What Makes an Organization Public?
Managers' Perceptions in the Mental Health and Substance Abuse Treatment System

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ABSTRACT

The question "What makes an organization public?" is a leading point of scholarly inquiry in the field of public administration. This study supplements existing theory on publicness by further exploring the primary influences on an organization's publicness—influences identified by analyzing data from in-depth interviews with senior-level managers of mental health and substance abuse treatment facilities. Results from a grounded theoretical analysis of these managers' perceptions provide support for a conceptual framework of organizational publicness in which political authority, horizontal engagement, and public engagement are associated with higher levels of publicness. Better understanding of the prism through which senior managers conceptualize publicness may enhance managerial awareness of the most salient structural and institutional mechanisms that empower treatment facilities to effectively support individuals suffering from mental health disorders such as substance abuse, emotional distress, and depression.

INTRODUCTION

The concept of *publicness*, which underscores an organization's "public" attributes, has become a disciplinary paradigm (Riccucci 2010) among public administration scholars who share an intellectual curiosity about the public characteristics of government, business, and nonprofit organizations (Moulton 2010). This curiosity has motivated scholars to carefully conceptualize, measure, and enhance the analytic utility of data related to publicness (Bozeman 1987; Bozeman and Bretschneider 1994; Rainey, Backoff, and Levine 1976). Yet despite a now-established body of scholarship demonstrating the implications of publicness for management strategy (Boyne and Walker 2010; Bozeman and Moulton 2011; Bryson, Crosby, and Bloomberg 2014), the field's

conceptual understanding of publicness lacks a managerial perspective. Researchers may be unable to adequately analyze the concept of organizational publicness and its implications for management strategy without considering how managers themselves view their organizations' publicness. Accordingly, this exploratory study aims to answer the following question: *What are the primary organizational and environmental factors managers associate with publicness?*

Using grounded theory methodology, the present study is among the first to collect perceptual data on organizational publicness. In this study, we aim to identify conceptualizations of this complex phenomenon among senior managers in the context of mental health and substance abuse treatment facilities located in the Midwestern United States. We chose senior-level managers operating in this setting as appropriate respondents because they are hierarchically embedded to interact with their organizations' internal and external environments—the contexts from which structural and institutional mechanisms associated with publicness emanate (Rainey et al. 1976; Bozeman and Bretschneider 1994).

Grounded theory is a systematic technique to probe complex structures and processes at a real-world level (Glaser and Strauss 1967). It has informed management strategy on multiple issues at the heart of public administration, such as networks (Agranoff 2007), accountability (Romzek, LeRoux, and Blackmar 2012), collaboration (Romzek, LeRoux, Johnston, Kempf, and Piatak 2014), and policy implementation structures (Sandfort 2000). However, this approach to theory building has been underutilized for generating insights about publicness.

In this paper we first review the field's existing approaches to classifying organizations according to publicness and organizational actors' perceptions of phenomena related to publicness. Second, we describe the data and methodology. Third, we report managerial perceptions of publicness that surfaced from analyzing interviews with senior managers of

mental health treatment facilities. We conclude by discussing limitations, scholarly

contributions, and practical implications, with an emphasis on how organizational publicness

may inform management strategy.

EXISTING FRAMEWORKS ON ORGANIZATIONAL PUBLICNESS

Publicness research frequently examines internal and environmental factors associated with

management strategy and organizational outcomes, such as behavior and performance. Studies in

this area have provided clarity on the effects of varying organizational types and frequently

employ one of two analytical approaches—the core approach or the dimensional publicness

approach (for a summary of existing frameworks on organizational publicness, see Merritt and

Farnworth 2018).

The Core Approach and the Public-Private Distinction

The core approach maintains that by virtue of legal ownership (or sector designation),

government and private organizations differ in terms of their internal structures and processes,

environmental conditions, and transactions between the organization and external environment

(Rainey et al. 1976). The basis for the public-private distinction lies in the division between

political authority and market incentives, and their respective impacts on government and private

organizations (Perry and Rainey 1988; Dahl and Lindblom 1953). Whereas the priorities and

outcomes of government organizations are shaped by the political context of their work, the

priorities and outcomes of private organizations are largely dictated by their shareholders,

clients, and the market economy (Nutt and Backoff 1993; Walker and Bozeman 2011). The

different legal statuses of government and private organizations, including their differing

political and market contexts, also have implications for numerous management issues, such as

personnel constraints, measurement of performance, emphasis on efficiency versus equity, and clarity regarding the "bottom line" (Allison 1980).

Although an organization's legal ownership provides a useful framework for understanding management strategy and organizational outcomes (Clarkson 1972), Bozeman and Bretschneider (1994) contend that the core approach may produce limitations for organizational analysis. In part, this is because the blurring of sectors presents empirical challenges to analyzing organizations primarily through the prism of ownership (Bozeman 1987; Bozeman and Bretschneider 1994; Dahl and Lindblom 1953; Wamsley and Zald 1973).

The Dimensional Publicness Approach

Dimensional publicness follows "reasonably lengthy theoretical threads" (Bozeman and Bretschneider 1994; 202), including frameworks established by Dahl and Lindblom (1953) and Wamsley and Zald (1973) that compare organizations according to their exposure to political and economic authority, with emphasis on the interrelation between ownership and funding (see also Stark 2010). According to the dimensional approach, organizations are more or less public (as opposed to purely public or private) depending on the extent to which they are subject to political authority. This is determined by the combination of distinct factors alongside government ownership: level of government funding and degree of exposure to government regulation (Bozeman 1987). In terms of funding, public organizations are largely funded by taxation receipts and funds from political bodies. The degree to which organizations are bound to government regulations captures how elected officials or their agents use government authority to empower or constrain the ability of organizations to enforce (or achieve) policies and practices (Hood, James, and Scott 2000). While political authority influences organizational publicness, economic authority shapes an organization's privateness and sits at the opposite end of the

dimensional publicness–privateness continuum (Bozeman 1987; Moulton 2009; Perry and

Rainey 1988). Factors influencing economic authority include private ownership, private funding

(e.g., fees paid by service recipients and product consumers), and a market-based mode of social

control (Rainey 2014).

Much can be understood about organizations by knowing their particular mix of public-

and market-based authorities and where they lie on the publicness–privateness continuum as a

result (Bozeman 2013). For example, public administration scholars frequently analyze the

effects of dimensional publicness on several organizational processes and outcomes, such as

those associated with innovation (DeVries, Bekkers, and Tummers 2015), strategic management

(Nutt and Backoff 1993), and ethical work climate (Wheeler and Brady 1998; Wittmer and

Coursey 1996). Feeney and Welch (2012) and Moulton (2009), building on Richard Scott's

(2008) institutional theory framework, identify categories of institutions extending beyond

political authority (i.e., regulative, normative, and cultural cognitive[1]) that capture distinct

aspects of publicness and yield implications for public value creation. These studies suggest that

publicness is not simply a theoretical instrument for classifying the degree to which an

organization is public; it also presents implications for management strategy and performance

across sectors (Feeney and Welch 2012; Moulton and Feeney 2010) and service function types

(Antonsen and Jorgensen 1997).

PUBLICNESS AND MANAGERS' PERCEPTIONS

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[1] According to Scott (2008), regulative institutions "involve the capacity to establish rules, inspect others' conformity to them, and, as necessary, manipulate sanctions—rewards and punishment—in an attempt to influence future behavior" (52); normative (or associative) institutions "introduce a prescriptive, evaluative, and obligatory dimension into social life" (54); cultural cognitive institutions represent "shared conceptions that constitute the nature of social reality and the frames through which meaning is made" (57).

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Despite the known implications of organizational publicness for management strategy, the theoretical understanding of publicness in public administration research lacks a managerial perspective. Existing research analyzes how organizational actors, such as managers and front-line workers, perceive organizational phenomena *related to* publicness. For example, these studies offer insight into how organizational actors perceive government (Moulton and Feeney 2010), political control (Merritt, Cordell, and Farnworth 2018), their public purpose (Moulton 2012), and public values (Van der Wal, De Graf, Lasthuizen 2008), sometimes within existing publicness frameworks. However, extant research does not offer insight into managerial perceptions of the organizational phenomenon of publicness itself. By better understanding the primary factors that constitute organizational publicness through a managerial lens, managers can more consciously attend to that aspect of the organization to create public value.

METHODOLOGY

This study explores managerial perceptions of publicness in the context of mental health and substance abuse treatment facilities in the Midwestern United States. We employ grounded theory methodology, in which "systematic data collection [can] be used to develop theories that address the interpretive realities of actors in social settings" (Suddaby 2006, 634). This methodology requires an ongoing interplay between data collection and data analysis, which often occur in concert (Fyall 2016). In the next section we describe the study's research setting, case selection, data collection, and data analysis procedures, all of which are part of a larger ongoing study of the structure, design, and management of behavioral health organizations.

Research Setting

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Mental health and substance abuse treatment facilities provide prevention, treatment, and recovery support for clients suffering from behavioral health illnesses, including emotional disturbance, depression, and drug use disorders. This setting is appropriate given the intensifying public debate on the role of government and private organizations in providing mental health and substance abuse treatment (Heinrich and Fournier 2004). Access to and the effectiveness of these services are among the central themes of this debate, due in part to expansion in government financing of private health care services (Heinrich and Fournier 2004; Miller and Moulton 2014; Wheeler and Nahra 2000). Due to these kinds of structural shifts in the health care industry, mental health and substance abuse treatment facilities are neither "purely public" nor "purely private" (Heinrich and Fournier 2004); therefore, using only the sector designation of a facility to formulate management strategies to advance organizational objectives may not be useful. For example, numerous treatment facilities in the business and nonprofit sectors accept client payments associated with Medicare, Medicaid, and state-financed health insurance plans similar to their government counterparts. These and related environmental institutions subject organizations to greater political authority and contribute to the blurring of sectors. Even still, political authority mechanisms, such as government ownership and funding, may play a smaller role than expected in management strategies and program-level outcomes in mental health treatment facilities (Boyne 2002; Heinrich and Fournier 2004). For example, a paradox not uncommon in health services is that recipients of services funded by government may never interact with a single government actor (Kettl 2008). Kettl (2008) notes that "government does not so much run the Medicare and Medicaid programs as leverage them. Trying to leverage such complex programs without directly controlling the service-delivery system is the hidden puzzle inside governance in the twenty first century" (11). By uncovering other pieces to the "puzzle

inside governance" from the vantage point of managers operating in mental health and substance abuse treatment facilities, we might also uncover the perceived attributes of publicness that managers identify as shaping their management strategies.

Case Selection

Case selection commenced when we generated a list of facilities compiled in the Mental Health Treatment Facility Locator, an online resource for locating treatment facilities supported by the Substance Abuse and Mental Health Services Administration, an agency within the U.S. Department of Health and Human Services. The Locator generated over 7,700 government, private, and nonprofit facilities, and provided the organizational name, physical address, telephone number, and website address for each facility. Upon retrieving a list of facilities, we contacted facility managers individually through email correspondence and inquired about their willingness to participate in a telephone interview. The formal invitation articulated the background, purpose, and goals of the study; consent processes; and confidentiality associated with results.

A total of 26 senior-level managers (e.g., presidents and chief operating officers) participated in in-depth interviews over a span of six months. We solicited participants from the Midwest, the U.S. census region where drug abuse, one example of a rapidly escalating mental health disorder, is most heavily concentrated (Hedegaard et al. 2015). We entered the case selection stage seeking to obtain a heterogeneous purposive sample of respondents in categories such as gender, sector affiliation, and organizational size to provide as much insight as possible into the publicness phenomenon. This study's approach to case selection for grounded theory methodology, purposive sampling, is prescribed by Glaser and Strauss (1967). In addition, our sample size of 26 respondents is consistent with the parameters of studies prescribing appropriate

sample sizes for qualitative, phenomenological research requiring interviews (Beitin 2012; Cresswell 1998; Thomos and Pollio 2012). Table 1 provides descriptive statistics for the study's sample.

[Table 1 about here]

Data Collection

We collected data through open-ended, semi-structured telephone interviews. The first phase of interviews consisted of 16 managers and took place from January 2017 to March 2017. The second phase of interviews involved 10 managers and occurred from June 2017 to August 2017. For the first phase, we employed an open and grounded approach to data collection in which the knowledge and experiences of senior managers exclusively guided emerging themes. The period between the first and second phases provided time for the research team to dissect and process the initial set of interviews. The second phase of interviews—while remaining committed to openness to new ideas—was more targeted as we aimed to confirm emerging publicness themes that surfaced during the first phase of interviews. The semi-structured format enabled us to perceptively explore questions during the second phase of interviews that were raised during the first phase.

Interviews averaged approximately one hour in length across the first and second phases. For each phase, we recorded and later transcribed interview responses verbatim prior to coding and analysis. Interview questions were designed to elicit information about the organizational and environmental characteristics associated with publicness in the context of mental health and substance abuse treatment facilities. To prevent response bias, given the possible social desirability of publicness attributes, managers were first asked to comment on their

interpretations of the influences on organizational publicness *in the general population* of treatment facilities. Second, we asked managers to identify characteristics of their facility's publicness and to demonstrate the presence of these conditions or attributes by providing specific and detailed examples. Third, given that antecedents to the achievement of public outcomes are often organizational and environmental mechanisms that are public in nature (Antonsen and Jorgensen 1997; Bozeman 2007; Moulton 2009), we asked managers to first identify performance outcomes of their organizations that the broader public considers important (i.e., public outcomes). Then we asked them to identify organizational and environmental mechanisms that empowered or constrained their facilities' abilities to achieve the identified public outcomes. Fourth, managers were asked to envision a scenario in which their organizations were underperforming in the public outcomes they aimed to achieve (identified in the third prompt question), and to identify the internal and external mechanisms that would generate improvement for each outcome. These prompt questions were asked of all respondents, although the semi-structured format of interviews produced variation in participant-driven discussions.

Collectively, prompt questions (provided in Table 2) enabled us to distinguish organizational and environmental mechanisms associated *with* publicness—what this research seeks to identify—from outcomes that result *from* publicness. Prompt questions also facilitated the analysis process by enabling the researchers to identify consistencies between those mechanisms managers identified as being associated with publicness (prompt questions 1 and 2) and mechanisms used during the actual (prompt question 3) and hypothetical (prompt questions 4 and 5) strategic management processes specifically aimed at achieving public outcomes in organizations.

Data Analysis

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To analyze data collected in the first phase of interviews, two researchers participated in a process of open coding as prescribed by Strauss (1987) to identify and categorize patterns emerging from the data. Specifically, each coder engaged in a nonlinear and iterative process of reading data closely, taking extensive notes, open coding, and constantly comparing codes within and across cases. In doing so, researchers aimed to identify common patterns from manager responses across *all* prompt questions, as opposed to those emerging from responses to any single question or select set of questions. This process enabled the researchers to unpack codes that reflected publicness specifically, versus those that reflected open activities and external relationships of any kind. Researchers subsequently aggregated codes into primary dimensions based on thematic relationships. After conducting these steps independently, the researchers compared coding patterns and themes emerging from data associated with the first phase of interviews to demonstrate inter-coder reliability. The researchers engaged in exhaustive discussions to resolve discrepancies in coding. Data analysis procedures for the second phase of interviews mirrored that of the first phase and occurred following the development of preliminary findings. This process ultimately yielded agreement on the primary factors respondents associated with publicness across all 26 interviews. Our approach to data analysis is consistent with previous studies using grounded theory methodology to explore the factors intrinsic to organizational phenomena (e.g., Caldwell et al. 2017; Fyall 2016).

FINDINGS AND INTERPRETATION: MANAGERS' PERCEPTIONS OF PUBLICNESS

Findings revealed that managers' perceptions of organizational publicness in the context of mental health and substance abuse treatment facilities fell into three dimensions: the extent to which a facility (1) is subject to *political authority*, (2) participates in *horizontal engagement* with external organizations, and (3) practices *public engagement* with the general public.

Respondents demonstrated that these dimensions are, collectively, intrinsic to publicness within and across government, private, and nonprofit treatment facilities.

The primary influences on organizational publicness emerged from the study itself, accompanied by consultations with relevant literature (see Suddaby 2006). We present our results in the following sections, organized by core themes. Table 2 provides supporting excerpts mapped across core publicness themes/dimensions and the prompt questions that elicited managerial responses.

[Table 2 about here]

Political Authority

Managers reported that higher levels of political authority increased an organization's publicness. Specifically, managers identified government ownership, funding, and regulation as indicators of political authority. This particular finding reinforces the significance of government-sector designation (Rainey et al. 1976) and other political authority attributes (Bozeman 1987) in conceptualizing publicness.

Managers contended that government ownership provided their facilities with a "public responsibility" and a "public burden" to fulfill objectives valued by the government, most notably client outcomes related to substance abuse intervention, reduction of recidivism, re-entry into community living, and outreach to underserved populations. Additionally, government ownership was identified as an aspect of publicness because of the requirement to serve individuals regardless of demographic characteristics, such as race, age, and ethnicity. Facilities that admitted clients based on exclusionary criteria, such as organizations serving the veteran or

forensic populations, nonetheless fulfilled a public responsibility required of government-owned organizations.

Overall, most of the government, private, and nonprofit facilities in the current study received funding from the government. These facilities acquired government funding primarily through contracts, grants, Medicaid, Medicare, and state-financed health insurance plans. According to managers, government funding was associated with publicness because it shaped (1) populations served by facilities, (2) services and programs offered by facilities, (3) entities that held facilities accountable for performance, and (4) performance criteria by which facilities were evaluated.

In terms of populations receiving services, funding from government sources often prescribed that facilities serve individuals at the low end of the socioeconomic spectrum, a population that may otherwise be underserved. For example, Medicaid receipts directed services to persons with low income and limited resources. By investing in socioeconomically disadvantaged clients and committing to their development as productive citizens or residents, organizations also benefited the larger public. Second, government funding shaped the services and programs facilities offered, thereby ensuring that services satisfied public functions. Core services such as comprehensive substance abuse assessment, HIV testing, and discharge planning—as well as ancillary services such as social skills development and employment counseling for clients—were improved or newly administered due in large part to government funding. Third, government funding situated political authorities to hold facilities accountable for performance. Although management decisions were mostly self-directed, facilities remained accountable to political authorities due to an expected return on investment. Political authorities are governmental stakeholders who impose accountability that presumably enhances the

legitimacy and effectiveness of services with public value implications (Meijer and Schillemans

2009). Fourth, government funding shaped the performance criteria by which facilities were

evaluated, often yielding an increase in procedural prescription on how to achieve performance

outcomes. A government manager commented:

> There [are] regulatory issues. There is the Office of Medicaid and Medicare.
> There [are] external auditors that come in . . . All of those [entities] have a, shall
> we say, report card, and there [are] rules that have to be followed, and you have to
> live up to those rules. There are consequences, there could be monetary
> consequences.

Likewise, a nonprofit manager remarked:

> We receive government and federal funding that comes with guidelines that
> require you to serve and provide quality services in a nondiscriminatory way
> that's accessible to any and everyone, and to make the accommodations for
> persons to get access to services.

Managers revealed that government regulation of their facilities most frequently came in

the form of requirements pertaining to licensure,[2] maintenance of 501(c)(3) tax-exempt status,

and more specifically, regulations associated with the Health Insurance Portability and

Accountability Act, Affordable Care Act, Equal Employment Opportunity Commission, and the

Civil Rights for Institutionalized Persons Act. Mechanisms of regulation, enforced at all levels of

government, made facilities more public because compliance elevated the quality of services and

programs offered and protected the rights of personnel. Demonstrating the effects of regulation, a

private manager remarked:

> Basically every 90 days, if the child is a CHINS, a child in need of services, they
> have to go before the court to do what we call a placement review. Years ago, the
> judges didn't really want to hear from us. Now they do. So most times, we get a
> request from DCS [the Department of Child Services], we go to court, and we tell

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[2] A license is government granted and typically required for organizations to practice or operate in the mental health and substance abuse treatment field. Some states refer to their licensure processes as "certification".

> the judge what's going on because they want to hear it from the therapist or the case manager.

While managers often attributed public outcome attainment to contract requirements and regulatory stipulations, exposure to political authority also facilitated a civic-minded impetus by empowering organizations to achieve public outcomes. For example, numerous nonprofit managers did not consider legal requirements associated with maintaining tax-exempt status a legal obligation, but rather an opportunity to respond to a public need. Still, other managers revealed that political authority produced wasteful oversight and was a burden to mission attainment, employee role clarity, achievement of core and ancillary objectives, and entrepreneurial activities.

Horizontal Engagement

Managers reported that higher levels of horizontal engagement increased an organization's publicness. According to our findings, horizontal engagement captures a principal organization's voluntary formal and informal interactions with one or multiple external organizations in any legal sector—*conditioned upon* such engagement explicitly increasing the principal organization's public value or capacity to achieve public outcomes.[3] The social embeddedness a principal organization experiences through horizontal engagement can institutionalize it within a set of shared norms, decision-making processes, and discourses, and can consequently direct the organization toward certain public goals and values (Bingham and O'Leary 2006; Hill and Lynn 2005; Moulton 2009). The practices of business firms engaging in joint ventures to increase their own profit, for example, would not constitute horizontal engagement as conceptualized by managers in the current study.

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[3] In the current study, the "principal" organization is the local organization whose capacity to achieve public outcomes increases as a result of horizontal engagement.

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Horizontal engagement by a principal organization frequently occurred with non-governmental national accreditation agencies, including the Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation, The Joint Commission, and the National Committee for Quality Assurance. By engaging in accreditation procedures, mental health and substance abuse treatment facilities voluntarily expend resources to meet national standards for organizational structure and treatment processes necessary to deliver quality care (Friedmann, Alexander, and D'Aunno 1999). While these national accreditation bodies do not have the ability to remove a contract or state-issued license, they subject organizational standards, practices, and policies of public value to sanctioning and external scrutiny (Teodoro and Hughes 2012). Heinrich and Fournier (2004) theorized accreditation as a feature of public organizational form that is integral to outcomes in substance abuse treatment facilities. Moulton (2009) similarly viewed accreditation as a mechanism involving activities that "espouse public values" (892) and thus "contribute to the achievement of public outcomes [in organizations] across sectors" (889). In the current study, behavioral health accreditation agencies helped facilitate continuous improvement in facility performance with respect to readmission and mortality rates, and restraint and seclusion measures. Multiple respondents across sectors maintained that accreditation standards surpassed standards associated with governmental licensing. According to a private sector manager:

> Accreditation, at a minimum, would meet whatever the state requires us to be and do and document. So our accreditation is more stringent; it's more strict, if you will…[Accreditation has] more requirements about how we do quality improvement, how we assess our client's quality of life, things that the state really doesn't require of us. The state requires the "bare bones," for lack of a better word, [such as] "are a child's basic needs met?" and "are things being documented?" and "are they being safe?" . . . Accreditation considers all of those things and then some.

Furthermore, managers in certain Midwest states noted that maintaining a government license is contingent upon national accreditation. A private manager noted:

> If accredited, then the state will step aside and let that accreditation take precedence. They have since said we, the state, will no longer be in charge of licensure . . . If you have accreditation, [the state] deems [your organization] appropriate as a provider. There are some caveats . . . But by and large, [the state] step[s] aside and lets accrediting bodies handle that.

According to respondents, engagement with non-governmental advocacy organizations such as the National Alliance on Mental Illness, Mental Health America, and the United Way also served as mechanisms of horizontal engagement. One respondent indicated that his organization sought advice from a local United Way on how to address a problem pertaining to juvenile justice. The United Way was able to connect the treatment facility with community-based nonprofits committed to advancing juvenile welfare. A mental health facility's engagement with the United Way, in this instance, produced partnerships that enabled the facility to commit greater knowledge and manpower to addressing a public problem.

Respondents indicated that a principal organization's formal interaction with a government organization constituted horizontal engagement if the government entity *did not* possess political authority over the principal organization. On multiple occasions across distinct facilities, horizontal engagement with government corrections organizations (with no regulatory authority over the participating treatment facilities) enabled treatment centers to meet core public objectives, such as creating a drug-free environment for youth and adults. Similarly, a nonprofit manager provided insight into her organization's collaboration with a public health department, among other organizations:

> I might need to reach out to the public health department and say, "Hey, let's all get together and talk about needle exchange" or I might need to reach out to the

> other hospitals, and we're going to do a joint project together in terms of making it more transparent whose got open beds and in a crisis. I think it's our responsibility to work with anyone in the community that's going to help benefit the client access to services and better outcomes. So I think that's our responsibility, and we can't be in this role like, "That's your problem." We all have to be working together.

Lastly, respondents indicated that horizontal engagement occurred through collaboration, in which all organizations involved in a network engaged in mutually beneficial collaborative exchanges to enhance organizational and collective capacities to achieve public outcomes. Engagement in this respect was most evident when facilities accepted client referrals, created and maintained an integrated continuum of care for clients, and secured job placements for clients. A government manager remarked that his organization does not independently maintain a public mental health system, but it turns to a "network of sister government agencies" to maximize human and financial resources necessary to treat clients. Similarly, another government manager who experienced the value of collaboration commented:

> We have a large network . . . We have homeless teams. We have nutrition services. We've got weight loss services. We've got psychotherapies, specialty medicine. You can get almost everything you need [here]. If you can't get it here, we'll pay for you to get it somewhere else.

The complexity of organizational objectives often necessitates horizontal engagement across policy disciplines, sectors, and levels of government to attain public outcomes (Kettl 2006; Milward and Provan 2000; O'Toole 1997). Horizontal engagement, therefore, includes interorganizational, intersectoral, or intergovernmental relationships (Kettl 2006), and may structurally emerge as "a formal network, a coalition, partnerships, or informal coordination . . . intermittent, temporary, or permanent . . . informational, developmental, outreach oriented, or action oriented" (Bingham and O'Leary 2006, 162). In addition, the convener of horizontal

engagement may be any entity affected by public problems regardless of sector affiliation

(Bryson, Crosby, and Stone 2006). Informal systems associated with such engagement, such as

protocols and shared norms, reinforce the legitimacy of horizontal relations (Emerson, Nabatchi,

and Balough 2012). Regardless of the structure, duration, intensity, sector of the convener, or

degree of formal structure, a core criterion grounds horizontal engagement in "morally

governed," voluntary, and noncompetitive interactions (see Scott 2008), in contrast to that which

is authoritative in nature. Horizontal engagement is distinct from political authority because

exchanges under the former are not vertically imposed through legal or governmental authority

(Moulton 2009; Stinchcombe 1997; see Heinrich and Fournier 2004).

Agranoff and McGuire (2001) may have viewed horizontal engagement as a "core *public*

activity*" (304, italics ours)—not to be confused with governmental activity—because of the

social obligation to create public value in any sector. This social obligation, due in no small part

to horizontal engagement, was often reported as being present in private organizations despite

their traditional commitment to profit maximization. As Scott (2008, 55) made clear, bodies such

as accreditation agencies and certain collaboration partners are "typically viewed as imposing

constraints on social behavior, and so they do. At the same time, they empower and enable social

action. They confer rights as well as responsibilities; privileges as well as duties; licenses as well

as mandates" and "define legitimate means to pursue valued ends."

Public Engagement

Managers reported that higher levels of public engagement increased an organization's

publicness. Analysis of interviews revealed that public engagement centers on an organization's

inclusion of the general public in the design, delivery, and evaluation of its services so as to

specifically increase organizational responsiveness to and capacity to achieve outcomes most valued by the broader public.

At a conventional level, the participation of citizens or residents in an organization's public meetings, stakeholder advisory committees, and boards of directors facilitated public engagement. These and related forums provided channels for the citizenry and residents to provide feedback—with the intent of enhancing a facility's value to the public. One government manager noted that input from her facility's board of directors was particularly beneficial because every county in the facility's operating district was represented and its members were diverse in relation to race, gender, and culture. In the nonprofit sector, a respondent contended:

> Our board input is important to us in terms of translating community desires and needs into policy and procedure.

Public engagement also occurred when citizens and residents, specifically those who had lived with the challenges that organizations in the mental health field were charged with addressing, formally engaged in a facility's provision of services. This model of service delivery that integrates persons with relevant "lived experience" enables individuals to marry their roles as community members with their personal experiences as current or former consumers of services to engage in the education of mental health professionals and the caring of other clients (Bradstreet 2006; Byrne, Happell, Welch, and Moxham 2012). According to Byrne and colleagues, "inclusion [of persons with lived experience] in matters as diverse as service delivery, policy formation, participation in interview panels, and the development of new models of care has evolved from its somewhat tokenistic foundations to become an expectation within mental health services" (196). Similarly, Thomas (2013), identifying the distinct roles of the public as citizens, customers, partners, and volunteers, contends that organizations "must work with members of the public in more than one of these roles at a time" (786). A nonprofit

manager commented that the inclusion of "citizens with lived experience" provided the

organization with a "public persona" when delivering services. For instance, persons with lived

experience developed and vetted one facility's consumer satisfaction survey. Another

government organization created an advisory committee exclusively composed of individuals

with lived experience, whose manager stated:

> We have a consumer advisory board. They don't work *for* us per se, but they
> work on projects *with* us. They advise us . . . and kind of [have] a say so . . . It's
> been incredibly helpful for the staff understanding [clinical issues] from a
> different perspective.

Persons with lived experience frequently played roles in implementation efforts at the

clinical level. By co-producing clinical services, citizens and residents added a public-centered

and "value-added" perspective to the organization. Facility co-production with citizens and

residents was, by and large, associated with better clinical outcomes, improvement in core and

ancillary services, a reduction in complaints from clients, and improved interactions with service

recipients. According to a respondent leading a Veterans Affairs Medical Center whose

organization integrated persons with lived experience specific to their service-delivery clientele:

> We have veterans at every level of this hospital—from the highest to, I don't want
> to use the word "low" because it's very restrictive, but you know what I mean.
> Highest paid to lowest paid physicians all have [the assistance of] veterans . . . So
> if you have a Peer Support Specialist in, say, PTSD or somebody who has been
> diagnosed with schizophrenia but is living really well, they'll help people as these
> peer supports that show our commitment to the recovery model.

Senior managers identified education/training, supervision, and nature of participation

(e.g., outreach, clinical, management, board of directors) as important considerations in

integrating citizens and residents into service provision efforts. Furthermore, this form of public

engagement must be designed to account for existing clinical and management strengths as well

as the learning curve that clinical and administrative personnel will experience when working with the public. Some facilities went as far as creating units or divisions specifically designed to support this co-production mechanism.

According to existing scholarship, the processes through which people (in various capacities/roles) directly and actively participate in public affairs is deemed "the new governance" (Bingham, Nabatchi, and O'Leary 2005; Thomas 2013). Cooper, Bryer, and Meek (2006) contended that "citizen-centered collaborative public management" underscores the role of the public in collaborative management processes. This bottom-up form of engagement, which Wildavsky (1987) identified as an "essential task" for organizations serving the public, and which sits at the heart of Denhardt and Denhardt's (2002) theory of the New Public Service, represents an umbrella term that involves numerous mechanisms organizations across sectors use to bring people together to address issues of public importance (Nabatchi and Amsler 2014; Nabatchi 2012; Bingham et al. 2005).

Methods of public engagement range from conventional practices, such as executing public hearings and advisory committees that seek feedback from the public, to "thick" methods such as co-production of services (Leighninger 2014), which demonstrates that the provision of services is the product of efforts jointly taken by both members of the general public and organizational officials (Brudney and England 1983; Bovaird 2007). To facilitate varying forms of public engagement, organizations need to account for the various structural means by which citizens and residents may influence public outcomes and implement strategic practices that will incorporate that influence where suitable (Sowa 2015). If participation is intensive, but not diverse and representative, organizations may fail to engage relevant stakeholders and risk inaccurately reflecting the policy preferences of the target population (Weeks 2000).

Simply put, public outcomes are more likely to be realized when the formulation and implementation of organizational activities are supported by the collective goals and actions of organizations and the general public (Denhardt and Denhardt 2002; Nabatchi and Amsler 2014; Fung 2006; Neshkova and Guo 2012). Organizational actors and members of the public have different, yet jointly beneficial, perspectives and roles in an organization's creation of public value (Stivers 1994). Citizen and resident participants, for instance, may be able to "frame problems and priorities in ways that break from professional conceptions yet more closely match their values, needs, and preferences" (Fung 2006, 73). The absence of public engagement may not only be inappropriate, but inconceivable given the complexities associated with creating public value (Nelissen et al. 1999; Nabatchi 2012).

DISCUSSION

[Figure 1 about here]

Findings, illustrated in Figure 1, demonstrate that the primary mechanisms managers associate with publicness in the mental health and substance abuse treatment arena impose themselves on organizations in distinct respects; they are top-down and *legally sanctioned* via political authority, lateral and *morally governed* via horizontal engagement, and bottom-up and *culturally supported* via public engagement. Moreover, mechanisms related to political authority, horizontal engagement, and public engagement are not created equal and, consistent with North's (1990) research on institutions, may exert their influence formally or informally. For example, political authority mechanisms introduce laws and sanctions to regulate organizational behavior (Clarkson 1972). Managers and their organizations must appropriately respond or adhere to expectations associated with these mechanisms for political authority to attain real value.

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By and large, managers demonstrated that an organization's overall degree of publicness is based on the extent to which the amalgamation of mechanisms associated with political authority, horizontal engagement, and public engagement are institutionalized as formal (versus informal) and permanent (versus temporary or intermittent). Government ownership introduces a high magnitude of publicness compared to other mechanisms because of its highly formal and permanent nature.

The multidimensional conceptual framework emerging from this study lays the groundwork for scholars to explore managers' perceptions of indirect publicness influences. For example, the indirect influence of political authority on organizations might occur when horizontal governance institutions (or networks) are themselves directly enabled or constrained by political authority, such as third-party regulators who act on behalf of government to distribute standards of practice and document organizational adherence to those standards, or when administrative organizations coordinate services in a publicly funded network of organizations. Highlighting this type of indirect influence of political authority on the organization, Salamon (1987, 38) contends that, "instead of the hierarchic, bureaucratic apparatus pictured in conventional images, the concept of third party government emphasizes extensive sharing of responsibilities among public and private institutions and the pervasive blending of public and private roles that is characteristic of the American welfare state . . . It thus creates a public presence without creating a monstrous public bureaucracy."

Public engagement might indirectly influence organizations, such as when non-governmental interest or advocacy groups represent—and are represented by—non-state public actors (i.e., citizens and residents) in a networked policy environment. Such interest and advocacy groups promote social and professional interests, and increasingly represent

marginalized populations by "providing an institutionalized voice for the concerns of groups that lack sufficient formal representation" in the public policy process, such as women, racial and ethnic minorities, and low-income people (Strolvitch 2006, 894). The National Alliance on Mental Illness, for instance, is the nation's largest grassroots mental health advocacy organization and works collaboratively with state organizations and hundreds of local affiliates to raise awareness and provide education on mental illness. The indirect influence of public engagement on organizations is present, in this example, when interest and advocacy groups such as the National Alliance on Mental Illness establish mechanisms for citizens and constituents to directly shape its mission, vision, and values (Guo and Saxton 2010), thereby influencing the programmatic agenda and clinical priorities of treatment facilities.

Following Bozeman and Bretschneider (1994) and Stark (2010), any conceptualization of organizational publicness is not superior to another, including when accounting for managers' perceptions of publicness generated from the current study. Each framework "makes the other more complete, possibly because they each apply to the same organizations in different sets of circumstances" (Stark 2010; 23). For example, managers' perceptions of publicness might have the most to say about how an organization's publicness is transmitted though associations with public-serving organizations and the general public directly.

CAVEATS, LIMITATIONS, AND DIRECTIONS FOR FUTURE RESEARCH

This study focused exclusively on *managerial perceptions* of organizational publicness. Insights provided in this study offer a basis for subsequent theory development; however, they are *not* facts, but rather the embodiment of respondents' interpretations—shaped or explained by their

roles in a specific policy context—that cannot be construed as objective data (Maynard-Moody and Musheno 2003, 23).

Future research could adopt qualitative or quantitative methods to further explore or test the saliency of this study's publicness framework for management strategy in mental health and other policy areas, such as education, environmental sustainability, and law enforcement. Such research would benefit from greater attention to specific domain effects and their interactions as well as additional insight into the relationship between dimensions; this might require operationalization of the publicness dimensions that emerged from managers' perceptions. Future research may also benefit from exploring the primary factors associated with publicness through the lens of other stakeholders of organizational outcomes, such as middle managers, front-line workers, citizens, and elected officials.

CONCLUSIONS AND IMPLICATIONS

In this study, we conducted an exploratory analysis of the primary factors that senior managers associate with an organization's publicness in the context of mental health and substance abuse treatment facilities. In this setting, the perspectives of managers revealed that mechanisms of publicness include those associated with political authority *and* with engagement. Government ownership, funding, and regulation are sources of political authority, while engagement can be seen along two dimensions: horizontal and public. Horizontal engagement refers to certain facility relations with external organizations that explicitly serve to further the facility's efforts in creating public value. Public engagement refers to the integration of the general public into the facility in a manner that explicitly advances public value creation through measures such as citizen and resident participation on stakeholder advisory committees and co-production.

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This study suggests that a robust understanding of organizational structures and institutions as they relate to the publicness framework generated from the current study might be of great benefit to managers operating in the mental health and substance abuse treatment system, particularly those seeking to manage organizational publicness. Managing publicness—or strategically managing for the creation of public value (Bozeman 2007; Bryson 2018; Moulton 2009)—is a complex exercise, due largely to the tensions that result from managers and organizations operating within multi-faceted governance systems. These systems, according to Lynn, Heinrich, and Hill (2000), involve environmental factors (e.g., level of external authority or monitoring, funding constraints or dependencies, legal institutions or practice, technological dynamism), client characteristics and behavior, treatments (e.g., organizational mission and objectives, program treatment and technology), structures (e.g., organization type, contractual arrangements, institutional culture and values), and managerial roles and actions (e.g., staff-management relations, accountability mechanisms). A participating nonprofit manager articulated a commonly held sentiment about operating within this context:

> I see an ongoing tension in our system. Tension among those regulators that look at what we do, tension among the people who fund us, the organizations that fund us, the government organizations that fund us, the political players who engage in the public discourse in [the] community, and the people we serve. There's an interesting dynamic. I could call it a tension among all of those parties and, from where I sit, sometimes it's challenging to manage those tensions. I may have a government contract that expects certain things to be accomplished, but that runs into the face of a regulatory requirement that I must fulfill . . . There's a court system that remands to our custody a child who is 17 years old who doesn't want to live with somebody else, but shouldn't a 17-year-old have some say in what happens in their life? So those are the tensions that occur. I think this notion of publicness, [given] my position and our job as an organization, helps me to be aware of those tensions so that the people we serve are not victimized as we work through those tensions.

As this manager demonstrates, awareness of the publicness mechanisms identified by respondents in this study can clarify the strategic choices and opportunities available;

organizations without this awareness may lack the structural capacity to effectively provide

prevention, treatment, and recovery support for individuals suffering from mental health and

substance abuse disorders. For example, rather than simply asking whether mechanisms related

to publicness should be introduced, preserved, or terminated, the framework generated from this

study could direct managers to consider *how* and *to what degree* they can design organizational

structures and procedures related to political authority, horizontal engagement, and public

engagement to enhance organizational capabilities and capacities. If subsequent research

confirms the relevance of the conceptual framework introduced in this article, managers should

consider prioritizing (albeit not necessarily maximizing) context-specific mechanisms associated

with political authority, horizontal engagement, and public engagement in any effort to improve

their organization's ability to create public value.

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What Makes an Organization Public? Managers' Perceptions in the Mental Health and Substance Abuse Treatment System

Table 1
Descriptive Statistics

Characteristics	% of Sample (N=26)
Gender	
Female	53.8
Male	46.2
Years of Experience in Current Management Position	
<6	38.4
6–10	30.8
11–15	15.4
>15	15.4
Organization's Legal Ownership	
Government	30.8
Nonprofit	42.3
Private for-profit	26.9
Organization's FTE	
<100	57.8
100–500	23.1
501–1,000	11.5
1,001–1,500	3.8
>1,500	3.8
Organization's Service Type	
Outpatient treatment center	57.7
Residential treatment center for adults	34.6
Residential treatment center for children	7.7

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Table 2
Prompt Questions and Selected Interview Excerpts

	Political Authority	Horizontal Engagement	Public Engagement
1. Generally speaking, and not considering the organization for which you work, what does being a "public organization" mean to you?	"A public organization [is] government funded and things of that nature." (private manager)	"The accreditation process is a driving force...to providing the best services and quality to the community." (nonprofit manager)	"Regularly getting feedback from the community." (nonprofit manager)
2. What characteristics make your facility a "public organization"?	"We serve a very indigent population so [were are a] Medicaid provider. So, we have standards that we have to adhere to through the state. And if we're not meeting those standards, we could be decertified and be put out of business." (nonprofit manager)	"We will open our ears and open our doors and collaborate with anyone as long as at the end of the day, the clients are taken care of and that they're safe. So, I really think it's just that top-down vision of how our organization is established as far as that mentality." (private manager)	"[Persons with lived experience] contribute to the credibility of the treatment program goal and achievement…There needs to be a better juncture between these [clinician and service recipient] silos to enhance the knowledge that can be gained from working with [persons with lived experience]." (private manager)
3. What performance outcomes of your organization does the broader public consider important? **What characteristics enable your organization to perform well in these areas?***	"We're also certified through the Department of Youth Services, which is DYS. We can reach out to them for specific things as well." (private manager)	"The Ohio Association for Child Caring Agencies, OACCA, we're members of it, and they're a huge resource for us. They answer tons of questions. They're working currently on informing agencies, in all the agencies in Ohio, about Medicaid reform and all those things." (private manager)	"It is governed by a volunteer board of directors that represent the counties that we serve." (nonprofit manager)
4. Envision a scenario in which your organization is not performing effectively enough to achieve the public outcome(s) you	"We have standards that we have to adhere to through the state. And if we're not meeting those standards, we could be decertified and be put	"We have a large network which allows us to have [access to] a lot of different programs, which allows us to connect with a lot of different resources…For	"I think we would need to have a [client] focus group to understand why this isn't working. I would also probably survey some of our clients here to get their

|			
identified (in Prompt Question 3): **As a manager, what strategies or activities do you implement to improve performance in these areas?***	out of business. [Our state] does have very strict standards for behavioral health providers so that could be catastrophic if we're not performing up to our standards, as well as the federal government's [standards]. We do get federal funding and that federal funding can dry up." (private manager)	example, we might send someone who is a woman with a history of sexual trauma and borderline trait to an inpatient facility that's specific to that population." (government manager)	perspective as to what's working, what's not working, why do you feel this isn't working…I think a lot of times our clients can be our best teachers." (private manager)
5. Envision a scenario in which your organization is not performing effectively enough to achieve the public outcomes you identified (in Prompt Question 3): **What outside sources dictate your management decisions when you seek to improve performance in these areas?***	"When the Office of Medicaid and Medicare audits you, they pull records. [If] they have a finding in the records that you didn't do something according to their regulations, they make you not only pay back that money, they also take whatever that dollar amount is by percentage of the sample and extrapolate that to the total that you billed Medicaid for." (government manager)	"We are nationally accredited by CARF… We go through an accreditation process every three years that looks at our entire organization, from business practices to quality of service, and they hold us to a set of standards under that review." (nonprofit manager)	"The clinicians interview parents and guardians when they're doing the mental health assessment. Parents will know what their kids respond best to as far as intervention, and they may not call it therapeutic or behavioral intervention, but that's what we call it…We've seen a correlation with parent involvement and successful discharge." (private manager)

*Excerpts reflect responses to bolded portion of the prompt question.

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Figure 1
Framework for Managers' Perceptions of Publicness
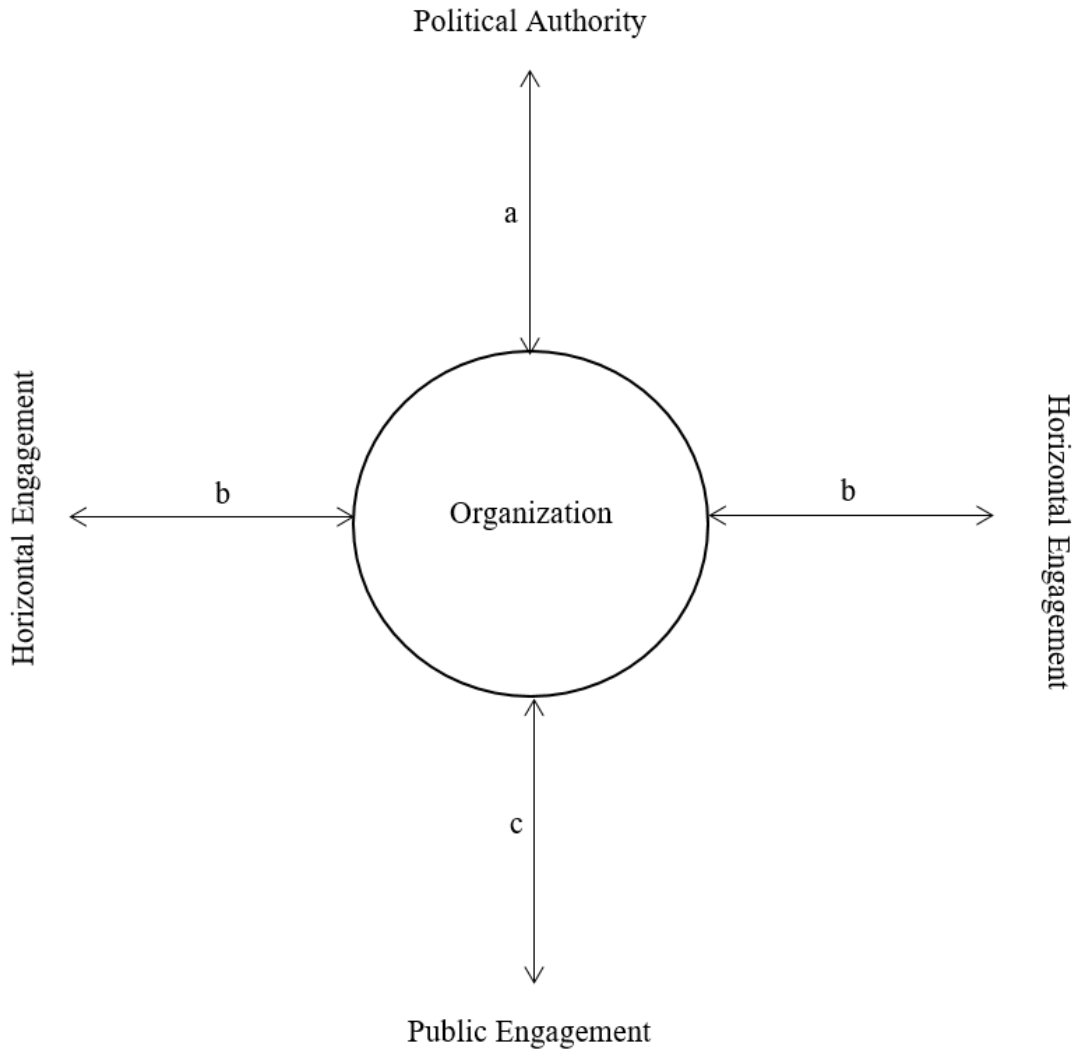
Note: The two-sided arrows respectively represent the direct legal, social, and cultural exchanges between political authority (line "a"), horizontal engagement (lines "b"), and public engagement (line "c") mechanisms and the organization.