For example, Participant 4 stated, “the one struggle for our team has been consistency.” Participant 4 also noted that “over the past two years, we’ve seen a tremendous amount of transition and change, which can be overwhelming.” Participant 1 stated “it just feels like we are all over the place” and “we need a consultant to help us manage change.”

Participant 1 admitted that when the program was initiated, they did not have everything to start. Participant 2 stated “we did some iterations of trying to do better with planning. But we’ve really planned it like year to year.” Participant 1 admitted that “we were just making it up as we go”. Participant 1 added, “It started out as a conversation and was followed by a couple of meetings, and we went from there.” When asked about strategic planning for the program, Participant 1 stated “no, there is no strategic plan.”

Participant 1 stated “I think lack of buy-in and support around building out this program has not been great...It has been difficult to put the pieces together.” Participant 2 stated “we keep getting buried in day to day”...we’ve never quite launched it and it is still in this interim state”. Participant 2 said “you can get discouraged by the behavior of the people we’re trying to do this with.” Participant 2 said,

we have good collegial relationships, and we are a part of an organization that highly values relationships type of interactions. It should work that this program spans across a couple of departmental areas. But I think it has been challenging not to have one person really in charge over the whole thing.

Participant 4 said “I know that there have been inconsistencies in the way we use our model. There have been inconsistencies with some of the practices amongst individuals” Participant 3 stated “number one having enough resources. We have the program pieces; however, we don’t quite have the internal resources for business side of things that’s the piece we haven’t gotten to yet.” Participant 3 added “neither mental health nor family community services are business oriented in nature.” Participant 1 said “the executive leadership team doesn’t know much about the consultative process and how mental health consultation works.” Participant 1 also added “I don’t believe the higher ups (executive leadership) understand that we may not see a profit for a while.”

Participant 3 said “I think the operational pieces and figuring out how to carry out a program that offers services but charging a fee for service program that allows for the team to be able to deliver services in a capacity.” Participant 2 added “there’s this tension and balance of delivering as much as many services as you can, both to serve districts and the teachers and the children and also because we’re trying to do this fee arm of the organization” Participant 2 stated “figuring out the internal and external structure has been a task.” Participant 1 stated “fee for service component has been challenging to implement, because it’s a different way of conducting business” and added that “trying to figure out a complicated system of how we do these services.”

Participant 3 admitted “we don’t have enough information to determine the impact. We need to ask ourselves three questions are we doing the work, how are we doing the work and if it is working, our impact?” Participant 3 added “we need someone to understand or to do a deep dive as opposed to giving the school district a menu of

service services to choose from. We need feedback on their needs and offer services as such” Participant 2 added “it is hard to benchmark, I don’t know how to benchmark it.”

### **Emergent Theme 2: Lack of Buy-In**

Each participant was asked about their experiences with the implementation of the program. Codes that emerged access to resources, service quality, and communication.

Each participant was asked about strategic planning to meet the needs of ECMHC.

Participant 1 stated,

For this program, it has been an issue with having the financial capacity to grow. As you are the other mental health consultants are supported by grants and other philanthropic dollars. So, it will be some time before we are able to add any additional staff. All the programs need a management system, and I don’t how it will look in the future. Unfortunately, we will have to wait before adding additional staff and I don’t see this happening anytime soon.

Participant 2 said “one of the biggest challenges is not having one person really in charge.

When I say charge, I mean there is no one who has the final decision-making authority...

like who owns this or runs it? It can’t be a pilot for five years.” Participant 2 noted “one

of the challenges I also think in terms of culture... there’s an inherent conflict between

the way people think about business practices and the way we think about this type of

service-oriented people. Participant 3 agreed and stated, “we are thinking about the

organizational change which includes a culture change” and “nonprofits don’t typically

have business sense and business minded people.” Participant 1 noted that “this is not the

type of programming I'm used to." Participant 2 said "someone has to be the person because I don't want to do it." Participant 1 said,

Well, as I stated before the lack of buy-in Constant changes and a lot of back and forth about who is responsible for what has been just a lot?

That's actually one of the other challenges. And it goes to the idea of who owns this and runs it because it can't be a pilot for, like, five years. I'm not a program person. I was brought into it for project management type purposes for reviewing the business stuff and trying to support.

Participant 1 stated "it's frustrating trying to convince others about the importance of the work being done." Participant 2 said "first bump was pretty tough because we had to talk to people who didn't quite understand or believe what we were saying." In addition, Participation 4 stated "I believe leadership is burned out." Participant 3 stated "regardless of leadership level regardless of staff level, we work as a team to be able to solve these really challenging problems."

### **Emergent Theme 3: Response to Change**

All participant responses were positive and said the alignment of the program's premise with the vision and mission of the organization. This change would benefit the organization. Codes that emerged were mission and vision access, resources, support and social impact. How has the ECMHC program aligned with the organization's vision and mission? Participant 1 reported "our vision is to be a resource for the community, especially for early childcare providers and educators. Our mission is to continue to support and provide resources to those that serve children." Participant 2 agreed: "Our mission is to support families and children and childcare providers to strengthen their



communities, their families their children. I think it aligns perfectly. It's right down the center of our mission." The benefits of ECMHC were further validated by Participant 3 who said "we understand why it's important and we know why we want to do this work." Participant 4 added "it is an extension of our work with stabilizing families" and added "we recognize that a lot of families that are in marginalized communities don't have access to resources or supports, whether their health, mental health, whether it's basic needs food, shelter etc."

#### **Emergent Theme 4: Leadership Role**

During the interview, leadership was asked about their roles and responsibilities as it relates to organizational change and implementing this type of programming. The discussion of leadership elicited codes such as roles and culture. All leaders discussed what they believed was key to managing the changes needed to implement this program. Participant 1 stated "my role involves creating a framework that guides the consultative process." Participant 4 stated "making sure we have a culture that is consistent with our values around how we support children and families." Participant 2 indicated "my role with the organization is to operationalize our strategic planning," and Participant 3 said "my role is more like to go around, make sure it's all planned out, that everybody puts in their pieces and then we review it periodically that we know what else are supposed to be. I've got the operational piece of that." Participant 2 said "I see my role in that is infrastructure...and so my role leads me to places that I'm not always 100% comfortable with."

### **Organization's Financial and Marketplace Performance Results**

Financial and market results were examined in this study, but not in-depth. Secondary data sources were reviewed to gain insight into leadership experience with the ECMC-SB program and its impact on the organization's financial state. A significant finding was the concern of leaders regarding fee-for-service reimbursement, which is the predominant method of compensation. Currently, the major source of funding for this program is contract revenue, which has been augmented by other departmental budgets. I reviewed the profit and loss statements, financial reports, and year-to-date financial statements shared by the behavioral health leader.

Leaders emphasized concerns over fragmented billing practices and rules concerning how or what services should be billed. There have been issues relating to overbilling, underbilling and lower reimbursement rates as a result of the inability to sustain all services listed in the contract. This has resulted in losses that have negatively impacted the viability and growth of the program. Participant 2 noted "tension imbalance of delivering as much or as many services as you can both to serve the districts and the teachers and the children and because we are trying to do this as a fee arm of the organization." The behavior health leader noted "this program has always been in the red and this is a cause for concern." Now, the chief financial officer has stated "it is difficult to manage, and they are running out of options for financial support." The organization has ten school contracts with different services and amounts. Contracts are developed according to the school district's budget for the year which limits the services offered. Participant 1 also added "I don't believe the higher-ups (executive leadership) understand that we may not see a profit for a while."

According to the financial statements for the first quarter of 2022, Organization XYZ reported in Government Contracts \$53,541,790. After three years, the organization XYZ developed a budget plan for the program. The financial profit and loss statement for the first quarter of 2022 shows \$30,697 in income and \$122,496 in expenses. To address the financial challenges presented by the implementation of the ECMHC-SB program, the leadership has assessed viable solutions. The ECMHC-SB employs two full-time and one part-time staff member. There has been discussion regarding the possibility of removing one or two employees. Additional information has not been provided.

### **Knowledge, Learning, and Outcome Results**

Organization XYZ creates a foundation of knowledge the operate in advocate one of the behalf of children and families. policies and procedures are reviewed on an annual basis by managers, however information it is not directly communicated with the staff. Organization XY&Z builds staff organizational knowledge through new hire orientation training in multiple departments and promoting workforce engagement. Participant 1 stated “all programs should have their own management system.” Participant 3 stated “regardless of leadership level regardless of staffing level we work as a team to be able to solve really challenging problems.” Participant 4 noted “it is important to buy in cross functional teams and being able to problem solve together.” Participant 3 stated “buy-in happens when we all collaborate” and “creating that buy-in happens when we all agree that we have some stake in this or some interest in this.”

### **Individuals, Organizations, Communities, and/or Systems**

The implications from findings suggest the organization provides accessible and quality services to children and their families. Those who are engaged with early

childcare in early learning. The services are provided to improve the system where children are cared for. Organization XYZ believes that the system improvement through programming, advocacy and research promotes positive outcomes for children and their families.

### **Unanticipated Outcomes and Potential Impact on Findings**

The behavioral health leaders identified lack of buy-in as a barrier to being an impactful and sustainable quality program. The organization has endured significant changes, however ECMHC is acknowledged as being a positive change for the organization and communities. The organization adopted this initiative almost 5 years ago and the inconsistencies have resulted in gaps in the data such as due to limited written documentation, such as agendas, meeting minutes, in addition to other information pertinent to the policies and operational processes. The executive leadership participants and management meet twice monthly, however no detailed information was given. Topics related to the organization's practice problem have been discussed and nothing else follows.

### **Implications for Positive Social Change**

Leadership indicated that they are familiar with the organization's vision and mission, emphasizing the importance of providing quality and accessible programs, services, and advocacy to the organization. Several leadership challenges were associated with establishing ECMHC programs in schools. There was a lack of buy-in from internal leadership members, which adversely affected service delivery to external members. There have been ongoing challenges relating to infrastructure and cultural changes that have hindered the program's success. It has been a challenging journey, but the

organization has managed to work toward its' mission despite challenges. Organization XYZ leadership is committed to withstanding its mission and fulfilling its purpose. From the sudden death of the CEO to the onset of the COVID 19 pandemic, the organization has been providing support in communities where children are cared for.

“Rates of expulsion in preschool children (27.42 per 1,000 students) are substantially higher than are rate of expulsion in school aged children (.80 per 1,000)” (Gilliam, 2005, as cited in Carlson et al., 2012, p. 265). According to Hunter and Horen (2021), ECMHC is “uniquely positioned” to address children’s social-emotional development and enhance caregivers’ support in supporting children’s mental health during this unprecedented time (p.19). Evidence supports ECMHC improves the quality of early care and child education programs, reduces problem behaviors, and improves provider skills (Hoover, et al., 2012). To mitigate adverse outcomes in adult life, it is crucial to address children’s behaviors when they are young. The importance of early intervention depends on public policy.

Findings from the study were designed to provide a descriptive account of the experiences of behavioral health leaders and insight into implementing evidence-based interventions. This study aims to fill the gap in the literature concerning leadership experiences. The majority of literature is devoted to the population receiving services rather than to the providers providing consultation services for early childhood mental health. There is a need to adopt some of the same strategies of building solid infrastructure and creating an environment through positive, transformational leadership to support the overall goal of change. This study provides a unique perspective of studying leadership experiences with resistance to change in real-time. This study aims to

provide helpful information for organizations, leaders, managers, and stakeholders impacted by ECMHC. Further research will improve leadership knowledge, skills, and attitudes related to overcoming challenges. The following section will describe the strengths and limitations of the study.

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

#### **Strengths**

The strength of this qualitative case study lies in the use of approaches to ensure validity. By collecting and analyzing data inductively, a qualitative case study can provide insights into the practice problem for real-time learning. Primary and secondary data were analyzed by triangulation. Information was collected in order to code, categorize, and identify themes. The use of case studies is preferable for making analytical generalizations built on knowledge and comprehension of the topic in question. Through its programs and services, the organization provides support to early childhood providers and educators, families, and communities. The organizations presented adequate information suitable for this case study. Interview participants were cooperative and provided clarifications when necessary. The purpose of this study was to examine leadership experiences in real-time.

#### **Limitations**

There are several limitations to this case study. Limitations of findings restrict the generalization of the study outcomes (Ravitch & Carl, 2021). As a researcher, I was the primary instrument in conducting this case study. Researcher bias poses a risk to the outcomes of the study because I am also an employee of the organization. My goal throughout the study was to minimize the risk and eliminate any additional risk factors.

In addition, this study. In this study, there were four interviews conducted. Therefore, the sample size is small. Inconsistencies with data retention, such as meeting minutes and agendas created a challenge for this researcher. However, additional data assisted in answering those other questions. Also, there were some discrepancies in the roles and responsibilities of the cross-team members.

### **Summary and Transition**

Section 4 described a comprehensive and thorough analysis of the results related to the clients, workforce, leadership and governance, and financial and marketplace performance. The data made available for this study included a substantial amount of information for examination of the organization and its' problem. The organization's implication for social change, as well as the strengths and limitations will be explored.

The results revealed that although the organization has experienced many changes, there are opportunities for growth and expansion. The organization's implications of social change can be derived from the leaders' focus on creating access, increasing client satisfaction, and improving child and family incomes. This study can inform other behavioral health leaders and customers with implementation of an ECMHC-SB program. In the next section, the impact of the findings and recommendations will be made to guide the organization leadership to improve program performance outcomes.

## Section 5: Recommendations and Conclusions

The purpose of this qualitative case study was to identify how the lack of buy-in impacted the growth and sustainability of an ECMHC school-based program. I evaluated the effectiveness of the organization's internal operations and developed recommendations to enhance services, program sustainability, and positive social impact.

### **Client Recommendations**

Assessing client satisfaction with services is imperative for feedback for continuous quality improvement. "Evaluation is a critical tool in this process, helping ECMHC programs assess whether the current consultation model is working or not and how it can be improved to heighten the program's positive impact" (Duran et al., 2009, p. 88).

Attempts had been made by leadership and the research department to develop a survey that addressed the impact of the work being done to garner information: however, the surveys have provided limited feedback and has been unsuccessful. The following recommendations were made address the findings:

- determine key indicators for child, provider, and program outcomes to guide goals and objectives
- utilize standardized measures to determine process outcomes (Duran et al., 2009)
- develop a team of internal and external stakeholders to gather input for the development of a satisfaction survey
- share results with the consultation team for continuous performance improvement



### **Service Delivery and Process Recommendations**

Services are offered independently through observations, professional development training and mental health consultation for the ECMHC school-based program. One of the biggest challenges is assessing fidelity, so it is imperative to have specific elements in place such as a solid foundation to decide whether services have had an impact (Kaufmann et al., 2012). ECMHC program administrators and mental health consultants need a theoretical foundation and a clearly articulated model to guide their work with children, families, providers, and programs (Duran et al., 2009). Early care and education program administrators need an unobstructed vision, commitment, and program support to promote the healthy social and emotional development of young children and their families, including ECMHC.

ECMHC is a collaborative, problem-solving approach that involves offering education and support to those who provide care to children (Carlson et al., 2012; Hunter & Horen, 2021). ECMHC is believed to improve quality and promote child and family outcomes. Infrastructure refers to the support mechanisms that must be in place to implement an IECMHC program, including a theory of change, a logic model, a service organization, policies and procedures, and a manual. A robust system infrastructure is needed to promote sustainability of ECMHC programs and provide consultants with a diverse array of community resources to fully meet the needs of the children, families, and providers they are serving (Duran et al., 2009). I recommend the following:

- improve the quality of services by enhancing program monitoring, evaluation, and continuous improvement activities

- implement best practices standards for the program, which include service design (dosage, theory of change, logic model, and policies and procedures)
- increase delivery, monitoring, and evaluation of evidence-based interventions
- integrate consultants through workgroups to ensure the work is organized and operating with efficiency

### **Leadership Recommendations**

Leadership has faced many challenges throughout the life of the organization. There have also been many opportunities for growth. Leadership is key to organizational change and innovation. Change leadership positively and significantly impacts conflicting interests and ideologies among groups (Al-Ali et al., 2017). It is evident that the leadership is aware of the vision and mission of the organization as noted by all leaders included in this study. However, the task of building a quality ECMHC school-based program and managing it is difficult. There have been issues with the fee-for-service, high turnover, and service delivery due to constant changes within the organization. “ECMHC program administrators and mental health consultants need a theoretical foundation and a clearly articulated model to guide their work with children, families, providers and programs” (Duran et al., 2011, p. 10). Leadership should remain ethical by maintaining fair, transparent, and socially responsible use of power (Hartog & Deanne, 2015).

Successful change includes strong leadership, effective communication and engagement, a well-developed implementation plan, and the ability to adjust strategy in implementing change (Kash et al., 2014). Leadership is responsible for creating an environment conducive to change. One reason changes fail is lack of buy-in across the

organization because departments lack of understanding each other's function or working silos (Chesson, 2020). Leaders set the tone for how to shift culture, and change should be implemented by role modeling, teaching, and embedding positive culture practices (Levin & Gottlieb, 2009). Buy-in is critical to the success of organizational change; the more engagement, the more sustainable the change (French-Bravo & Crow, 2015).

Organization culture refers to the values and corresponding behaviors of individuals and organizations. Leadership is responsible for bridging the gap and building highly functional teams to achieve success (Warrick, 2016). Leaders need to encourage participatory design processes to implement organizational improvements (Vink et al., 2008). Team building is not only a process; it is designed to motivate and increase the likelihood of collaboration. Transformational leadership and change involve awareness, thinking, and remaining flexible among diverse cultures (Moon, 2009; Putri et al., 2020). Understanding resistance, finding ways to bring awareness about the change, returning to the purpose, and building relationships is imperative to organizational change (Ford & Ford, 2009). Staff recognition and performance management are important leadership practices that contribute to strong cultural consensus and staff retention. Leadership has a positive and significant impact on culture, which contributes to positive organizational change (Al-Ali et al., 2017).

I recommend the organization create a space for shared governance outside its traditional hierarchal structure. It is important that the members of the planning team are well versed and understand the holistic approach to mental health (Green & Allen, 2012). Organization leaders' ability to be skilled at teamwork and building high performance teams is a major key to its competitive advantage (Warrick, 2016). Building trust and

safety is important for creating a culture of respect, listening, and supporting workers, which leads to better decision-making and higher levels of effectiveness. Communication is imperative throughout leadership. I recommend leadership begin to keep written records and documentation, including agendas and meeting minutes. Clear communication processes are also important for worker satisfaction and retention (Vito, 2019). A communication plan is also recommended so that stakeholders are made aware of goals and directives as they relate to building commitment and facilitating effective knowledge sharing. Infrastructure support can be defined as the availability and facilitation of adequate resources for the active implementation of program activities (Castiglione & Lavoie-Tremblay, 2021). The following activities are recommended in addition to what has been listed:

- define the importance of mental health teams for good consultation services planning and delivery and understand how such a team could be implemented in the program
- create opportunities throughout the organization for training in trauma informed care and mental health to transform the organization
- identify useful strategies for maintaining accountability and ongoing quality improvement for mental health consultation services
- conduct a meeting with cross-functional team members to discuss plans and develop goals for developing cross-functional teams within the department and throughout the organization
- participate in reflective practices to enhance learning and capacity building
- communicate performance analysis to team in detail

- consider a restructuring plan to add positions to assist with operations and create opportunities for growth

### **Strategy Recommendations**

Organization XYZ has developed strategies to meet its mission and vision. The organization has a formal strategic plan; however, it is unclear whether the specifics have been shared with the leadership and how plans are made to meet the strategic goals. Leadership experienced multiple challenges and failed to create strategies to achieve growth and sustainability. Adjusting service delivery, business practices, and program evaluations is difficult to manage without a detailed comprehensive strategic plan to assist in guiding the direction of the organization activities to meet its vision and mission.

Strategic planning is the process of creating and executing plans for achieving organizational goals. Strategic planning involves major steps such as focus on the vision and mission, identification of strengths and weaknesses, key strategic issues, stakeholders in their roles, and implementation processes to ensure long-term goals (Zomorrodian, 2011). Leadership should plan the direction in which their followers are led (Brumm & Drury, 2013). Utilizing a standardized approach could apply across all departments within the organization. During the strategic planning, leadership should consider where the organization has been, where it is now, and where the organization is going (Steptoe-Warren et al., 2011).

For performance evaluation as an addition to the ECMHC school-based program as well as the others, the model should be used when resistance comes into play. The program's strategic plan should align with the organization's overall goals. Another important principle is that organizations must develop procedures for strategic planning

and clearly communicate these procedures to employees, especially those who oversee the planning and implementation (Ugboro et al., 2011). Strategic planning includes cooperation from stakeholders, collaboration, and a leadership coordinator for positive change outcomes (Zomorrodian, 2011).

ECMHC programs are successful when they are accompanied by a solid infrastructure, highly qualified consultants, and high-quality service. An effective infrastructure includes the following (Duran et al., 2009):

- strong leadership
- clear model design
- clear organizational structure
- supervision and support
- hiring and training
- highly qualified consultants
- strategic partnerships
- clear communication
- finance
- evaluation

I recommend the leadership discuss creating a written strategic plan that outlines the goals and objectives of the ECMHC school-based program. The center for excellence noted creating a mental health specific strategic plan will act as a road map for planning activities. Engaging success is the most effective way to provide services. Developing a program-wide effective strategic plan aids leadership with prioritizing and strategizing and planning to establish best practices. An organization-wide strategic plan may be

created to coordinate the unit action plans. The leaderships' ability to be flexible and innovative is imperative to aligning with organizations', strategic vision, and mission. The organization should also eliminate redundancies and integrate them to form the strategic plan for the organization (Ugboro et al., 2011). The plan is a living document that will help guide the program and can be revisited. The strategic plan will create a critical linkage to developing a high-quality program through analysis, goal setting, action planning, and evaluation in review.

### **Change Management Planning**

Organization XYZ has encountered several changes in the past few years due to the ongoing alterations and changes on all levels. The organization has been faced with barriers to creating change within its infrastructure. The adoption of this program made an impact on its operational key factors and its culture. One finding noted by one leader was the organization does not have a systematic process for change management. Change management engages tools and skills necessary for achieving business objectives through structured processes and guides that lead people to change (Creasy, 2018, as cited in Galli, 2018). Change management is necessary because it defines the roles and responsibilities of all involved in the change. Addressing cultural negativity requires developing an effective communication plan and strategy to increase knowledge management related to change (Mei et al., 2004).

Change management should be a proactive intervention that assists with the flow and the content of change and assists employees by engaging them throughout the organization's practice.

Ten factors for successful change initiatives include (a) culture and values, (b) business processes, (c) people and engagement, (d) service quality and client satisfaction, (e) coherent planning, (f) financial resources and accountability, (g) leadership, (h) market forces and external commands, (i) access to information, and (j) communication (Kash et al., 2014).

I recommended that the organization create a written change management plan. A change management plan can be used with any program in the organization. Overall, it is imperative to note change management is not solely implementation of change; it involves preparing its people and environmental changes. Through communication and open implementation, change management systems will result in fewer inconsistencies and will include engaging others in design and preparation, which will result in meaningful changes (Smits & Bowden, 2015). Having a consistent plan will increase trust. I recommend creating a work team to develop a written change management plan and model. The change management process is the systematic approach and application of knowledge, tools, and resources to deal with change (Mella & Colombo, 2012). For example, General Electronics change acceleration process model denotes that superior quality and good acceptance will result in effective change (Galli, 2018). These seven steps should be used throughout the change: (a) leading change, (b) creating a shared need, (c) shaping the vision, (d) mobilizing commitment, (e) making change last, (f) monitoring progress, and (g) changing system and structures. Planning early generates buy-in among stakeholders and is key to ensuring a fit between innovative programs and practices (Hickey et al., 2018).



### **Workforce Recommendations**

Organization XYZ has experienced significant changes to its' workforce within the past six months. According to a Human Resources representative, there has been a decrease of more than 50 employees since COVID-19, several happening after mitigations were implemented. At least seven of those positions were Early Childhood Mental Health Consultants. Other reasons were related to opportunities that offered more compensation according to one leader. Participant #4 stated "We know that we can't compete with our salaries that is why we offer such great benefits." Significant workforce findings concluded that there were key positions vacant, and others were eliminated. HR noted that there is no survey in place to evaluate workplace satisfaction. This was a practice that had been utilized for several years, however HR noted it has not been implemented in over 3 years. The organization continues to utilize exit interviews to gather feedback from its' workforce. In the ECMHC school-based program, there are only two consultants in the program. Staff recognition and performance management are important leadership practices that contribute to strong cultural consensus and staff retention. These practices are related to workload management, which contributes to positive culture (Vito,2019). Knowledge and skills standardization controls employee behavior by standardizing knowledge, skills, and ethical standards through persistent education and training (Janicijevic, 2017).

I recommend the following:

- consider hiring a consultant/Project Manager to develop planning
- reinstate employee satisfaction surveys to investigate employee perceptions in the workplace environment

- examine talent within the organization to increase program capacity
- create professional and growth opportunities within the organization
- review findings with leadership and employees as a whole
- increase knowledge surrounding Mental Health/Trauma Informed interventions (Capacity building)

### **Financial Market Recommendations**

The primary source of funding for organization XYZ is grants and private donations. Consequently, the organization's leadership has adopted the ECMHC-SB program to create a revenue stream. This has caused the opposite to occur and resulted in a deficit. An adequate method of payment is an imperative and complex issue. Although beneficial for the organization, increasing services does not necessarily improve quality or results. Fee-for-service models are not always ideal, and the problem is exacerbated by the temptation to provide more services rather than improve services or outcomes (Adida, E. et al., 2017). A significant finding is an accessibility to services by school districts that serve children and families. A limited number of services are provided by school districts due to their budgets, thereby limiting the experience of all services needed for support. As a result, a barrier is created for the same demographic the organization wishes to engage and impact.

I recommend that the leadership adopt value-based services (bundled) or a hybrid blend of both. Value-based services place a premium on quality rather than quantity (MHA online, *n.d*). The core tenants of such services improve quality, improve outcomes and increase customer satisfaction. Despite challenges, shifts from fee-for-service to value-based services can improve outcomes for those with behavioral health conditions

(Hyatt et al., 2021). In addition, services with value save the school districts' money and increase productivity by decreasing errors during billing for the organization. Leadership will be able to collect data in order to systematically measure results and provide feedback for future services, impacts, and future expansion.

### **Results and Outcome Measurement**

Findings for the outcome measurement concluded there is not a formal internal evaluation process used throughout the organization to gather customer feedback outside of surveys to their consumers. Surveys have been utilized in the past to gauge client satisfaction and engagement, however there is limited information on how and when information is disseminated and to whom. Many nonprofit staff believe outcome measurement is missing important aspects of their work, and consequently that outcome measurement may not capture the significant differences they are making in the lives of those they serve (Benjamin, 2012). To understand the role of outcome measurement in the nonprofit sector, evaluators need to shift the focus of outcome measurement from the program activities to the frontline staff and better understand how non-profits are adapting to their outcome measurement systems.

Program evaluations are valuable to any nonprofit organization (Wieters & Perez, 2020). Evaluations are a measurement tool utilized to give insight and provide feedback as to how effective a program is and/or how efficient services are rendered. Most program evaluations focus on outcomes while others rely on processes. Implementing change can impact outcomes and organizations need to be outcome informed to make decision on behalf of the organization's future (Yeager & Saggese, 2008). According to Wieters & Perez (2020), the most effective evaluation is one that encompasses both a

formative and a summative evaluation, which is commonly referred to as a 360-degree evaluation. A 360-degree evaluation allows for various amounts of data to be collected, analyzed, and synthesized to incite innovative, thought-provoking ideas while producing unique outcomes to be used as a guide for leadership (Wieters & Perez, 2020). Adoption of an outcome measurement is crucial to continuous quality improvement of any organizational programming.

I recommend leadership process evaluation for consultation level interventions and outcome evaluation for program level interventions which will provide information needed create an impact data to be compared to other programs. With this knowledge of various points of view leadership can make quality, evidence informed decisions, and continue to make a social impact. Management information systems and a clear evaluation plan contribute to setting benchmarks for program implementation, fidelity to the model, and measurement of outcomes (Duran, et al., 2009). I recommend utilizing the following to gather and analyze outcomes:

- using evidence-based evaluation tools to gather a whole picture of the impact, metrics should be aligned with the program and organizational goals. Baldrige evaluation process is one of the best, most cost-effective, most comprehensive performance assessments for organizations (see Baldrige Excellence Framework, 2021).
- use standardized, norm-referenced, socioemotional tools. Have strong data-collection system to remain accountable, to measure fidelity, and to help drive future funding (Carlson et al., 2012).

- consider utilizing focus groups to specifically address findings and direct services.
- communicate outcome from performance analysis to internal and external stakeholders.

### **Further Recommendations**

The purpose of this qualitative case study was to examine how behavioral health leaders experience the lack of buy-in during the implementation and the management of an ECMHC school-based program. The study findings were limited to the participants' responses, which were based on individual opinion and beliefs. The study provided the information needed to understand the topic of buy-in, however, there were limitations. Future research should include more than one organization extending further than one organization, providing a larger sample size to improve the replicability and reliability of results. Second, the sample size consisted of one senior level and three mid-level participants. A larger pool of respondents would broaden the variability of responses and create a stronger case for the consistency of responses and identifiable issues.

I recommend the following:

- studies exploring various evidence-based national models to compare impact data
- review studies surrounding the effectiveness and efficiency of other programs
- review studies on fiscal sustainability of programs and diversify funding streams

### **Dissemination Plan**

The dissemination of results of this study involves participation in an online conference call with the behavioral health leader of Organization XYZ and my committee chair. During the online conference call, I will present the executive summary along with a PowerPoint presentation that details doctoral study findings. The presentation will provide practical solutions to address the organization's problem. At the conclusion of the presentation, I will answer any and all questions the organizational leadership wants to discuss.

### **Conclusion**

The purpose of this qualitative study was to explore how the organization's leadership experiences with lack of buy-in among internal members. In this qualitative study, I focused on a nonprofit organization located in the Midwest region of the United States. The behavior health leader noted challenges in implementing the school-based mental health consultation program and gathering buy-in from internal staff regarding the infrastructure changes necessary for program success. Buy-in is critical to successful organizational change. Since its' initiation, the organization has experienced resistance to change from external and internal stakeholders. For Organization XYZ to increase buy-in, it must make a paradigm shift in its infrastructure, including leadership, culture, knowledge sharing, business processes, and performance evaluation. Leadership is responsible for influencing change. Transformational change emphasizes the positive nature of the leader-follower relationship and requires a complex reason/purpose, a full-depth cultural review, and the recognition of human dynamics as a significant contributor (Page & Schoder, 2019).

The goal of this case study was to identify solution-focused alternative strategies to garner buy-in from its' stakeholders. Semi-structured interviews were conducted with senior and mid-level leadership. Secondary data and participants responses in the study provided information to assist in identifying strategies to address resistance to change, including leadership, communication, change management, design-led strategic planning and program evaluation. Solutions led to the development of recommendations to enhance leadership, service delivery, increase staff engagement, utilizing feedback and program sustainability to create a positive impact for all stakeholders, children and families, and communities. Based on the results and findings key areas data will decrease the likelihood resistance to change. This study's results will contribute to the literature involving leadership and ECMHC programs.

## References

- Abdel-Ghany, M. (2014). Readiness for change, change beliefs and resistance to change of extension personnel in the New Valley Governorate about mobile extension. *Annals of Agricultural Sciences*, 59, 297-303.  
<https://doi.org/10.1016/j.aos.2014.11.019>
- Adida, E., Mamani, H., & Nassiri, S. (2017). Bundled payment vs. fee-for-service: Impact of payment scheme on performance. *Management Science*, 63(5), 1606–1624. <https://doi.org/10.1287/mnsc.2016.2445>
- Al-Ali, A.A., Singh, S. K., Al-Nahyan, M. & Sohal, A.S. (2017). Change management through leadership: The mediating role of organizational culture. *International Journal of Organizational Analysis*, 25(4), 723–739.  
<https://doi.org/10.1108/IJOA-01-2017-1117>
- Appelquist, J., Miller-Day, M., Cronholm, P. F., Gabbay, R. A., & Bowen, D. S. (2017). In principle we have agreement, but in practice it is a bit more difficult: Obtaining organization buy-in to patient-centered medical home transformation. *Qualitative Health Research*, 27(6), 909–922. <https://doi.org/10.1177/1049732316680601>
- Armenakis, A. A., Bernerth, J. B., Pitts, J. P., & Walker, H. J. (2007). Organizational change recipients' beliefs scale: Development of an assessment instrument. *The Journal of Applied Behavioral Science*, 43(4), 481–505.  
<https://doi.org/10.1177/0021886307303654>
- Baldrige Performance Excellence Program. (2020–2021). *Baldrige Excellence Framework: Proven leadership and management practices for high performance*.



U.S. Department of Commerce, National Institute of Standards and Technology.

<https://www.nist.gov/baldrige>

Banerjee, D. & Lowalekar, H. (2021). Communicating for change: A systems thinking approach. *Journal of Organizational Change Management*, 34(5) 1018–1035.

<https://doi.org/10.1108/JOCM-10-2020-0325>

Bareil, C. (2013). Two paradigms about resistance to change. *Organization Development Journal*, 31(3), 59–71.

Bateh, J., Castaneda, M. E., & Farah, J. E. (2013). Employee resistance to organizational change. *International Journal of Management & Information Systems*

(IJMIS), 17(2), 113–116. <https://doi.org/10.19030/ijmis.v7i2.7715>

Bates, S. & Atkins, A. (2017). Bridging the gap from strategy to execution: Culture change that sticks. *Strategic HR Review*, 16(5), 222–228.

<https://doi.org/10.1108/SHR-07-2017-0048>

<https://www.emerald.com/insight/search?q=Suzanne>

[Bateshttps://www.emerald.com/insight/search?q=Andrew](https://www.emerald.com/insight/search?q=Andrew)

[Atkinshttps://www.emerald.com/insight/publication/issn/1475-](https://www.emerald.com/insight/publication/issn/1475-4398)

[4398https://doi.org/10.1108/SHR-07-2017-0048](https://doi.org/10.1108/SHR-07-2017-0048)Bengtsson, M., & Johansson, M.

(2014). Managing competition to create opportunities for small firms.

*International Small Business Journal*, 32(4), 401–427.

<https://doi.org/10.1177/0266242612461288>

Benjamin, L. M. (2012). Nonprofit organizations and outcome measurement: From tracking program activities to focusing on frontline work. *American Journal of*

*Evaluation*, 33, 431–447. <http://doi.org/10.1177/1098214012440496>

- Bovey, W. & Hede, A. (2001). Resistance to organizational change: The role of cognitive and affective processes. *Leadership & Organizational Development Journal*, 22(8), 372–382. <https://doi.org/10.1108/01437730110410099>
- Brumm, C. A., & Drury, S. (2013). Leadership that empowers: How strategic planning relates to followership. *Engineering Management Journal*, 25(4), 17–32. <https://doi.org/10.1080/10429247.2013.11431992>
- Cameron, K. S., & Quinn, R. E. (2011). *Diagnosing and changing organizational culture.: Based on the Competing Values Framework* (3<sup>rd</sup> ed). Jossey-Bass.
- Carlson, J. S., Mackrain, M. A., van Egeren, L. A., Brophy-Herb, H., Kirk, R. H., Marciniak, D., Falvay, S., Zheng, Y., Bender, S. L., & Tableman, B. (2012). Implementing a statewide early childhood mental health consultation approach to preventing childcare expulsion. *Infant mental health journal*, 33(3), 265–273. <https://doi.org/10.1002/imhj.21336>
- Castiglione, S. A., & Lavoie-Tremblay, M. (2021). An integrative review of organizational factors influencing successful large-scale changes in healthcare. *The Journal of Nursing Administration*, 51(5), 264–270. <https://doi.org/10.1097/NNA.0000000000001011>
- Chesson, D. (2020). Design thinker Profile: Capabilities for overcoming barriers to change. *Organization Development Journal*, 38(2)
- Child Welfare League of America. (1998). *Child welfare league of America CWLA. United States* [Web archive]. Library of Congress. <https://www.loc.gov/item/lcwaN0011500/>

- Choi, M. (2011). Employees attitudes towards organizational change: A literature review. *Human Resource Management, 50*(4), 479-500. <https://doi.org10.1002/hrm.20434>
- Clanon, J. (1999). Organizational transformation from the inside out: reinventing the MIT center for organizational Learning, *The Learning Organization, 6*(4), 147-156. <https://doi.org/10.1108/09696479910280596>
- Conbere, J. & Swenson, D. (2020). Hidden costs, unintended consequences, and complex organizational problems, and why leaders often ignore them. *Organization Development Review, 52*(2). 21-27.
- Cornescu, V., & Adam, R. (2016). Organizational change, managing employee's resistance. *Organizational Economic Development, Technological Change and Growth* (pp.381-389). World Scientific Publishing.
- Dhingra, R., & Punia, B. K. (2016). Relational analysis of emotional intelligence and change management: A suggestive model for enriching change management skills. *Vision, 20*(4), 312–322. <https://doi.org/10.1177/09722629166668726>
- Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009). What Works?: A study of effective early childhood mental health consultation programs. Washington, DC: Georgetown University Center for Child and Human Development. Annie E. Casey <https://www.aecf.org/resources/what-works-a-study-of-effective-early-childhood-mental-health-consultation>
- Ford, J., & Ford, L. (2009). Decoding resistance to change. *Harvard Business Review, 78*.
- French-Bravo, M. & Crow, G. (2015). Shared governance: The role of buy-in in bringing about change. *The Online Journal of Issues in Nursing, 20*(2),8.

- Galli, J. B. (2018). Change management models: A comparative analysis and concerns. *IEEE Engineering Management Review*, 46(3), 124–132  
<https://doi.org/10.1109/EMR.2018.2866860>
- Giniat, E., Benton, B., Biegansky, E. & Grossman, R. (2012). People and change management in an uncertain environment. *Healthcare financial management: Journal of the Healthcare Financial Management Association*. 66, 84-9.
- Gilliam, W. S., & Shahar, G. (2006). Preschool and childcare expulsion and suspension: Rates and predictors in one state. *Infants & Young Children*, 19(3), 228–245. <https://doi.org/10.1097/00001163-200607000-00007>
- Gong, L., Jiang, S., & Liang, X. (2022). Competing value framework-based culture transformation. *Journal of Business Research*, 145, 853–863.  
<https://doi.org/10.1016/j.jbusres.2022.03.019>
- Gopakumar, G., Dusart-Gale, & Akgunduz, A. (2013). Creating faculty buy-in: Leadership challenges in implementing CEAB graduate attributes. *Proceedings of the Canadian Engineering Education Association*.  
<https://doi.org/10.24908/pceea.v0i0.4850>
- Green, B.L & Allen, M.D. (2012). *Developing and implementing program-wide vision for effective mental health consultation*. Center for Early Childhood Mental Health Consultation.
- Hartog, D. & Deanne N., Ethical Leadership (2015). *Annual Review of Organizational Psychology and Organizational Behavior*, 2(1),409-434.  
<http://dx.doi.org/10.1146/annurev-orgpsych-032414-111237>

- Hatchett, G. T., & Coaston, S. C. (2018). Surviving fee-for-service and productivity standards. *Journal of Mental Health Counseling, 40*(3), 199–210. <https://doi.org/10.17744/mehc.40.3.02>
- Heckelman, W. (2017) Five critical principles to guide organizational change. *OD Practitioner, 49*, 13-21.
- Hickey, G., McGilloway, S., O'Brien, M., Leckey, Y., Devlin, M., and Donnelly, M. (2018). Strengthening stakeholder buy-in and engagement for successful exploration and installation: a case study of the development of an area-wide, evidence-based prevention and early intervention strategy. *Children and Youth Services Review, 91*, 185-195. <https://doi.org/10.1016/j.childyouth.2018.06.008>
- Hoover, S. D., Kubicek, L. F., Rosenberg, C. R., Zundel, C., & Rosenberg, S. A. (2012). Influence of behavioral concerns and early childhood expulsions on the development of early childhood mental health consultation in Colorado. *Infant mental health journal, 33*(3), 246–255. <https://doi.org/10.1002/imhj.21334>
- Huffman, L., Koopman, C., Blasey, C., Botcheva, L., Hill, K. E., Marks, A. S. K., Mcnee, I., Nichols, M., & Dyer-Friedman, J. (2002). A program evaluation strategy in a community-based behavioral health and education services agency for children and families. *The Journal of Applied Behavioral Science, 38*(2), 191–215. <https://doi.org/10.1177/00286302038002004>
- Hunter, A., & Horen, N. (2021). Infant and early childhood mental health consultation in the midst of a syndemic: How does the field pivot? *Zero to Three, 41*(3), 17–23.
- Hyatt, A. S., Tepper, M. C., & O'Brien, C. J. (2021). Recognizing and seizing the opportunities that value-based payment models offer behavioral health care.

*Psychiatric services (Washington, D.C.)*, 72(6), 732–735.

<https://doi.org/10.1176/appi.ps.202000044>

Institute for child success (*n.d.*).<https://www.instituteforchildsuccess.org>

Irfan, S., Amin, R., Khizar, U., & Saeed, W. (2021). The relationship between employee attitude toward change and organizational commitment: The Moderating Role of Psychological Defense Mechanisms. *Journal of Business and Social Review in Emerging Economies*, CSRC Publishing, Center for Sustainability Research and Consultancy Pakistan, 7(3), 761-772. <http://doi.org/10.26710/jbsee.v7i3.1929>

Janicijevic, N. (2017). Organizational models as configurations of structure, culture, leadership, control, and change strategy. *Economic Annals*. 62, 67-91.

<https://doi.org/10.2298/EKA1713067J>.

Kash, B. A., Spaulding, A., Johnson, C. E., & Gamm, L. (2014). Success factors for strategic change initiatives: a qualitative study of healthcare administrators' perspectives. *Journal of healthcare management/American College of Healthcare Executives*, 59(1), 65–81. <https://doi.org/10.1097/00115514-201401000-00011>

Kaufmann, R., Perry, D., Hepburn, K. & Duran, F. (2012). Assessing fidelity for early childhood mental health consultation: Lessons from the field and next steps. *Infant Mental Health Journal*. 33. <https://doi.org/10.1002/imhj.21337>.

Knight, E., Daymond, J., & Paroutis, S. (2020). Design-Led Strategy: How to bring design thinking into the art of strategic management. *California Management Review*, 62(2), 30–52. <https://doi.org/10.1177/0008125619897594>

- Langstrand, J. (2016). The missing link in systems thinking: The impact of infrastructure on organizational change. *International Journal of Quality and Service Sciences*, 8(2), 197-208. <https://doi.org/10.1108/IJQSS-09-2015-0061>
- Levin, I. & Gottlieb, J.Z. (2009). Realigning organization culture for optimal performance: Six principles & eight practices. *Organization Development Journal* 27. 30-46.
- Martin, A., Jones, L., and Callan, V. (2005). The role of psychological climate in facilitating adjustment during organizational change. *European Journal of Work and Organizational Psychology*, 14(3). <https://10.1080/13594320500141228>
- Mathews, B.W.& Crocker, T. (2016). Defining “buy-in:” Introducing the buy-in continuum. *Organization Development Journal*, 34, 81-96.
- Mathews, B. & Linski, C. M. (2016). Shifting the paradigm: Reevaluating resistance to organizational change. *Journal of Organizational Change Management*, 29(6), 963-972. <https://doi.org/10.1108/JOCM-03-2016-0058>
- McCrae, J. S., Scannapieco, M., Leake, R., Potter, C. C., & Menefee, D. (2014). Who’s on board? Child welfare worker reports of buy-in and readiness for organizational change. *Children and Youth Services Review*, 37, 28. <https://doi.org/10.1016/j.childyouth.2013.12.001>
- McKay, K., Kuntz, J. R. C., & Naswall, K. (2013). The effect of affective commitment, communication and participation on resistance to change: the role of change readiness. *New Zealand Journal of Psychology*, 42(2), 29-40.

- Mei, Y. M., Lee, S. T., & Al-Hawamdeh, S. (2004). Formulating a communication strategy for effective knowledge sharing. *Journal of Information Science*, 30(1), 12-22. <https://doi.org/10.1177/0165551504041674>
- Mella, P., & Colombo, C. M. (2012). The wheels of change in organizations. *International Journal of Knowledge, Culture & Change Management*, 11(6), 247–265. <http://10.18848/1447-9524/CGP/v11i06/50208>.
- Moon, M. (2009). Making sense of common sense for change management buy-in. *Management Decision*, 47(3), 518-532. <https://doi.org/10.1108/00251740910946769>
- Page, L. & Schoder, J. (2019). Making change last: leadership is the key. *Journal of Business Strategy*, 40(2), 32-41. <https://doi.org/10.1108/JBS-01-2018-0003>
- Pascaris, A. & Shields, L. & Wolf, J. (2008). The work and recovery project: Changing organizational culture and practice in New York City outpatient services. *Psychiatric Rehabilitation Journal*. 32. 47-54. <https://10.2975/32.1.2008.47.54>.
- Putri, S.A & Mirzania, A. & Hartanto, D. (2020). The importance of a transformational leadership model in managing organizational culture. *Journal of Leadership in Organizations*. 2(1). <https://doi.org/10.22146/jlo.49529>
- Ravitch, S., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.
- Rune, T., Burnes, B. & Oswick, C. (2012) Change management: leadership, values and ethics, *Journal of Change Management*, 12(1), 1-5. <https://doi.org/10.1080/14697017.2011.652371>



- Smits, S. & Bowden, D. (2015). A perspective on leading and managing organizational change. *Economics and Business Review*. 1(15). 3-21.  
<https://doi.org/10.18559/ebr.2015.2.1>
- Steptoe-Warren, G., Howat, D. & Hume, I. (2011). Strategic thinking and decision making: Literature review. *Journal of Strategy and Management*, 4, 238-250.  
<https://doi.org/10.1108/17554251111152261>
- Substance Abuse and Mental Health Services Administration. (2021). *Infant and early childhood mental health consultation (IECMHC) Toolbox*. Center of Excellence for infant and child mental health consultation U.S. Department of Health and Human Services.
- Tucker, D., Hendy, J., & Barlow, J. (2014). When infrastructure transition and work practice redesign collide. *Journal of Organizational Change Management*. 27. 955-972. <https://doi.org/10.1108/JOCM-09-2013-0173>
- Ugboro, I. O., Obeng, K., & Spann, O. (2011). Strategic planning as an effective tool of strategic management in public sector organizations: Evidence from public transit organizations. *Administration & Society*, 43(1), 87–123.  
<https://doi.org/10.1177/0095399710386315>
- Upshur, C., Wenz-Gross, M., and Reed, G. (2009). A pilot study of early childhood mental health consultation for children with behavioral problems in preschool, *Early Childhood Research Quarterly*, 24(1), 29-45.  
<https://doi.org/10.1016/j.ecresq.2008.12.002>

- Vink, P., Imada, A. S., & Zink, K. J. (2008). Defining stakeholder involvement in participatory design processes. *Applied ergonomics*, 39(4), 519–526.  
<https://doi.org/10.1016/j.apergo.2008.02.009>
- Vito, R. (2019). Key variations in organizational culture and leadership influence: A comparison between three children’s mental health and child welfare agencies. *Children and Youth Services Review*, 108.  
<https://doi.org/10.1016/j.childyouth.2019.104600>.
- Warrick, D. D. (2016). What leaders can learn about teamwork and developing high performance teams from organization development practitioners. *Performance Improvement*, 55(3), 13–21. <https://doi.org/10.1002/pfi.21559>
- Weiner, B. J., Amick, H., & Lee, S.-Y. D. (2008). Review: Conceptualization and measurement of organizational readiness for change: A review of the literature in health services research and other fields. *Medical Care Research and Review*, 65(4), 379–436. <https://doi.org/10.1177/1077558708317802>
- Yeager, J., & Saggese, M. L. (2008). Making your agency outcome informed: A guide to overcoming human resistance to change. *Families in Society*, 89(1), 9–18.  
<https://doi.org/10.1606/1044-3894.3704>
- Zomorrodian, A. (2011). New approach to strategic planning: The impact of leadership and culture on plan implementation via the three Cs: Cooperation, collaboration and coordination. *O&M: Structures & Processes in Organizations Journal*.

### Appendix: Interview Questions

1. How has the early childhood mental health consultation program aligned with the organizations' vision and mission?
2. What has been your experience implementing strategies or interventions used to prepare internal participants for change?
3. As a leader within the organization, what has been your experience with building an effective and supportive workforce environment?
4. What are the organization's leadership and governance engagement strategies?
5. How do you see your role as a leader and influencer of change within the organization culture?