Organizational Culture: Identifying, assessing and changing it to enhance a culture of recovery

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Connecticut Department of Mental Health and Addiction Services

A Healthcare Services Agency
Enhancing and Sustaining Recovery

Quality → Outcomes → Recovery
Factors Influencing Quality and Outcomes in Recovery

Evidence Based Practices \( \times \) Staff Factors \( \times \) Organizational Factors \( \times \) External Factors = Quality/Outcomes

Source: Dean Fixsen, The National Implementation Network, University of South Florida
### Factors Influencing Quality and Outcomes in Recovery

<table>
<thead>
<tr>
<th>Evidence Based Practices</th>
<th>Staff Factors</th>
<th>Organizational Factors</th>
<th>External Factors</th>
<th>Quality/Outcomes</th>
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Recovery Oriented Evidence Based Practice

Adapted from the work of Stuart Carney, Oxford University
Enhancing Existing Service Delivery

- Staff Factors
- Organizational Factors
- Process Factors
- Culture Factors
What is Organizational Culture?
Culture Characteristics

- Natural evolution; taken for granted
- Common values, beliefs, norms
- How group solves everyday problems and provides support
- Language, history, stories
- Taught to new members
- Reflected in symbols, rituals, rites
Aspects of Organizational Culture

**FORMAL**: How it’s supposed to be.

**INFORMAL**: How things really get done.

**KEY QUESTION**: To what extent are the informal and formal cultures aligned?
How does the culture reveal itself?
Common Clues to Informal Organizational Culture

- House Blindness
- Mission Diffusion
- Dissonance
- Signs, symbols, stories, myths
- Language
- Behavior
House Blindness
Broken Window Awareness - 1 mo.

Level of Awareness

Days

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

1 4 7 10 13 16 19 22 25 28
CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal Law and Regulations. Generally, the program may not release a patient's records to anyone outside the program unless a patient authorizes the program, or discloses any information identifying a patient as an alcohol or drug abuser, unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violations of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a patient either of the program or against any person who works for the program or about any threat to commit such crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.


(Approved by the office of Management and Budget under Control No. 0938-0058)

I have read, understand, and received a copy of the above.

Client/Patient Signature: __________________________ Date: ___________
Key Organizational Objectives
for Service Providers

- Engagement
- Retention
- Recovery Initiation/Acculturation
Engagement Needs

“What am I looking for?”

- Respect
- Belonging
- Choice
- Will this help me?
Engagement Process Factors

- Pre-site visit contact (e.g., phone)
- Before entering the facility
- The facility entrance
- Lobby environment
- Reception
- Next steps
NO SMOKING
WITHIN 25 FEET
OF THE BUILDING
NO Weapons Allowed
Retention Needs

“Is this getting me where I need to go?”

- Whose goals are these?
- Does their approach match my reality?
- How much do I really trust people here?
- Am I feeling hopeful?
- Do they really understand me?
- Am I becoming prepared for a new life?
Our Policy

Rule 1
The Customer is Always Right!

Rule 2
If the Customer Is Ever Wrong, Reread Rule 1

Stew Leonard
The “Oxygen Mask” Theory
Hi Daisy!!
This isn’t an office...

It’s

HELL

with fluorescent lighting.
Mission Diffusion

- Shared mission?
- Formal/informal cultures aligned?
- Opposing values/beliefs?
- Subculture development
Leo Carroll, Ph.D.
Professor of Sociology
University of Rhode Island
FCI Culturegram

Bureau of Prisons

Warden
Exec. Staff
Department Heads
Lts.
Custody Staff
Non-Custody Staff
Inmates

The “Me” Group

Facility Boundary
Dissonance

- Youthful offender example
- CIW poster example
- Nicotine dependence
Recovery Initiation/
Acculturation Needs

- Exposure to Recovery Role Models
- Language
- Instilling Hope and Confidence
- Building Individualized Supports
- Develop Healthy Lifestyle
- Keep it Up Front
- Giving back
“It’s a beautiful day to be sober!”

Recovering Hearts 508-487-4873

Paula C

HUM
WELCOME TO RECOVERY
**Recovery Oriented Organizational Cultural Characteristics**

<table>
<thead>
<tr>
<th>Recovery Supportive</th>
<th>Not Supportive</th>
</tr>
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<tbody>
<tr>
<td>• Consumer oriented</td>
<td>• Organization oriented</td>
</tr>
<tr>
<td>• Multiple paths</td>
<td>• One way (our way)</td>
</tr>
<tr>
<td>• Recovery Plans</td>
<td>• Treatment Plans</td>
</tr>
<tr>
<td>• Outcome driven</td>
<td>• Process driven</td>
</tr>
<tr>
<td>• Walking the talk</td>
<td>• Hypocrisy</td>
</tr>
<tr>
<td>• Role modeling</td>
<td>• Double standard</td>
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<tr>
<td>• Strength/goal oriented</td>
<td>• Deficit/problem oriented</td>
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Keys to Culture Change

- Raise awareness (triangulation)
- Clear leadership vision and commitment
- ‘Top-down’ + ‘Inside-out’ approach
- Be open and inclusive
- Ask and listen (actively)
- Staff come first
- Role modeling (“walk the talk”)
- Inclusion from all levels and disciplines
- Sustained effort
CONTACT INFORMATION

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