Washington State Health Care Authority

SUD Organizational Development Assessment (SODA)

Clear form

The SUD Organizational Development Assessment (SODA) is used to identify business and program barriers that need attention in order to successfully implement quality improvement activities. This SODA tool can be used to create tailored approaches to addressing leadership, financial, staffing, training, and quality improvement strategies that focus on the unique needs of the organization.

Note: All information collected during this process should be kept confidential within the organization and (if there is one) the facilitator of the assessment process. Information will be shared with technical assistance providers only if there is written permission from the organization.

Date

Agency

Participant(s)

Title(s)

DOMAIN 1 Organizational Leadership and Infrastructure

Practice areas

1. Leadership

Executive and clinical leadership teams have appropriate business management and clinical expertise.

- **0** - Key leadership positions have vacancies and/or expertise gaps.
- **1** - Most leadership is junior, with less than 5 years of experience in a relevant clinical or administrative field.
- **2** - Leadership is a mix of junior and senior staff, with longevity across the team.
- **3** - Most leadership is senior, with 10+ years of experience.

Score:

Notes

2. Strategic Business Planning

The organization develops and uses a strategic business plan that outlines and operationalizes its mission, vision, values, goals, key clinical initiatives, and related budget allocations.

- **0** - No strategic or business plan is developed or referenced.
- **1** - Mission, vision, values, and generalized goals are outlined and communicated throughout the organization and external communications.
- **2** - Mission and goals have been operationalized into key clinical initiatives with allocated budgets tied to specific measurable objectives; plan is used primarily as an internal tool.
- **3** - Full 3–5 year strategic business plan is developed, reviewed, and revised regularly, and it is used with internal and external stakeholders to create alignment and raise funds.

Score:

Notes

3. **Key Performance Indicators (KPI) Measurement**
The organization tracks and measures agency-level clinical process and outcome metrics.

- **0** - There is no ability to track or measure any process or outcome metrics within the organization.
- **1** - The organization tracks or measures some process and/or outcome metrics.
- **2** - The organization tracks and measures some clinical process and/or outcome metrics aligned with MCO contracts and communicates them externally.
- **3** - The organization tracks, measures, and reports on crucial clinical processes, outcome metrics, and KPIs aligned with payer contracts. It communicates metrics externally on a regular basis.

Score:
Notes

4. **Electronic Medical Records**
The organization uses electronic medical records, which are updated regularly with the ability to share information with others when requested.

- **0** - Electronic records are not used, and/or there is limited ability within the electronic record related to required business, reporting, and clinical functions.
- **1** - Electronic records are used in some aspects of client care, and their functions support core business, reports, and clinical functions.
- **2** - Electronic records are used in all aspects of client care, business functions, and reporting. The agency has some internal and/or contracted IT support.
- **3** - Electronic records are used comprehensively and shared with third-party providers through automated processes.

Score:
Notes

5. **Service Accessibility**
Infrastructure is in place to offer services in an accessible modality for the client population.

- **0** - Services are only offered using one modality, without regard for population needs (i.e., in person only).
- **1** - Efforts are made to understand population needs and offer some accommodations.
- **2** - Majority of services are able to be offered with modalities suitable to the population.
- **3** - All client services are offered with appropriate modalities for client population (i.e., in person, telehealth, translation, transportation).

Score:
Notes

6. **Policies and Procedures**
The organization has documented policies and procedures addressing administrative and clinical services that are reviewed at least every two years.

0 - Policies and procedures are written to minimally reflect State standards, are long and confusing, and/or staff knowledge of them is limited.

1 - Some policies and procedures are written based on best practices.

2 - All policies and procedures are based on best practices, but they are not reviewed regularly.

3 - All policies and procedures are based on best practices, reviewed at least every two years, and written to meet accreditation standards.

Score:
Notes

7. **Licensing and Regulatory Requirements**
The organization manages compliance with all regulatory requirements needed to deliver quality services.

0 - The organization has no ongoing means of monitoring and updating based on regulatory requirements.

1 - At least one staff member is accountable for actively monitoring regulatory requirements and communicating them to leadership.

2 - The organization has staff responsible for supporting licensing and credentialing. Staff receive some training to ensure compliance with regulatory and legal requirements.

3 - The organization has staff responsible for supporting licensing and credentialing. Staff receive regular training to ensure compliance with regulatory and legal requirements.

Score:
Notes

DOMAIN 2 Finances

Practice areas

1. **Insurance - Public**
The organization has a direct or indirect billing relationship with MCOs in providing care covered by Medicaid, Medicare, and Apple Health.

0 - The organization is not able to accept public insurance or accepts Medicaid but has limited knowledge of billing, coding, and revenue cycle management.

1 - The organization has contracts with some MCOs and is able to submit claims, but there is loss of revenue due to limitations in the revenue cycle process.

2 - The organization has a billing relationship with a subset of MCOs, and the claims process is going well.

3 - The organization has a billing relationship with all eligible MCOs and has ongoing checkpoints to improve their claims, contracting process, and relationship with payers.

Score:
Notes

2. **Insurance - Private**
   The organization maintains relationships with a diverse set of private insurers.

   0 - The organization does not accept private insurance and provides no assistance with reimbursement.

   1 - The organization accepts private pay and provides documentation to clients to submit their own claims to private insurance.

   2 - The organization has a direct billing relationship with several private insurers.

   3 - The organization can process claims to any private payer.

   Score:
   Notes

3. **Reliance on One-Time or Limited Grant Funding**
   The organization has limited reliance on one-time funding for programmatic offerings and key programs. Grant funding is used primarily for innovation and/or pilot programs.

   0 - Most services or operations are funded by grants or one-time sources that are not sustainable.

   1 - Some services are funded by grants or one-time sources.

   2 - The organization strategically uses one-time funding for initial implementation of sustainable models.

   3 - Only innovative projects or pilot programs are funded by one-time sources. These pilots are used to determine what programs are operationalized.

   Score:
   Notes

4. **Fiscal Management Practices**
   The organization maintains a net profit in the annual budget, which is reviewed regularly by the Board or fiduciary oversight body.

   0 - Annual budget does not balance and is not reviewed regularly.

   1 - Annual budget is balanced but is not reviewed regularly.

   2 - Annual budget is balanced and is reviewed at least quarterly.

   3 - Annual budget nets a profit, contributes to the cash reserve, and is reviewed at least quarterly.

   Score:
   Notes

5. **Overall Financial Position**
   The organization's balance sheet includes a 3-6-month cash reserve for a year.

   0 - The organization has a budget deficit and is using reserves.

   1 - The organization has less than one month of cash reserves.

   2 - The organization has 1-3 months of cash reserves.

   3 - The organization has 3-6 months of cash reserves.

   Score:
   Notes

DOMAIN 3 Workforce Organizational Readiness

Practice areas

1. **Workplace Culture**
   Workplace culture actively supports staff well-being. Leadership sets expectations and supports staff in maintaining work-life balance. Staff are also offered support for difficult clients/secondary trauma.

   0 - No evidence of attention to work-life balance and wellness.
   1 - Information is provided to staff on wellness and work-life balance, but it is not integrated into organizational culture.
   2 - There are some organizational practices that support employee well-being and work-life balance.
   3 - Evidence of support for employee well-being through leadership modeling and formal and informal policies, procedures, and practices that drive organizational culture.

   Score:
   Notes

2. **Organizational Support for Staff Diversity**
   Staff reflect the racial and ethnic composition, gender identity, languages and lived experience of the clients they serve. Organizational culture is centered around supporting and promoting diversity and sees de-stigmatizing of recovery as a key aspect of care.

   0 - There are no efforts to align staff with client diversity.
   1 - There are minimal efforts to align staff and client diversity.
   2 - There are targeted, organization-wide interventions to increase alignment between staff and client demographics.
   3 - Staff composition reflects the diversity of the population served.

   Score:
   Notes

3. **Compensation**
   Staff are compensated with competitive salaries and benefits for their region, based upon data from the Washington State Department of Labor & Industries and regional data sources.

   0 - Salaries are below the region's living wage.
   1 - Salaries meet the region's living wage, and benefits are offered.
   2 - Salaries exceed the region's living wage, and a comprehensive benefits package is offered.
   3 - Salaries are highly competitive and the benefits package is best-in-class (i.e., low out-of-pocket costs, vacation, and leave policies).

   Score:
   Notes

4. **Staff Development**
The organization offers a clear path of career development that ties to the organizational mission and strategic plan. Managers work with staff to plan and implement checkpoints in this development. Staff satisfaction is consistently high.

0 - There is no clear career development path.
1 - There are some opportunities for career development.
2 - Career development is offered to all staff, but there is no formal planning structure.
3 - All staff receive resources for career development alongside a regular and predictable cadence of checkpoints.

Score:
Notes

5. **Staff Retention**
Annual staff turnover is low, offering stability to clients and community.

0 - Staff retention is less than 50%.
1 - Staff retention ranges from 50% to 75%.
2 - Staff retention ranges from 75% to 90%.
3 - Staff retention is greater than 90%.

Score:
Notes

DOMAIN 4 Clinical Staff Growth and Development

Practice areas

1. **Training**
The organization offers initial staff orientation and ongoing training in a variety of skills and treatment modalities, including CBT, DBT, MI, Mental Health First Aid, managing difficult clients and secondary trauma. Use of a Learning Management System (LMS) platform supports the accessibility of tools for staff. Continuing education units are available to applicable staff.

0 - There is no formal training offered.
1 - Ad hoc training is available to staff.
2 - Formal training is available in some subjects.
3 - A complete suite of training tools to support clinical services is available for all staff, including CEUs.

Score:
Notes

2. **Care Team Composition and Qualifications**
   Clinical care team includes the disciplines, background, expertise and lived experience needed to provide quality care.

   0 - Clinicians and staff are predominantly entry-level, and the care team composition and experience do not align with the client care needs.

   1 - A minority of staff and clinicians are from needed disciplines, have aligned work or lived experience, and/or are fully licensed.

   2 - Mix of junior and senior clinicians and staff from needed disciplines; some with aligned lived and professional experience.

   3 - Care team is composed of diverse clinicians and staff from needed disciplines, and the majority have 5+ years of work experience, full licensure, and/or lived experience.

   Score:
   Notes

3. **Clinical Supervision and Quality Oversight**
   Supervisors are available to facilitate staff skill-building and professional development.

   0 - Supervision is below the minimum required standard of weekly supervision or is administrative (rather than clinical) in nature.

   1 - Supervision meets the minimum required standards of weekly supervision and includes clinical consultation with some administrative oversight.

   2 - Supervisors meet regularly with staff (group and individual) to provide clinical oversight and consultation, and they are available for consultation when needed. Chart reviews are conducted occasionally.

   3 - Supervisors routinely provide formal and informal feedback to promote professional development and monitor care outcomes. Supervisors are consistently available for consultation, and they conduct regular record review.

   Score:
   Notes

4. **Workforce Development**
   The organization manages a pathway to develop workforce through student internships, associates, and non-licensed care team roles.

   0 - No efforts are made to recruit outside of typical positions.

   1 - The organization offers student internships.

   2 - There are ad hoc efforts to recruit and develop non-traditional workforce members.

   3 - There is a structured pipeline in place for recruiting and internally developing the licensed and non-licensed workforce.

   Score:
   Notes

Practice areas

1. Attentiveness to Individual and Population-specific Needs

Ability exists to provide translation and interpretation services when delivering treatment and curriculum, while considering life stage, life circumstances, and cultural background.

0 - Agency has a standard approach or care path for all persons, regardless of population-specific needs, such as cultural background, sexual orientation, and stage of life. Translation and interpretation services are available.

1- Staff are encouraged to seek training or partnerships in the community related to working with various population groups. Individualized treatment is encouraged. Translation and interpretation services are available.

2 - The agency provides training and supervision around general topics to support staff knowledge. Community partnerships fill gaps in staff skills and knowledge. Individualized approaches are the norm. Translation and interpretation services are available.

3 - Recruitment and hiring encourage staff diversity; consultation with cultural specialists is available, and diversity is celebrated. Community partnerships fill gaps in skills. Translation and interpretation services are available.

Score:

Notes

2. Comprehensive Screening

Upon entry into the clinic, clients receive comprehensive screening to identify comorbid mental and physical health needs, as well as social determinants of health.

0 - No screening is offered.

1 - There are tools available, but their use is infrequent or inconsistent and not required or managed.

2 - Screenings are used at intake and sometimes at follow up, but they are not used systematically.

3 - Screenings are used regularly, and the scores are used for placement and management of care.

Score:

Notes

3. Evidence-Based Practices and Promising Practices

The organization offers a range of evidence-based practice (EBP) modalities, which can be tailored to a client's needs, e.g., CBT, DBT, MI, trauma-informed, 12-Step, harm reduction, abstinence, skills training, and contingency management (CM).

0 - The practice guidelines and suite of EBPs vary based on clinician ability.

1 - Staff members have received training on guidelines, but the training is sporadic, and supervision is limited.

2 - Staff receive implementation support and supervision on EBP practice guidelines to support clinical care.

3 - The team has the ability to recognize necessary interventions that meet each client's needs and implement best-practice guidelines.

Score:

Notes

4. **Client Outcome Measurement**
The organization has a method of regularly measuring client progress and using that data to make treatment decisions.

0 - No data is collected.
1 - Data is collected on an ad-hoc basis.
2 - Some data is collected regularly and is sometimes used to inform treatment decisions.
3 - Data is regularly collected and analyzed and used to make treatment decisions.

Score:
Notes

DOMAIN 6 Ability to Address Whole-Person Health

Practice areas

1. **Care Coordination Procedures**
The organization can support access to care for needs that are identified within or external to the organization. The client is offered any requested and/or needed support in accessing this care.

0 - The role of supporting access to services is not assumed by any single individual. The process is limited to having a bulletin board or resource handouts.
1 - There is a role explicitly identified to support access to this service; referrals and resources are discussed in treatment sessions.
2 - There is a dedicated staff member for this function who meets with the client about accessing external services and resources.
3 - There is a closed loop documentation process in which a dedicated staff member ensures connection and hand-off of external services with outside providers.

Score:
Notes

2. **Referral Networks**
The organization and its leaders work across the community to establish formal collaborations regarding services that support a wide range of client needs.

0 - The organization relies on resource lists developed by the community.
1- The organization has direct contact with local entities and understands service access procedures.
2 - The organization has a curated list of organizations and makes regular referrals.
3 - The organization has regular meetings with partner organizations to discuss collective needs.

Score:
Notes

3. **Partnerships**
   The organization maintains referral relationships depending on client severity and need.

   0 - There are no formal partnerships.
   1 - There are limited partnerships and communications with other providers with some knowledge of client's engagement in care.
   2 - There is an informal network of collaboration, referral and intent to manage client access.
   3 - The organization maintains formal BAA-QSOA and data-sharing relationships with a closed loop referral process.

   Score:
   Notes

4. **MAT Supports**
   The organization offers a range of evidence-based practice (EBP) support for medical-assisted treatments, as well as coordination with pharmacotherapy providers.

   0 - The organization provides minimum MAT or MOUD interventions, either internally or through an established partnership.
   1 - The organization relies on client self-report or request for services.
   2 - The organization has a process for screening for MAT use.
   3 - The organization is willing to try different treatments, understands the range of treatments available, and maintains a resource list for referrals.

   Score:
   Notes

For questions about the assessment, please contact the developers of the tool on their website at **principleallies.com/contact/**