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## Staff Engagement and Training in Supported Addiction Recovery Program for Adults With Intellectual Disabilities

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Hannah Jurewicz

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Walden University  
2020

Abstract

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Adults With Intellectual Disabilities

by

Hannah Jurewicz

MEd and MA, Teachers College, Columbia University, 1988

BA, University of Rochester, 1985

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

September 2020

## Abstract

The prevalence of substance use disorder (SUD) is similar among individuals with intellectual or developmental disabilities (ID/DD) and the general population, yet there is a disparity between treatment and outcomes for these two groups due to a lack of appropriately adapted treatment and staff training. The purpose of this case study was to examine how leaders in a behavioral health organization understand the engagement and training experience for staff who provide substance abuse treatment for individuals with ID/DD. Governance and operational data were collected and analyzed from internal archival sources and organizational leader interviews. Themes identified from coding indicated that workforce engagement and training were influential factors in performance efficacy and long-term commitment to the program and agency. Communication challenges interfered with stakeholder information sharing and relationship building. These challenges negatively impacted workforce engagement, training, and performance. Recommended strategies may contribute positively to the organization's capability and capacity to serve more individuals, increase public awareness of the prevalence of SUD among individuals with ID/DD, and these individuals' positive social impact as contributing members of their communities.

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## Section 1a: The Behavioral Health Organization

### **Introduction**

Serenity opened in 2009 to support adults with intellectual and developmental disabilities (ID/DD) and behavioral health disorders through Medicaid funding. In 2013, Serenity began serving individuals who misused substances or who had been diagnosed with substance use disorder (SUD). In 2019, the organization began supporting individuals with mental health concerns and SUD through a mental health waiver. The organization provides residential supports, day services, and behavioral health supports statewide. Currently, Serenity provides services to more than 60 individuals through its 24-hour residential programs, less-than-24-hour in-home programs, day services, and clinical supports, and the organization's business growth focuses on developing these programs. Organizational leaders are exploring the further development of recovery-oriented services for adults with and without ID/DD.

### **Practice Problem**

The practice problem for this study was to understand better how Serenity leaders' and managers' current training and engagement experiences prepare staff to deliver substance abuse treatment for individuals with ID/DD (Chapman & Wu, 2012). Without existing research literature or theory, more information is needed to identify which intervention approaches, strategies, and tactics impact this population most positively while they are in treatment. This information may inform the development of training for a more effective behavioral health workforce. Study recommendations may

also provide directions for future research, insight for programming, and increased awareness for professional and public audiences about the prevalence of SUD among individuals with intellectual disabilities and the need for adapted treatment.

### **Substance Use Disorder and Intellectual Disabilities**

The prevalence of SUD is similar among individuals with ID/DD to that of the general population, yet a considerable disparity exists between treatment efficacy and outcomes for these two groups (De Miranda, 2013; McGillivray et al., 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; VanDerNagel et al., 2017). Disparities result from the cognitive limitations and learning difficulties of individuals with ID/DD, as well as the lack of appropriately adapted treatment options (McGillivray et al., 2016). Individuals with SUD and ID/DD frequently struggle to perceive the connection between alcohol and drug abuse; poor decision making; and the inevitable consequences of distress, poverty, or incarceration (McGillivray et al., 2016; Sakdalan et al., 2017; To et al., 2014). These adults do not receive the long-term specialized coaching needed to become self-directed in their recovery, which results in most participants with ID/DD failing to complete traditional treatment (Hill & Collistra, 2014; McGillivray et al., 2016; Sakdalan et al., 2017; To et al., 2014; VanDerNagel et al., 2017; Van Duijvenbode et al., 2015).

Outpatient programs do not adapt the curriculum necessary to meet the significant learning needs of those with ID/DD, an essential accommodation to aid them in applying recovery skills (De Miranda, 2013; Lindsay et al., 2013; Matthys et al., 2014;

McGillivray et al., 2016; To et al., 2014; VanDerNagel et al., 2014). Many treatment specialists are not aware of the prevalence of multiple diagnoses and therefore assume that multiple diagnoses are not significant or that the only significant diagnosis to address is SUD (Lindsay et al., 2013; Matthys et al., 2014). The result is an underestimation of these clients' treatment needs (To et al., 2014; VanDerNagel et al., 2014). Those with ID/DD who are reoffenders within the forensic system are associated with significant substance abuse histories, thus indicating that substance use history is a significant risk factor for this population (Fitzgerald et al., 2011; Lindsay et al., 2013).

### **Staff Training and Engagement**

Generally, staff training focuses on changing or managing an individual's behavior or their own responses to the behavior (Chancey et al., 2019; McConachie et al., 2014). Knotter et al. (2018) recommended exploring staff training efficacy that focuses on staff learning styles, application skills in the work setting, and the work environment's conduciveness to staff teamwork and stress management. Biglan and Embry (2013) described a process for intentional cultural change that positively influences staff engagement in an organizational setting.

The transfer-of-training concept, employees' demonstration of newly trained skills, emphasizes the relationship between trainer or supervisor and trainee, along with other characteristics such as environment and training design, that impact employee performance and job satisfaction (Brown et al., 2013; Peters et al., 2014). Effective transfer-of-training systems positively relate to employee performance and retention and



are associated with organizations' success and sustainability (Aragon & Valle, 2013; Saks & Burke, 2012). Fagan (2017) reported the significant impact supervisor support had on employees' demonstration of transfer-of-training in their performance.

Employee engagement is influenced by the relationships employees perceive they have with their supervisors (Callahan et al., 2019; Lin & Kellough, 2019; Watkins, 2014). According to Watkins (2014), favorable supervisory alliances produce greater job satisfaction, self-efficacy, and well-being, and less burnout. Unfavorable alliances are associated with feelings of stress, exhaustion, and increased conflicts with supervisors about roles and duties (Watkins, 2014). Further, Watkins (2014) found that employees attributed their unfavorable supervisory alliances to their supervisors, describing them as being disengaged, intrusive, preoccupied, disinterested, critical, judgmental, unsupportive, and/or unethical, as well as lacking purpose, interest, or commitment. Lin and Kellough (2019) recognized the impact of the supervisory alliance on employee judgment. Supervisory judgment errors may be based upon biases stemming from how supervisors perceive employees, which may include employees' membership in a protected class (Lin & Kellough, 2019; U.S. Equal Employment Opportunity Commission, n.d.). Lin and Kellough (2019) described the errors as follows:

- *Halo effect* describes an instance in which supervisors generalize the employee's performance on one task as being true for all performance.
- *First impression error* occurs when supervisors decide how well an employee performs based upon their initial meeting.

- *Similar-to-me effect* is the supervisor's overidentification with the employee, assuming the employee is so much like the supervisor that their performance will also be similar.
- *Comparison or contrast effect* describes the supervisor's assessment of the employee's performance through comparison with other employees' performances.
- *Central tendency error* involves supervisors evaluating employee performance using the midpoint of rating-review measurements.

Training efficacy, which is measured by transfer of training, and employee engagement experienced through supervisory alliances impact employees' performance and are measured in client outcomes (Guaran, 2019; Wrape et al., 2015). Guaran (2019) determined that a relationship exists between employees' engagement and their respect for and recognition of supervisors as supportive, clear, and consistent. Wrape et al. (2015) also confirmed previous research findings that supervisors affect client outcomes.

### **Purpose**

The purpose of this case study was to examine how leaders at Serenity, a behavioral health organization, understand the engagement and training experiences of staff who provide substance abuse treatment for individuals with ID/DD. This study's recommendations may be used to strengthen Serenity's staff training, supervision, operational processes, and service delivery. The study also aims to provide recommendations for how an organization can expand its programs to serve more

individuals. These goals are accomplished here by presenting three levels of Serenity's leaders' and managers' experiences with the organization's current treatment program, staff training, and operations. Management involved in the study reflected on program training and direct-care staff members' readiness to implement the program's elements to support participants most effectively.

Interview responses will be used to provide Serenity leaders with information about staff engagement and performance to improve the program's quality, deliver more effective support to individuals, and educate stakeholders about the addiction and recovery needs of those with ID/DD. For the purposes of this study, stakeholders are individuals who have investment in or input into the organization's program services and organizational sustainability. They include representatives from the state agency that funds the program, employees, senior managers, executive leaders, board members, neighbors of the program homes where participants reside, community employers, community clinical providers, program participants, and participants' family members and friends. For some participants, additional stakeholders include probation or parole officers, public defenders, and client advocates.

This research followed a case-study approach, with the objective of understanding how Serenity's policies and processes were congruent with its performance in identified areas. Key factors based upon theoretical propositions were presumed, enhanced, and explored through semistructured interviews, followed by inductive pattern-matching data

analysis (Pearse, 2019). According to Pearse (2019), pattern matching with smaller case-study research is associated with enhancing credibility.

This study also utilized the well-established Baldrige excellence framework (National Institute of Standards & Technology [NIST], 2017), the purpose of which is to help organizations assess how well their systems are performing and how they may improve. Serenity provides services to adults with ID/DD, mental health disorders, and SUD. This study examined how well the agency's addiction services program for adults with ID/DD was performing. It identified ways the agency may improve its performance, stakeholder satisfaction, and community impact. Semistructured interviews at the leadership and middle-management levels were conducted.

### **Significance**

Serenity provides services to adults with ID/DD, mental health disorders, and SUD. This service is needed especially in the state where Serenity operates, given that the prevalence of SUD is the same among adults both with and without ID/DD (De Miranda, 2013; McGillivray et al., 2016; SAMHSA, 2014). Currently, Supported Sobriety is the only available substance abuse treatment program designed specifically to support adults with ID/DD. Thus, this study focused on how Serenity's addiction services for adults with ID/DD engages and trains staff and identified ways it may improve its employee readiness, performance, stakeholder satisfaction, and community impact.

The study's main potential value is to improve employee engagement with, readiness for, and performance in Serenity's Supported Sobriety program.

Recommendations that lead to the program's quality improvement and expanded capacity may result in program growth and increased funding, as well as facilitate greater access for individuals with both SUD and ID/DD. Serenity's senior leadership is interested in obtaining long-term funding for the addiction program and developing this business opportunity, so this study's recommendations may contribute to greater organizational sustainability. Further, it may result in program expansion that provides more services to a greater number of individuals who critically need addiction-recovery services.

### **Social Change Impact**

Through this study's impact on the Supported Sobriety program, Serenity may create positive social change in stakeholders' perceptions of addiction and recovery for those with ID/DD, while improving the lives of adults with co-occurring ID/DD and SUD by helping them become contributing members of their communities and families. Current addiction treatment does not adequately accommodate adults with ID/DD (De Miranda, 2013). Without specialized programs, individuals with both ID/DD and SUD frequently experience incarceration, homelessness, or institutionalization (Annand, 2002; McGillivray et al., 2016). This service is needed especially given that the prevalence of SUD is the same among adults with and without ID/DD (Annand, 2002; SAMHSA, 2014). This study's goal is to increase awareness about SUD, specifically within the underserved population of adults with ID/DD, and expand available treatment. This study was designed to positively impact those individuals and the communities in which they live.

## **Summary and Transition**

Serenity provides services to adults with ID/DD, mental health disorders, and SUD. The Supported Sobriety program was developed specifically to meet the learning needs of individuals with ID/DD who also have SUD. However, Serenity leaders have not explored how the program is perceived or its impact on its stakeholders. Due to the insufficiency of data on staff training and engagement or effective interventions, this study focused on learning more about the perceptions of Serenity stakeholders, including leadership and management. With greater understanding of employees' experiences, Serenity leaders may develop strategies to improve Support Sobriety's quality, sustainably grow the program, positively impact employee engagement, and increase stakeholder and community awareness of the need for effective treatment for adults with ID/DD and SUD. Section 1b provides an in-depth organizational profile for Serenity.

## Section 1b: Organizational Profile

### **Introduction**

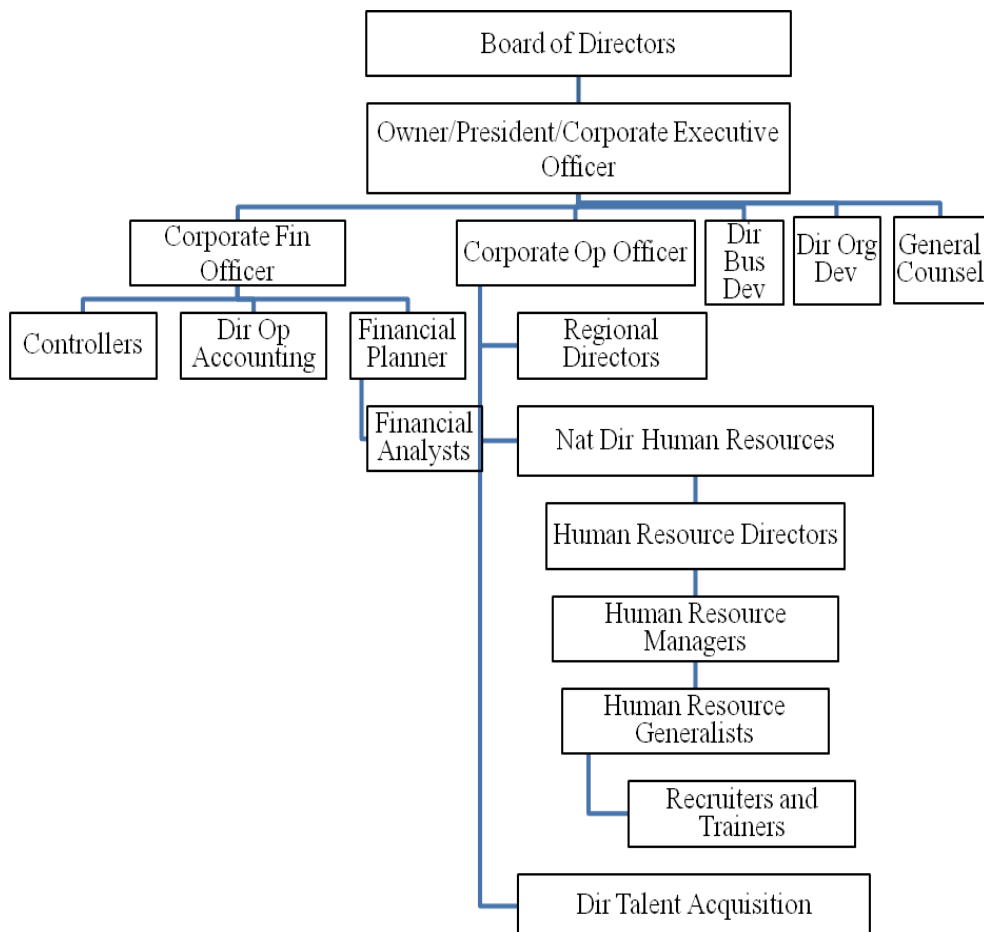
Despite the similar prevalence of SUD among individuals with and without ID/DD, there exists a lack of effective treatment that accommodates the learning needs of those with intellectual disabilities (De Miranda, 2013; McGillivray et al., 2016; SAMHSA, 2014; VanDerNagel et al., 2017). Serenity developed Supported Sobriety in 2013 to address this need. Leadership has not yet assessed the program's elements to improve it, strengthen staff training, and increase stakeholder awareness and perception of the prevalence of SUD among people with ID/DD and the need for specific treatment accommodations.

### **Organizational Profile and Key Factors**

According to current marketing materials and strategic-planning documents, Serenity, Inc. is a national organization consisting of a group of companies under common ownership and management. Serenity's board of governors guides the national organization's structure. There are five corporate executive positions, human resources and finance leaders, and regional directors that oversee multiple states, each of which is also led by a state director. Figure 1 illustrates the national organizational chart.

**Figure 1**

*Serenity, Inc. National Organizational Chart (2019)*



According to its annual strategic plan report, since 2009, Serenity has provided individualized day and community residential services funded under the Medicaid waiver and managed by the Department of Social Services (DSS). The organization contracts as a vendor with the Department of Developmental Services (DDS) and the mental health waiver program. One type of group home, a community living arrangement (CLA), is



licensed through the Department of Public Health (DPH) and certified by the DDS. In addition to 24-hour continuous residential support (CRS) and less-than-24-hour in-home support (IHS), the organization provides 24-hour recovery-oriented behavioral health supports through Supported Sobriety, along with assistive technology when individuals may benefit from it. Serenity receives executive leadership and board oversight from its parent company, Serenity, Inc.

### **Service Segments**

The state uses a level-of-need (LON) rate structure to determine individual funding. Funding for programs is based upon individual costs rather than overall program costs. According to state data, the LON rate is stratified into eight levels and allows for negotiation through utilization rate review for individuals with high medical and behavioral health needs. Service segment information provided by Serenity's annual financial report is provided in the next sections.

#### ***Community Living Arrangements***

CLAs are 24-hour licensed residential living programs with four or more bedrooms. Historically, CLA residents have had higher needs, so higher rates were paid for them to live with lower resident-to-staff ratios. According to the state, however, this arrangement is no longer consistent. CRSs, which were originally designed to support those with fewer needs than CLA residents but more needs than supported living residents, now support individuals with high-acuity behavioral health and medical needs in the community.

### ***Continuous Residential Supports***

CRSs are 24-hour supports in homes with three or fewer bedrooms. They are unlicensed settings, so they are generally more cost-effective than CLAs because they are not required to meet building codes or be licensed by the DPH. The state prefers not to open CLAs and is currently privatizing those it has already opened into CLAs or CRSs.

### ***Individual Home Supports***

IHSs are intermittent supports reimbursed through a fee-for-service model. The number of service hours provided is determined by LON rates and ranges from 14 to 48 hours per week. Services are provided in the individual's home or family home.

### ***Individual Day Supports***

Individual day supports are day services provided outside an individual's home or family home. These services are nonvocational or prevocational in scope.

### ***Behavioral Health/Addiction Recovery***

Supported Sobriety addresses addiction recovery for those with co-occurring SUD and ID/DD, including mental health disorders, developmental disabilities like autism spectrum disorder, acquired brain injury, or other learning disabilities. Individuals with SUD may not have been diagnosed properly, especially when they have learning disabilities resulting from damage to parts of the brain that control attention, concentration, memory, perception, impulses, and judgment resulting from falls, violence, or motor vehicle accidents while driving under the influence or seeking drugs. This underidentified but increasingly studied population has intensive long-term support

needs. By following the Supported Sobriety program, marked by the mnemonic term S.O.B.E.R., many participants achieve sobriety; attend 12-step meetings; are employed or seeking employment; and participate in family, recreation, and faith-based activities.

In 2017, Serenity earned a 3-year certification from the Commission on Accreditation of Rehabilitation Facilities (CARF) for its residential, day, and behavioral health services, as indicated both in company records and marketing materials. Founded in 1966, CARF is a recognized international leader in health and human service accreditation. Through remote documentation review and onsite surveys, CARF inspectors ensure service quality, value, and optimal outcomes by applying field-driven and best-practice standards. Organizations may achieve a 3-year, 1-year, provisional, or nonaccreditation status (CARF, 2019).

### **Workforce**

Serenity's 2019 human resources records indicate that the organization employs 190 staff: 167 employees who provide clinical and direct-care services and 23 employees who provide administrative, supervisory, quality assurance, human resources, and office support. Direct-care staff are referred to as direct support professionals (DSPs). Table 1 illustrates the agency's workforce demographic data.







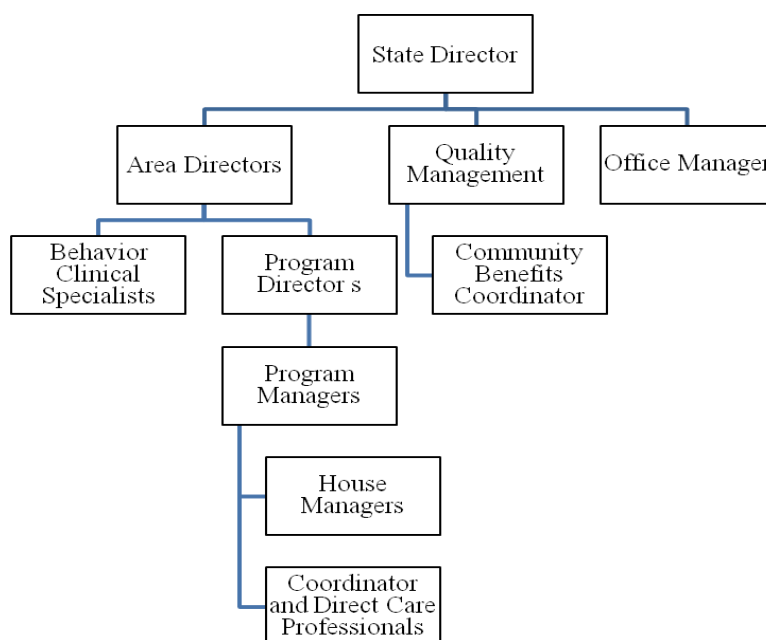
The latest Serenity human resources report (2019) indicates there is a 40% turnover rate for direct-care and 10% turnover among administrative staff. According to leadership, the organization experimented with breaking up the programs' lead staff role from coordinator into two positions, manager and program manager, to improve oversight, quality, and career growth. This change created professional-development opportunities for staff and transitioned the staffing culture from one governed by peer-oriented leadership to onsite management. Sweifach (2019) found that employees prefer onsite supervisors who are perceived to be available and micromanaging over remote supervisors who are perceived to be empty and detached. Radey and Stanley (2018) found similar results regarding employees' relationship preferences with their supervisors.

Serenity's workforce structure includes leadership, management, operational support, and direct care. State directors are required to hold post-graduate degrees, whereas area directors must have bachelor's degrees, though the agency also prefers them to have post-graduate degrees. Program directors, quality management employees, human resources staff, and behavior specialists are expected to have bachelor's degrees as well. Program managers, house managers, coordinators, and direct-care personnel must have high-school degrees or the equivalent, along with certifications in medication administration, physical and psychological management, first aid, and CPR. Office employees are expected to have high-school degrees or the equivalent.

Area directors, quality management staff, and other administrative personnel are governed by state directors. Management includes multiple supervisory levels, and direct-care professionals are supervised by managers. Figure 2 illustrates Serenity’s state organizational chart.

**Figure 2**

*Serenity State Organizational Chart (2019)*



Serenity provides or facilitates sponsorship for all job-required training and certifications, including an intensive orientation that covers the agency’s mission, vision, and values, among other topics. Serenity provides regular refresher and annual training to maintain employees’ competency and to ensure adherence to the health and safety



requirements for the Occupational Safety and Health Administration (OSHA) and the health care industry. In 2019, the following new annual subject-specific trainings were introduced:

- Co-occurring disorders.
- Recovery-oriented treatment.
- Motivational interviewing.
- Trauma-informed care.

Staff meetings, supervision, annual performance reviews, and biannual company-wide employee recognition events help employees remain engaged in achieving the organization's mission and vision.

Serenity's key factors include experienced and knowledgeable leadership, management, and financial oversight, while core competencies include providing supports to individuals who require 24-hour assistance to live safely in the community and innovation in developing personalized supports for adults with high-acuity clinical and behavioral support needs. The organization has developed a positive reputation over the past 11 years by successfully supporting individuals with challenging support needs. Serenity provides services to people with ID/DD along with SUD, severe and persistent mental illness, criminal justice involvement, and significant developmental trauma.

### **Suppliers and Partners**

Suppliers include the agencies that provide referrals to Serenity, such as DDS and DSS. The agency receives referrals from Advanced Behavioral Health, a DSS

intermediary organization. Professional-development training is contracted from local trainers and online education organizations.

According to 2020 contract and marketing documents, Serenity's partners include a local nursing consulting organization that provides health care oversight, and the agency contracts with a psychiatric clinic to provide monthly clinical hours for individuals the agency serves. This service provides medication management by an advanced practice registered nurse and supervision by the partnering agency's psychiatrist. State regulations and organizational policy require that only state-licensed personnel may assess and prescribe psychiatric medications. A behavioral health practice provides clinical supervision and programming consultation for treatment teams that serve individuals with high-acuity behavioral or psychiatric needs. Another partnering agency provides nutritional consultation for clients. A remote monitoring company partners with Serenity to provide electronic monitoring of homes to maximize the health and safety of individuals who need this level of enhanced support.

Other key factors include Serenity's internal and external stakeholder relationships and communication strategies. Serenity has performed inconsistently in these areas, and these challenges may impact stakeholder satisfaction with and commitment to the organization. Research demonstrates that stakeholder engagement positively impacts the development and evaluation of effective program services (Brown et al., 2017; McCarron et al., 2019). Serenity's challenges with developing stakeholder relationships and effective communication may impact employee satisfaction and

turnover negatively. It may also result in a decrease in participant, family, and funding-source confidence during periods of instability or stress.

### **Competitive Environment**

Awarded its first contract in 2009, Serenity is considered a midsized company in the industry of intellectual disabilities human services, serving 62 individuals with a budget of approximately \$10M. The largest state providers have multiple-funding-source budgets exceeding \$40M and have been providing services for more than 50 years. According to the state, these agencies offer services to more diverse populations through children and family services, individual and group counseling, and case management. In 2018, the state increased minimum wages for direct-care employees from \$10.10 to \$14.75 per hour. Prior to this change, there existed a range of starting wages across human service agencies in the state, and Serenity had a competitive advantage in that it offered a higher-than-minimum starting wage of \$13 per hour. Standardizing the minimum wage for all human service agencies beyond the starting wage leveled that advantage.

In 2019, health insurance costs increased significantly, resulting in employees having to contribute more of their paychecks to their own coverage. Serenity's human resources department representatives have reported a challenge in communicating with recruitment candidates Serenity's employment advantages compared with those of larger companies. However, the organization's smaller size may facilitate the opportunity to

generate innovative solutions to these challenges and develop other soft benefits to attract new employees to the company.

### **Organizational Background and Context**

Serenity's national organizational mission is "Respecting and responding to the choices of people in need of supports," a statement generated by the board of directors that has been updated through the years to reflect more accurately the diversity of people who participate in the agency's services. Serenity's vision statement aligns with the mission statement: "Responsive and dynamic; delivering supports in new ways; invested in our communities and our staff; always evolving." According to its website, Serenity, Inc. (n.d.) has served individuals with ID/DD, physical disabilities, and behavioral health disorders since 1976. The organization expanded during the community integration movement of the 1970s and established other companies across the country during the 1980s and 1990s.

Serenity, Inc.'s business development has consisted of a combination of organic growth and acquisition. Over the past two decades, the company has diversified target populations and services to include children, adults with acquired brain injuries, and veterans. According to leadership, these diverse offerings helped the organization adapt to changes in funding rates when they became financially unfavorable and allowed them to open new business opportunities when current service segments experienced stagnation (Serenity, Inc., n.d.).

Currently, Serenity, Inc. (n.d.) is composed of 14 individually operating state companies, employing approximately 2,000 workers across these states. Serenity employs 190 people included in that overall headcount. Serenity, Inc. and Serenity services include the development, oversight, and provision of supports to individuals across the lifespan who have diverse disabilities, including ID/DD, mental health disorders, and a variety of medical diagnoses.

### **Key Factors**

#### **Leadership Stability**

Leadership stability is a strategically important key factor in Serenity's organizational stability and success because it impacts learning, team relationships, and performance (Savelsbergh et al., 2015; Senior et al., 2012). Serenity relies on stable leadership, characterized by experienced and effective upper and middle management, all of whom have achieved long-term employment. According to Serenity's (n.d.) marketing report and website, Serenity, Inc.'s original owners still oversee the board and many other executive team and senior management members have been with the organization for 20 years or more. Serenity's state director has been with the organization since the program's inception in 2008. According to human resources turnover reports, Serenity's management turnover was 10% in 2019, but it has been as low as 1% for long periods.

#### **Information Technology**

Serenity, Inc.'s strong information technology (IT) support is a key strategic factor for performance efficiency and communication. IT support serves as an enabling

resource by providing efficient technology oversight to Serenity, ensuring that electronic systems function consistently (Nambison, 2013; Zhang et al., 2016). Additionally, Serenity uses a variety of advanced technology that assists staff in providing timely quality services. The use of advanced health care recordkeeping, telephonic workforce time-keeping, and remote monitoring facilitates workforce and documentation management across over 25 service locations in the state. IT also serves as a triggering resource to foster innovation with business practices (Nambison, 2013; Zhang et al., 2016).

### **Multilevel Oversight and Supervision**

Another key strategic factor includes Serenity's multilevel oversight group, committees, and regular meetings. Its smaller infrastructure results in frequent overlap among committee members, which has benefitted the organization by facilitating communication and technical sharing among committee members (Mote et al., 2015). The organization's compact size accommodates radical innovative performance that allows fundamental modifications and pilot programs to test new service ideas (Forés & Camisón, 2016; Mote et al., 2015).

### **Workforce Turnover and Engagement**

The key factors that represent Serenity's strategic challenges include inconsistent performance, high direct-care staff turnover, and limited staff engagement. These challenges may be due in part to a lack of formal communication strategies. Limited staff engagement may also be a leading factor in inconsistent staff performance and turnover

(Daley, 2017; Ingersoll & Collins, 2017). Serenity leaders' challenges to achieve performance consistency and accountability may negatively impact the organization's capacity to deepen and solidify enduring relationships with community-based stakeholders like funding sources and clients, along with internal stakeholders like the workforce (Daley, 2017; Ingersoll & Collins, 2017).

### **Stakeholder Communication and Engagement**

Challenges to the performance-improvement system include a lack of satisfaction survey reporting and follow-up regarding suggestions submitted by stakeholders. Leadership distributes and analyzes annual surveys, but the results and conclusions are shared only informally and verbally with other stakeholders. Additionally, processes and systems are not reviewed regularly for efficiency or improvement opportunities. It is not clear if there is an evaluative process to review challenges or recommend improvements if systems become obsolete or ineffective (Belash & Ryzhov, 2018; Goethel et al., 2019). Relationships, communication, engagement, and performance may be negatively impacted to the extent that supervisory alliances, training, and performance evaluations are not assessed for their relevance and applicability (Lin & Kellough, 2019).

### **Quality Management**

Key factors of Serenity's performance-improvement systems include distributing daily, weekly, and monthly quality performance reports to supervisors. These reports are used to monitor documentation compliance and accurate and complete billing. The quality program coordinator (QPC) conducts regular quality-assurance documentation

and site inspections. Quarterly safety committee meetings review trends and address safety issues related to facility maintenance and emergency preparedness. Quarterly risk-management meetings review trends related to key risk indicators, such as workers' compensation, vehicle maintenance, personnel issues, and critical incidents related to personnel or service participants. Supervisors conduct monthly chart reviews to improve the quality and completeness of client charts. Annually, Serenity distributes client satisfaction, community stakeholder, and employee satisfaction surveys. Results are summarized and included in annual strategic planning to improve all stakeholders' satisfaction levels. However, the annual report is not shared with internal stakeholders other than executive leadership. Key criteria for maintaining organizational health include sharing quality-measurement data for the purposes of examining processes to ensure that the deployment of specific procedures meets stakeholders' needs, are integrated across departments and systems, and promote learning and innovation (NIST, 2017).

### **Financial Management**

Another key factor, Serenity's annual financial strategic planning, involves developing programming and financial targets that are constrained by the state funding source's priorities and economic conditions (Mitchell, 2017). Though growth with overhead minimization and fiscal leanness offers little flexibility, funding sources and the general public expect to see it from service organizations (Mitchell, 2017). The planning process includes state and regional directors; financial analysts; and corporate financial,



executive, and operations officers. According to leadership discussions, members of the state and corporate finance offices meet regularly and communicate actively to develop a comprehensive plan. Once approved by the board of directors, the plan is tracked through detailed monthly reports that are distributed to multiple management levels for review and variance-to-plan explanations. These responses to monthly performance are discussed at monthly financial review meetings. Quarterly budget reforecasting ensures that financial performance changes that have occurred during the quarter are captured and included in future budget forecasts and reviews. Annual financial audits are conducted by internal and external resources.

### **Compliance and Ethics**

The state director, area directors, human resources director, and quality assurance coordinator oversee key factors of compliance with behavioral health policy, ethics, and law. According to CARF (2019), the organization is responsible for ensuring ethical, effective, and efficient management. Annual compliance planning meetings include internal and external stakeholders, such as funding-source management representatives. Annual compliance and ethics training is required according to company training policies and CARF (2019). Compliance and management performance are monitored daily and reviewed monthly by various internal committees and internal and external quality-assurance auditors. Internal representatives and state funding-source representatives conduct site visits and compliance audits. The Centers for Medicare and Medicaid Services (CMS) conducts formal audits, and as a contractor with CMS, the state DSS

conducts audits of private providers to assess federal and state compliance (State DSS, n.d.).

### **Summary and Transition**

Serenity's Supported Sobriety program has accommodated the needs of individuals with ID/DD and SUD since 2013. The organization has experimented with infrastructure changes by adding management levels to better meet workforce needs for closer supervision and program oversight. Although Serenity meets the state contract requirements, orientation and ongoing training may not prepare the workforce sufficiently to support this population's challenging needs effectively. Positive key factors include stable, experienced, and knowledgeable leadership and management, along with policies that support accountability, financial management, and ethical practices. Challenging key factors include inconsistent stakeholder engagement and communication strategies, along with high direct-care turnover.

Section 2 includes a literature review that explores workforce preparedness, leadership and management perceptions of training and preparedness, and the impact these elements have on workforce engagement and performance. The section provides sources of study evidence, more detailed information about Serenity's structure, and the analytical strategy used in this study.

## Section 2: Background and Approach–Leadership Strategy and Assessment

### **Introduction**

The desired outcome of studying Serenity’s processes and training within the Supported Sobriety program was to understand better challenges the organization faces and identify opportunities for it to develop stronger stakeholder relationships and improve workforce outcomes. Applying recommendations based on the study outcomes may result in expanding this business segment to serve more individuals with both ID/DD and SUD, increase community awareness of the need for these services, and build the agency’s sustainable growth.

Section 2 reviews the current literature covering provider preparedness and perceptions regarding providing treatment to individuals with SUD. The organization’s leadership, client population, and strategic challenges are outlined. The study’s data-collection and analysis procedures are detailed and include a timeline.

### **Supporting Literature**

I performed a literature review using Walden University Library databases, including ProQuest Central, PsycINFO, PsycArticles, SAGE Journals, Thoreau Multi-Database, and EBSCOHost, to identify periodicals, peer-reviewed journal articles, textbooks, and professional reference books related to the topic. Combinations of the following search terms were used to find literature: *addiction treatment and developmental disabilities, direct-care training, direct-care engagement, human resource and staff engagement, staff readiness, staff readiness for change, staff perceptions of*

*readiness, training and development for employees, employee change attitudes, employee change perceptions, employee readiness for organizational change, employee performance, employee engagement, employee training, recruitment, capability and capacity, and retention.*

Knotter et al. (2018), Kouimtsidis (2017), Sakdalan et al. (2017), and McGillivray et al. (2016) investigated provider readiness to identify the occurrence of SUD among individuals with ID/DD, effective supports for this population, and service organization policies regarding substance use and intellectual disabilities. They concluded that although the prevalence of substance abuse is similar in populations with and without ID/DD, organizations and staff were not equipped to identify or treat individuals with ID/DD and SUD. Thus, there appears to be a need for increased awareness among professionals and the public, along with effective professional training (Chapman & Wu, 2012; De Miranda, 2013; To et al., 2014).

The relationship between workforce engagement, training, and performance is mediated by the relationship staff perceive to have with their supervisors or supervisory alliance, their readiness to perform necessary tasks, and their level of discretion on the job (Avgar et al., 2018; Callahan et al., 2019; Guan & Frenkel, 2019; Matthews et al., 2018; Parrott et al., 2019; Shah et al., 2017). Employees' readiness for long-term commitment to an organization and to engage in organizational change is impacted by their psychological capital (PsyCap), which is defined as their perceptions of management's support, hope, self-efficacy, resilience, and optimism (Kirrane et al.,

2017). According to Kirrane et al. (2017), PsyCap is the worth or value of the employee-supervisor relationship that influences employee engagement and company commitment. Although employees may be attracted initially to a position for its salary and promotional benefits, they retain their employment because of their relationships with their supervisors, levels of autonomy in task decision-making, and shared values and teamwork with coworkers (Guan & Frenkel, 2019; Kirrane et al., 2017; Matthews et al., 2018, Merrilees et al., 2017; Rafferty & Minbashian, 2019). Stronger PsyCap may increase employees' engagement with an agency.

According to Watkins (2014), favorable supervisory alliances are associated with employees reporting job satisfaction, self-efficacy, increased willingness to self-disclose, and increased coping resources. Unfavorable alliances are associated with stress, burnout, more frequent instances of negative supervision, and the perception of supervisors as being demeaning, critical, and judgmental (Callahan et al., 2019; Watkins, 2014).

Supervisor bias that results in errors in performance evaluations of their supervisees also influences the supervisor-employee relationship (Lin & Kellough, 2019). These errors include the halo effect, first impressions error, similar-to-me effect, comparison or contrast error, and central tendency effect (Lin & Kellough, 2019). According to Lin and Kellough (2019), these errors were reported to be the result of supervisors' lack of time, training, support, and information, as well as flawed evaluation standards. Rubin and Edwards (2018) included cultural biases as a factor in supervisor bias.

Workforce engagement directly impacts training efficacy and performance (Guan & Frenkel, 2019; Rafferty & Minbashian, 2019). Staff are more likely to convert from compliance behavior to cooperative or championing behavior if their supervisors and coworkers support positive emotions and reinforce more autonomic decision-making (Hameed et al., 2019; Kelly et al., 2017; Kirrane et al., 2017; Rafferty & Minbashian, 2019).

Training efficacy, or transfer of training, also impacts employees' performance (Brown et al., 2013; Peters et al., 2013). Ng (2013) determined that work environments and supportive supervisors impacted transfer of training. Wrape et al. (2015) concluded that employees who perceive their supervisors to be supportive and clear and consistent with their expectations respected them more and reported feeling more effective in their jobs. Identifying relationship elements among leadership, management, and staff, as well as staff perceptions of task discretion, may provide critical information about Supported Sobriety employees' readiness to change, training efficacy, and readiness to perform tasks.

### **Sources of Evidence**

It is necessary to develop a foundational knowledge of how Supporting Sobriety operates and is experienced by staff. In addition to interview responses, secondary data were obtained on how the organization leads and manages staff, prepares its workforce for change, and effectively trains its workforce to meet change and performance expectations (CARF, 2019; NIST, 2017). This data-collection process facilitated

identification of effective systems and performance strengths, as well as those areas that need greater attention and support. Organizational policies and processes provided information about how effectively and consistently Serenity executes its activities, how responsive the organization is to process evaluation feedback, and how well the organization incorporates feedback into improvement and innovation (Baldrige, 2017).

I obtained qualitative data by capturing leadership members' perceptions and experiences. Using the qualitative program-evaluation process, the responses were "interpretive, experiential, situational, and personal" (Murphy et al., 2018, p. 3). Multistakeholder responses from semistructured interviews were coded and categorized by presumed and added themes, then analyzed to examine the program's process rather than outcomes (Murphy et al., 2018; Paltzer, 2018). Although not all these stakeholders have direct contact with the program itself, they are observers of the program's impact on the participants with whom they interact. Data-collection methods included interviews with all senior-level stakeholders. I also reviewed records for process and outcome information.

Sources of data included interview results from senior leadership and management. Participants were interviewed individually to maintain privacy and confidentiality. The research questions focused on relevant topics and discrete program elements or behaviors that are useful for improving program operations and services. According to McNamara (2005), the best data are obtained from a wide range of sources. Secondary data sources included management, professional-development, and training

policies; performance data; organizational structure; strategic financial-planning documents; and the organization's audit tools (McNamara, 2005). It was anticipated that collection and analysis of interview responses and secondary data would increase Serenity leadership's understanding of current engagement and training experiences for the staff that provides substance-abuse treatment for individuals with ID/DD (Paltzer, 2018). The study may also be an effective method to identify the strengths and challenges of the organization's strategic approach to sustained growth of the addiction-treatment program and staff and stakeholder engagement.

### **Leadership Strategy and Assessment**

Serenity's annual financial strategic planning is conducted at the regional and state levels and includes the chief financial officer; chief operating officer; financial planner; financial analyst; and regional, state, and area directors. State-level operational strategic planning occurs every 3 years among multiple levels of state management and direct-care representatives. The group reviews annual performance compared to the organization's goals and revises or develops new goals. State-level goals address staff engagement, quality management, organizational culture, and service-delivery improvements. Plans are not published externally.

### **Strategic Plans Assessment**

Strategic plans for 2019 focused on financial stabilization and organizational growth. According to Serenity's annual financial report, although the organization experienced significant business growth, it may not have matched the operational



resources necessary to support that growth. Fiscal leanness strategy did not support the normative growth strategy (Mitchell, 2017). The agency decided to enhance its managerial infrastructure during the last quarter of 2019 to facilitate more effective management of workforce hours, program expenses, and service quality. This infrastructure enhancement was anticipated to produce additional oversight and more nimble responses to overutilization and quality issues. These additional managers were expected to partner with quality management to ensure closer inspection and response to service-quality deficiencies. According to organizational leadership and human resources, greater attention to workforce training and engagement is a primary focus for 2020.

In this study, Serenity's 2020 strategic plan was analyzed to understand better what Bryson (2018) termed the "entire ecosystem" and strategic priorities. It is important for Serenity to assess its internal and external supports to achieve strategic goals; that includes evaluating the internal and external, or environmental, influences. Serenity may be missing opportunities to build internal and external champions to support proactive and innovative planning as priorities are identified and strategies are developed (Annunziata et al., 2017; Pucci et al., 2018).

Serenity's ecosystem may not include a sufficient sample of internal and external stakeholders in the process of identifying, prioritizing, and achieving agreement on strategic plan issues. External stakeholders may be able to provide marketplace knowledge and external customer needs unknown to internal stakeholders (Bryson, 2018; CARF, 2019; NIST, 2017). Stakeholders at different organizational levels may have

different perspectives. As Bryson (2018) stated, “Organizations are chronically out of alignment, and issues can be expected to arise at points of mismatch” (p. 211).

Although Serenity’s financial report reviews turnover issues, the human resources department does not address specifically talent retention. At the start of this study, it was not clear whether human resources leadership prioritized employee performance and compliance more than strengthening employee engagement by promoting teamwork, developing leaders, offering dynamic training, developing career advancement opportunities, and hosting an open-access culture (Marinakou, 2019; Ott et al., 2018).

### **Clients/Population Served**

The DSS functions as the fiduciary agent between CMS waiver services and the DDS. DDS contracts with private providers across the state, including Serenity, to deliver specific programs and supports to individuals with a primary diagnosis of ID/DD. According to the DDS website, approximately 170 private providers deliver clinical, residential, day, educational, and transportation services to individuals with ID/DD. DDS funds services for individuals across the lifespan. Statewide, 17,126 individuals are eligible for and receive some level of DDS-funded services. This number is less than the estimated 4.5% of the state’s population who have cognitive disabilities and live in the community (Cornell University, 2018). Of this group, 11,143 individuals participate in DDS-funded day services (State DDS, n.d.).

Serenity provides services statewide and determines its service offerings based upon the state funding source’s contract requirements. Serenity’s marketing documents

indicate the agency serves primarily adults ages 18 and older. According to the agency's annual financial report, all individuals live at or below poverty level and receive Medicaid health insurance, along with rent subsidies, Social Security, cash assistance, and food stamps. Table 2 illustrates the demographics of Serenity's service population of 60 participants and was obtained from program census reports.

**Table 2**

*Demographic Chart of Active Individuals (2019)*

<b>Gender</b>	<b>Male</b>	<b>Female</b>			
	72%	22%	6%		
<b>Age (years)</b>	<b>18-40</b>	<b>41-65</b>	<b>66-85</b>		
	69%	30%	1%		
<b>Race/Ethnicity</b>	<b>White</b>	<b>Latino/a</b>	<b>African American</b>	<b>Asian</b>	<b>Native American</b>
	46%	27%	25%	1%	1%

Serenity also treats adults with co-occurring ID/DD and SUD and other severe and persistent mental health disorders. According to Serenity's recent census reports, approximately 50% of participants have been diagnosed with a dual psychiatric diagnosis and 20% have been diagnosed with SUD. According to Serenity's annual financial report, since 2013, the organization has pursued referrals for adults with a history of substance

use who are reentering the community from prisons and psychiatric hospitals. Serenity's annual census review reported a 15% uptick in overall referrals from DDS case managers. It is unclear whether this increase was due to increased need for substance abuse treatment services, an increase in identifying individuals with SUD, or increased awareness of Serenity's program.

Serenity develops its client relationships by listening to internal and external stakeholder input and feedback. Satisfaction surveys are distributed annually to staff, funding-source case managers, community providers, family members, and program participants. Survey results are analyzed and incorporated into operational strategic planning for the upcoming year. However, there does not appear to be a formal process for sharing this information with internal or external stakeholders or for capturing stakeholders' suggestions to include in strategic planning.

Serenity has a clearly documented process for managing concerns and grievances from internal and external stakeholders. According to training documents, these policies and procedures are distributed to all employees during orientation. According to human resources and organizational leadership, the policy is also handed to all employees who receive disciplinary actions to facilitate their appeal if they choose to do so. The company's website facilitates communication of concerns to the corporate office. Concerns are documented and investigated thoroughly. Investigations include a reporting process that may extend to executive leadership if the issue is not resolved at lower levels. Employee grievances are managed by human resources, along with senior and

executive leadership. The organization's priority commitment to responding to grievances may have a positive impact on workforce engagement (Ferguson & Reio, 2010).

### **Analytical Strategy**

According to Murphy et al. (2018) and Kun et al. (2013), qualitative program evaluation is an effective approach for capturing experiences and perceptions of participants, staff, and other stakeholders with the intention of enhancing or improving a clinical program and impact outcomes. Using the qualitative approach in this study facilitated thematic analysis, pattern identification through coding, and categorization (Pearse, 2019). This method captured interviewees' experiences with training and engagement, as well as gaps in effective training or engagement for which future research and organizational development may be recommended (Paltzer, 2018). Developing a coding manual, using the pattern-matching approach, and using member-checks to ensure responses were validated were all included in the study strategy. Establishing consistent and transparent protocols and including the study participants in the validating process builds trustworthiness, credibility, and confirmability in research (Anney, 2014; Creswell, 2012; Leung, 2015). A qualitative approach is most often used with social, cultural, and counseling programs because it incorporates multistakeholder perspectives to examine the program's process rather than its outcomes (Murphy et al., 2018). The evaluation model's triangulation of data sources and reflexivity support the foundational

standards of utility, feasibility, propriety, accuracy, and accountability (Murphy et al., 2018).

This study's assertions and findings were analyzed to identify an overarching theme, along with emerging themes to understand better Serenity's workforce engagement and training methods, the central phenomenon being studied. Interviews were examined for instances of conscious or unconscious inclinations or preferences that may inhibit objective judgment from both the interviewees and interviewer (Murphy et al., 2018; Pearse, 2019; Peterson, 2019).

### **Evidence Generated for Doctoral Study**

The sources of archival data for this study included management policies and reports, professional-development practices, training policies and procedures, performance data reports, organizational structure, and strategic- and financial-planning documents. The leadership provided this information through an electronic file system stored on a secure server, along with reports generated from several software programs designed to collect and distribute performance data. A description of the study's purpose, protocol, use of materials and interviews, and proposal was submitted to the organization's executive leadership. The organization's president/CEO/owner provided written permission for the researcher to access documents and conduct interviews with organization staff members.

Evidence also includes results from ten interviews with leadership and management team members involved with the Supported Sobriety program. The first

level consisted of semistructured interviews with five leadership members, including a regional director, a state director, two area directors, and a human resources director. Together, they represent the entire leadership team. Each director has been with the organization for a different number of years, which may have influenced their perceptions of the organization's operations, change readiness, and addiction services program. The second level of interviews included five program directors, which represented the entire program director-level team. Each manager has had direct experience overseeing staff members who provide addiction services for varying lengths of time and with varying caseload intensities, factors that tended to influence perceptions and experiences and resulted in a robust collection of evidence from program directors.

### **Procedures**

Interviews were scheduled at the interviewees' convenience and held individually to allow for confidentiality. Each participant was provided with a number rather than a name or work title to protect their confidentiality. Interviewees were informed that interviews were scheduled for a one-hour period. At the time of the interview, copies of the Institutional Review Board (IRB) approval, the board of directors' permission to conduct the study, and informed consent were reviewed, and all interviewees signed informed consent forms prior to the interviews' commencement. Participants were reminded of the one-hour interview timeframe and consent was renewed for their availability to dedicate that amount of time to the task. Interviewees were notified that the interviews were going to be recorded, transcribed, and coded for interpretation, and that

they would be identified only by a number unrelated to their name or position in the agency to protect their privacy. The interviews were recorded with the device in full view.

During the interviews, the interviewer conducted member-checking, reflected interviewee responses, and asked clarifying or probing questions to ensure effective communication between the interviewee and interviewer (Anney, 2014; Creswell, 2012; Leung, 2015). Interviews were transcribed and reviewed with interviewees to ensure the transcriptions were accurate. Interviewees had the opportunity to clarify any vague or unclear responses at that time. Interview recordings and transcripts are stored on a password-encrypted computer to ensure confidentiality and protection of privacy (Fagan, 2017).

Themes identified through interviews were collected into a coding manual and evaluated for potential support by secondary data and theoretical concepts derived from existing literature. Key concepts were coded for overarching themes in individual interviews, as well as across the group of interviews (Pearse, 2019; Robinson et al., 2018). Each concept was labeled and defined, and emergent themes were added and coded as such. Themes were also matched for patterns (Pearse, 2019); pattern-matching connects codes and themes and confirms or refutes prior propositions (Pearse, 2019).

The Baldrige excellence framework was used as a lens through which to view expected and unanticipated information captured during the interviews (NIST, 2017). Data from the study were evaluated in terms of Baldrige's core areas of assessment,



along with key performance and operational requirements. This study focused on the outcomes of analyzing the organization's processes and performance, as well as how the results integrate into business decision making and consideration of stakeholder needs (NIST, 2017). Interviewing could have extended beyond the self-evident to the interpersonal, thus revealing the multidimensional characteristics of Serenity's managers and leadership (Merav & Lea, 2013). Participants' responses may have included both conscious and unconscious knowledge that aligned with and contradicted other perspectives. The use of the relationships-between-categories approach could also reveal connections among structures, categories, and themes (Childs & Demers, 2018; Merav & Lea, 2013; NIST, 2017; Vaughn & Turner, 2016). The planned timeline to collect primary data was one week from obtaining consent and scheduling, conducting, and transcribing the interviews.

The following eight questions were asked of all participants, beginning with leadership and then presented to management:

1. How have you worked with the agency leaders and program management to develop specific organizational training and engagement goals? How do you determine appropriate training or engagement activities?
2. How have training goals and activities been measured?
3. How have engagement goals and activities been measured?
4. How do you ensure that the unique potential of each member of the direct-care workforce you supervise is being realized in the workplace?

5. How do you improve work processes to improve performance, enhance your workforce's core competencies, and retain qualified staff?
6. How do you ensure your workforce is ready to perform the required tasks?
7. How do you measure their preparedness?
8. In what ways do this organization's addiction services help or benefit the community and individuals with addiction and disabilities, and what might improve it?

### **Analyzing Procedures**

The Baldrige Health Care Criteria for Performance Excellence was used as the framework to analyze the data collected in this study, and all four factors were applied: approach, deployment, learning, and integration (NIST, 2017). A review of Serenity's personnel and program policies, organizational procedures, and systems provided information about how effectively the processes aid in the following goals:

- Implement training and engagement,
- Refine measures and improvement systems as needed,
- Integrate measures and improvement systems across departments, and
- Support the organization's needs for sustainability, growth, and innovation (NIST, 2017).

Health care organizations use the Baldrige framework to improve performance and service delivery based upon internal stakeholder engagement (Lee et al., 2013).

Interviews were recorded and transcribed. After the interviews, interviewees had the opportunity to review the transcript and edit as needed. Then, the transcriptions were uploaded into NVivo, a software platform for researchers to categorize interviewees' ideas, code, reflect, and identify themes (QSR International, 2019). The researcher used the software to organize codes and emerging themes.

The code manual was developed using presumed codes and themes, as well as those that emerged during the interviews. Codes were categorized into themes through pattern matching (Fagan, 2017; Pearse, 2019; Robinson et al., 2018). A thematic analysis was conducted following the code manual's creation. Once themes were identified and described, the propositions were reported along with supporting and refuting data to explain the phenomena of leadership and management's experiences with workforce training and engagement. When triangulated with secondary data, the full report may benefit Serenity leadership's desire for improved engagement with and training for Supported Sobriety and the organization's overall need for sustainable growth.

### **Researcher's Role**

The researcher was the primary data collector responsible for engaging the stakeholders for input into and support of the evaluation tools, process, and outcomes; protecting confidentiality; respecting all participants; minimizing harm; and avoiding bias (Laureate Education, 2013; Posavac, 2011). The researcher prioritized achieving credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018). Regular communication with influential stakeholders, such as senior leadership, served to

manage expectations, minimize pressure to misrepresent data, and produce a value-added constructive analysis of the program's strengths and improvement areas.

The researcher ensured informed consent and confidentiality (Fagan, 2017; Posavac, 2011). It was important to present the IRB consent form and release form to all participants, and it was equally important to control for matching data with identifying information. Both informed consent and confidentiality increase in importance as the nature of the data becomes more sensitive. It is important for the evaluator to refrain from disclosing confidential information once confidentiality has been confirmed (Posavac, 2011). Interview recordings, transcriptions, and informed consent forms from this study are stored on a password-protected computer.

Along with the program's efficacy, researchers must assess and ensure their own competency (Morris, 2011). The competency principle states that professionals must provide competent services, but competence extends beyond simply knowing how to use a measurement; it also includes professional skill, judgment, experience, reflexivity, cultural competence, and interpersonal skills (Morris, 2011). Competency is strengthened when the evaluator demonstrates integrity, honesty, and transparency with their colleagues and the stakeholders of an evaluation. Reflexivity involves the researcher considering within the study's context the extent to which intent, the research question and design, and participants' relationships with the researcher impact data collection and analysis (Darawsheh, 2014; Karagiozis & Uottawa, 2018). Transparency offers the

researcher the opportunity to clarify the relationship subjectivity they have with the practice problem, study participants, and process (Darawsheh, 2014).

This study's researcher acknowledges having a deep understanding of Serenity's organizational systems and study participants, as well as a vested interest in its sustainability and growth (Darawsheh, 2014; Karagiosis & Uottawa, 2018; Williams et al., 2019). Reflexivity is a priority for researchers to identify and monitor indications of implicit participant coercion, tacit patterns of regularities being taken for granted, and potential conflicts (Karagiozis & Uottawa, 2018; Williams et al., 2019). The researcher used the NVivo journal to facilitate reflexivity during the study's analysis (QSR International, 2019) and to track the researcher's empathy, experience, bias, coercion behavior, reactions to participants' narratives, and cross-cultural sensitivities (Peterson, 2019).

Multiple sources of information strengthened this study results' trustworthiness and transferability, which should have limited the risk of misinterpreting the findings. Using nonreactive measures such as open-ended questions during interviews may have helped minimize leading interviewees to anticipate desired responses or change their responses. Interview questions were reviewed carefully to focus on relevant elements of the study, include inquiries regarding observable behavior, and present questions with clear definitions of terms. The researcher focused on resisting cultural encapsulation interpretation, the bias of imposing one's own cultural view and resisting other views (Karagiosis & Uottawa, 2018). The goal was to maximize awareness of subjective

interpretations of the questions and facilitate cross-interview analysis that developed a narrative based upon multiple perspectives (Karagiosis & Uottawa, 2018).

Cross-referencing program records with interview questions may have served to reduce the evaluation's distortion or corruption, adding to the information's reliability and aiding in determining which elements of training or engagement may provide distinct impacts. The more the researcher identified discrete influences of behavior, the more reliable the interpretation would be (Posavac, 2011).

The researcher may have been challenged to balance the needs of the study with the needs of the stakeholders while maintaining credibility and evaluation trustworthiness. According to Morris (2011), a significant ethical challenge is empowerment evaluation, in which program stakeholders evaluate their own programs. This challenge remained a focal point in the evaluation because it is critical to balance overrating leadership and management with being overcritical of organizational processes or procedural elements.

### **Summary**

Workforce commitment and engagement serve important roles in staff training and performance. They are also impacted by employees' perceptions about their supervisors, levels of job autonomy, and shared coworker values. Serenity examines workforce engagement through its strategic-planning efforts. There may be obstacles to the effectiveness of workforce engagement strategic goals, and Serenity may be missing opportunities to establish and strengthen organizational champions to implement strategic

priorities. There may be misalignment among various management levels. All these factors may result in challenges to workforce engagement, retention, and performance. Section 3 assesses the organizational workforce environment and how Serenity engages its employees. It evaluates the processes the organization uses to manage and improve its operations and service delivery. This analysis synthesizes information about Serenity's organizational measurements and IT infrastructure.

## Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

### **Introduction**

To provide Serenity leadership with deeper knowledge about the effectiveness of its operational management and growth opportunities, I examined the role of workforce engagement, training, and operations in the Supported Sobriety program. I obtained sources of evidence for the study through strategic planning, policy, performance, satisfaction, and quality documentation provided by agency leadership. I collected employee experiences through semistructured interviews conducted with 10 employees, including senior-level and program directors.

### **Analysis of the Organization**

Serenity's services are based upon the state contracts it holds with the DDS. Residential and day service segments offer different levels of support that accommodate the behavioral health and medical needs of people who participate in services. Contracted services are sought after based upon the agency's professional experience and expertise, along with feasibility for the funding to cover the requested services. Serenity service teams frequently identify individuals' unmet needs. Directors negotiate with the state contract representatives to approve reimbursement for requested enhanced services. Occasionally, the state does not approve the services and Serenity must determine its ability to support the individual despite a lack of funding, absorbing the unreimbursed cost of providing necessary services. Individuals' high-acuity psychiatric and behavioral



support needs impacts Serenity's workforce and operations. The extent to which individuals' service needs exceed the workforce's professional training may negatively impact workforce competence, confidence, and engagement (Fletcher et al., 2018; Saunderson, 2016).

## **Workforce and Operations**

### **Workforce Recruitment and Training**

Employee recruitment occurs through open-house job fairs, social media, online employment websites, and employee referrals. To assess staff capability and capacity, Serenity's recruiter completes a screening process that involves obtaining references, driving records, and criminal background checks, along with onsite interviews with prospective supervisors. Serenity uses cybervetting as part of its screening process, which provides candidates with the opportunity to proactively disclose reasons for employment-disqualifying background cyberdata and respond persuasively to those findings so they are again considered reliably employable. Hedenus and Backman (2017) suggest that human resource officers' common use of cybervetting offers opportunities for transparency, honesty, and self-reflection regarding a candidate's data double, but there are also ethical issues to consider regarding rights to privacy versus commercial or public use. The term *data double* refers to information about an individual that can be found on the internet rather than in the applicant's original presentation through the application and in-person meetings (Hedenus & Backman, 2017). Cybervetting and other forms of screening also provide human resources with information about a candidate's values and

whether those values align with the company's values, which can impact long-term employment and contribute to the company's brand (Russell & Brannan, 2016).

New employees complete a 10-day in-office orientation, with several days of onsite shadowing thereafter. After 30 days, the supervisor meets with the recruiter to determine the new employee's professional-development needs based upon their performance during classroom orientation, shadowing, and onsite activities. Employees who complete the 90-day orientation continue with quarterly trainings, medication certification training within the first six months, and annual refreshers thereafter. The organization is committed to preparing new employees for their roles and building their capacity to perform expected job duties.

Training content emphasizes workplace safety and ethical conduct, high-quality patient care, and recognition and professional growth. Critical factors in successfully recruiting long-term employees include prospects' shared values with the organization and perceptions of high service quality, ethical climate, recognition and positive feedback from supervisors, respect, and autonomy (Pregaman et al., 2017; Russell & Brannan, 2016). All employees participate in annual refresher trainings that review the following content:

- Personnel and operational policies.
- OSHA regulations.
- Physical and psychological management.
- Defensive driving.

- Mental health first aid.
- Trauma-informed supports.
- Supported Sobriety programming.
- Motivational interviewing and conflict management.
- Suicide prevention.
- Emergency response preparedness.

Employees also must complete an annual recertification exam for medication administration. CPR and first aid refresher courses are required every 2 and 3 years, respectively.

The organization uses face-to-face training for new hires and annual refresher training, but it does not regularly evaluate the effectiveness of its current curriculum. Occasionally, new curriculum is added or current training content is revised as senior management or the trainer becomes aware of or determines the need for professional development in new topics.

### **Workforce Supervision and Support**

Weekly supervision meetings and monthly management meetings provide a forum for directors and managers to discuss staff performance and training needs. According to 2019 human resources records, there is no formal training for supervisors. There may be a mistaken assumption that being good at performing a role means being good at supervising it; therefore, training is not paired with promotion (Wambu & Myers, 2019). Annual employee satisfaction surveys provide staff with the opportunity to

recommend additional training or supervision needs. Senior leadership incorporates this feedback into strategic planning for the next year. Recognition to improve workforce engagement and performance appear to be most effective when there is a system of formal, informal, and day-to-day practices as part of the recognition strategy (Saunderson, 2016). Serenity supervisors provide formal and informal recognition during supervision and staff meetings.

The organization supports its workplace health and safety through a policy-driven culture. Standing committees regularly review risk management, workplace safety, accessibility, and cultural competency. Annual trainings on workplace safety and risk management are required for all staff. Serenity supports its staff by offering health insurance, employee assistance programs, retirement planning, flexible paid leave, and referral bonuses for recommending new employee candidates who are hired and successfully complete orientation.

### **Workforce Communication**

Serenity uses formal and informal unwritten communication channels to disseminate information internally and externally. All management levels communicate using secured email. National communications are sent by postal mail to the entire workforce. Memos and other local company updates are sent by email to managers, who are expected to distribute the updates to the direct-care professionals they supervise. Direct-care staff do not have corporate email; they communicate through secured communication within the electronic health care record system. Conference calls and

one-to-one telephone calls are used to connect stakeholders internally and externally for regular meetings and other informal information-sharing purposes. Serenity has an intranet to share information with management and administrative employees who have access to it, including leaders, managers, IT personnel, and administrative staff. The organization has an external social media presence on Facebook in addition to its organizational website. Face-to-face meetings occur weekly for supervision and monthly for updates with management-level employees and administrative support staff. Assessing an organization's informal and formal channels of communication offers opportunities to evaluate communication and operational efficiencies, identify process improvements, engage employees, and ensure effective communication is disseminated to all levels across the organization (Jimenez-Castillo & Sanchez-Perez, 2013; Mishra et al., 2014; Murphy et al., 2017).

All management levels informally encourage transparency and open communication vertically and horizontally within the organization. There is contact information for supervisors and directors at all work sites. Senior and midlevel leadership participate in orientation and annual refresher trainings. Innovative ideas and performance-improvement suggestions from all staffing levels are considered and incorporated into performance-improvement initiatives. Frequent and in-person communication that incorporates active listening, support, and encouragement is related to job satisfaction, job retention, and performance quality (Parrott et al., 2019; Stamolampros et al., 2019; Symitsi et al., 2018).

## **Workforce Engagement and Progression**

Key drivers of staff engagement are determined by staff retention, service-quality performance, job satisfaction, and active engagement in agency workgroups and activities (Lepold et al., 2018; Parrott et al., 2019). Serenity's assessment of employee engagement includes annual corporate culture surveys, the results of which are analyzed, with recommendations being considered and included in strategic-planning activities for the upcoming year. The results of the corporate culture surveys are not widely distributed, and employees may not have a clear sense of how their feedback is received or used in future systems improvement. Employees' understanding of personal influence and efficacy in achieving organizational goals such as key performance indicators impact staff satisfaction and engagement (Lepold et al., 2018; Parrott et al., 2019).

Career progression is an important value for Serenity, and this commitment to its employees may positively impact workforce engagement (Adeniji et al., 2019). Senior management annually reviews the organizational infrastructure and professional-development opportunities to facilitate advancement of employees at all levels of management. The company demonstrates a commitment to develop and promote staff from within to available management positions before recruiting from outside the agency.

The organization's value of workforce career progression combined with annual surveys to capture employees' feedback and suggestions may impact workforce engagement positively. These activities represent opportunities to strengthen

communication, share employee satisfaction information, and communicate organizational strategic-plan implementation progress.

### **Operations**

Operations are policy-driven and managed through shared departmental responsibilities or oversight. Operations and personnel policies have been developed and updated to meet or exceed state and federal Medicaid and Department of Labor regulations as changes have been published over the years. Service policies and procedures have been developed and revised in response to participant satisfaction surveys and service support needs. Serenity has modeled its services to align with national standards of service delivery such as those outlined in the National Core Indicator survey (Human Services Research Institute [HSRI] & National Association of State Directors of Developmental Disabilities Services [NASDDD], 2020). Adopting national core indicators is an effective method for monitoring individuals' rights and service-delivery outcomes (Tichá et al., 2018).

Service delivery is verified by supervisor reviews of daily or weekly quality-assurance reports. Weekly and monthly billing audits verify documented units of service by both operations and accounting departments. Monthly financial audits by supervisors and accounting ensure identification of transactions outside the approved budgeted parameters. Monthly analysis occurs at the senior and executive leadership levels, with focus on how performance has impacted the annual strategic plan's key performance and

risk-management factors, such as managing unreimbursed services, overtime wages, and turnover.

The organization ensures each employee is responsible for the internal control of ethical and effective service delivery, including staff who provide the documented services, supervisors who verify the quality and provision of services, and accounting staff who conduct internal control audits of the systems to ensure compliance. The process of shared responsibility ensures all employees communicate within and about the systems of internal control, performance, risk management, information and communication, audits, and evaluation (Manea-Birza, 2012).

### **Authentic and Inclusive Leadership**

During the 2017 strategic-planning retreat, senior leadership engaged multilevel management representatives to create Serenity's vision: "Responsive and dynamic, delivering supports in new ways, invested in our communities and our staff, always evolving." The goal was to have internal stakeholders understand Serenity's investment in their interests and futures, that its goals being dynamic, responsive, and innovative is meant to benefit the staff and the individuals who participate in its supports. According to Srinivasan (2014), vision statements are both broad and future-oriented. They are intended to inspire an organization's employees to rally together and overcome all challenges to achieve its goals. It may be that the process of creating the vision is as important as the resulting statement itself. Senior leadership aimed to rally enthusiasm and commitment to support Serenity's mission and vision, appreciating the fact that each



employee would be better off for having done so. The vision was to “galvanize the aspirations of the organization members, and to mobilize them into concerted action towards the desired future” (Levin, as cited in Srinivasan, 2014, p. 37; see also Horn, 2014).

Mission, vision, and values are introduced to new employees during orientation. The statements are displayed as posters in every facility near workstations and in training and meeting rooms. They are distributed on company shirts and other company promotional items. Senior leadership uses agency-wide events and meetings to remind staff of the importance of Serenity’s mission and values statements, instructing staff to use them as their decision-making guide when faced with work-related challenges. Serenity’s mission, vision, and values statements do not appear to be shared with external stakeholders in a formal way other than appearing on the website and marketing materials.

Serenity’s policy-driven organization informs its ethical and legal conduct. Authentic leadership style characterizes Serenity through its commitment to ethical and legal conduct, which extends to evaluating business and personnel decisions and actions based upon fairness, honesty, and accountability, and by monitoring organizational performance and conduct to ensure adherence to policy standards (Lyubovnikova et al., 2017). Employees are motivated positively to commit to the agency’s mission and vision when they perceive their leaders behaving in an ethical manner (Mitonga-Monga & Cilliers, 2016). Personnel and operations policies are introduced during orientation and

reviewed annually during required refresher trainings. Conditions of employment for all employees include participation in annual trainings.

Supervisors, including senior leadership, participate in annual employment law training. This training addresses ethical and legal practices in managing employees and employee candidates. Senior leadership and human resources meet weekly to ensure consistent and policy-adherent personnel management by reviewing all employee concerns as a leadership team. Serenity provides a grievance policy that facilitates employees' ability to submit concerns or grievances to senior leadership for review. The state director's cell phone and email are accessible to all internal and external stakeholders, as shown on the agency's marketing materials, website, program contact lists, and the state director's self-report. This availability ensures effective access to senior leadership when concerns or issues are not resolved at a lower management level. Available on the website, all stakeholders may use this main portal to submit concerns that are also routed to the state director. According to policy, all concerns are documented and investigated. Written procedures indicate responses, and investigation documents are stored, tracked, and reviewed for trends during risk-management meetings.

Serenity's senior leadership employs an inclusive leadership approach to promote a successful environment and action focus. Inclusive leadership may be described as shared leadership in which each member contributes ideas and takes responsibility for actions toward achieving a shared goal (Hoch & Morgeson, 2014; Ye et al, 2019). Evidence suggests that when a team shares leadership, performance and outcomes are

impacted positively (Hoch & Morgeson, 2014; Lyubovnikova et al., 2017; Ye et al., 2019). The state director elicits business improvement and growth ideas informally from all management levels. Informal idea inquiries occur during the second and early third quarters of the calendar year to foster creative thinking and community building among employees for the upcoming strategic-planning year. Formal idea-generation workshops occur during the annual strategic-planning retreat held during the third quarter of the calendar year, allowing for planning meetings to occur before implementation in the first quarter of the following year.

Examples of inclusive leadership outcomes include senior managers who have served as team leaders for selected business growth or improvement initiatives they recommended. According to senior leadership, one example with Serenity includes the story of an area director who identified a business opportunity in 2018 and oversaw the development of a new mental health waiver business. Another area director with strong interest and experience in day services led the development of the agency's day-service segment. Leaders formed workgroups and committees and interested staff took on different roles and responsibilities toward achieving the development of these business segments.

According to Serenity human resources, other initiatives resulting from inclusive leadership, including a human resources trainer recommending an increase in the number, frequency, and diversity of staff trainings. Human resources partnered with senior leadership to develop and acquire new trainings in the requested subject areas. All

management-level employees have been approved to attend professional-development trainings in the community.

### **Knowledge Management**

Serenity synthesizes its performance information by analyzing measured outcomes against its annual plan to control its overall costs, manage vendor work, and provide safe operating environments. Monthly, quarterly, and annual financial reports generated by accounting provide information to senior leadership and middle management about current financial waste or mismanagement. The information serves to guide strategic planning for future service-delivery decision making. Financial analysis is a key system for tracking and controlling service cost and quality (Pandya, 2018; Sacristan, 2018). Service documentation is entered using Therap, a secure web-based and application-available software accessible on handheld devices such as employee cell phones. Service data and billing reports are generated weekly by quality assurance and shared with senior leadership, middle management, and accounting to ensure all service delivery is billable in accordance with Medicaid requirements. Electronic software provides data-driven outcomes reporting, billing audits, and time-and-date-stamped service documentation. It is also associated with improving patient safety, costs, and recordkeeping, while reducing adverse events such as medication errors (Shawahna, 2019; Therap Services, 2019).

**Risk and Safety**

Risk-management systems are in place to minimize risk and identify activities that may represent waste, fraud, or abuse of organizational resources, employees, and individuals served. Control mechanisms include staff training on personnel and operating policies, professional-development trainings, manager and staff meetings, and analysis of electronic recordkeeping and data collection provided through service and operational tracking software. The relationship between IT and operational systems is associated with the organization's ability to control its costs to the extent the IT systems efficiently adapt to and support operations' performance needs (Rechtman et al., 2019). Suspicious activity is reported, investigated, and tracked by various supervisors of operations, human resources, and accounting departments, then shared with executive leadership.

Employee and facility liabilities are identified and managed by regular departmental committee reviews of monitoring software-identified or employee-reported safety concerns, results of site visits, inspections, record audits, and supervision of employees. Disaster preparedness is reviewed during risk-management meetings and monthly practice drills are tracked on a quarterly basis. Operations leadership manages monthly tracking of vendor performance.

**Information and Technology Security**

Serenity uses a secured server to store information and ensure access to approved users. Security and disaster preparedness are overseen by the central IT department that involves workforce training on IT standards. IT department leadership oversees IT

performance reliability and security management. The department implements its disaster recovery/business continuity plan, which involves training all employees on IT use standards, which include controlling for common breaches of security and privacy by periodically changing passwords, updating software, encrypting private health data through approved software, using secured servers to store data, automatically logging off for unattended computers, and restricting Internet access (Arain et al., 2019; Hepp et al., 2018). Employees are trained on maintaining privacy of individual information in compliance with HIPAA laws and using only the secured server to access health-related information. The understanding between employees and IT impacts the organization's ability to achieve its IT-dependent security needs (Rechtman et al., 2019).

With the advent of CMS's 2020 electronic visit verification (EVV) requirement, Serenity is preparing to utilize application-based software available on handheld devices such as employee telephones. The purpose of EVV technology, to reduce service and billing fraud, should benefit Serenity by ensuring employees document billable services at the time of service (Olowu, 2015; Perrin, 2019). Issues of security, cost, and infection prevention related to multiple-patient contact with EVV equipment will need to be addressed as the new system is developed and implemented (McGoldrick, 2019; Olowu, 2015). In partnership with the IT department, Serenity will use 2020 to determine how it will comply with the requirements as they compare to current systems and processes.

## Summary

Serenity integrates organizational processes and technology to measure and improve its operations and service delivery. The organization's human resources recruiter implements multilevel screening processes that involve cyber-vetting as part of background checks, along with multiple interviews in different service settings. Retention efforts include annual state- and organization-required trainings to refresh employees' work skills and knowledge. These events are paired with personal and enhanced professional-development trainings.

To manage performance reliability and organizational cost-effectiveness, Serenity uses operational processes and IT systems. Risk management addresses financial, employee, facility, and IT privacy, as well as security liability. Use of regular reporting and face-to-face review meetings among leadership, accounting, and operational management contributes to communication about performance outcomes and improvement needs. It remains unclear how launching CMS's new EVV requirements will impact Serenity's current electronic health record systems in terms of processes, cost, and ensuring patient and employee health.

## Section 4: Results—Analysis, Implications, and Preparation of Findings

### **Introduction**

Serenity provides residential and mental health supports for individuals with ID/DD and mental health and addiction disorders. The agency has developed innovative programs and expressed an interest in achieving sustainable growth within the behavioral health care industry. Although Serenity has experienced growth, it has also experienced organizational challenges, such as turnover and performance issues. Agency leaders have expressed a willingness to explore its organizational systems, workforce engagement, and stakeholder relationships to address these challenges.

I examined the role of workforce engagement, training, and operations specifically within the Supported Sobriety program. Recommendations resulting from this study focus on strengthening relationships with all stakeholders, stabilizing the workforce, and improving operational effectiveness. Implementing the recommendations developed from the study's analysis may strengthen stakeholder relationships and position Serenity's leadership to develop initiatives that positively impact the community and create sustainable expansion in the behavioral health sector.

I used the Baldrige Health Care Criteria for Performance Excellence to analyze the sources of evidence collected during this study. The process is categorized by four factors: approach, deployment, learning, and integration. Serenity's policies, organizational procedures, and systems were analyzed to understand better how documents and processes supported the implementation of desired activities, how



relevant these processes were, and the consistency with which they were implemented. Policies and practices were reviewed to examine the extent to which approach refinement was available through performance-improvement processes and innovations, as well as how the measures, information, and improvement systems were integrated across departments to support the organization's needs.

In addition to using the Baldrige framework, I used a qualitative approach to analyze 10 mid- and senior-level directors' responses to questions related to their experience with Serenity's workforce training and engagement. Emerging themes were identified from the analysis, resulting in implications for the organization's individuals, employees, and community. In the next sections, I share the study's social impact, results and implications for the organization, and strengths and limitations.

### **Analysis, Results, and Implications**

#### **Client Program and Services**

Serenity's health care results were measured by state quality reviewers using the standards from the CMS quality inventory, which quantifies meaningful health care outcomes such as service-delivery processes, patient perceptions, and agency systems associated with high-quality services. According to 2019 state quality service reports, Serenity achieved 100% in the areas of consumer interviews, reviewer observations, staff interviews, relationship and community inclusion, choice and control, and satisfaction. Using the same criteria, the average score for agencies in the state is between 97% and 100% (State DDS, n.d.). Serenity scored lower in documentation and safety, achieving

86% and 87%, respectively. These lower scores were close to scores achieved by competitive providers, which scored 87% and 91% in documentation and safety, respectively (State DDS, n.d.). Serenity performs competitively and within the acceptable range of its funding contracts' and federally mandated quality requirements. Scores of 85% or below require correction plans (State DDS, n.d.). Serenity did not perform below 86%, so no corrective plan was required. In terms of measurable goals, Serenity has achieved state and federally required goals and performs similarly to other organizations across the state.

Serenity's internal quality-management reports detailed similar performance outcomes in comparison to state reports in areas of documentation and safety. The agency has not developed agency-specific quality-performance goals. The agency's multidimensional service delivery and workforce production complicates measuring human-services performance quality given the impact of customer perceptions and measurable health indicators. According to previous years' health care quality reports and the fact that it achieved three-year CARF accreditation in 2017, Serenity appears to have provided acceptable quality services year to year. Achieving this certification level indicates external verification that the organization complies with national quality, ethical, and operational standards and performance indicators. However, better understanding Serenity's potential to achieve sustainable growth required the development of internal behavioral health service indicators targeting service-delivery effectiveness and performance improvement.

According to the agency's QPC, key elements of Serenity's quality tracking include distributing daily, weekly, and monthly quality-performance reports to supervisors. These reports are used to monitor documentation compliance and ensure accurate and complete billing. The QPC also regularly collects quality-assurance documentation and conducts site inspections. A safety committee meets quarterly to review trends and address safety issues related to facility and emergency preparedness.

According to senior leadership, quarterly risk-management meetings review trends related to key risk indicators, such as workers' compensation, vehicle maintenance, and personnel issues. Supervisors conduct monthly chart reviews to improve the quality and completeness of client charts. According to senior leadership, plans of correction are required for all chart deficiencies and monitored by the respective care teams' supervisors.

Serenity's approach to quality management appears to accomplish its goals of consistently tracking and distributing quality performance data to supervisors. However, the process seems to be deficient in the learning and integration factors, betraying a lack of process-evaluation procedures for improvement and innovation, as well as a standard communication strategy. According to both senior- and mid-level management, processes or systems are not regularly reviewed for efficiency or improvement. It is not clear if there is an evaluative process to review challenges or recommend improvements if systems become obsolete or ineffective.

## **Client-Focused Results**

Serenity distributes an evidence-based consumer satisfaction survey, developed from the National Core Indicators (HSRI & NASDDD, 2020), to individuals who participate in services (see Appendix B for the consumer satisfaction survey). Twenty-four (40%) of individuals who have participated in supports responded to Serenity's most recent consumer satisfaction survey. The survey requested that respondents state their agreement with 15 statements based upon an opinion score from 1 to 4, where 1 indicated very negative feelings and 4 indicated very positive feelings. According to the average score of 3.35, individuals reported being 84% satisfied with services. The highest scores indicated that individuals felt respected and responded to, their staff and managers were doing good jobs, they were making progress toward their goals, and they liked the food they ate. Respondents indicated they would recommend Serenity services to others.

Serenity also appears to provide patient-focused services from participants' perspectives. The lower scores included feeling less positive about their own jobs, homes, and neighborhoods. Many participants in Serenity residential supports attend a day services program outside of Serenity. Although they may have expressed dissatisfaction with their jobs, Serenity employees may have a limited ability to effect change in these areas of their own lives. Individuals' dissatisfaction with their homes may have been related to home locations in lower-income neighborhoods, resulting from impoverished individual funding for housing. Further analysis needs to be conducted to identify

connections between participants' perspectives and elements of the organization's services and operations.

Challenges include an effective approach and deployment plan to achieve 100% return of the individuals' surveys. Additionally, it appears there is no follow-up or tracking system for satisfaction survey results or a method of integrating suggestions stakeholders submit. Senior leadership reported reviewing customer survey results, but they did not include learning or integration components, a communication strategy to share this input with internal or external stakeholders, or a formal approach to incorporate suggestions into an improvement plan.

### **Workforce-Focused Results**

Serenity's annual corporate climate survey measures workforce engagement (see Appendix C). Approximately 53% ( $n = 101$ ) of the distributed surveys were returned. Employees were requested to rate four focus areas, including organization, supervisor, team, and role. The organization area included employee perceptions of the organizational work environment and workforce support, value to service recipients, the agency's processes and systems, and inclusion of employee input. The supervisor area included employees' perceptions of supervisor equity, support, relationship, and accessibility. The team area focused on staff members' perceptions of teamwork and team membership within the organization. The role area focused on employees' perceptions of their own roles within the organization, their departments, and promotional opportunities within the organization. For each section, employees ranging

from middle management to direct-care staff were asked to rate their experiences using a Likert scale where 1 represented *strongly disagree* and 5 represented *strongly agree*.

Serenity employees gave the organization an average rating of 3.86, or 77%. The two highest scores employees agreed upon were that Serenity provided a valuable service to the individuals it supports and that they would recommend Serenity as a place to work for family and friends. Equitable enforcement of policies and considering employee input were the lowest scores across all employee groups, 3.48 and 3.47, respectively (about 69%). The lower scores were primarily submitted by middle managers, who gave an average rating of 2.29, as compared to full time direct-care, part-time direct-care, and administrative employees, who rated this item 3.29, 3.57, and 4.00, respectively. Employees' perceptions of equitable treatment by organizational leaders and supervisors may impact workforce engagement, company loyalty, and performance (Ryan & Wessel, 2015). Follow-up discussions with the middle-manager group was required to understand better their experiences with inequitable policy enforcement and supervisors not considering employee input.

Supervisors' average rating was 4.2, or 82%, with the highest approval ratings given to the statement that the supervisor encouraged independent problem solving, was accessible, and communicated clear expectations (4.27, 4.16, and 4.15, respectively). These responses were consistent across all management levels. The lowest scores included feeling the supervisor cared about their employees, provided recognition for good performance, and provided meaningful feedback (4.02, 4.00, and 3.93,

respectively). Part-time direct-care staff provided scores of 4 or higher. Scores of 3.26 and 3.33 were reported by full-time direct-care and administrative staff, respectively.

Relationships between employees and their supervisors impact employee performance and satisfaction. Employees who report clear expectations, support, and consistent oversight from supervisors experience greater job satisfaction. Middle management may benefit from more frequent supervision to allow more opportunities for staff performance recognition and meaningful feedback. The factors impacting the difference between part- and full-time employees' responses are not clear from the survey. Follow-up interviews with part- and full-time workforce groups are needed to understand better the difference in perspectives, and interviews with administrative staff are needed to better understand theirs.

Team ratings averaged 3.71, or 74%. The highest scores included feeling to some degree that employees help each other and care about the quality of their work (3.88 and 3.81, respectively). Employees appeared to experience a lack of teamwork and trust among employee groups, with middle managers and full-time direct-care staff reporting lower ratings most frequently (3.64 and 3.49, respectively). Company commitment has been impacted by employees' experience of teamwork and trust. It would be necessary to explore middle managers' and full-time direct-care staff members' experiences to understand better their concerns about trust and team membership. Through the discussion, recommendations from the two management levels revealed some effective

methods to address staff concerns, improve trust and relationships, and build performance.

Role scores averaged 4.09, or 82%, with the highest scores for employees expressing dedication to their departments and feeling they were doing something worthwhile (4.36 and 4.29, respectively). This response was consistent across all employee management levels. The lowest scores included staff reporting they felt they might not be working at Serenity in three years and that they were unsatisfied with the lack of opportunity for growth and development (3.94 and 3.92, respectively). These responses most often were reported by full-time direct-care staff and middle managers. Serenity does not have a formal career-progression model in which employees are prepared for growth within the organization. There is limited opportunity for middle managers to advance to senior management, which impacts opportunities for growth at lower levels of management. This fact may be associated with staff responses reported in the survey.

Analyzing quality performance reports within the context of workforce satisfaction with organizational culture, supervisor, team membership, and role provided information about how employees at various management levels may be influenced to perform with greater or lesser effectiveness in their departments and positions. Workforce perception survey results may reveal deficiencies in areas of the employer's overemphasis on financial measurements, underemphasis on customer satisfaction and quality, and shortcomings in individual employee performance feedback.



In Serenity workforce satisfaction surveys, deficiencies were most often noted by full-time employees who work remotely, where consistent and frequent communication with the organization's leaders and supervisors is limited. Employees' responses to the surveys identified concerns with equitable application of policies, consistency in holding deficient employees accountable, and recognition. Exploring the supervisory relationships, communication channels, and opportunity for personal performance measurement could result in recommendations to improve workforce engagement and commitment to quality performance.

The results of the corporate climate and consumer surveys are analyzed by senior leadership, the conclusions of which are informally shared with middle management during various management meetings. The data obtained from the surveys do not seem to be communicated effectively to relevant stakeholders in which service-delivery improvements or input from stakeholders is solicited; thus, there are limitations in the learning and integration factors. This restricted communication has limited the potential learning opportunities that may lead to approach refinement, quality improvement, and innovation. Sharing performance data with the workforce may serve to improve workforce engagement, which may result in performance improvement and overall service-quality improvement.

### **Management-Focused Results**

Interviews with mid- and senior-level directors were analyzed to understand better staffs' perceptions and experiences of the organization's workforce training and

engagement performance. Ten participants, the total number of Serenity's mid- and senior-level management personnel, were provided copies of Walden University's IRB approval, written permission to conduct the study from the chairman of Serenity's board of directors, and the informed consent for signature. Each participant was also provided a copy of the questions for convenience and reference. Interviewees were assigned random numbers and the interviews were audiotaped and later transcribed. Table 3 displays the interviewees' demographics.

**Table 3**

*Interviewee Demographics*

<b>Demographic</b>	<b>Male Respondents (30%)</b>	<b>Female Respondents (70%)</b>
Age range	40-57 years old	36-45 years old
Racial/ethnic background	Caucasian 20%	Caucasian 50%
	African American 10%	African American 20%
	Latino 0%	Latina 0%
	Other 0%	Other 0%
Education	High school 10%	High school 30%
	College degree 0%	College degree 30%
	Master's degree 20%	Master's degree 10%
Experience	8-14 years	9-17 years

The transcribed interviews were uploaded to QSR's NVivo12 coding software, which permits both automated and manual management of data for coding, creating nodes or categories, and identifying themes across interviews using pattern matching. The transcribed interviews were clustered and reordered for code patterns of words, phrases, and sentences to identify themes. Specific statements that exemplified the themes were queried further by operating a text search. The QSR software created word clouds based on word frequency and themes. The larger-sized words represent more frequent use than those that are smaller. The words used most frequently included *engagement*, *activities*, and *events*, while *workforce*, *performance group*, and *qualified* were used slightly less often during the interviews. Figure 3 illustrates the study's word-frequency word cloud.

**Figure 3**

*Word Frequency Word Cloud Using QSR NVivo12*



**Key Words**

The transcribed interviews were manually coded outside the software and compared to identify emergent themes not identified through software analysis. Themes were triangulated with notes taken during the interviews, along with secondary data to maximize the value of the responses and themes in terms of context, interest, and applicability to the study's question. Key words included *workforce, performance, training, processes, improve, work, competencies, retrain, enhanced, quality, qualified, core, engagement, know, individual, people, and staff*.

***Emerging Theme 1: Performance***

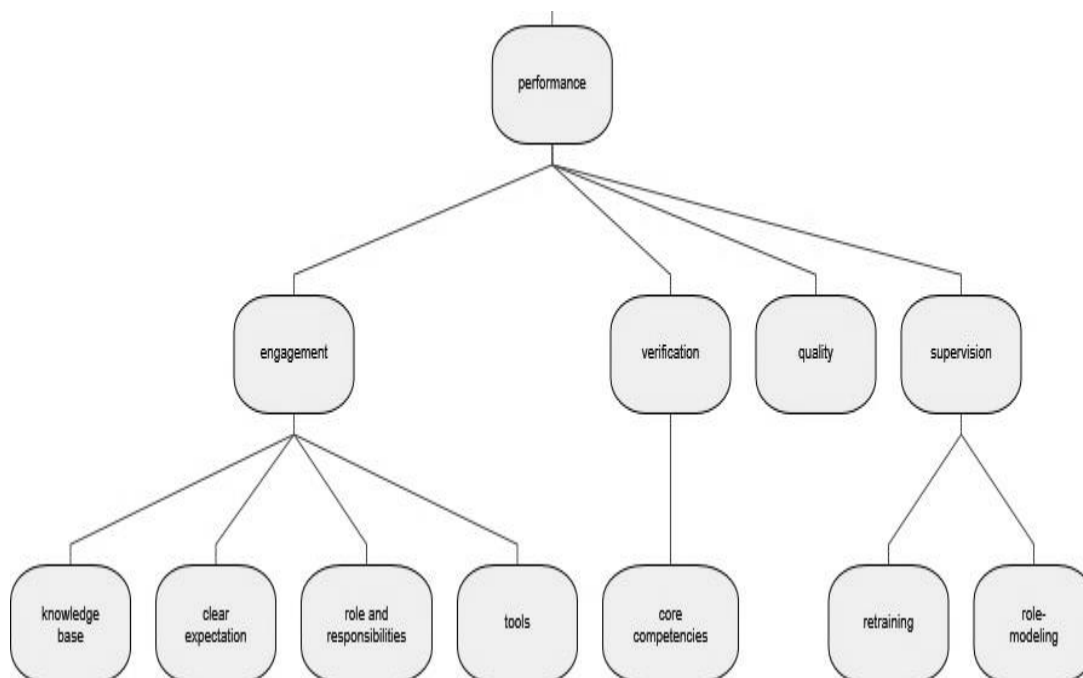
Performance was the first theme to emerge. All participant responses identified employee performance as both a priority and a concern. Terms including *engagement, verification, quality, and supervision* were connected to this theme. Participants linked engagement with performance, sharing their perceptions that engaged employees perform to expectations. Engagement was also linked to employees having a knowledge base, clear expectations, an understanding of their role and responsibilities, and the tools necessary to perform their work.

Verification was linked to core competencies. All participants reported that core competencies were essential to performing work and that acceptable performance was the result of an employee's trainer or supervisor verifying core competencies. P1, P3, P7, P8, and P10 shared the perception that quality was associated with performance, as well. All participants associated supervision with role-modeling and retraining as needed to ensure

core competencies. P8 discussed the importance of providing feedback to employees to help them improve their performance, stating, “People like to hear that they are doing well, that they can do better, that we see you, hear you, and understand your concerns.” P1, P2, P3, P5, P7, P8, and P10 discussed how as supervisors, they observe and ask employees questions about competencies, asserting that redundancy in training and supervision leads to stronger performance. P5 shared that employees need a “clear road map to performance expectations and the tools to do the job.” Figure 4 illustrates the words and phrases associated with the theme of performance.

**Figure 4**

*Mind Map of Performance Theme with Associated Words and Phrases*



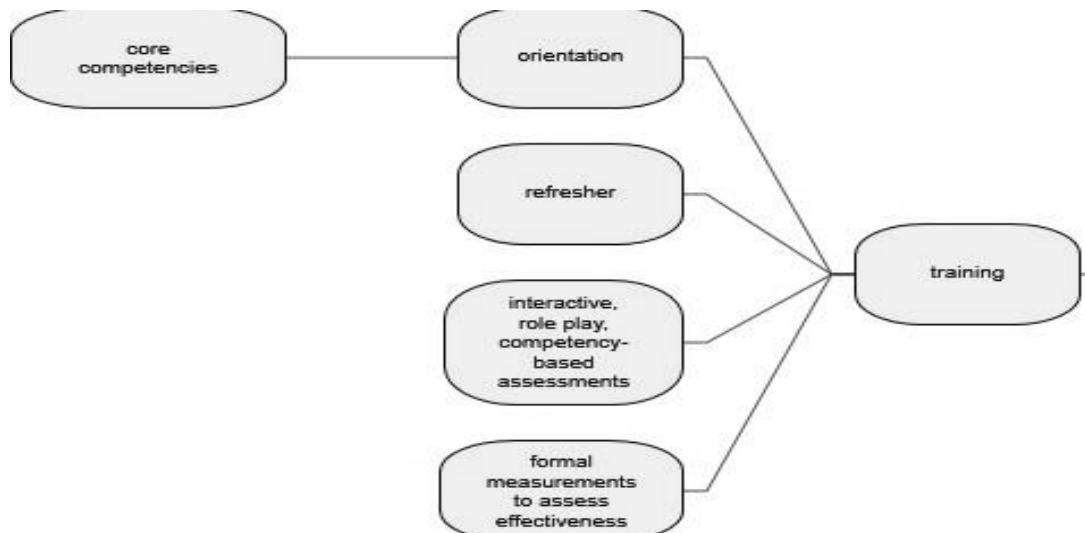
### ***Emerging Theme 2: Training***

The second theme to emerge was training. All participants referenced their concerns regarding training quality, effectiveness, and transferability from the orientation classroom to the worksite. P8 stated, “Trainings should be more interactive, more memorable, with competency-based assessments,” indicating a perception shared by all participants. P6 stated, “Any staff can be in our training. They can sign in on the sign-in sheet, but if they were half asleep or playing on their cell phone instead of paying attention, then they’re not going to be prepared.” P5 commented, “Training should include soft-skills training, more besides, ‘Here’s your First Aid and CPR, don’t abuse people, and here’s our policies.’” P2 shared, “Employees should learn more about the agency, how our systems work, their role in our organization’s strategic plan, and how to plan for successful career progression within our agency.”

P10 discussed concerns about not identifying the best potential candidates, commenting that the most appropriate candidate would be one who exhibits “unique potential, characteristics that are above the current level, someone who has the right decision making that betters the organization, objective mindset, and good judgment.” P8 stated, “Qualified staff show up on time prepared to work and are trying to make a difference.” Figure 5 depicts the training theme with associated words and phrases.

**Figure 5**

*Mind Map of Training Theme with Associated Words and Phrases*



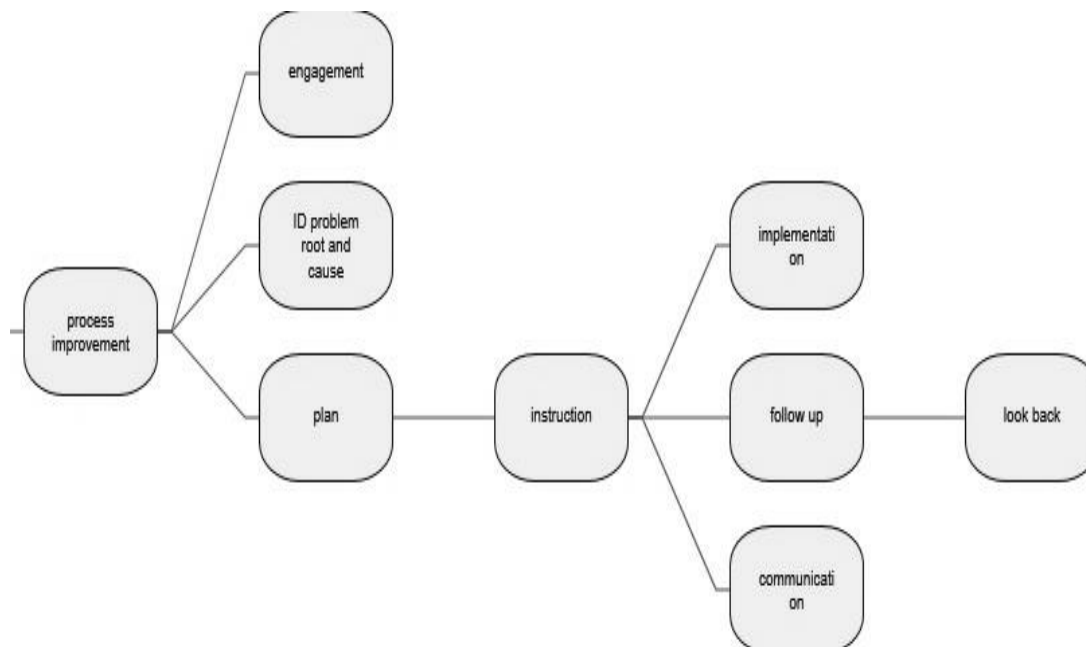
### ***Emerging Theme 3: Process Improvement***

The third theme to emerge was process improvement. All participants shared concerns and the common experience of seeing the organization launch initiatives without communicating a formal plan. Participants commented on the lack of well-thought-out plans that are implemented with measurable goals, are communicated to all stakeholders, include instruction to users, and are assessed for effectiveness. P3 stated, “We’ve been all gung-ho in the beginning, saying, ‘This is going to be great, this is going to be wonderful.’ Then the first meeting gets canceled due to something. It never gets heard about again.” P9 commented, “A lot of talk. Not a lot of follow-through.” P4

shared, “We need to effectively communicate goals and process changes.” P4 explained that improvement plans may be “half started, half finished” and based upon “instincts rather than data.” P2 noticed there was a lack of “formal measurements” for process-improvement initiatives. P7 indicated process improvement might improve by “identifying the root cause, developing goals that cascade down to the end user, and roll up to the organization’s strategic plan.” P7 went on to add, “Communication and implementation assessment are critical features to any improvement plan.” Figure 6 represents a mind map of process improvement with associated words and phrases.

**Figure 6**

*Mind Map of Process Improvement Theme with Associated Words and Phrases*





## **Leadership and Governance**

Serenity's senior management and board of directors constitute its leadership and governing members. Serenity may limit its capabilities to inspire and guide the organization's welfare and growth with internal stakeholder-only leadership. It may be missing opportunities to effectively learn about or identify industry or economic changes and address necessary internal changes to achieve sustainable growth successfully. Having diverse representation is an effective approach to ensuring organizational leadership is adequately informed to guide the workforce and business direction.

According to Serenity's human resource records and annual financial report, Serenity's organizational advantages include leadership stability featuring experienced upper and middle management with long-term employment. Turnover records show that supervisory turnover is 1%. According to midlevel management, Serenity's midsize infrastructure has facilitated many mid- and senior-level managers participating in all committees and staff meetings. The agency is also small enough to facilitate innovative idea generation and pilot programs to test new service ideas.

## **Financial Management**

According to the agency's 2019 annual financial report, it underperformed in areas of managing planned program expenses, specifically workforce wages and property maintenance. Serenity did not meet the expected financial goals. According to senior management, Serenity's financial performance has demonstrated a downward trend, as the time of this study represented the second year of its failure to meet financial goals.

This challenge may be related to overspending on service-delivery overutilization, program costs, and wage expenses. Given the frequency of financial analysis, some factors may not be addressed effectively during monthly reviews and quarterly reforecasting, thereby contributing to the lack of positive performance. Financial management in social services is tied to state funding restraints and regulations, offering limited flexibility. Further exploration with senior and middle management may provide insight into the impact of funding restrictions on effective financial management and how effectively the organization implements its communication strategy for financial expectations.

### **Individual, Organizational, and Community Impact**

According to documentation analysis and management interviews, Serenity's key challenges with individual, organizational, and community impact include a lack of specific goals that support an overall strategic plan that has included communication with and input from external and internal stakeholders. Lack of effective communication, along with low consumer and staff engagement, may impact service-provision retention and quality. Serenity leadership's focus on performance consistency may negatively impact the agency's capacity to deepen and solidify its relationships with external stakeholders, such as funding sources and clients, and internal stakeholders, such as the workforce.

## **Social Impact**

At the time of this study, there were no formal strategic-planning documents or written policies or initiatives. Management interviews and an examination of the agency's social-media posts reveals that Serenity appears responsive to societal well-being through informal community participation opportunities. There was social-media evidence of Serenity responding to requests for support and participation in community-based fundraising or awareness-building events, such as walks and toy or school-supply drives being led by individual employees. Serenity leadership may miss opportunities to learn more about the needs of its workforce and the community it serves by not considering societal well-being as part of its strategic planning and behavioral health business sustainability and growth. Obtaining more information about its workforce's and community's needs could help the agency engage and retain staff because it focuses on creating a more supportive work environment that supports the communities in which staff members live and places greater focus on employee assistance programs, education, health, and emergency preparedness.

This study's recommendations may have a positive social impact if they are implemented by behavioral health leadership. Serenity's leaders may increase community and social-service providers' awareness of the prevalence of ID/DD and SUD's co-occurrence, as well as the critical need for adapted treatment that meets underserved individuals' learning needs. If senior- and midlevel management addresses the study outcomes and implements the recommendations herein, Serenity may strengthen the

organization's workforce engagement and serve more individuals while building a sustainable community-based program.

### **Strengths and Limitations of the Study**

#### **Strengths**

This study's greatest strength is its adherence to qualitative research standards that are best used when obtaining participants' experiences and perceptions to improve program impact or outcomes (Murphy et al., 2018). The study's focus was to maximize credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018), which was accomplished by executing a triangulation approach that compared documented policies, protocols, and internal and external reports. The study also used the Baldrige framework to guide the researcher's analysis of the organization's structure, processes, and performance. Baldrige (NIST, 2017) is a nationally recognized model incorporating best practices to evaluate health care organizations' systems. It provided a structured evaluation to identify discrete functions across the following seven key criteria: 1) leadership; 2) strategy; 3) customers; 4) measurement, analysis, and knowledge management; 5) workforce; 6) operations; and 7) results.

Internal sources included interviews with senior- and mid-level management. These interviews were analyzed using QSR NVivo12 software, which allows the user to utilize both automated and manual coding methods to identify emerging themes in addition to manually reviewing transcripts and interviewer notes. The researcher used reflexivity to identify biases as they emerged during the study.

**Limitations**

This study's limitations include its generalizability, given the small sample size (Murphy et al., 2018). The interviews captured individual experiences in one specific agency, which may not correlate to managers' and leaders' experiences in other organizations. Additionally, this study examined processes rather than outcomes, which was appropriate for its purposes but not necessarily generalizable to other institutions (Murphy et al., 2018).

Another limitation was the researcher's employment status with the organization (Darawsheh, 2014; Williams et al., 2019). To minimize risks associated with this relationship, the researcher focused on regularly practicing reflexivity to identify potential conflicts and implicit interviewee influencing (Fleming, 2018; Karagiozis & Uottawa, 2018; Williams et al., 2019). Information gathered was triangulated with other data sources to maximize accountability, accuracy, and utility of the findings (Murphy et al., 2018).

## Section 5: Recommendations and Conclusions

### **Client Program and Service Recommendations**

Serenity performed within acceptable standards according to state requirements (State DDS, n.d.). However, the agency leadership and quality manager reported not having developed internal quality-performance goals. The agency provides multidimensional service delivery that is evaluated by health and life-skill indicators, in addition to customer satisfaction. Performance is tracked using daily, weekly, and monthly reporting to ensure accurate billing and documentation compliance. Achieving CARF accreditation in 2017 indicates that Serenity has satisfactorily adhered to nationally determined quality-based ethical and operational standards (CARF, 2017).

Serenity has the data to develop baseline information about service delivery, and leadership and management have access to national and state-level quality indicators. Therefore, it is recommended that leadership and management share this information with its internal and external stakeholders to develop quality goals for the service segments in terms of delivery, health and life-skill improvement, and customer satisfaction. Sharing performance data with stakeholders facilitates an environment of learning and communication, which is essential to innovation (NIST, 2017).

Of course, generating measurable performance targets based upon Serenity's current satisfactory performance may be challenging given the complexity of human services for adults with ID/DD (Medina-Borja & Triantis, 2014). According to Medina-Borja and Triantis (2014), developing indicators may provide behavioral health

leadership with information about the organization's business sustainability and potential growth (Medina-Borja & Triantis, 2014). Therefore, I make the following specific recommendations:

1. Leadership and management should use existing data to determine current baseline performance.
2. Convene diverse internal and external stakeholder workgroup to examine data and develop a three-year strategic plan, including annual milestones focused on trackable goals that support organizational mission, business sustainability, and potential growth.
  - a. Metrics should align with national core indicators, CARF standards, and state contract requirements.
  - b. Performance monitoring should include regular reporting and the capacity to analyze and modify strategic goals as emergent internal or external environmental influences occur. These influences may include but are not limited to changes in funding, competitor activity, economic climate, political conditions, and unpredictable health crises.
3. Develop an accountability plan and communication strategy to include regular performance updates to stakeholders.
4. Communicate performance analysis and the organization's strategic plan in writing and through townhall forums accessible to all internal and external

stakeholders, including employees, board members, individuals, families, funders, and community partners.

5. Track performance using a predetermined schedule and communicate regularly with stakeholders, seeking input in preparation for the second annual performance analysis and strategic plan development.

### **Workforce and Training**

According to corporate culture surveys and interviews, full-time employees at direct-care and middle-management levels expressed low satisfaction responses regarding their relationships with supervisors. Wrape (2015) reported that relationships between employees and their supervisors impact performance and satisfaction. It is recommended that the behavioral health leadership explore the supervisory needs and preferences of its workforce to better meet supervisory needs for direct-care staff and management.

Trust and team membership are critical factors in employee company commitment (Guan & Frankel, 2019; Kirrane et al, 2017; Rafferty & Minbashian, 2019). Full-time direct-care employees and middle managers recorded the lowest rating of all employee groups in these areas. Employees' perceptions of shared values, ethics, and professional growth are critical ingredients to employee satisfaction, company loyalty, and performance (Prengaman et al., 2017). It is recommended that leadership further explore these employee groups' concerns focusing on relationships, values, ethics, and professional growth to develop targeted strategies focused on these areas (Rafferty & Minbashian, 2019). Sharing the results of these leadership findings may facilitate



workforce developing engagement strategies that lead to improved company commitment and quality performance (NIST, 2017).

Three themes emerged from the management and leadership interviews. The first was employee performance. Terms such as *engagement*, *verification*, *supervision*, and *quality* were linked to this theme. Supervisors appeared to experience workforce engagement and supervision as key indicators of quality performance. Therefore, it is recommended that leadership explore this theme with management in more depth to develop strategies for increased workforce engagement and supervision.

Specific recommendation:

1. Leadership investigate employee perceptions about workforce engagement, job training, and process improvement at a deeper level than Likert scale surveys. Individual and focus group interviews should concentrate on employee perceptions including, but not limited to:
  - a. Shared values with employer.
  - b. Ethical beliefs and conduct of organizational leaders and management.
  - c. Professional growth opportunities and desires.
  - d. Job preparedness and training.
  - e. Organizational community or social impact.

The second theme was training. Leadership and management reported concerns with training quality, effectiveness, and transferability to the work environment. It is recommended that the behavioral health leadership assess current trainings' content,

delivery, and follow-up to ensure they are effectively preparing the workforce to perform their tasks.

The third emergent theme included process improvement. Management and leadership expressed a shared experience of learning about company initiatives that were not effectively communicated or evaluated for effectiveness. It is recommended that the leadership ensure performance improvement initiatives include a communication strategy along with look-back assessments to evaluate how the process is progressing. Through effective communication and implementation assessment, the organizational leadership will be better positioned to maintain or modify the process improvement plan as it may relate to workforce engagement, training, and business sustainability.

Specific recommendations:

2. Develop accountability plan and communication strategy to include regular performance updates to stakeholders.
3. Internal stakeholder workgroup examines survey and interview responses to develop a strategic plan, including milestones focused on trackable goals that support employee loyalty, job preparedness, and process improvement, resulting in high-quality service delivery and employment retention.
  - a. Metrics should align with national and state measures in areas of employee retention, satisfaction, and performance quality.
  - b. Performance monitoring should include regular reporting and capacity to analyze and modify strategic goals as emergent internal or external

environmental influences occur, which may include but are not limited to changes in funding, competitor activity, economic climate, political conditions, and unpredictable health crises.

4. Communicate performance analysis and the organization's strategic plan in writing and through townhall forums accessible to all internal and external stakeholders, including employees, board members, individuals, families, funders, and community partners.
5. Track performance using a predetermined schedule and communicate regularly with stakeholders, seeking input in preparation for annual performance analysis and strategic-plan development.

### **Leadership and Governance**

Serenity's internal and external stakeholder relationships are essential to its business sustainability and growth (Brown et al., 2017; McCarron et al., 2019). Existing behavioral health leadership may be restricting the organization's potential business and community impact through its lack of communication strategy and relationships with a variety of stakeholders (NIST, 2017). It is recommended that Serenity leadership engage its workforce to create pilot community-based programs, test new service ideas, and strengthen internal and external stakeholder relationships. Engaging staff in organizational activities such as community relationship building strengthens retention and company commitment (Lepold et al., 2018; Parrott et al., 2019). Therefore, the researcher makes the following specific recommendations:

1. Leadership should investigate internal and external stakeholder perceptions about the organization's mission, current performance, and potential growth.
2. An internal stakeholder workgroup should examine survey and interview responses to develop a strategic plan, including milestones focused on trackable program and service-industry goals that support the organization's mission, business sustainability, and potential growth.
  - a. Metrics should align with the organization's values, business capabilities, and industry standards.
  - b. Performance monitoring should include regular reporting and the capacity to analyze and modify strategic goals as emergent internal or external environmental influences occur, which may include but are not limited to changes in funding, competitor activity, economic climate, political conditions, and unpredictable health crises.
3. Develop an accountability plan and communication strategy to include regular performance updates to stakeholders.
4. Communicate performance analysis and the organization's strategic plan in writing and through townhall forums accessible to all internal and external stakeholders, including employees, board members, individuals, families, funders, and community partners.

5. Track performance using a predetermined schedule and communicate regularly with stakeholders, seeking input in preparation for annual performance analysis and strategic-plan development.

### **Social Impact**

Serenity is challenged to create community or social impact due to its absence in the organization's strategic plan, limited stakeholder engagement, and lack of formal community-based activities (Brown, 2011; Bryson, 2018). It may be to the organization's advantage to expand its sources of strategic input to include external stakeholders, such as representatives from community social services, business leaders, service participants, and funders. It is recommended that Serenity investigate its workforce and community needs and use this input to develop a social impact strategic plan. Employees who perceive their employer as sharing values and ethics and being invested in the communities in which they live are more committed to those companies (NIST, 2017). Community involvement will also facilitate organizational leaders' capacity to increase awareness about the prevalence of ID/DD and SUD and the need for appropriate treatment (De Miranda, 2013; SAMHSA, 2014). Therefore, the researcher makes the following specific recommendations:

1. Leadership should investigate internal and external stakeholder perceptions about the organization's community impact.
2. Internal and external stakeholder workgroups should examine survey and interview responses to develop a strategic plan, including milestones focused

on trackable community or social impact goals that support the organization's mission.

- a. Metrics should align with the organization's mission and values.
  - b. Performance monitoring should include regular reporting and capacity to analyze and modify strategic goals as emergent internal or external environmental influences occur, which may include but are not limited to changes in funding, competitor activity, economic climate, political conditions, and unpredictable health crises.
3. Develop an accountability plan and communication strategy to include regular performance updates to stakeholders.
  4. Communicate performance analysis and the organization's strategic plan in writing and through townhall forums and diverse media accessible to all internal and external stakeholders, including employees, board members, individuals, families, funders, and community partners.
  5. Track performance using a predetermined schedule and communicate regularly with stakeholders, seeking input in preparation for annual performance analysis and strategic-plan development.

### **Future Research**

Future studies related to this practice problem may focus on exploring the roles of employee PsyCap on employee empowerment, performance, satisfaction, and innovation or creativity among workforces that support people with ID/DD. Businesses such as

human services organizations that have restricted or limited resources, may place significant pressure on employees to perform with inadequate training and supervision. The quality of the leader-member relationship and subsequent employee PsyCap may impact the employee's experience of pressure and desire to perform (Kalyar et al., 2019). Employee PsyCap may influence perceived empowerment, satisfaction, and agency loyalty (Shah et al., 2019). Studying PsyCap with behavioral health organizations that serve those with co-occurring ID/DD and SUD may provide insights to behavioral health leadership, resulting in increased quality, performance, retention, and company commitment, thus creating an environment for sustainable growth. Specifically, researchers may focus on the supervisor-employee relationship and the perceptions of how the relationship impacts performance, job satisfaction, and company loyalty.

Further research may include:

1. Employee perceptions of the impact of the supervisory relationship on employee skill development, job readiness, and performance in a behavioral health organization.
2. Supervisors' perceptions of their influence on employee performance in a behavioral health organization.
3. Employees' perceptions of how the relationships with their supervisor impacts their work-related decision-making, judgment, and level of independence in discretion.

4. Employee-supervisor relationships impact on employee self-efficacy and optimism.
5. Employee-supervisor relationships and perception of supervisor self-efficacy and optimism.

In addition to studying the employee-supervisor relationship, future research may focus on external stakeholder engagement and its impact on workplace innovation and organizational social impact. Behavioral health organizational leaders may be able to apply the recommendations to improve performance, enhance sustainability, contribute to positive social change, and facilitate growth.

### **Conclusion**

The purpose of this qualitative study was to explore how an organization's policies, practices, workforce training, and engagement impacted the addiction services program provided to adults with intellectual disabilities. Literature identified a significant disparity in treatment and outcomes for individuals with co-occurring ID/DD and SUD despite the similar prevalence of these disorders among the general population. This study's goals were to add to the understanding of how organizational leadership and management perceive workforce training and engagement necessary to prepare staff to effectively perform their ID/DD/SUD service tasks. Semistructured interviews with senior and midlevel leadership provided information about the workforce training and engagement processes. Strategic planning, along with programmatic and financial performance report analysis, revealed information about the strengths and challenges of



the agency's service-delivery efficacy. Triangulating interview responses with documentation created a narrative across multiple perspectives.

Studying the agency's ecosystem using this approach led to the development of recommendations to enhance services, organizational sustainability, and positive social impact for professional stakeholders, individuals served, and the communities in which they live. This study's results will contribute to the literature involving workforce engagement and training to effectively support those with co-occurring ID/DD and SUD.

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## Appendix A: Interview Questions

1. How have you worked with the agency leaders and program management to develop specific organizational training and engagement goals? How do you determine appropriate training or engagement activities?
2. How have training goals and activities been measured?
3. How have engagement goals and activities been measured?
4. How do you ensure the unique potential of each member of the direct-care workforce you supervise is being realized in the workplace?
5. How do you improve work processes to improve performance, enhance your workforce's core competencies, and retain qualified staff?
6. How do you ensure your workforce is ready to perform the required tasks?
7. How do you measure their preparedness?
8. In what ways do this organization's addiction services help or benefit the community and individuals with addiction and disabilities and what might improve it?

## Appendix B: Consumer Satisfaction Survey

Please select one response for each question:

State:	Program Director:
Name of Person Served:	
Site:	Number of Individuals Living in the Home:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Age: <input type="checkbox"/> less than 18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61+	
<p><b>Ambulates:</b></p> <p><input type="checkbox"/>independently (walks with no assistance; uses hand rails or walls for balance)</p> <p><input type="checkbox"/>with some assistance (uses walker, cane, or staff support when walking)</p> <p><input type="checkbox"/>not at all (uses a wheelchair or needs staff to transfer)</p>	
Psychiatric Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Family Contact:</b></p> <p><input type="checkbox"/>12+ times per year <input type="checkbox"/>1-11 times per year <input type="checkbox"/>&lt;once per year <input type="checkbox"/>no family contact</p>	
<p><b>Ability to Communicate:</b></p> <p><input type="checkbox"/>capable of responding to survey questions</p> <p><input type="checkbox"/>unable to communicate – survey to be completed by staff</p>	
Surveyor(s):	

DIRECT SUPPORT PROFESSIONALS	Very Negative Response	Mildly Negative Response	Mildly Positive Response	Very Positive Response	Refuses to Respond/Vague
My DSP(s) treat me respectfully.					
My DSP(s) respond quickly when I ask for help.					
My DSP(s) help me reach my goals.					
My DSP(s) are well trained.					
My DSP(s) do a good job.					

MANAGEMENT (“Manager” is: Program Director, Community Support Manager, Program Manager, Program Service Coordinator, etc.)	Very Negative Response	Mildly Negative Response	Mildly Positive Response	Very Positive Response	Refuses to Respond/Vague
My manager visits my home frequently.					

MANAGEMENT  ("Manager" is: Program Director,  Community Support Manager, Program  Manager, Program Service Coordinator,  etc.)	Very Negative Response	Mildly Negative Response	Mildly Positive Response	Very Positive Response	Refuses to Respond/Vague
My manager responds to my concerns promptly.					
My manager helps me achieve my goals.					
My manager does a good job.					

SERVICES	Very Negative Response	Mildly Negative Response	Mildly Positive Response	Very Positive Response	Refuses to Respond/Vague
I like my home.					
I like my neighborhood.					
I like my housemates.					
I like my job/day program/school.					
I like the food I eat.					

I would recommend other people use Serenity's services.					
--	--	--	--	--	--

What can we do to provide you better service?

By checking this box, I approve Serenity to use any of my comments for marketing purposes.

Thank you for your participation!

## Appendix C: Corporate Climate Survey

Please check one box for each of the following areas:

## EMPLOYEE CLASSIFICATION LENGTH OF EMPLOYMENT

- program staff less than 30 hours     less than 6 months  
 program staff 30-35 hours         7-12 months  
 program staff 36-40 hours         1-3 years  
 coordinator/live-in                 greater than 3 years  
 program director/support department supervisor  
 support department (nursing, HR, etc.)

INSTRUCTIONS: Please respond to each of the statements below by circling the number that best reflects your experience with Serenity. Use the space below each statement for comments.

## ORGANIZATION

- |  |               |
|--|---------------|
| 1. I consider Serenity a good place to work.                                 | 1 2 3 4 5 N/A |
| 2. Serenity provides a valuable service to the individuals supported.        | 1 2 3 4 5 N/A |
| 3. Rules and policies are implemented and enforced fairly.                   | 1 2 3 4 5 N/A |
| 4. Serenity eliminates practices that stand in the way of achieving results. | 1 2 3 4 5 N/A |

5. Serenity listens to the ideas/opinions that employees contribute. 1 2 3 4 5 N/A
6. My work environment (e.g., equipment, space, facilities, etc.) enables me to be as productive as I can be. 1 2 3 4 5 N/A
7. I would recommend Serenity as a place to work for family or friends. 1 2 3 4 5 N/A
8. My supervisor's expectations are clear to me. 1 2 3 4 5 N/A
9. My supervisor encourages people to take initiative in problem solving when necessary. 1 2 3 4 5 N/A
10. I would feel comfortable going to my supervisor with a concern. 1 2 3 4 5 N/A
9. My supervisor is fair in dealing with staff. 1 2 3 4 5 N/A
10. My supervisor is accessible. 1 2 3 4 5 N/A
11. My supervisor backs me when necessary. 1 2 3 4 5 N/A
12. My supervisor ensures that people who do a good job are recognized and appreciated. 1 2 3 4 5 N/A
13. I receive meaningful input from my supervisor on how I am performing my job. 1 2 3 4 5 N/A
14. My supervisor cares about his/her employees. 1 2 3 4 5 N/A
15. The people in my site/department care

- |   |               |
|---|---------------|
| about the quality of their work.  | 1 2 3 4 5 N/A |
| 16. There is a strong feeling of team spirit<br>and cooperation within my team.           | 1 2 3 4 5 N/A |
| 17. The people I work with trust one another.   | 1 2 3 4 5 N/A |
| 18. The people I work with help each<br>other when there are problems.                    | 1 2 3 4 5 N/A |
| 19. I feel dedicated to my site/department.   | 1 2 3 4 5 N/A |
| 20. I have received appropriate training for my job.                                      | 1 2 3 4 5 N/A |
| 21. Overall, I am satisfied working for<br>Serenity at the present time.                  | 1 2 3 4 5 N/A |
| 22. I see myself working for Serenity three<br>years from now.                            | 1 2 3 4 5 N/A |
| 23. I am doing something that I consider<br>satisfying and worthwhile in my job.          | 1 2 3 4 5 N/A |
| 24. My job offers me the opportunity to<br>gain work experience in challenging new areas. | 1 2 3 4 5 N/A |
| 25. I am satisfied with my opportunity for<br>growth and development.                     | 1 2 3 4 5 N/A |

#### COMMENTS

What two or three things does Serenity currently do well that helps create a productive workplace?



What two or three things would you recommend Serenity improve to help your workplace be more productive?

General comments:

Thank you for your valuable feedback!