WANDERSMAN
CENTER

Readiness for Recovery and Resilience - SATS
Lessons Learned by Subcomponent in Relation to COVID-19

As a result of COVID-19, the majority of sites involved in the Substance Abuse Treatment Services (SATS) project have and will continue to experience disruptions in their effort to integrate evidence-based practices (EBPs) into their agency.

In an effort to understand how changes at each site may impact the likelihood of successful integration of EBPs, technical assistance (TA) providers from the Wandersman Center completed the Readiness for Recovery and Resiliency Tool for each of their sites (see https://www.wandersmancenter.org/using-readiness.html). This tool asks a series of questions about the changes that have occurred or the impact of COVID-19. The questions are related to each subcomponent of organizational readiness and allow TA providers to have a better understanding of the issues their sites are facing (e.g., possible barriers to implementation/integration of EBPs).

Synthesizing results across sites, common themes for each readiness subcomponent were identified (see table below). Common themes are characterized as themes that at least 2 sites are experiencing or that TA providers noted. Big picture items include:

- **Priority:** Agencies must not only keep up with the consistent demands of behavioral health, but they are also dealing with emergent needs caused by COVID-19, such as relying on a telehealth platform, preparing for the return of clients and in-person services, and addressing the increase or spike in overdoses.
- **Staff capacity:** Across agencies, staff are feeling overwhelmed and understaffed for multiple reasons (e.g., staff feeling uncomfortable returning to work due to COVID-19, needing to hire new staff, etc.). It was noted that even "maintaining a basic standard of care" has been challenging during this time.
- **Simplicity:** Although EBPs are being perceived as simple to integrate, the complexity of the project and project demands seem to be affecting the agencies. During this time, agencies have noted it is difficult to keep up with all of the components of the project (e.g., weekly TA calls, six 3-hour training sessions, coaching calls, audio recording/submission, focus groups, manual review, etc.).
- **Leadership/Supportive climate:** There appears to be a "mismatch" between the communicated level of support from leadership and the actual level of support received from leadership at some sites. A lack of engagement from executive leadership teams during weekly TA calls may be representative of their support and engagement with their staff related to this project.

Subcomponent	Major Themes
Relative Advantage	• Some sites have displayed consistent enthusiasm about the project throughout the timeline and are continuing to make progress. • Two of the four sites started with a sense of EBPs already integrated into their agency, so their perception of the relative advantage of the project is unclear.

Subcomponent	Major Themes
Compatibility	• While EBPs are still compatible across agencies, there seem to be other needs at the sites regarding COVID-19, such as becoming comfortable with telehealth and the demands of working in behavioral health.
Ability to Pilot	• It appears that sites are looking for additional time (for planning and preparation) due to COVID-19 before piloting OR implementing.
Observability	• While sites are making progress on functional aspects of the organization, specifically with changes to the supervision structure, there are limited measurable outcomes during this time related to: a) the level of clinicians' integration and practice of EBPs and b) client level outcomes.
Priority	• Due to the regular demands of behavioral health, in addition to changes caused by COVID-19 (e.g., telehealth, clinician workflow, etc.), there are competing priorities. Additionally, the project appears to be a priority for the executive leadership team but may not be for the "on the ground" staff such as supervisors and clinicians.
Innovation Specific Knowledge and Skills	• COVID-19 has not affected current staff's access to resources and trainings on EBPs. However, considerations are needed for new staff due to turnover.
Program Champion	• This was not affected by COVID-19.
Supportive Climate	• At some sites, there appears to be a mismatch between the communicated level of support/enthusiasm from leadership and actual level of support received from leadership (e.g., missing meetings, taking calls during meetings, offloading work onto other staff, etc.). In other sites, leadership demonstrates support consistently and works toward making staff feel supported in the effort (e.g., recognizing staff members' efforts, allotting time in the day for trainings/supervision, asking for feedback, etc.).
Inter-organizational Relationships	• This was not affected by COVID-19.
Intra-organizational Relationships	• There has been irregular communication within agencies due to COVID-19 and staff working remotely.
Culture	• The switch to telehealth has made staff feel less supported and connected to/by colleagues due to lack of in-person interaction.
Climate	• At some sites, there is a sense of staff generally feeling overworked and overwhelmed due to daily responsibilities and "putting out fires" caused by COVID-19.
Innovativeness	• This was not affected by COVID-19.
Resource Utilization	• Time appears to be a limited resource.

Subcomponent	Major Themes
Leadership	• There is mixed dedication/support from leadership across sites. See supportive climate.
Structure	• This was not affected by COVID-19.
Staff Capacity	• Staff's capacity and time have been affected in a number of ways (e.g, learning telehealth operations, making more appointments with fewer no-shows, hiring additional staff, "putting out fires" due to COVID-19, filling in for staff who are unable to come for in-person services, etc.). Staff have expressed that the demands of the project have added to this feeling of being overwhelmed, but that they have continued to work towards progress despite these challenges. • Direct quote from executive leadership team member: "This is the reality. It's refreshing for me to disconnect and participate in this. There's just been so much happening since we began this initiative, so much has changed since then. Our initial evaluation of where we were as an organization and our ability to move forward quickly with this has changed tremendously. I still think it's beneficial for us, I still think we're learning, I still think the staff is excited. But we're so down in outpatient, in terms of number of staff, the expectation of staff in terms of doing regular job duties and maintaining a basic standard of care, it is really challenging to take any more time away and do something that is so valuable and important, I don't want to minimize what we're doing but at the same time the job is so demanding."