Comprehensive Organizational Health Assessment

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Purpose of the COHA

Develop and test an assessment battery that accurately captures the organizational strengths and needs of child welfare agencies.
What is Organizational Health?

Holistic conceptualization of workforce practices and organizational climate and culture factors that directly impact service delivery, the achievement of agency goals and objectives and outcomes for children and families.
What is Organizational Health?

**Organizational Culture:**
Organization’s behavioral expectations of employees and the way the work is done in the organization.

**Organizational Climate:**
Experience of working in an agency

*What is it like to work here?*
What is the COHA?

Mixed-Methods design includes:

- 300-item staff survey (online and paper/pencil)

- Individual and group interviews with all levels of agency staff

- Interviews with clients (biological, adoptive, and foster families and transitioning youth)

- Interviews with community partners and providers
COHA Survey Domains

**Individual Factors**
- Self-efficacy
- Job satisfaction
- Intent to stay
- Trauma
- Coping skills
- Time Pressure

**Unit Factors**
- Supervision
- Professional sharing & support
- Team cohesion
- Shared vision & professional orientation

**Organizational Factors**
- Leadership
- Physical environment
- Cultural responsiveness & Inclusivity
- Readiness for change
- Public perception
- Community resources
**Western Workforce Project**

**COHA conducted with:**

- **Three State Agencies**
  - State agencies range from 28 to 900 staff

- **Two Tribal Child Welfare Programs**
  - Tribal child welfare programs are small, with 12-16 staff
Methods for the Western Workforce Project

COHA administered agency-wide at:

- Year 1
  - Baseline
- Midpoint
- Year 5
  - End

• Two county agencies and two tribal agencies

• COHA adapted for use with two Implementation Center Projects
## Methods for the Western Workforce Project

### Agency Workforce Initiative Developed:

<table>
<thead>
<tr>
<th>The Design Team</th>
<th>Unit Learning Circles</th>
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</thead>
<tbody>
<tr>
<td>• Members from all organizational levels</td>
<td>• Led by supervisors</td>
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<tr>
<td>• Develop &amp; implement workforce interventions based on COHA</td>
<td>• Identify areas of practice or unit climate where improvement is desired</td>
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<td></td>
<td>• Engage in group practice development using a group model</td>
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The COHA is a multi-purpose assessment:

1. Used diagnostically to help agencies identify areas of strength and opportunities for improvement and drive practice changes

   • Administration of COHA “launched” the projects and started dialogue about organizational health
   • Results presented in easy to read brief
   • Facilitated in-person review of findings and strategic planning to guide target intervention areas
Many Hats of the COHA

2. COHA designed as a pre-post assessment to measure changes in organizational health that result from the Western Workforce Intervention (evaluation tool)

3. Organizational Climate and Culture measures used to test theoretical models
Culturally-based Methods

• Build relationships and trust with key leaders

• When working with tribes:
  – Go through appropriate channels to gather permission to collect data from tribe
  – Arrange data sharing and data ownership agreement

• Data collection face-to-face as much as possible
• Mixed methods design: Focus on quantitative and qualitative data, listening and honoring all voices, providing the story behind the numbers
  
  – Qualitative data is culturally appropriate, and often quantitative data not feasible due to low n

• Present results that are utilization-focused and accessible
  
  – Present findings face-to-face
COHA Analysis

• Initial Reliabilities ranged from .68 to .97
• Descriptive Statistics re: COHA Scales
• Qualitative Analysis of Interview and Focus Group Data
• Exploratory and confirmatory factor analysis showed that some of the scales did not factor as unique constructs as intended
• Revised COHA survey battery and re-tested in Round 2
• Analysis of revised battery demonstrates strong reliability and validity of measures
The Casper, WY COHA

Baseline administered in July 2009

• 100% response rate for staff participating in the survey (n=28) and focus groups and/or interviews

• Interviews conducted with families, community providers and partners

“Results Brief” of COHA results

• Evaluators and project team presented findings in an all-staff meeting and facilitated discussion and planning
COHA Baseline Results

Coping and Resiliency of staff
Community resource
Physical work environment and work flexibility

Leadership and Supervision
Job satisfaction
Readiness for change
Cultural responsiveness
Design Team

• Identified priority focus areas from the COHA results and developed action plan with goals, objectives, outcomes, timelines and roles/responsibilities

Learning Circles

• Supervisors trained and coached on Learning Circle approach and LC topics focused on organizational workforce interventions for the unit level
Goal 1: Supervision

- Supervisors will provide success-focused supervision that is consistent, functions as a united supervisory group, and enhances workers’ ability to do their jobs

• Objectives:
  - Consistent case reviews
  - Develop standard operating procedures manual
Goal 2: Job Satisfaction

– Employees at DFS will have improved job satisfaction

• Objectives:

  – Flexible workforce (move workers where they are needed most)

  – Develop clear expectations for supervision

  – Improve organizational climate
COHA Follow-up Results

Participation

• Survey administered in July 2011
• 100% response rate for staff participating in the survey (n=28) and focus groups and/or interviews

Results Brief

• Highlighted areas of strengths and challenges across individual, unit and agency-level factors
• Showcased changes since baseline
• Guided planning and next steps for Design Team
### Example COHA Results

#### UNIT / LOCAL LEVEL FACTORS

**Healthy Team Culture and Climate**

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
<th>Score &amp; Standard Deviation (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Resources</strong></td>
<td>Although still technically in the “watch area”, The mean score suggests a somewhat positive perception about the availability of resources for families served by the agency, and an improvement from the previous COHA. Seventy-five percent of staff reported strong positive relationships between the agency and community providers and the availability of substance abuse, mental health and domestic violence services. Staff are less likely to agree on the availability of housing and employment services.</td>
<td>1 2 3 4.92 (.658) 5 6</td>
</tr>
<tr>
<td><strong>Professional Sharing and Support</strong></td>
<td>This is the highest rated construct, and a clear strength, as well as an area of great gain from the previous COHA. Almost 60% of staff agreed that co-workers in their unit are committed to continuous professional development and 88% agreed that they share and learn from one another, provide mutual support and strive to better service clients.</td>
<td>1 2 3 4 5.22 (.626) 6</td>
</tr>
<tr>
<td><strong>Supervision-Full Scale</strong></td>
<td>The mean score suggests a slightly positive perception (although still in the “watch area”) about the overall quality of supervision. Ratings of supervision improved somewhat from the 2009 COHA.</td>
<td>1 2 3 4.42 Overall (1.12) 5 6</td>
</tr>
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Example COHA Results:
Individual Factors

<table>
<thead>
<tr>
<th>Area</th>
<th>Baseline</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent to Stay</td>
<td>3.64</td>
<td>4.05</td>
</tr>
<tr>
<td>Vicarious Traumatization</td>
<td>4.03</td>
<td>3.80</td>
</tr>
<tr>
<td>*Job Satisfaction</td>
<td>3.11</td>
<td>4.32</td>
</tr>
<tr>
<td>*Coping</td>
<td>4.39</td>
<td>3.72</td>
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### Example COHA Results: Unit-level factors

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<tr>
<td>Professional Sharing and Support</td>
<td>3.97</td>
<td>5.22</td>
</tr>
<tr>
<td>Community Resources</td>
<td>4.08</td>
<td>4.92</td>
</tr>
<tr>
<td>Shared Vision</td>
<td>3.30</td>
<td>4.27</td>
</tr>
<tr>
<td>*Supervision</td>
<td>3.86</td>
<td>4.42</td>
</tr>
<tr>
<td>*Team Cohesion</td>
<td>3.33</td>
<td>4.13</td>
</tr>
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</table>
Identified Issues to address in Action Plan

**Goal 1: Supervision**

- Supervisor Consistency
- Clinical supervision

**Action Steps:**

- Supervisors will meet weekly with one another
- Supervisors will meet monthly for leadership meetings & Learning Circles
- Supervisors will conduct regular case reviews using standardized case review form
- Supervisors will receive individualized coaching for 6-months from Western Workforce certified coaches
Leadership Strategies to address Workforce Challenges

**PARA approach (Western Workforce)**
- Plan, Act, Reflect, Adapt

**NCWWI Leadership Model**
- Several state managers attended LAMM training and learned adaptive, distributive, and inclusive leadership skills

**Supervision Model (NRCOI)**
- Statewide initiative, included in PIP
- Professional development, use of data, practice standards
Next Steps

- In the 6-months since the COHA, all of the action steps have been initiated
- Design team continues to meet monthly
- Individualized coaching begins in May
- The final COHA will be in July 2013