BEST PRACTICES IN ORGANIZATIONAL DEVELOPMENT STRATEGY REPORT

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PRO•A
Pennsylvania Recovery
Organizations Alliance

Selected Quotes from Single State Authorities

"I think that in terms of workforce I would like to figure out how to really professionalize the skills that the people in recovery have and bring them back as more vital components of behavioral health staffing. Bring their salaries up, giving them lots of educational opportunities, having them recognized by Medicaid."

"Younger people are not entering the field, in part due to the challenging nature of the work and the low pay that accompanies it."

"What we have is a large number of people that may have master's degrees and may be licensed as professional counselors who did not necessarily have much training about substance use disorders and the treatment of them in their education."

"Likely the biggest barrier to recruitment is the fact that salaries in the substance use disorder treatment and recovery field are lower than other professions, and often do not compensate people for obtaining advanced degrees/credentials."

"The positions that are left vacant by retiring workers are not being filled, as younger people are not entering the field. Treatment agencies have not developed succession plans for filling leadership positions left vacant when people retire."

NATIONAL WORKFORCE REPORT 2017. (September, 2017). ATTC Networking Coordinating Office
https://attcnetwork.org/media/460

Forward to the Report

The Pennsylvania Recovery Organizations – Alliance has conducted efforts around SUD peer recovery across our care system for over two decades. We have facilitated the development of peer professional training and supervision efforts in the state of Pennsylvania, one of the first SUD peer professional certifications in the nation. As part of our focus on workforce efforts, we were asked to explore, highlight and support best practices within out treatment and recovery community organizations here in Pennsylvania for our Department of Drug and Alcohol Programs.

In this project, PRO-A focused on technical assistance to treatment and recovery community organizations by identifying successes and challenges within several organizations, while considering the environmental factors of the overall care system that they operate within. We also set up a monthly call for CRS, CFRSs and peer supervisors to develop a deeper insight into best practices and challenges in respect to the peer workforce during the second half of the fiscal year. We met with recovery community organizations and treatment programs to identify strengths and barriers to organizational development efforts to strengthen workforce retention and workforce development efforts.

There remains a lot that can be done in this focus area once our care systems stabilize into the new post COVID-19 service environment. We believe that it is perhaps even more critical to work in this focus area as organizations, professionals within these organizations and persons served face new stressors and risks, which can be exacerbated by a disengaged organizational development process not focused on long term development, but rather on survival through the next payroll cycle.

With a focus on organizational development strategies, we reviewed policies and interviewed key staff to better understand and determine how the SUD service system functions at the organizational level. We engaged organizational members to develop insight into in a more effective service delivery process. We met with, and engaged by phone, senior staff and key employees to better understand and support our decision making process in order to make sure practical improvements are made. This included engaging with line staff professionals in methods to develop and strengthen strategies for shared decision making and providing workers some flexibility in job functions as a method of increasing retention and improving efficacy. Where possible, we assisted programs in incorporating identified changes.

As this process spanned into the COVID-19 Pandemic Crisis, our efforts were tempered by emergency actions to stabilize care systems in a dramatically altered service environment with far too many programs on the brink of closure. Service programs struggled to retain proper staff compliments while working to either engage persons in care in face to face settings using safe protocols or establish telehealth services to serve persons remotely. Physical safety considerations of staff, staff infected by COVID-19 or in quarantine contributed to a radically changing service environment and have created significant challenges to program viability, as well as to consider anything beyond immediate needs for the welfare of the persons in care. Anecdotally, during this time, we heard of professionals leaving for warehouse work for higher pay even as other programs laid off staff due to fewer persons engaged in care. Administrators worry about the physical safety and the trauma load on the already strained workforce.

Our entire substance use service system workforce is in a precarious position. The additional strains created by the COVID-19 pandemic are hitting our already struggling workforce at a time when the most seasoned workers are aging out and retention of new workers has been dropping for a myriad of reasons. These reasons include lower compensation compared to other human service professionals, high levels of administrative burden and stigma against persons who have substance use conditions and the professionals that serve them.

If there is a silver lining here – it is that there are people who do this very difficult work despite all of the obstacles and barriers. That our overall care system, the organizations that provide care and the workers on the ground helping to heal people have prevailed despite these challenges is a testament to them and a clear indicator that greater attention to their development would reap dividends in the long term viability of our service system workforce.

Preliminary Best Practice Recommendations for SUD Organizational Development

Despite all the challenges we face, we must more deeply engage in organizational development efforts and overcome these obstacles if we are to improve our SUD care system. The COVID-19 crisis has shown us that our care system is very fragile. Preparing treatment and recovery support services through organizational capacity development is critically important in our rapidly changing world.

We have the opportunity to reinvigorate and strengthen our SUD service system workforce. Here are the Global Best Practice Recommendations for SUD Organizational Development:

- **Formal**: Recruitment, retention and employee development strategies need to be formal.

- o Expand formal processes to create deeper employee development strategies and improve organizational capacity while reducing reliance on key leaders.
  - o Broaden organizational capacity through formal focus to get through the crises.
  - o Demonstrate commitment to the importance of workforce development as the key asset across our entire SUD care system by establishing written processes.

- **Systemic**: Organizational development efforts must have a systems wide perspective on leadership development to broaden capacity and a deeper pipeline of talent. The focus cannot just be on those at the top of the talent list, but includes most or all management levels and workers across our entire care system.
  - o Career path development is considered for every employee on a routine basis.
  - o Staff development measures should consider the goals for organizational development in order to properly prepare the organization to take it in the direction it wants to go.
  - o There are clear pathways for advancement that are supported across the entire workforce. CRS to CEO has clear and attainable pathways over the course of a career.

- **Systematic**: To be effective, succession planning and leadership development initiatives are connected across levels within each organization into a coherent whole. Administrators should build career development, mentoring and succession planning into every job description, training plan and program evaluation process across the organization.
  - o Integrate succession planning into all job descriptions in order to make developing staff a standard job function for all staff.
  - o Integrate decision making procedures that allow all workers to be fully invested in programming goals and delivery objectives.
  - o Evaluate progress with succession and leadership development by routinely measuring efforts system wide in ways that support innovative practices.

- **Tailored**: Organizational development plans should be tailored to meet the needs of each employee. Overly generic leadership development initiatives lose sight of the universal importance of individual differences in developmental readiness and organizational capacity to meet diverse objectives.
  - o Training, skill development and mentoring opportunities should be built into regular supervision and evaluation processes for every employee in an individualized manner in ways that are individualized and attainable.
  - o Programs should consider flexible staffing patterns to support better work/life balance so that employees feel that they have more control over their ability to manage their work/life balance.
  - o College tuition reimbursement and special skill development should be considered for every employee based on their readiness, training and lived experience systemwide.

- **Experientially Based**: Leadership development is not a discrete event, leaders are developed through providing people an opportunity to grow through ongoing, work related experience.
  - o Mentoring should be incorporated for all workers as an effective element of expanding skill development and reducing employee turnover. Organizations benefit by improving employee retention. Individuals benefit through strengthened skills and relationship.

- o Identify talent across the organization and prepare them for expanded organizational responsibilities through job assignments and other developmental activities.
  - o Embrace persons with lived experience as the historic keystone of our workforce.

System Wide Recommendations for Consideration

Through the process we conducted, we have identified additional system wide recommendations for consideration:

- Focus workforce organizational development policy efforts on strengthening publicly funded treatment and recovery support services, as they are critically important to returning marginalized communities and the working poor to full, productive and healthy citizenship, and are the most at risk.
- Operationalize key strategies to engage staff in shared decision-making to improve program cohesion. Educate care providers about using decision making strategies across care teams to develop emerging leaders.
- Consider the role of flexible staffing processes in workforce retention efforts.
- Provide mentoring opportunities across our care system to support the transfer of skills, knowledge and management insights from more seasoned SUD professionals to less seasoned SUD professionals.
- Establish a statewide SUD Organizational Development workgroup comprised of treatment and recovery community organizations focused on:
  - o Addressing systemic barriers to workforce and organizational development strategies.
  - o Understanding the qualities of SUD workforce professionals who have remained in the workforce over the long term in order to strengthen organizational development strategies.
  - o Develop a five-year SUD organizational development plan that strengthens our service system efficacy by focusing on organizational development.
  - o Develop and incorporate career pathway and management succession planning into program policies across our care system.
- Support these efforts with funding sufficient enough to meet these goals as they are fundamentally important to the future viability of our entire statewide SUD care system.

Organizational Reviews

We reviewed a total of four organizations operating within the state to understand what their organizational development needs are and the challenges they face. One of the facilities we examined was a mid-size residential and outpatient treatment provider in eastern Pennsylvania primarily serving publicly funded clients. The organization provides a full range of treatment, MAT and recovery support services in their program. We met with senior staff to discuss strategies to examine the state of the organization. Like many SUD care organizations across the state, it was under significant stress due to a shifting service environment to be navigated while under resourced. One of the major challenges included policies changes within the Department of Corrections in respect to SUD treatment engagement and the funding of reentry services for persons coming out of state correctional institutes. Several organizations across our care system identified that these changes reduced the number of persons coming out of our correctional system who have substance use conditions who ended up

engaged in treatment and recovery care services. This may have a significant negative impact on our capacity to serve our communities effectively, and these negative impacts are compounded by the COVID-19 crisis.

Through our interview and technical assistance efforts, it was noted by a number of people we spoke to that the entire public SUD care service system was under severe strain to serve public sector patients, even before the COVID-19 pandemic crisis. Funding has been decreasing over the long term in comparison to costs, resulting in systemic rates too low to support the full range of service and resources to support the recovery process, or the staff that provide these vital services. Disruptions in the service system and increased administrative burden have resulted in inconsistent referrals and higher costs per patient. This and the turnover associated with being in competition for more experienced staff has led to additional strains on remaining staff and supervisory staff especially as they struggled to cope with the pandemic.

We conducted this process in part to examine staff engagement strategies during times of service, well aware that we were doing so at a time when the main organizational focus was on the survival of the organization within the short term. Efforts included considering how to strengthen staff training and development if the program was able to stay operational through these challenges and including staffing decisions about program service design.

One program reviewed provided a full range of treatment and recovery support work and was adjusting to professionally provide services with rapidly deteriorating conditions across the care system following the COVID-19 shut down. News spread across the state of workers becoming sick and some even dying. Employees isolated from their own families and support systems to avoid getting others sick out of fear of exposure. Low reimbursement rates in comparison to private funded services created additional challenge over the long term as seasoned staff tended to leave for higher paying, private funded care providers, leading to even fewer seasoned managers to develop program staff.

Plans were being made within the program to have a focus group on supporting their workers in an in-person event in late spring or early summer. The event was tabled as a result of COVID-19 and the subsequent physical distancing requirements. The plan had been to conduct the focus group to engage staff in organizational redesign strategies to survive the crisis, and retain the workforce and redesign the mission in ways that would assist in an even more effective service design. This may be facilitated remotely or in person as the COVID-19 pandemic crisis subsides. It was identified that bringing the staff together to be included in retooling efforts would ultimately provide more effective care and increase staff engagement in the implementation of programming across the agency.

We interviewed key staff to determine training, knowledge and experience gaps in order to more clearly understand viable career pathway avenues and supportive development processes used within the organization. One major training and mentoring gap identified was a lack of focus to "grow" employees into career pathways across the agency. This has been exacerbated by high turnover related to stagnate reimbursement and pressure from private care agencies that can provide higher compensation and hire away more seasoned and experienced staff. We reviewed agency training plans – which included a well designed and implemented employee input driven training track that surveys agency workers and developed a training program shaped on feedback from across the agency.

Integrating staff feedback on training and development needs may be an important strategy that can be useful for other agencies as well.

Another organization we examined was an expanding recovery community program that is serving eastern Pennsylvania. They are focused on the development and facilitation of recovery related events and activities and strive to engage persons in recovery and to facilitate a sense of recovery community. Prior to the COVID-19 pandemic crisis, they were in the process of expanding and have asked for our assistance in focusing on best practice organizational development strategies.

In reviewing training, it was identified that employees across the system were stressed, particularly following the outbreak of COVID-19 in March. The strain of the pandemic impacts the personal and professional lives of employees across the organization, as they juggled to provide connections via screen time for digital services and risks to their personal physical health for direct care which was being done in ways that were consistent with CDC guidelines. It was noted that the community they served was also experiencing additional stressors as a result of the COVID-19 pandemic, and the resultant economic and community impact of the closures for non-essential businesses.

Through our work with them, they identified a goal to develop a retreat for persons in their network to revitalize their organizations objectives and support the larger SUD service community. The focus of the retreat would be for workforce leaders to share common challenges in relationship to operating an organization in the substance use care service system. It was noted through discussions that this is creating additional strain on the workforce, persons wishing to access services and the broader recovery community. The retreat would focus on common struggles to retain effective leaders and focus on agency missions over time. Establishing common purpose would be targeted towards identifying common solutions and focusing on developing the leaders using a strength based, recovery focused approach. The retreat would be designed to establish a leadership community of support. PRO-A has agreed to assist in developing the framework for this retreat when the time is suitable.

They recognized that as their own leadership was struggling with a challenging service environment, so were other organizations and so the things that they were grappling with are similar to other organizations. This highlights the potential for addressing these organizational development strategies in a more systemic strength-based fashion as part of a multiyear plan.

We worked with a recovery community organization in west central PA focused on family and peer education and services. We have been in dialogue with them about how to retain and develop staff as they are expanding their services across multiple sites. Discussions have included a review of how organizations can become stressed and what leaders can do to reduce the impact of that stress on the employees and subsequently, the care provided. Discussions have led to key staff being engaged in the monthly support calls and dialogue on sustaining authentic peer services in a post COVID-19 world.

Themes from Organizational Reviews

Through our organizational review and interview process, we identified the following themes:
- Poorly resourced and overburdened care providers.
- There are often disruptive events that keep providers on a survival focused crisis footing resulting in "long term" challenges such as workforce development and succession planning, not being planned and carried out in a methodical manner.

- Stability challenges in respect to workforce as a result of low reimbursement and high turnover.
- Programming is not stable due to ever shifting care dynamics across the care system, which has been exacerbated by the COVID-19 challenge. Destabilized programming places additional strain on the remaining workforce and program capacity to develop their internal talent.
- There was universal recognition through these discussions that the topics focused on were important areas of focus, despite the lack of resources and time necessary to properly address them.

Peer Professional Monthly Engagement Calls

PRO-A conducted calls on a monthly basis starting in 2020 for CRS, CFRSs and peer supervisors to develop a deeper insight into best practices and challenges in respect to the SUD peer workforce. The focus of calls with CRSs/CFRSs was to talk about and process challenges and opportunities for our workforce. We intended to engage CRS, CFRSs and peer supervisors to develop a deeper insight into best practices and challenges in respect to the peer workforce so that we can better support the development of SUD peer professionals and improve care to persons with substance use conditions in Pennsylvania.

We examined mentorship opportunities, succession planning, and reviewed the challenges with selected programs through our monthly calls with CRSs, CFRSs and peer professional supervisors. As noted elsewhere in this report, retention of emerging leaders and successful workers with management potential has been a challenge across the service system. None of the programs we spoke with have regular program components that focused on succession planning.

What were the objectives of the calls:
- Explore and support ways to understand and improve SUD Peer Professional Services in a collaborative manner with CRSs and CFRSs providing recovery support services across Pennsylvania.
- Understand issues and opportunities facing CRSs and CFRSs providing SUD peer professional services within our substance use care system across Pennsylvania.
- Provide a resource for CRSs and CFRSs providing SUD peer professional services to network and support each other.

We established ground rules for each of these calls:
- Mutual respect and positive regard was an expectation for everyone participating as peer professionals operate from a strengths based, empathetic and supportive framework – not just with the persons we serve, but with each other.
- Participants were asked not to share any patient or facility identifying information on the call. Situations, when discussed were presented in broad terms only.
- It was mutually understood that we have an obligation to protect the privacy of the people we serve and the programs that we work in. As peer professionals, our focus is on improving care by understanding dynamics and seeking ways to address barriers.
- Confidentiality is an expectation of the call and everyone that participated on the call was assured through these ground rules that people need to feel safe in order to discuss things freely (while never sharing patient or program identifying information).

It was noted that as professionals, we operate under the Pennsylvania Certification Board Ethical Code of Conduct. It is always good to refer to it regularly, it can be found [here](). Themes from the calls include:

- Low staff morale and multiple demands on limited time for the peer workers operating within their various organizational structures.
- Discussions initiated on how to strengthen staff cohesion and increase communication and collaboration within organizational structures.
- Lack of supervision and being called on to do tasks without clear lines of scope of practice that they were operating under and at times conflicting demands.
- Participants experienced a pervasive sense of being thought of as "less than" by other staff, as recovery is far too often looked down on by non-recovering staff. A dynamic that would have been unheard of when our workforce had greater numbers of recovering people working within it.
- There was a theme of "role drift" as the CRS professionals are attempting to fill gaps within their local community needs.
- Compensation methods for these professionals were intermittent, with some peer professionals expected to be on call and only get compensated for face to face care which created less consistent and less stable employment for these professionals.
- Continuing education training of peers is not consistently compensated for. People talked about having to take off work to support their own professional growth and pay for training expenses out of their own pockets. As pay is so low, training is out of reach for some CRS professionals.

Conclusion

Our care system can only be effective if the workforce is properly trained and supported by well-seasoned and knowledgeable managers. Strains on the workforce have been evident for some time by the numbers of SUD professionals identifying that they are considering leaving or face overwhelming barriers to effective care. These include ever-increasing paperwork, high caseloads, poor funding, high stress and poor compensation as factors in having to consider no longer doing this kind of work. As a result of these dynamics workforce system strains, the SUD service system has been experiencing a loss of talent with fewer experienced managers. We must reverse this trend if we are to develop the care system we need for the next generation.

In Pennsylvania and other states, most if not all of the gains in service delivery have been realized only with the deep support of the workforce conducting those services. People with substance use conditions often require a full system of care provided in a continuum to gain and sustain recovery over the long term. Strengthening organization development processes within the organizations providing services is fundamental to these objectives. We submit these recommendations as a starting point to a system wide organizational development improvement.

We are deeply grateful to the drug and alcohol service system and those that choose to be involved in this project and are engaged in this challenging yet rewarding work. Thousands of lives have been saved by their committed efforts. We hope to assist in strengthening and transforming this system to meet the needs of our communities for the next generation.