

Culture of Wellness Organizational Self-Assessment (COW-OSA)

The COW-OSA was designed for SAMHSA-funded Primary and Behavioral Health Care Integration grantees interested in improving their policies, procedures, practices, activities, services, and social and physical environments to reflect the characteristics of a wellness-focused organization. It is designed primarily as a performance improvement resource to increase an organization’s awareness of the key components of a wellness-focused culture, and to engage in a self-reflective process that assists in identifying what to keep doing, stop doing, and start doing.

The COW-OSA includes ten domains and related standards that are characteristic of an organizational culture of wellness. Each grantee may use this self-assessment to identify wellness-related strengths and areas requiring further exploration and development.

Instructions:

Use the following five point scale to indicate the degree to which your organization meets the standards described in the self-assessment.

- 0 = we don’t meet this standard at all
- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard
- N/A = this standard does not apply

*A score of 4 means you have expertise in this area that may be of help to other organizations interested in improving their performance around this standard.

1. Organization-Wide Wellness Team

- | | | | | | | |
|--|---|---|---|---|---|-----|
| A. We have broad representation on an organization-wide wellness team (e.g., a planning/oversight workgroup/committee or group) consisting of clients, peer providers, psychiatrists, primary care providers, and interdisciplinary staff. | 0 | 1 | 2 | 3 | 4 | N/A |
| B. Executive/senior level leadership is a member of this team. | 0 | 1 | 2 | 3 | 4 | N/A |
| C. Peer providers are essential to this team. | 0 | 1 | 2 | 3 | 4 | N/A |
| D. The team meets regularly (once a year/monthly or more frequently). | 0 | 1 | 2 | 3 | 4 | N/A |

2. Person-Centered Wellness Programs

A. We offer a wide variety of wellness-focused programs for clients based on their expressed interests, readiness level, cultural values, and life circumstances. For example: health education classes, smoking cessation supports, healthy cooking, nutrition education, walking groups, stress relieving meditation, and physical activities such as yoga, Zumba, dance, exercise classes, and other approaches to increasing physical activity.

0 1 2 3 4 N/A

B. We routinely offer health risk screenings and preventive services to our clients including immunizations, flu shots, cholesterol tests, blood pressure checks, breath CO, cancer screens, and BMI measures.

0 1 2 3 4 N/A

C. We offer wellness programs aligned with evidence-informed approaches that combine physical activities, weight management, and healthy eating through structured and curriculum-based interventions. (see list of EBPs in Bartels article)

0 1 2 3 4 N/A

D. We offer peer-involved and/or peer-led client-centered educational and health self-management activation approaches (e.g., WHAM, HARP, peer-involved Chronic Disease Self-Management programs, peer self-help focused on health, peer-developed wellness programs).

0 1 2 3 4 N/A

E. We develop highly individualized client-centered health and wellness goals that aligned with the person's cultural and personal preferences as documented in the client's medical record.

0 1 2 3 4 N/A

F. We have a system to provide clients with their individualized health-related report card/dashboard to develop personalized health goals and to monitor progress.

0 1 2 3 4 N/A

G. Our wellness-related services provides clients with important information that is personalized and action oriented (e.g., clients are supported to apply what they have learned outside the treatment environment).

0 1 2 3 4 N/A

H. We offer inexpensive, practical, and wellness supporting incentives (e.g., water bottles, pedometers) to encourage and activate clients to learn about and experience the possible benefits of wellness-related activities. The purpose is to expose clients to wellness activities as one way of making informed decisions.

0 1 2 3 4 N/A

3. System-Wide Focus of Leadership

A. Our leadership communicates a clear vision for developing a culture of wellness to the clinical, residential, support staff, care managers, peers, and other members of the workforce.

0 1 2 3 4 N/A

B. Our leadership establishes a culture of wellness as a high priority performance expectation.

0 1 2 3 4 N/A

C. Our leadership walks the talk by engaging in visible wellness activities with clients and/or staff.

0 1 2 3 4 N/A

D. We have wellness promoting activities that are open to and attended by staff and clients together.

0 1 2 3 4 N/A

E. Wellness activities and interventions are included in the agency budget.

0 1 2 3 4 N/A

4. Integration of Health, Wellness with Behavioral Health

A. Clinical documentation prompts and guides clinical staff to assess, plan and address whole health and wellness needs as a routine part of an integrated care service plan.

0 1 2 3 4 N/A

B. Clinical team's review of client risks, needs, progress, and response to services is reflective of the client's health and wellness needs and goals.

0 1 2 3 4 N/A

C. The health and wellness goals and objectives in the client's service plan are worded in a way that is client centered and reflects the client's expressed goals in his/her own words.

0 1 2 3 4 N/A

5. Workforce Development

A. Clinical staff, care managers, peer providers, residential counselors, and others working with clients are trained in basic health literacy information; common health risks and chronic conditions for adults with mental health, substance use and trauma-related difficulties; and their role in supporting and promoting health and wellness.

0 1 2 3 4 N/A

B. Primary care staff receive training in the basics of mental illness, substance use, and trauma and how these behavioral difficulties influence health self-management; and practical strategies they may employ to increase their effectiveness in providing primary care services.

0 1 2 3 4 N/A

C. Behavioral health providers receive training in a variety of wellness-promoting competencies such as motivational interviewing, SBIRT, client engagement, and the principles and practices of wellness and chronic disease self-management.

0 1 2 3 4 N/A

D. Training of all staff includes knowledge and skills related to assessing strengths, emphasizing what's strong rather than what's wrong, and developing a client-centered and strength-based wellness plan.

0 1 2 3 4 N/A

6. Community Connections and Resources

A. The organization engages community resources as partners in supporting the wellness of **CLIENTS** (e.g., Weight Watchers, YMCA, fitness centers, local college resources, exercise physiology students in training, yoga instructors). These resources may be brought into the organization as part of an overall goal of assisting clients to increasingly utilize community wellness resources outside the treatment setting.

0 1 2 3 4 N/A

B. The organization engages community resources as partners in supporting the wellness of **STAFF** (e.g., Weight Watchers, YMCA, fitness centers, local college resources, exercise physiology students in training, yoga instructors). These resources may be brought into the organization as part of an overall goal of supporting the health of staff both inside and outside the organizational setting.

0 1 2 3 4 N/A

C. The organization has a system in place to inform and engage family, friends, peers, and others in the client's network that can support the client's health and wellness.

The identification of social supports and the type of support wanted is based on the client's expressed preferences.

0 1 2 3 4 N/A

7. Self- Management Language and Messaging

A. The names of groups and other services reinforce the theme of wellness with a focus on increasing a client's knowledge and skills to self-manage his/her overall health.

0 1 2 3 4 N/A

B. The title of various staff positions may include wellness language (e.g., wellness coaches, wellness mentors, health mentors, health and wellness specialists).

0 1 2 3 4 N/A

C. Descriptions and labels of services and programs make reference to wellness with an emphasis on activating and motivating clients to self-manage their whole health.

0 1 2 3 4 N/A

D. We have numerous wellness-related informational posters and brochures across our organization. The language is designed to motivate, build confidence and emphasize the importance of self-management.

0 1 2 3 4 N/A

E. Our organization communicates a vision of the importance of self-management of one's wellness across numerous communication channels (e.g., website, newsletters, mission statement).

0 1 2 3 4 N/A

8. Workforce Wellness

A. Our organization has a system in place to address the needs of staff who are experiencing intense work, family, or other sources of stress (e.g., Employee Assistance Programming, supportive supervision, work-life balance accommodations, stress management supports, vicarious trauma supports).

0 1 2 3 4 N/A

B. Our organization supports staff to improve their overall health and wellness via in-house weight management/physical activity opportunities, health screenings, flu shots, smoking cessation programs, discounted membership fees with local community wellness support programs (e.g., YMCA, weight watchers)

0 1 2 3 4 N/A

C. Our organization provides incentives for staff to engage in and improve their overall health and wellness. For example, successfully reducing or eliminating tobacco use; improvements in weight management/nutrition/physical activity resulting in lower cholesterol, blood pressure, A1C.

0 1 2 3 4 N/A

9. Organizational Policies

A. Our organization has established a tobacco-free policy with the full involvement of both clients and staff.

0 1 2 3 4 N/A

B. Our organization has established wellness-promoting policies related to food and drink available to staff and clients (e.g., vending machine offerings, food preparation classes, special holiday events, community visits and outings, snacks used in groups).

0 1 2 3 4 N/A

C. Our organization has policies related to hiring practices and performance expectations that include a preference for candidates with expertise in and provision of wellness-supporting activities.

0 1 2 3 4 N/A

10. Performance Evaluation and Data

A. Our organization has a system in place to identify, monitor, and evaluate improvements in the health and wellness of our clients.

0 1 2 3 4 N/A

B. We formally and regularly review the information we collect in standard 10A to make improvements in the services and programs we offer.

0 1 2 3 4 N/A

C. We have a system to collect information that helps us identify population health needs and disparities, both within and outside of the agency (e.g., community assessment to see which people aren't accessing services).

0 1 2 3 4 N/A

This resource was developed by the SAMHSA-HRSA Center for Integrated Health Solutions to disseminate to SAMHSA-funded Primary and Behavioral Health Care Integration grantees.