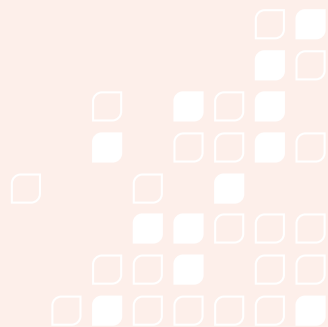
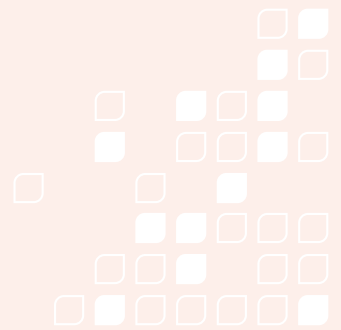
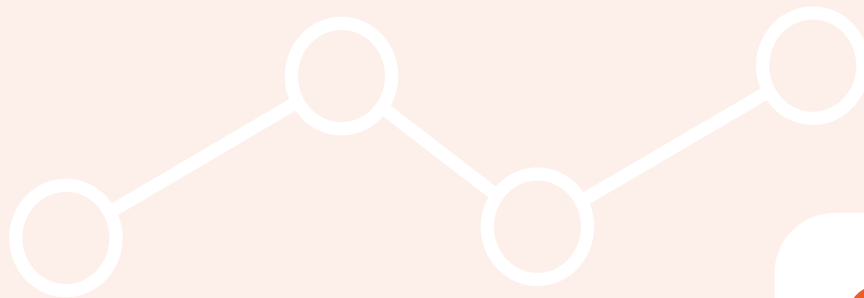


MAINTAINING CONNECTION:

Strategies to Manage a Virtual Harm Reduction Workplace



January 2023

NATIONAL
COUNCIL
for Mental
Wellbeing

Table of Contents

- ACKNOWLEDGMENTS.....3
- COMMONLY USED ACRONYMS.....4
- INTRODUCTION.....5
- RECOMMENDED STRATEGIES.....9
 - 1. Help staff and volunteers feel connected.....9
 - 2. Recognize staff and volunteer accomplishments.....15
 - 3. Foster connection through project management.....17
 - 4. Train staff for virtual connectivity.....22
 - 5. Provide effective supervision in a virtual workplace.....27
 - 6. Encourage and support self-care and boundaries.....31
 - 7. Identify when staff aren't doing well.....36
- CONCLUSION.....40
- APPENDIX A. KEY INFORMANTS.....41
- APPENDIX B. KEY INFORMANT INTERVIEW GUIDE.....42
- APPENDIX C. SOUTHSIDE HARM REDUCTION'S MONTHLY PROGRAM REPORTS.....43
- APPENDIX D. NEXT DISTRO'S 90-DAY ONBOARDING TEMPLATE.....49
- APPENDIX E. HAWAI'I HEALTH AND HARM REDUCTION CENTER'S STAFF SUPERVISION FORM.....52
- APPENDIX F. SELF-CARE WHEEL.....53
- APPENDIX G. 10 ACTIONS TO SUPPORT STAFF WELLNESS.....55
- APPENDIX H. ADDITIONAL RESOURCES AND TOOLS.....56
- APPENDIX I. REFERENCES.....57

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Commonly Used Acronyms

Acronym	Meaning
ADHD	Attention-deficit/hyperactivity disorder
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
HHHRC	Hawai'i Health and Harm Reduction Center
HHS	U.S. Department of Health and Human Services
HIV	Human immunodeficiency virus
NUA	Never Use Alone
OPS	Overdose prevention site
ODD	Opioid use disorder
PWUD	People who use drugs
SUD	Substance use disorder

Introduction

In 2021, it is estimated that more than 107,000 people died of a drug overdose, the highest number of annual overdose deaths ever recorded in the United States.¹ Synthetic opioids, such as illicit fentanyl, contributed to most overdose deaths;² however, in recent years, stimulant and alcohol involved overdose deaths have also risen at alarming rates.^{3,4} These trends have had an immeasurable impact on harm reduction organizations that serve people who use drugs (PWUD). Harm reduction organizations have been stretched to serve greater numbers of participants, while staffed by employees and volunteers who are often personally impacted by the overdose crisis.

Concurrently, the COVID-19 pandemic disrupted and profoundly altered the ways in which organizations operate. Harm reduction organizations reacted quickly and effectively by changing staffing models and adjusting services to keep staff, volunteers and participants safe. What has become clear since the initial days of the pandemic, however, is that these adjustments have had an unintended negative impact on morale and connectivity of harm reduction personnel. While some resources have emerged in the last two years to address improvements in telework, none specifically address the unique needs of harm reduction, where human connection is key. This guide aims to support harm reduction organizations operating in virtual environments and summarizes some of the strategies that harm reduction organizations have developed and found to be effective at maintaining connection while doing harm reduction work virtually.

IMPACTS OF THE COVID-19 PANDEMIC ON HARM REDUCTION

During the pandemic, while harm reduction organizations maintained their mission focus and desire for uninterrupted provision of services, many faced challenges from the lack of immediate response strategies in place. Organizations reported an increase in demand for services due to a variety of reasons, such as widespread unemployment and public health guidelines affecting relationships with clients and volunteer interactions.^{5,6} In response, harm reduction organizations invested in transitioning their systems quickly to maintain services for their participants, sometimes at the expense of systems to support and maintain staff and volunteers. The impact of the dual crises on the harm reduction workforce is profound.



My staff are really burned out. And I'm sure that's true across all harm reduction organizations. Because not only did we never shut down, we actually amped up and did more work in the past seven, eight months than I can ever remember. And so, I'm really struggling with compassion fatigue and vicarious trauma amongst my staff."

Harm reduction organizations and other organizations that serve PWUD are realizing the cost on staff and volunteers. Harm reduction organizations are similar to other fields, where telecommuting can create stressors of its own,⁷ yet unique in the trauma and grief they confront daily. Organizations are beginning to make investments to support workforce health and wellbeing. With the recognition that no services will be provided to participants without a present, committed and well workforce, harm reduction organizations are beginning to develop internal systems to fill this gap.

Harm reduction is rooted in social connectedness, and it is this connection internally and organizationally – to coworkers, colleagues, fellow providers and to the organizations themselves and their missions – that suffered. “We definitely don't have the answers and are still really struggling,” stated a harm reduction provider.

WHAT IS IN THIS RESOURCE GUIDE?

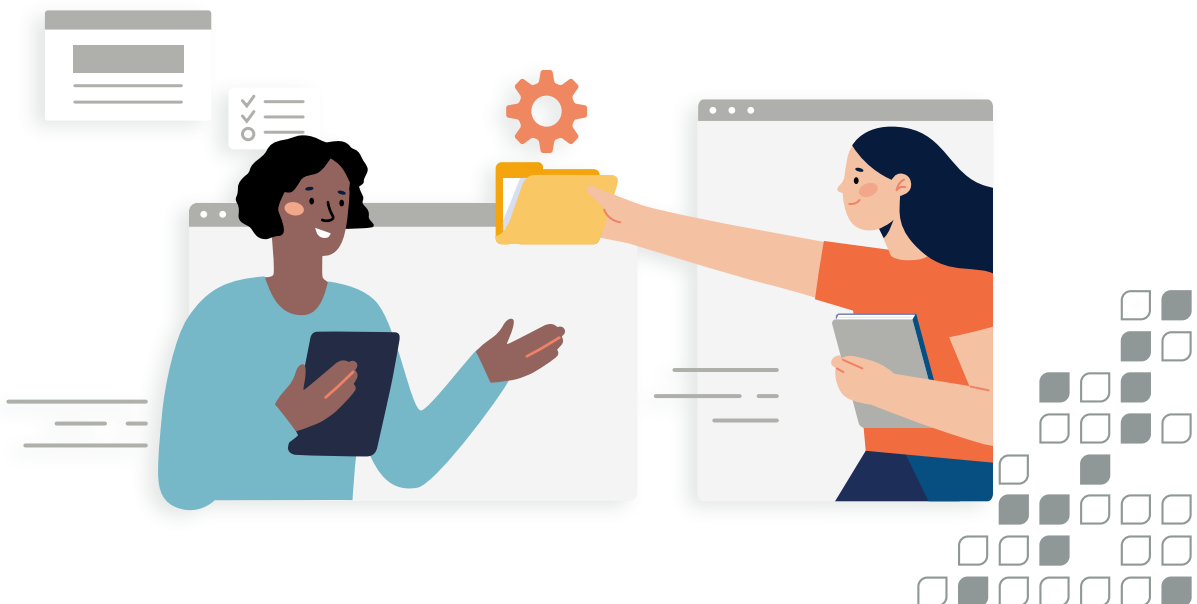
This guide discusses formal and informal strategies harm reduction organizations have developed to maintain a connected virtual workplace. It is written for organizations that serve PWUD, and for those that operate entirely virtually or in a hybrid modality, offering some services in person and conducting other operations virtually. When asked what resources and tools they found helpful to address challenges related to working in virtual environments, harm reduction providers commonly replied, “There were none,” and “I wish there had been something.” In the absence of an existing playbook, this guide aims to fill a distinct gap experienced by harm reduction staff and volunteers and offers strategies that harm reduction organizations have developed and used, often through trial and error, over the past two years to maintain a connected harm reduction workplace in a virtual environment.

The guide is organized by strategy, each of which addresses some of the primary challenges associated with operating a virtual or hybrid workplace, including training and capacity development, project management, staff and volunteer supervision, wellness and retention and crisis management. While resources exist in the organizational development and organizational management literature on these topics, this guide also highlights considerations for harm reduction providers to think through: How do you effectively connect – with your team and with your organization – through each of these types of work processes when working virtually?

Harm reduction is unique in that it is one of the few fields where PWUD, actively and formerly, can be employed and can do so openly without shame or stigma. This guide specifically includes workplace strategies that seek to not only allow for histories of drug use, but also empower and support staff and volunteers with drug-using histories and create ways in which those lived and living experiences can benefit the organization and the participants they serve.

Harm reduction is predicated on the fact that drug-related harms are caused by racialized drug policies at the systems levels. This guide seeks to highlight workplace strategies that connect teams in ways that acknowledge power and privilege and are rooted in anti-racism.

Strategies used in harm reduction to connect to participants, and a broader look at challenges to virtual service delivery, have been addressed separately. See [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#).

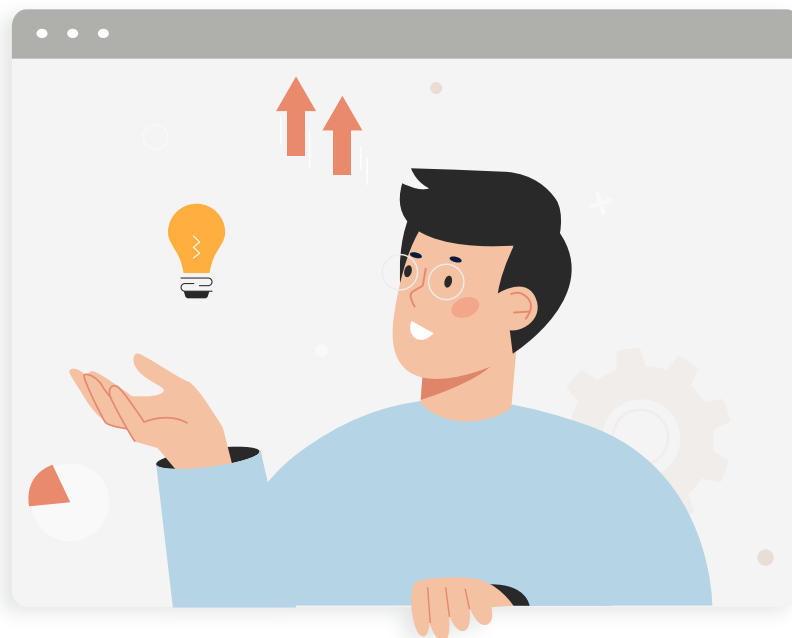


LANGUAGE USED IN THIS RESOURCE GUIDE

Harm reduction. The National Harm Reduction Coalition defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” To guide harm reduction practice, the National Harm Reduction Coalition describes eight foundational principles, including the provision of non-judgmental, non-coercive services and care. Common harm reduction strategies include syringe access and exchange, overdose education and naloxone distribution, safer use education, drug testing, low-barrier access to buprenorphine for opioid use disorder (OUD), safe supply distribution, HIV and hepatitis C testing, wound care, peer support, food, transportation, housing services and linkage to treatment, among others.

Harm reduction organizations. Harm reduction organizations are defined as organizations that provide services or supplies to PWUD and have adopted principles and practices to reduce the negative consequences associated with substance use without requiring program participants to stop using substances. Harm reduction organizations vary in the scope and types of services provided, but they share common values based on engaging and supporting PWUD regardless of a person’s readiness to stop using substances or engage in treatment and allowing participants to define their own recovery and goals. Organizations that provide harm reduction services are often low-barrier, community-based providers that have gained the trust of PWUD by adopting principles that put the interests of PWUD first. Many harm reduction organizations are also led by people with lived or living experience of substance use.

Participants. The importance of using non-stigmatizing, person-first language when discussing issues related to substance use is demonstrated by research and more importantly, stressed by people with living and lived experiences. As the public health field adapts to the usage of preferred language, terms may change, and multiple terms may be commonly used to refer to the same thing. For purposes of this resource guide, we will use “participants” when referring to people receiving services from harm reduction programs or SUD treatment programs. We will use “patients” when referring to specific language used in policy or regulatory guidance and in direct quotes. We recognize that not all PWUD have an SUD or need SUD treatment. For more information on non-stigmatizing language, see [Shatterproof’s Addiction Language Guide](#).



METHODS

To inform this guide, National Council project staff conducted a literature review and key informant interviews. Peer-reviewed literature was gathered from the fields of public health, social work, public policy and program administration, organizational development and nonprofit management. Manuscripts were reviewed if their content applied to nonprofit service delivery organizations, especially those serving PWUD, with a focus on those published since 2020 that address responses to the COVID-19 pandemic. Web-based content was also gathered, including reports, online trainings, toolkits and resource guides.

Between February and April 2022, project staff conducted key informant interviews with 13 leaders of 11 harm reduction organizations ([Appendix A. Key Informants](#)). Represented organizations are located in 10 states and the District of Columbia. States include Colorado, Georgia, Florida, Hawai'i, Illinois, Maine, Massachusetts, Minnesota, New York and Oklahoma. Several factors were considered when selecting key informants, including whether their organization had a virtual work component, geographic location and organizational size. To facilitate the interviews, a semi-structured interview guide was developed ([Appendix B. Key Informant Interview Guide](#)). Interviews took place using Zoom videoconferencing software and were approximately one hour in duration. Interviews were recorded and transcribed with the consent of the participants. A \$50 electronic gift card was provided to each participant for completing the interview. Interview data were coded to develop key themes. Quotations from interviews are included in this resource guide; however, the speakers' identities have been kept anonymous to maintain their privacy.



Recommended Strategies

1. HELP STAFF AND VOLUNTEERS FEEL CONNECTED.

During the COVID-19 pandemic, out of critical necessity to keep everyone safe, organizations had staff work from home or work independently, when possible, and work in small groups or pods, when needed. Many have continued to work virtually, both in continued precaution against COVID-19 and also in response to staff needs and desires for flexibility. After two years of working under these conditions, organizations report increased isolation within their workplaces. “We’re very siloed, because we’re all just showing up for our own things in our own team,” said a harm reduction provider, noting that this is not a criticism, but an unintended side effect of a necessary aspect of working through the pandemic.

While in-person work often results in connections organically – for example, informal conversation before or after meetings or while on breaks or on outreach – virtual workplaces make such connections more difficult, unless new structures are intentionally put in place. Furthermore, people may feel disconnected not only from each other, but also from the more abstract identity, culture and values that the organization represents.



One of the things we’re working on now is how to make people feel like they belong to something at a distance. What does that look like?”

Harm reduction organizations reported implementing a variety of practices to create connection – some in person, when possible, and some virtual. Some practices were not successful and were retired, and others have proven effective at connecting staff and volunteers meaningfully. Due to the diversity of organizational structures and cultures, practices that work for some organizations may not work for others. Part of identifying effective connecting practices is knowing the needs, personalities and preferences of an organization’s staff and volunteers. While some interviewees noted they were able to successfully “virtualize” a process that was previously in-person, others noted that such translation is not always possible or successful. One interviewee identified a specific challenge that stems from the unique culture of harm reduction:



I feel like the counterculture of a harm reduction agency is so essential to the environment that replicating that through online structures is really difficult. Maintaining some of the unique culture of harm reduction is really challenging using a virtual environment.”



Tools and Resources: Ensuring Employees Feel Accepted as Members of the Organization

In this brief article, [3 Ways to Build a Sense of Belonging in the Workplace](#), three actions centering on diversity, equity and inclusion (DEI) are presented to help support employees to feel fully accepted in the workplace.

TAKING CARE OF EACH OTHER

Employees' social relationships influence a broad range of work-related outcomes, including workplace satisfaction, organizational attachment, performance and career progression.^{10,11,12} With the shift to virtual work, harm reduction staff and volunteers noticed that it is harder to care for and support coworkers, in both large and small ways. Several people discovered that they needed to be more intentional about showing concern and support for teammates virtually, where perhaps that care was communicated more effortlessly when in person.



We're working in positions where we're meant to care for others, but then that care is not happening within our own walls of the organization. And not just paying it lip service, you actually have to dig in and do the work. We care about taking care of each other. And part of that means also doing our work to be better people."

For example, one organization's weekly team meetings were primarily spent reporting on projects and outcomes, but after some time, they noticed that there was no opportunity to meaningfully check in with each other. This was vitally important given the stressful and often emotional nature of the day-to-day work, and the isolating context within which staff were conducting this work. As a result, they have added a personal check-in to team meetings to attempt to fill this gap.



Traditional meetings have really worked for the strategic stuff, and now we need to build in what works for the emotional, supportive, relationship stuff."

THE IMPORTANCE OF IN-PERSON GATHERING

While not always possible, organizations that were able to gather staff and volunteers in person, however intermittently, reported it was hugely beneficial to their sense of connectedness. For organizations where staff are spread across the nation, this could mean a quarterly or bi-annual get-together. For organizations where staff are in the same geographic area, a weekly or monthly in-person gathering, even for an hour, made a difference.



Example from the Field: Staffing to Maximize Team Support

At a rural harm reduction program, services are provided via a hybrid model through county-based sites. Each county, until recently, was staffed by a single person. The organization recently made a difficult decision that prioritized staff wellness and connection over broader service coverage. They had funding available for two part-time positions and previously had placed one position in each of two remote counties. However, when staff turned over, they chose not to replace a staff person in one county, and instead place two people together in the other county so that they could support each other. While this has resulted in a county without a certified program, the staff felt that having two people together at one remote site to offer a team-based support system was more important. The unstaffed county is still served by mail-order supplies and virtual services.

Example from the Field: Unity Day at Southside Harm Reduction Services

At Southside Harm Reduction Services in Minneapolis, MN, staff operate in a hybrid model, coming to the office and conducting outreach and service delivery when needed, in shifts and in pods, and working independently the remainder of the week. As a result, staff can go long periods of time without seeing one another. Staff reported a lack of connection and that things were falling through the cracks. As a solution, they reduced the number of days staff conduct outreach and set aside one afternoon a week for what they call “Unity Day.”

Unity Days can be used to work on specific projects that fall outside of staffs’ normal responsibilities so that they don’t feel like they need to find extra time outside of work to complete them. They can work on things that had not been getting addressed adequately or devote time to discuss broader programmatic goals and how each person and activity fits together within these goals. Southside has used Unity Days to focus on anti-racism and white supremacy in the workplace, hosting trainings and facilitated open discussions about how to address this within their organization.

In addition, Unity Day provides a designated time for staff to meet together in person and socially connect. Sometimes it is combined with a meal or snacks, or with a hands-on task such as packing harm reduction supply kits. Staff have reported that they appreciate having a space to be able to step back for a moment from their daily work to review what they are doing and connect with their colleagues.

While interviewees acknowledged that gathering in-person represented added COVID-19 risk and noted the importance of each person making their own decisions based on their risk level and circumstances, they also balanced this risk against the real benefits of the connections built. As one harm reductionist who works in a hybrid virtual workplace stated, “We’re used to having to make that day-to-day calculation. I’m probably one of the most COVID-19 fearful people, but there are ways to stay safe and do things safely, and we’ve accomplished that for two years. Connection is hard. Trust us that when we [want to get together in person], we have weighed the risks and benefits.”

USING TECH TOOLS TO AID CONNECTION

Harm reduction organizations have found a wide variety of innovative ways to harness technology to replicate informal interaction in the workplace virtually. These include text and video chats, voice memos and Zoom holiday parties. Across all of these modalities, the commonality is that informal conversation and banter, not necessarily related to work, brings people out and solicits their involvement and participation.



We use Google for our interface and we chat each other constantly. And we also send video chats all the time. As an example, if you were working at an in-person office and you pop into someone’s office to say “hi,” we do that with a Google chat. Earlier this week, I reached out to my coworker and said, “Hey, do you want to drink coffee together?” And we just hung out for a little bit in the morning.

One frequently cited tool is channel-based messaging for teams, such as Slack and Discord. Using these applications, colleagues can communicate with each other in private groups or chat rooms, on designated topic-based channels, and through direct messaging.¹³ While organizations reported initially setting up channels by project or organizational goal, some found that they benefited from adding channels devoted specifically to interpersonal connection or emotional check-ins.

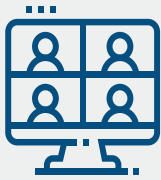


Example from the Field: DanceSafe’s Use of Slack for Day-to-Day Connection

DanceSafe staff use Slack, a channel-based messaging app, and have found that it has made a big difference in maintaining personal connectedness day-to-day. An example of how they use Slack is the “DanceSafe Office” channel, where people will let their teammates know when they are coming and going, such as leaving for lunch or signing off to go to a yoga class or a doctor’s appointment. It creates a sense of being in a space with people, even though not physically sharing space, and contributes to a sense of participation. Another example is the emotional check-in channel, where people can drop in things going on in their personal or professional lives that may impact their capacity to perform at work. “This way, everyone can move more mindfully with each other and understand where everyone is at. It’s a very harm reduction-oriented thing, to meet our coworkers where they’re at.”

Another example mentioned was the concept of “virtual coworking.” Virtual coworking was used to describe staff working alongside one another virtually on their own individual projects, as well as staff coming together to collaborate on a project in the same virtual space over videoconference. Interviewees noted that coworking is most successful when expectations are clear and boundaries are set. Much like in an in-person office, they observed, “Sometimes it’s nice because it feels like you’re in an office environment, but then other times people will come into the space and distract or not let you get the work done that you came there to do.”

Some organizations had set times each week where people could log into a virtual space and work in the company of others, while others, after experimenting with set times, found that less scheduled was more successful. “Saying to a colleague, ‘Hey, I’m around, do you want to cowork?’ feels a lot more spontaneous and it really makes it feel much more like an office environment, rather than having these ‘every Tuesday and Wednesday we’re coworking from 2 to 4 p.m.’ It just feels a lot more organic and natural.”



Example from the Field: NEXT Distro’s Zoom Holiday Party

When NEXT Distro’s executive director, Jamie Favaro, decided she wanted to gather all staff for a holiday party, her options were limited since staff live and work all over the United States and travel was not possible. She landed on a Zoom scavenger hunt. “It’s actually really fun. You say, for example, ‘Everyone go find the thing that’s the most freezer burnt in your freezer.’ And then everyone leaves and comes back with what’s the most freezer burnt. It’s hilarious. It’s a way to do these things that are optional, but fun for everyone, so people want to go.” People connect through laughing together and getting a glimpse into their colleagues’ lives outside of work. Importantly, all staff get paid for their time attending optional events such as the holiday party.

For more specific information about the use of tech tools for project management in a virtual environment, see [Strategy 3. Foster connection through project management.](#)

Alongside staff, volunteers are an integral component of the workforce at many harm reduction organizations, and there are distinct challenges to ensuring they maintain connection with organizations virtually as well. These include the basics of providing technological tools such as computers or phones, when necessary; tailoring volunteer training and volunteer opportunities so that they can be done meaningfully and virtually; and expressing appreciation for volunteers from a distance.



Tools and Resources: Virtual Volunteering

Volunteering virtually can potentially expand an organization’s volunteer base, as a more geographically distanced audience can be reached and volunteering can be more inclusive and welcoming for those with disabilities or time restrictions. [5 Tips to Plan Engaging Virtual Volunteer Opportunities](#) provides some useful and concrete ways to engage volunteers in meaningful virtual volunteer contributions to your organization.

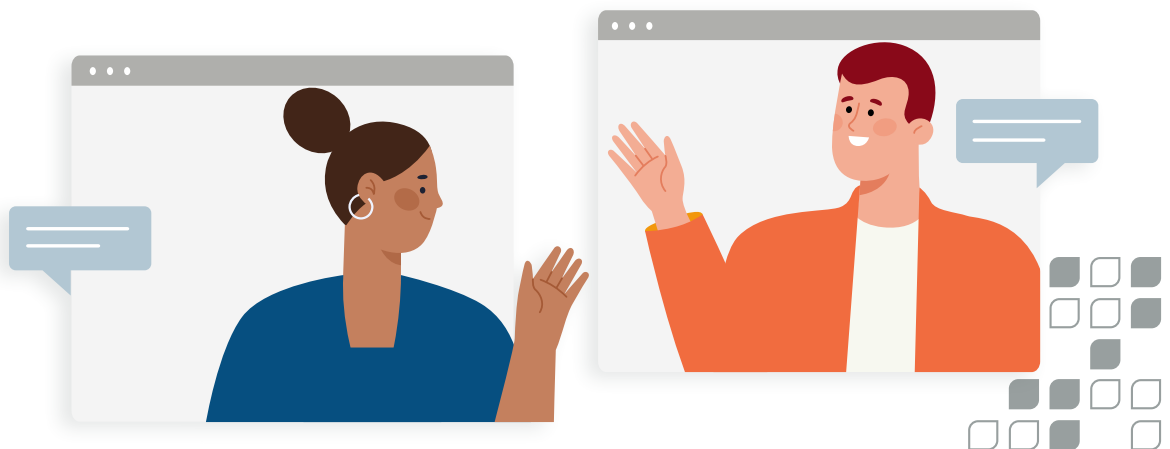


Tools and Resources: Approaches to Strengthening Connectedness in a Hybrid Workplace

Gartner for HR’s [Evolve Culture and Leadership for the Hybrid Workplace](#) is predicated on the notion that successful hybrid workplaces have two components in common: alignment and connectedness. This short eBook suggests connection in a virtual workplace can be strengthened in three main ways:

- Through work
- Through emotional proximity
- Through micro-based experiences

This tool details ways of strengthening connection within organizations in the immediate, near-term (90 days) and long-term (12 months) with action steps, suggested potential partners and recommended resources.



2. RECOGNIZE STAFF AND VOLUNTEER ACCOMPLISHMENTS.

A theme that arose among harm reductionists working virtually was the importance of specifically recognizing the achievements of staff and volunteers. It is well documented that when employees feel appreciated at work, their job satisfaction increases, they are more motivated, their morale and sense of belonging increases and staff retention improves.^{14,15,16}



We don't always see what each other are doing, and it's not just about accountability when someone isn't doing their job. It's also recognition. A lot of times, staff are doing tons of work that's not getting recognized because people don't see it. But they're working really, really hard."

"I just believe really strongly about being very transparent with my coworkers about how much I value them. I think that, because we're not together, if I'm not speaking it, I don't believe that people will feel it."

Interviewees expressed appreciation of their colleagues in informal ways most frequently, though a few had put into place concrete systems to ensure positive recognition happens regularly. One such system is the regular recognition of employees' and volunteers' career milestones, such as job anniversaries. These can be marked by something as simple as an acknowledgement (written or verbal), though some also include giving gifts that are specific to the individual.



We've done a lot to start building toward finding ways to show each other love, even at a distance. So now we have celebrations for big mile markers in people's careers, like for anniversaries."

Another example of a formalized system to recognize accomplishments is Hawai'i Health and Harm Reduction Center's "glow board." Staff noticed that because of the disconnect caused by the COVID-19 pandemic, people were not hearing about successes of their coworkers and participants. There wasn't a designated space, virtually, to acknowledge and appreciate those accomplishments. They created a virtual board, a channel on Microsoft Teams, as a place where staff can give praise and recognize each other.



Example from the Field: Hawai'i Health and Harm Reduction Center's "Glow Board"

In a physical office, when an employee accomplishes something, there may be organic ways in which coworkers learn of these accomplishments and can acknowledge them. For example, "you might come back to the office and everyone's in a big room, and you can say, 'Oh my gosh, you guys, this happened... I used naloxone and saved somebody, or this participant got into housing...'" Noting that there was no virtual equivalent, Hawai'i Health and Harm Reduction Center (HHHRC) designated a specific channel on Microsoft Teams called the "Glow Board." On it, staff can post "glows" about something they have accomplished or something someone else at the organization has accomplished.

Heather Lusk, HHHRC's executive director, is mindful of the ways in which the Glow Board can be used and works to ensure it is used equitably. Upon noticing that staff were primarily posting glows about people on their own teams, she now asks managers to look for a person who is not on their team who they notice has done an exceptional job. She also asks that people post specifically about "unsung heroes" or "people that are kind of under the radar." For example, she says, "My events person always gets glows. Well, he's got a very public job. Every time we have an event. Everything he does is public facing, so of course he's going to get a lot of recognition. So sometimes I'll say, 'Who's got a success story that maybe you haven't shared yet?' That outreach worker who saved a life this morning and doesn't even tell anybody, because they're humble, is not someone who is necessarily going to get acknowledged or glowed."

After nearly a year, the Glow Board has become a routine part of daily work, says Lusk. "Almost every day I see people putting up and liking glows."



Tools and Resources: Resources to Aid in Providing Recognition and Appreciation in the Workplace

- [8 Best Practices for Virtual Employee Recognition Experiences People Love](#) (O.C. Tanner)
- [Benefits of Peer-to-Peer Recognition Programs](#) (O.C. Tanner)
- [Employee Recognition: Low Cost, High Impact](#) (Gallup, Inc.)
- [Recognition in the Workplace: It's Not What You Think It Is](#) (Forbes.com)
- [The 5 Languages of Appreciation in the Workplace](#) (Chapman & White)

3. FOSTER CONNECTION THROUGH PROJECT MANAGEMENT.

The shift to virtual and hybrid work has created a more critical need for smart and efficient project management. Some organizations have found low-tech solutions, such as taking a few hours out of each week to give staff extra time to catch up on administrative tasks. Others have found that tech tools, project management systems in particular, can help meet that need. This section outlines some of the ways that harm reduction organizations are managing projects, workflows and the distribution of responsibilities in a virtual environment. There is not one right answer; the best solution is one that meets the unique needs of the organization and its personnel.



We never supported checking your email in an in-person meeting. And yet it seems like a lot of the work culture is expecting somehow that, while you and I are talking, we're checking email. We have all been in Zoom meetings where somebody's doing their email. I do it. We've tried to do some separation of time. We've actually increased our admin time where we close the clinic because we're acknowledging that people actually have more administrative tasks than they used to have because there's more email. There are more things happening electronically than there were before."

TECH SOLUTIONS

Many interviewees, though not all, rely on a work management platform to centralize the organization's work, manage projects and track progress. Some of the tools that groups are using include Microsoft Teams, the Google suite, ClickUp, Asana and Monday. Many of these platforms are used in conjunction with other applications, such as Zoom for video conferencing, Slack or Discord for real-time communications, Box or DropBox for file sharing and Miro for meeting agendas and group strategizing sessions. While the specific software may differ, a few guiding considerations and strategies were found in common across organizations' use of tech tools.

Align all tech tools to your organizational structure. Perhaps one of the most straightforward pieces of advice offered was to ensure all tech tools and systems are aligned with the organization's primary work areas. For example, if an organization has three main teams or areas of work, its file sharing program, project management program and communication channels should each be organized into the same three areas, and the same for sub-committees or areas of work within teams.



We conceptualize our work in terms of areas of operation. And that is how we structure our Google Drive. It's how we structure our Slack channels. It's how we structure our project management tool. So, all tools across the project management workflow system are broken up in the same way, so that you can have a sense to it."

Increase ways of interacting that are organic, personal and participatory. Ensure that whatever tools are being utilized enable and contribute to meaningful interaction, instead of take away from it. While some kinds of technology can allow for people to be more detached from one another, other tools actually encourage participation. One organization, for example, has begun using Miro for online meetings.



This [using Miro] has really been a game changer. We can actually see their name, see their cursors, see when they're typing. They can see me. We can brainstorm together, prioritize, move things around. It's nice because it's visual and it's something to do. It's a much more participatory way once we learned how to use it."

Understand that technology isn't going to solve the problems; it's a tool to help humans collaboratively solve the problems. It is important to think of technology not as the solution to the problems at hand, but as tools to help the organization and its teams solve problems. Ideally, tech tools should decrease the workload, not increase it. Figuring out the best way to use tools to meet the unique needs of each organization is key. Regarding the use of a project management tool, one interviewee said, "You can see all the tasks on a project, and you can sort them by status and priority. I like to view them where I can see a to-do list, and the thing that's at the top is what has the nearest deadline and is highest priority. The whole list is sorted that way for me. I know exactly what I need to do next. It takes away the mental load of figuring out what I have to do next."

Ensure tools can work for diverse styles. Individuals all process information differently. Some people are overwhelmed by a lot of detail and prefer to see information chunked, while others understand best through details. Tools that allow for customization, so each person can arrange and use information to best suit their own needs, are one of the great benefits of technology.



Within the software there are a lot of different options for views, and you can have multiple views saved within a project. For example, we have a fundraising board, and [Coworker A] likes to visualize her work. She could create a view of that board that is called 'Coworker A's view.' And then [Coworker B], who also works in fundraising, thinks of things differently. Maybe he gets overwhelmed and needs his information to be parsed a different way. Everyone can have different views within things. My hope is that over the course of time, that means that we can help make these tools work better for everyone."

Tech solutions can offer support for people with physical, psychological and learning disabilities. A small number of interviewees brought up the impact of neurodiversity on the ways in which individuals use tech tools. Neurodiversity refers to the range of neurological predispositions people can have, including those that are not typical, such as individuals with autism, ADHD, dyslexia and other conditions.^{17,18} While people with these disorders can bring strong skills and new perspectives to an organization, they may require or benefit from accommodations. Customizable tech tools are a great way to help organizations adjust some of their project management systems to better meet the needs of all their staff.

NON-TECH SOLUTIONS

Several organizations have shifted the ways in which they manage projects and workflow in non-technological ways as well. Some merely try to capitalize on mistakes and learn from them, implementing feedback loops wherever possible. Others have found that an internal, written monthly report helps to align teams and the organization as a whole.



We mess up a lot. Trial and error. We've had a lot of conversations: Right, wrong, missing and confusing. What are we doing right? What are we doing wrong? What seems to be missing? What's confusing? And we start trying to address those things."





Example from the Field: Internal Programmatic Monthly Reports at Southside Harm Reduction Services

Southside Harm Reduction Services uses an internal monthly reporting form, completed collectively by each team to document progress. They have report templates for their HIV testing, naloxone/overdose prevention, referrals and community outreach teams. Reports are discussed at monthly staff meetings so that all staff are aware of each team's processes and can see how their work fits into a broader whole. Reports emphasize progress toward specific grant-based deliverables as well as broader organizational goals, and help to align teams and the organization as a whole.

"These monthly reports are really great because they have a combination of measurable goals as well as overall goals for the program. We have meetings for each of the different teams and we came up with the goals together. And the whole staff came up with the larger goals," stated Executive Director Jack Martin.

"Something that I think these reports do that has been really important is that they tie larger organizational goals to short, smaller, measurable things. For example, we could talk about how we want to reduce HIV transmission, but how are we going to do that? And what are the things we need to do that? So, one thing that has happened is that we're not just getting bogged down with counting how many HIV tests we're doing or how many referrals we've made. It's more like, if we want to reduce the transmission of HIV, are we doing the right things to get there?"

"We really try to tie the report goals to grants that staff are on. So, then it makes people feel like they know what they're supposed to be doing, and they see how what they're doing fits within these goals. It also makes grant reporting a little bit easier since we've been gathering the data we need consistently each month," added Martin.

See [Appendix C. Southside Harm Reduction's Monthly Program Reports](#) for sample report templates from Southside Harm Reduction Services.

Another strategy organizations have discovered to more equitably distribute labor is rotating outreach and other in-person duties with administrative and virtual duties. Staff are rotated on a daily or weekly basis between tasks, so that all staff are given opportunities to work from home and in the office or the field. This also has the added effect of preventing burnout. (See [Strategy 6. Encourage and support self-care and boundaries](#) for more information on burnout prevention and self-care.)



We rotate who does the outreach days and who does the days in the program, and so then we share who gets to work from home. You do Day 1 at the SSP [syringe services program], Day 2 on outreach, Day 3 on post-overdose... That way it gives a little bit more variety, and there's not one person who's doing five days of outreach in a row, because that's exhausting."

An example of a non-technological solution to virtual work is DanceSafe's use of the [scrum process](#).



Example from the Field: Scrums at DanceSafe

Initially used in software development, a scrum is an iterative, lightweight framework that helps people, teams and organizations generate value, manage projects and continuously improve through adaptive solutions for complex problems. DanceSafe has found that the framework has not only helped them with their workflows, but also resulted in staff collaborating together more closely.

The team engages in a sprint, which can be one to four weeks, depending on the needs of the project, to complete a shared commitment of work. "At the end of every sprint, the last thing that happens is a retrospective where we talk about what went well and what didn't go well. We talk about interpersonal things that have come up and figure out not only how to get the work done better, but how we can work together better, as people, coworkers and friends."



Tools and Resources: Book Recommendation from DanceSafe Staff

Chang, A. M., & Ries, E. (2018). *Lean Impact: How to Innovate for Radically Greater Social Good*. Newark: John Wiley & Sons, Incorporated.

4. TRAIN STAFF FOR VIRTUAL CONNECTIVITY.

Since the shift to virtual work, harm reduction organizations have identified new needs and challenges related to staff onboarding and training. Staff need to be provided with the technology they will be expected to use, as well as trained and coached in how to use the tech tools the organization employs, in order to stay connected and participate fully in the work processes. Additionally, some of the typical onboarding and training processes that worked in an in-person setting fall short when translated virtually. This section addresses both the specific needs of training staff on technology, and the general areas in which onboarding and training may need to be adjusted in a virtual environment.

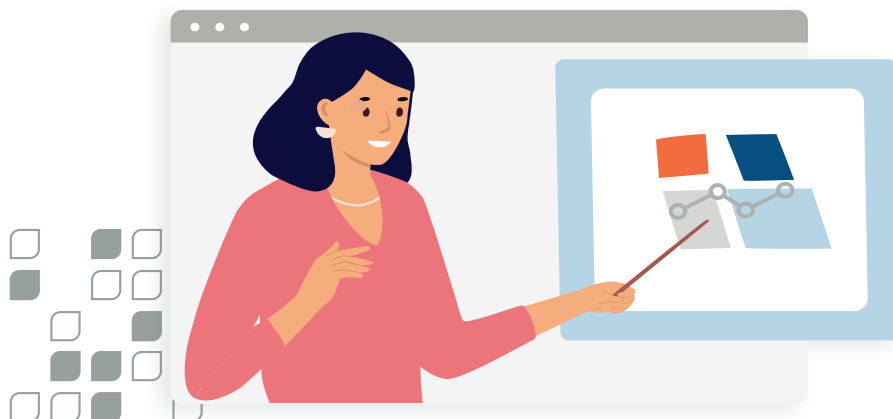
INVEST IN TECH TOOLS

It may seem obvious that in order for staff to conduct work virtually, they need the tech tools to do so; however, organizations took very different approaches to providing tech tools to staff. Some organizations, especially those that are entirely virtual, have a designated budget for technology and purchase equipment for every new staff person. Other organizations, particularly those that operate a hybrid model that includes both virtual and in-person components, may have fewer resources for technology and fewer systems in place to ensure all staff have the tech tools they need.



We make sure that in every grant we write, if there's a position that we write in, that we always include technology. Because every time we add someone to our staff, we buy them a new computer. I don't expect anyone to walk into this job having a laptop or anything like that. Preferably a phone, but that's not a deal-breaker either."

While it can be more economical for smaller, hybrid organizations to have staff use their own tech devices (smartphones or computers), and enticing particularly when much of the work conducted is in person and offline, there are distinct security and privacy advantages to purchasing and providing company tech tools to staff. When all staff have a company computer, the organization can ensure consistent security standards across all devices.¹⁹ This is particularly important for employees who are collecting individual-level, identifiable data that pertains to the use of drugs, as well as any other private health information. In a situation where an employee's computer gets lost or stolen – a not uncommon situation – if the computer is owned by the organization, it is possible for the organization to wipe the computer of any identifiable data remotely. Organizations that provide their staff with computers may additionally need to fund IT personnel to ensure data security.





Tools and Resources: Guide to Making Nonprofit Technology Decisions Equitably

This [Equity Guide for Nonprofit Technology](#), available free for download, lays out some of the ways that tech tools can deepen inequities in the nonprofit workplace, with a central focus on racial inequity. It presents strategies for using technology to further equity, ways of funding nonprofit technology to ensure its use is successful and sustainable, and suggestions for creating and implementing technology equitably.

The guide was created collaboratively with diverse community members and is intended to be used as a resource at strategy discussions, policy review processes and evaluations.

From an equity standpoint, if financially possible, it benefits everyone to ensure all new staff are given the same tech tools at the time of hire; this ensures individuals without access to their own tech tools are not at a disadvantage in the hiring process. If purchasing a computer for each new staff person is not possible, some organizations have managed other ways to ensure their staff are connected. Some have enabled work to be done via smartphone, which most people already have when they enter the job. Sometimes organizations are able to purchase smartphones, a cheaper alternative to a computer, for staff. Harm reduction organizations have also secured donated computers or donated funds to purchase computers; for more information on resources to affordable technology and broadband, see [Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide](#). HIPS is an example of a hybrid model that has communal computers at their office that staff can use, much like those at a public library.



Example from the Field: Communal Computers at HIPS

At HIPS in Washington, D.C., where it isn't always possible to purchase computers for every new staff person and volunteer, there are communal computers on site. These computers, much like those at a public library, are available for any staff or volunteer to use at any time. "So, for folks to do their job, like making calls or answering their emails, they can just go in and use the outreach computers that are upstairs."

TRAIN STAFF TO USE TECH TOOLS

Getting the right tech tools into the hands of staff and volunteers is just the first step. In order to use these tools to their greatest advantage and to participate fully in work processes, staff and volunteers often need training on these tools. Some may need minimal training, perhaps just on a type of software they have not used before, while others may need extensive training, including basic digital literacy skills.

Digital literacy – the “ability to use information and communication technologies to find, evaluate, create, and communicate information” – is a necessity to employment even in fields outside of technology.²⁰ To ensure that a lack of digital literacy does not unjustly penalize staff, organizations may need to invest time and resources into training, coaching and mentoring staff through the use of new technology. This can be a significant lift for those doing the training and supervising. “I just don’t feel like we’re able to provide the support and training that we need to for new folks,” said a harm reductionist who manages a team of staff and volunteers.

A small number of interviewees found helpful tech training tools online – DanceSafe promoted the educational modules that come with the project management software ClickUp, for example – but most found that there was no easy off-the-shelf training that worked for all staff. “It would be helpful if we had pre-made, very basic guides for things, like how to use the Google suite, things like that.”

Most organizations trained their staff on the use of tech tools in an informal, spontaneous way. However, not only can this process take longer, but problems may also remain unidentified. In an in-person work environment, small problems may get solved organically in the moment, but staff found that it can take much longer to identify and solve a problem in a virtual environment. “By the time we see each other in person and figure out that a problem is going on, it’s taken a week or two weeks or a month. Before, it would have been ‘Hey, I’m having this problem,’ and we would have just talked it out right there.”

Interviewees also noted that flexibility is required with staff who are newer to using tech tools in the workplace. Not all staff will attain digital literacy to the same degree at the same speed, and alternative workarounds may be needed in the meantime to accommodate them. For example, one organization found that smartphones tend to be more user-friendly for staff and volunteers than laptops or tablets, so they enter data and perform other work duties using their phones. Others noted that it may be better to use paper and pen in some circumstances, even when other more efficient tech options are available.



Sometimes people ask me why we still do some things on paper, like our syringe access. And I tell them, I’ve heard over and over again that if we give iPads in the field, the team feels overwhelmed. They feel scared. So, we still use paper, and then somebody enters it into the computer. Or, we have staff that print out an email and write their response. And you know what? That’s okay for those people until they feel more comfortable and get the support they need.”

“There’s a lot of shame in asking for help. Someone recently asked how to attach something to an email. And that was hard for them to ask, but I’m glad they did. We want to make it safe for them to ask those kinds of questions because we’re so reliant on tech right now. The last thing we’d want to do is lose somebody, meaning someone leaves the agency, because they feel like they can’t keep up or do what they’re expected to do.”



Example from the Field: Mentorship and One-on-One Training for Tech Tools at HHHRC

In an effort to streamline business and cut down on email traffic, HHHRC switched most of their operations to Microsoft Teams. Some of their employees, however, have been overwhelmed by the new software. So, HHHRC set up a formal one-on-one mentoring system for people who express interest. Staff members who request support are paired with someone who has already gone through the process of learning the software and is capable of walking them through it. Mentors create small tasks that they ask their trainee to perform in Microsoft Teams. For example, a mentor may say, “Go in and say hi to me in Teams and then come back and check complete.” Or “Show me, if you got a notification on your app, where do you go?” If they don’t know, the mentor can assist them through the steps.

“We’re still learning a lot, but we’ve found that the one-on-one mentoring has really been the best way. Plus, you can do that more safely in COVID-19. And it gets away from people saying, ‘Yeah, I’m fine, I got it,’ when they may actually need some support.”

ACKNOWLEDGE THE DIFFERENCES IN WORKING VIRTUALLY AND ADJUST

In addition to training staff and volunteers on the use of technology in order to work virtually, interviewees at harm reduction organizations noted that some aspects of onboarding and training, even if unrelated to the use of technology, had to be adapted with the switch to virtual work. The first few weeks and months of employment, in particular, seem to be a time that has required changes to pre-COVID-19 systems that organizations had in place.

Organizations noted that because supervisors aren’t seeing their staff in person regularly, their usual performance review with new hires, which had taken place after 90 days, was too prolonged. During those 90 days, employees needed more opportunities for feedback and supervisors needed more built-in times to check in on progress and address issues as they arose. As a result, several programs have added in shorter periods of time for assessments. Some moved to a series of two-week, four-week and eight-week reviews. Other programs, such as NEXT Distro, have kept their 90-day performance review in place, but ensured that staff had formalized weekly check-ins with their supervisors during that time to address questions and challenges as they come up.



We have a 90-day performance review after someone starts, and that’s too long in this virtual COVID-19 environment. We’re finding that because it’s harder to connect, it’s harder to be in the same place, we need to do that earlier.”



Tools and Resources: NEXT Distro's 90-day Onboarding Template

NEXT Distro uses a 90-day onboarding template (see [Appendix D. NEXT Distro's 90-day Onboarding Template](#)) that is built around the milestones and core competencies of each new hire's job description. Each individual is also able to choose additional self-directed milestones that are related to their job but not necessarily written in their job description. At the beginning of the onboarding process, for each job responsibility, the supervisor and staff detail what the performance milestone(s) will be, what tools or resources may be needed to reach the milestone, and any questions or concerns. Supervisors use this form at each weekly check-in to monitor progress toward the milestones, documenting improvements and when milestones have been reached, as well as comments about the milestones, including what went well, what could have gone better, and what areas may need support or attention in the future.

Many organizations have found that a blend of virtual and in-person onboarding and training techniques work best. For example, at Southside Harm Reduction Services, policies and procedures and background reading is done individually online, by either smartphone or computer, while shadowing staff on outreach and deliveries is done in person.



Example from the Field: New Employee Check-in Group at HHHRC

Leadership at HHHRC has found that, since the COVID-19 pandemic began and a hybrid work model has been in effect, building connection at the beginning of employment has been particularly challenging. One of the ways they've tried to address this lack of connection is through the recent start of a New Employee Check-in group. Any staff member who has joined the agency within the past year is eligible to attend. The group serves as a safe space for new staff to share how their transition to the organization is going, get questions answered about concrete aspects of the program and gain more abstract understanding of the program mission and values. In its first few months, 10 to 12 people have showed up to each group meeting.

5. PROVIDE EFFECTIVE SUPERVISION IN A VIRTUAL WORKPLACE.

Leaders across harm reduction organizations report that monitoring and supervising staff is much more difficult to do remotely, compared to in person. Perhaps the biggest challenge expressed by interviewees was finding a middle ground where supervisors are present and supportive, as well as responsibly tracking staff and keeping projects moving according to deadlines, while not micromanaging their staff. Unlike more traditional workplaces, since harm reduction organizations aspire to be run and staffed by the people they serve, supervising people who are using drugs may bring up unique challenges. While many supervisors had found effective ways of striking this balance in an in-person work environment, they felt challenged to do so virtually.²¹



Tools and Resources: Leadership Approaches in a Virtual Workplace

In Gartner for HR's [Evolve Culture & Leadership for the Hybrid Workplace](#), the authors describe three components of effective leadership in a hybrid working environment.

- **Authentic:** Act with purpose and enable true self-expression, for both themselves and their teams.
- **Empathetic:** Show genuine care, respect and concern for employees' wellbeing.
- **Adaptive:** Enable flexibility and support that fits team members' unique needs.

Several strategies emerged to supervising staff remotely that organizations have found successful.

FACILITATE REGULAR ONE-ON-ONE CONTACT

Supervisors structured their meetings differently across organizations, but one thing common among all successful supervisors was frequent, individual contact with staff members. Most met with their staff members weekly, and while this may not have been necessary when working in person, creating time to touch base individually in a virtual environment took on new importance.



I have check-in meetings with people that work with me, and a lot of times, I want to cancel the meeting because we don't have anything specific to talk about. And then I think to myself, you know what, that meeting still should happen because we should chat about nothing. Because that's what happens at work. It's important because it creates community."

ASSESS COMMUNICATION PREFERENCES

Working virtually can include multiple channels of communication: email, texts, chats, communication channels such as Slack or Discord, phone and voice memos are just some of the many methods that came up in interviews with harm reduction experts. Early on in a person's employment, supervisors found that it was important to assess individual communication preferences to ensure staff receive information in a way that is most effective and most comfortable for them. One interviewee even found that the quality and character of their relationship with staff changed with different supervision modalities and began alternating supervisory meetings each week between meeting by phone and over Zoom.

The other key aspect of communication preferences in a virtual work environment is putting boundaries, when necessary, around people's workdays. Interviewees noted that virtual work, unlike the concrete acts of entering and exiting a physical office, can feel like it is 24 hours a day, 7 days a week. Assessing staff members' preferences around the times of day and days of the week that they are contacted is another important piece of a successful supervisory relationship.



Tools and Resources: Strategies for Measuring Performance when Working Remotely

In this brief article from Gallup, [Measure Performance: Strategies for Remote and Hybrid Teams](#), the authors discuss some of the common issues and strategies to monitoring employees' productivity. They note that "what was acceptable as temporary stopgap operations in the initial crisis may not translate into long-term success." The article includes performance domains to measure productivity, such as goal-setting, partnering for effectiveness and outcomes, as well as suggestions for managers to increase the clarity and transparency of expectations.

TAILOR SUPERVISION STYLES TO EACH STAFF PERSON'S NEEDS

In the same way that harm reduction aims to meet participants where they're at, many supervisors at harm reduction programs emphasized the importance of implementing the same philosophy in supervising staff and volunteers. Supervision styles must be tailored to meet the unique needs of each staff person so that they can most productively receive and process directions and feedback.



I don't use a uniform supervision technique with everybody because not every staff member needs to be supervised in the same way and not every staff member is going to respond to being supervised in the same way. If I have a problem with a staff member, it's going to be handled different from [a problem with] another staff member. It requires a lot of nuance and practicing for our own selves. Meeting people where they are includes staff, because we are the people we serve."

Interviewees noted that many of the people employed at harm reduction organizations bring with them histories of trauma and incarceration, including work-related trauma. For individuals with trauma, if triggered in the context of receiving criticism or feedback, they may not receive the feedback well. For many individuals, having more informal conversations, leading by example and modeling specific behaviors can be much more effective supervisory approaches.

Additionally, many supervisors noted the differing yet universal effects the pandemic has had on staff members. Keeping in mind that many people endured trauma during the past years of the pandemic and that trauma looks different and is processed differently by everybody, the way in which they receive supervision may need to be adjusted.



Everybody has been struggling with the pandemic.”

“People are having a hard time figuring out how to deal with the collective trauma.”

“Providing feedback looks a little different for everybody. All of our team members can expect to be held accountable, but how those conversations play out varies by a person’s lived experience and context in any given situation. People’s histories influence how they respond to different types of feedback — for example, some folks respond best to more concrete guidance, while others struggle with feedback that feels too direct, and where they fall on that spectrum is often based on their own histories of trauma and social conditioning. We try to adapt according to the needs and personalities of the individual person.”



Tools and Resources: Making Remote Work Productive and Engaging

This short post, [9 Tips to Manage Remote Employees for Better Productivity](#), offers nine ways that managers can help support their employees to be productive and engaged in the workplace.

COLLABORATIVELY DEVELOP MILESTONES AND TIMELINES

Some strategies from in-person workplaces can be applied and function effectively in a virtual environment, and may even take on added importance virtually. The process of supervisor and staff collaboratively developing a staff person's goals, milestones and the timelines to meet them was one such strategy. For example, a supervisor could ask a staff person to develop their own timeline for completing a specific element of a project, then follow up to support them in meeting that goal. This way, the supervisor isn't micromanaging the staff person, but instead is helping them manage the project as well as allowing them the autonomy to develop and achieve their own professional goals. Additionally, if problems arise, it becomes more transparent and easier to discuss when goals aren't met, and together the supervisor and staff can figure out why and address the problem.



We've also moved to open-ended questions in the supervision. So instead of 'What do you need to talk about?' really saying, 'What does support look like for you? What's been something you've been proud about this week? What is something you've been challenged with?' Really using open-ended questions, so the supervisor can't just say, 'Are you doing okay?'

ENCOURAGE STAFF TO TAKE ON LEADERSHIP ROLES

Another strategy borrowed from in-person work that supervisors found to be effective virtually is empowering staff to take on new leadership roles. Successful supervisors reported encouraging people to have a say in what their job is and what their roles and responsibilities look like on a day-to-day basis.



Tools and Resources: Staff Supervision Form at HHHRC

The Hawai'i Health and Harm Reduction Center has a simple, easy-to-use, one-page supervision form that staff complete at each supervision session. In addition to tracking staff issues, successes and challenges as well as tasks to be completed by the next supervision session, it includes sections for supervisors to check in on self-care and professional development. See [Appendix E. Hawai'i Health and Harm Reduction Center's Staff Supervision Form](#) to download and adapt this form.

6. ENCOURAGE AND SUPPORT SELF-CARE AND BOUNDARIES.

Working in harm reduction exposes staff and volunteers to stressors and trauma on a near-daily basis. It is critical that a culture of wellness and self-care is cultivated to ensure staff can stay healthy and prevent burnout. All members of a harm reduction organization should have access to self-care resources. Discussions around boundary setting should be routine and normalized.



People who work in harm reduction are constantly in a state of grief.”

While the exposure to trauma in harm reduction has not fundamentally changed with the shift to virtual work, some of the ways in which workplaces address trauma and promote wellness may need to be adjusted. This section is not intended to be an exhaustive guide to wellness and self-care in harm reduction, but an overview of some of the strategies harm reduction organizations can use to promote wellness when working in a virtual or hybrid work environment.



Tools and Resources: Self-care Wheel

The Self-care Wheel (see [Appendix F. Self-care Wheel](#)) is a tool that can be used to help reflect on and assess your wellbeing across six domains: physical, psychological, emotional, spiritual, personal and professional. Some harm reduction organizations have used this wheel as a starting point for conversations about wellness and self-care among staff, and as a basis for creating a self-care plan.



ENSURE ACCESS TO VIRTUAL CLINICAL SUPERVISION AND MENTAL HEALTH SUPPORT

While clinical supervision is a standard of care among all harm reduction providers, it is important to build out systems to ensure staff can access clinical supervision and job-related mental health support virtually.



We brought in monthly clinical supervision, individual and group, recognizing that it's super intense right now and everyone needs the real deep grief support and emotional support.”

Organizations have operationalized this in different ways. Some have hired an external clinical social worker with a harm reduction background to provide clinical supervision to staff individually and as a team. Other organizations that do not have the resources to hire providers have brought in volunteer social workers to provide virtual mental health support (see **Example from the Field** below). Harm reduction experts all emphasized the importance of clinical supervisors having a strong background in and familiarity with harm reduction in order to be effective.



Example from the Field: Volunteer Providers of Mental Health Support at Never Use Alone

Operators at Never Use Alone (NUA), a safer use hotline, are able to access mental health providers through a partnership with a mental health facility. Volunteer mental health providers are available to support NUA team members via phone or video chat.

Because NUA operators sometimes take calls that result in an unresponsive caller, it is critically important, both for the operator individually and for the organization as a whole, that operators have a way to process these traumatic events. NUA supervisors reach out to operators within a day of an event to check on their wellbeing, offer a break from direct work with participants and connect them to their partner mental health providers.

Because the mental health providers are external to NUA, an added benefit is that NUA team members can confidentially seek mental health support without anyone else at NUA knowing. “After a traumatic event, I tell the operator that we have mental health providers who are available to you to speak about what happened. I say, ‘I’m going to go ahead with your permission and send them your first name and your phone number. And they will reach out to you. I don’t have to know if you talk to them or not.’ So, the operator doesn’t have to ask me for support. They don’t have to tell me they need support.”

ROTATE STAFF DUTIES TO SPREAD OUT THE HIGHEST-PRESSURE TASKS

The transition to virtual work, and hybrid work especially, offers opportunities for stress reduction that may not have been possible in an in-person work environment. For example, when programs require some tasks to be performed in person in the field and other tasks can be performed from home, organizations can rotate staff through these duties so that the same people are not always in the most high-pressure roles.

As mentioned earlier, a harm reduction program in Massachusetts rotates staff so that individuals may work at the syringe exchange on one day, on outreach the next and on post-overdose the third day. Similarly, at Never Use Alone, the order in which calls are routed to operators rotates on a daily basis. Individuals who are assigned the #1 slot receive the call first and if they do not pick up the phone, the call gets automatically routed to the person in the #2 slot, and so on. There are always 10 operators lined up on call. Because of the rotating slot assignments, no one person is always at the #1 slot, which helps prevent burnout.



Tools and Resources: Beyond Self-care: An Honest Conversation about Workplace Wellness

This **one-hour training** by Leilani Maxera, a social worker and harm reductionist, in collaboration with Mental Health America of Hawai'i, addresses "how to take care of and show respect for employees by creating a true culture of workplace wellness, with an emphasis on those who work in social services."

SET BOUNDARIES ON YOUR WORKDAY

Working virtually can blur the lines of when a person is on and off the clock. Feeling as though you are never fully signed off from work can be a risk factor for burnout.

Encourage staff to set boundaries around their time, if they don't exist already, and step away from the screen when they are off the clock. Cultivate a workplace culture that honors people's boundaries and does not expect staff to be responsive at all hours of the day and all days of the week.



There is a long history in harm reduction of people not taking care of ourselves very well, feeling that we need to be tough as bricks, working 67,000 hours. Something that I want to say a lot to my team and, and to myself, is, 'You are worthy of your eight-hour day. You are worthy.'

There are a few methods organizations have adopted to help maintain boundaries. One is the use of the "scheduled sending" feature in email instead of emailing colleagues at off hours. If a person is working at 9 p.m., for example, and composes an email, rather than send it at that time and potentially cause the recipient to feel pressure to respond, the person can schedule a send for 9 a.m. the next workday. (Note that some email platforms may require an active internet connection during the scheduled send time in order for the email to be sent, so it is important to understand how your platform's scheduled send feature works.)

Similarly, some people have added notes to the signature line of their emails stating there is no expectation to respond if the email is received outside of work hours. For example, this is one such note that can be appended to an email signature so that it goes out automatically with all emails sent: “I don’t expect you to respond to my email outside your work hours. I value and respect flexible work arrangements, so please respond when you are working.”²² Staff can also set auto-replies when receiving an email outside of their work hours, with a note explaining that they will respond when they are back online.

PROMOTE PAID TIME OFF

To ensure organizations maintain the wellness of their employees – both physically and mentally – paid sick leave must not only be offered but also encouraged to use, especially when staff are sick.



One of the things that’s really interesting about COVID-19 is that, for the first time, at least in my working life, it’s okay to be sick. We used to go to work with the flu because we didn’t have time off. I would come to work with stomach bugs... I think we’re going through a culture shift in this country where people finally have stopped going into public places and stopped going to work when they’re sick and just stay home.”

TAKE ADVANTAGE OF THE FLEXIBILITY OF WORKING VIRTUALLY

One of the unique advantages to virtual work is the flexibility it can offer its employees. This flexibility can be used for self-care, in doses large and small. Harm reduction staff reported engaging in all sorts of wellness activities sporadically throughout the work-day, including yoga, gardening and outdoor walks.



With virtual work, there’s more flexibility. You don’t feel like you have to be on all the time. I have two hours off before my next meeting. I don’t have anything to do specific for work. I got it all done this morning. I can take some time to vent, have coffee. Hopefully my baby is awake so I can hold the baby. It gives you a different recharge. And it’s not like I’m getting less work done. I’m more efficient than I’ve ever been.”

A few organizations have even added in one hour per week of paid wellness time wherein staff can choose to do something for their own self-care. Supervisors check in with their staff on their individual self-care plans at each weekly supervision session.

Importantly, people in positions of leadership can model wellness-seeking and intentional self-care. This can help promote an organizational culture that values the health and wellbeing of its staff.



Something I do intentionally is I'll say, 'I'm leaving for therapy' or 'I'm leaving to go on a hike.' I try to model the behavior that I hope to see in other people in the organization. That's something that I have tried to bake in to the way that we do work within the organization."

BALANCE ON-CAMERA TIME WITH OFF-CAMERA TIME

“Zoom fatigue,” or virtual meeting fatigue – described as the “feeling of being drained and lacking energy following a day of virtual meetings”²³ – is a new and important aspect of wellness to address with the shift to virtual work. Research has found that fatigue affects not only same-day performance but also performance the following day.²⁴ For organizations that have many virtual meetings throughout the day, promoting “off-camera” meetings can help reduce fatigue. This can be done in a variety of ways. Some organizations have one day a week of camera-free meetings, while others have one meeting-free day a week. Setting explicit and clear expectations around use of cameras during meetings – when it is encouraged and when it is optional – can be a helpful strategy.²⁵



7. IDENTIFY WHEN STAFF AREN'T DOING WELL.

One of the biggest challenges of managing a virtual or hybrid workplace can be identifying when staff are not doing well and need additional support. “If it’s not immediately visible, you might miss it,” noted one interviewee. In the field of harm reduction, a common scenario is when individuals return to use or their use increases and/or becomes chaotic. Other common scenarios include other types of mental and physical health concerns, as well as grief and grieving. The steps organizations and supervisors take to help support staff through problems such as these is not very different between in-person and virtual work environments. However, identifying them in the first place can be more challenging in a virtual setting. This section, therefore, will focus on how supervisors and managers operating in a virtual environment might be able to better identify – and more quickly identify – when staff are experiencing problems that are impeding their work.



I think the biggest challenge for us has been that when everybody's around everybody, it's a lot easier to tell if somebody's out of balance or if they're needing something. It's a lot harder to be able to do those kinds of touches when we're remote. Even if we do Zoom, it's just not the same.”

According to many key informants, in an ideal scenario, a staff person or volunteer will come to a supervisor and identify when a personal problem of theirs may be getting in the way of work. When it comes freely from the staff, supervisors have a decreased tendency to micromanage to assess what isn't getting done and can trust that staff will alert them if necessary. Getting to that level of trust, however, requires time and intentionality around cultivating those organizational and interpersonal values.

Interviewees with histories of substance use echoed the belief that proactive self-disclosure is preferred, and added that from the employee's perspective, coming forward in a workplace with a substance use-related problem needs to be able to occur without repercussions. While disclosing substance use in “traditional” workplaces may be cause for suspension or termination, harm reduction is a unique field that values lived and living experiences; creating a safe space where individuals feel comfortable talking about challenges they are facing, including their substance use, is critical to hiring and retaining staff and volunteers.



The line between lived and living experience is often blurred as people are having recurrence of use or they're using other substances. Harm reduction needs to be flexible in that way, because it's one of the key tenets in my mind. We are working in a harm reduction space. We should be able to be open with our employer about what's going on, and that needs to be talked about without repercussion for work.”

According to supervisors interviewed, a deficit in work productivity is not in itself an indicator of an underlying problem. Wellness cannot be measured by an individual's productivity. Staff members have different levels of motivation, different speeds at which they can reach goals and milestones, and additionally – particularly during a pandemic when everyone is experiencing some degree of collective trauma – “maybe someone can say they were working all day and have nothing to show for it, and really it was just a slow day. Or maybe they were just not very productive that day. We’ve all been there.”

Notably, no organizations or individuals interviewed thought they had adequately “solved” the problem of being able to quickly identify when individuals are suffering in a virtual work environment. Various solutions had been tried by some, such as instituting regular wellness checks as part of weekly supervision sessions and adding a “vulnerable staff check” at meetings with leadership (see **Example from the Field** below), but there is no quick and easy answer. Instead, doing the hard and slow work of building trusting relationships and a nonjudgmental work culture are the common patterns underlying successful problem solving.



Example from the Field: Identifying Vulnerable Staff at HHHRC

Each week at HHHRC leadership check-ins, team leaders are asked if there is anyone on their team who is struggling. Supervisors have been coached to ask staff members going through a crisis, “Who can I tell? Who can I not tell? What do you want to share and what do you not want to share? What does support look like for you?” In this way, the organization has intentionally tried to create a workplace culture that supports staff through crisis while still maintaining their privacy and confidentiality and respecting their desires. When staff members are willing to come forward with an issue they are struggling through, “at least from the leadership aspect, we have more people that can be doing gentle touches.”

Additionally, HHHRC has a communication channel using Microsoft Teams that serves as a dedicated space for venting, as long as the post is not targeting someone else. Individuals who may not feel comfortable approaching their supervisor to say, “I’m struggling,” may feel comfortable venting their struggles on this channel. This more informal way of alerting coworkers can also result in more support and from a greater number of people within the organization.

Some organizations noted that their formal systems are not very effective at identifying a staff or volunteer in crisis, but their informal systems are, further emphasizing the critical role of social connectedness in this work. Informal chats and check-ins over video, regular texting among trusted coworkers and even occasional in-person get-togethers outside of work can often help to identify crises more quickly than a formal check-in system.



I think some of the systems that we have right now aren't very capable of checking, or like aren't really set up to be incredibly responsive [to a staff or volunteer in crisis]. But I think that the informal systems that we have set up are pretty good at that.”

Organizations that operate 100% virtually stressed the importance of holding difficult conversations with staff either over video or over the phone, rather than via text, email or chat functions, so that tone can be heard. For organizations that operate a hybrid workplace, it is preferred to hold difficult conversations in person.



Tools and Resources: Tools for Public Health Workers Coping with Overdose Fatalities

Developed by the Massachusetts Department of Public Health, [this toolkit](#) is targeted for frontline workers, particularly those who work in substance use and overdose prevention programs. It contains suggestions, tools and resources for workplaces to support staff members who are exposed to overdose death.

A similar tool, [Clinical Response Following Opioid Overdose: A Guide for Managers](#), was written by New York State's Office of Alcoholism and Substance Abuse Services and contains helpful strategies for managers to support their staff.



Example from the Field: Mini-plans for Staff in Crisis, HHHRC

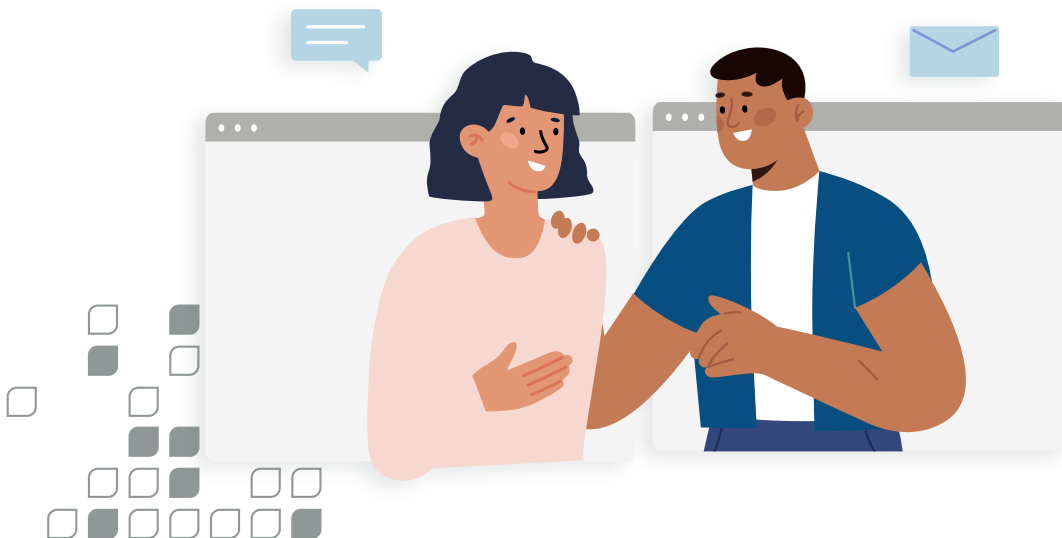
HHHRC will sometimes implement a “mini-plan” to fill the immediate gaps in work when a staff person is experiencing a crisis. When the individual is identified, leadership quickly develop a short-term plan to address the ways in which the organization can take on some of that person’s responsibilities collaboratively, and the plan is shared with the individual.

For example, an HHHRC staff member lost a close family member to overdose recently. “Leadership just got together yesterday and said, ‘What can we do?’ OK, let’s not have her do the overdose trainings. Because I can’t even imagine doing an overdose training right after that. The supervisor shared the plan back with her and you could tell that she was really relieved that she didn’t have to think about that right now. And there was a plan for how we would all support her team, how we would help to take over the trainings, until she’s ready.”



Tools and Resources: Training on Employment Rights for People with Substance Use Disorders

The Legal Action Center developed a [training](#) to explain the employment rights of people with HIV, viral hepatitis and substance use disorders. Its target audience is health and social service providers, and includes slides on anti-discrimination laws, human rights laws and disability laws, as well as issues related to health insurance.



Conclusion

Adjustments to the COVID-19 pandemic have had an unintended negative impact on morale and connectivity of harm reduction personnel. Developing and maintaining human connection, a key aspect of harm reduction, across virtual channels is of critical importance. This guide summarizes some of the strategies that harm reduction organizations have developed and found to be effective at maintaining connection while doing harm reduction work virtually.

It is important to note that while organizations have found creative, smart solutions to try to stay connected, none feel like they have mastered it. Nearly all stated, in some way or another, that this is still a work in progress and that they are still trying to find ideal solutions to replace the connectivity they experienced during fully in-person work. Hopefully this guide can serve as a starting point in facilitating this conversation. We hope that lessons learned can continue to be shared across harm reduction spaces so the field as a whole can improve as we learn to adjust to working in this new environment.



APPENDIX A. Key Informants

Name	Title	Organization	State
Jessica Blanchard	Founder, Executive Director	229 Safer Living Access	GA
Alexander/a Bradley	Outreach and Community Education Manager	HIPS	DC
Jessica Breemen	Chief Growth & Impact Officer	DanceSafe	CO
Hilary Eslinger	Executive Director	Maine Access Points	ME
Jamie Favaro	Founder, Executive Director	NEXT Distro	NY
Andrea Haddox	Executive Director	Oklahoma Harm Reduction Alliance	OK
Kristin Karas	Director of Operations	DanceSafe	CO
Heather Lusk	Executive Director	Hawai'i Health and Harm Reduction Center	HI
Jack Martin	Founder, Executive Director	Southside Harm Reduction Services	MN
Stephen Murray	Community Implementation Specialist	Boston Medical Center	MA
Tim Santamour	Director of Outreach and Networking	Florida Harm Reduction Collective	FL
Luke Tomsha	Founder, Executive Director	The Perfectly Flawed Foundation	IL
Stacy Zawacki	Peer Coordinator	The Perfectly Flawed Foundation	IL

APPENDIX B. Key Informant Interview Guide

Participant name:

Date: / /

INTERVIEW QUESTIONS

1. How has [Organization Name] been operating since the COVID-19 pandemic began back in 2020? For example, which aspects of the work shifted to online and which have stayed the same or in person?
2. What have been some of the most challenging aspects of doing this work virtually (or partially virtually)?
3. How has your organization dealt with these challenges?
4. What resources helped you transition to a virtual or hybrid work environment, if any?
5. How did you change the ways in which you work with your team? How do you check in on your staff and volunteers to make sure they're okay?
6. Have you recruited and hired for new positions since the pandemic began? If so, how have you done this virtually?
7. Please walk me through how your organization onboards a new hire now, since the pandemic began. Which parts are virtual and which parts are in-person, if any? How were these decisions made?
8. Are there funds to purchase office supplies, computer, phone, etc., for staff working remotely?
9. For staff at [Organization Name], what are the expectations around working virtually and how do you hold staff accountable?
10. Are there specific hours that staff are expected to work, and are there specific times when staff are required to come in in person versus work virtually? How are these expectations communicated, and how do you make sure staff are meeting these expectations?
11. Are there project management processes or tools that you've found helpful when managing projects virtually? What seems to be successful in terms of workflow for you and your team?
12. How do you protect participant confidentiality in a virtual workplace? How is data kept secure? Have any of these processes had to be adjusted since the pandemic began?
13. Please tell me about how you and others at [Organization Name] supervise staff. What pieces of it are done virtually and which, if any, are done in person? What have you found works well?
14. These last two years have been a really difficult time to work in harm reduction, because of both the COVID-19 pandemic and the isolation and anxiety it's caused, as well as the enormous number of overdoses experienced in our communities. I can imagine staff have been burning out more quickly than in "normal" times. Are there things you've found help staff stick around longer? Any strategies for staff retention that have worked for you and your team?
15. How does [Organization Name] address issues of diversity, equity and inclusion while functioning virtually? Can you tell me a little about that, as it relates to how your organization works internally?
16. What are some of the ways your organization has created an environment that is trusting and safe and comfortable for your staff members and volunteers? How has this been challenging during the pandemic? What's worked well?
17. Did your organization change how it handles conflict while working virtually? What does conflict resolution look like now at [Organization Name]?
18. Before we end, are there any other strategies or pieces of advice you'd offer to other harm reduction organizations that are navigating the process of working virtually?

APPENDIX C. Southside Harm Reduction's Monthly Program Reports

COMMUNITY - MONTHLY REPORT

Reporting month:
Completed by:
Date: / /

Overdose Prevention Site (OPS)

<p>Public OPS trainings</p> <p>Goals:</p> <ul style="list-style-type: none"> ■ Number of events ■ Date and number of attendees ■ Short description of event 	
<p>Participant group discussions on OPS</p> <p>Goals:</p> <ul style="list-style-type: none"> ■ Number of events ■ Date and number of participants attended ■ Staff members who attended ■ Major takeaways 	
<p>Community partner meetings</p> <p>Goals:</p> <ul style="list-style-type: none"> ■ List individuals, their organization and their role. Include their concerns, general attitude and if they are a potential ally or not. 	

Overdose Prevention Site (OPS)

<p>Educational material created</p> <p>Goals:</p> <ul style="list-style-type: none">■ Short description – what does it focus on, who is it for, etc.■ Any feedback from participants?	
<p>Social Media</p> <p>Goals:</p> <ul style="list-style-type: none">■ Number of social media posts created about OPS■ What were you trying to accomplish with the posts? (Relating to general city concerns, OPS general education)■ Share social media strategy, attach to this report	

NALOXONE MONTHLY REPORT

Reporting month:
Completed by:
Date: / /

Naloxone Coordination

<p>Trainings</p> <p>Goals:</p> <ul style="list-style-type: none">How many training sessions were done?What organizations or type of training?Number of people trained	
<p>Naloxone messaging</p> <p>Goals:</p> <ul style="list-style-type: none">Did you send out the messages to Outreach and Deliveries?Does any messaging need to be changed for next month or are there ways to improve messaging in Southside?	
<p>Public trainings</p> <p>Goals:</p> <ul style="list-style-type: none">When and where did trainings happen?	

Naloxone Coordination

<p>Partnerships</p> <p>Goals:</p> <ul style="list-style-type: none">■ Who did you reach out to? And what are their concerns or thoughts about overdoses and a naloxone training?■ Who are other partners that you can reach out to next month? This is something good to ask people we give trainings to in communities we want to work more closely with.	
<p>Education and resources</p> <p>Goals:</p>	
<p>Data</p> <p>Enter data.</p> <ul style="list-style-type: none">■ List orgs that were given naloxone with source.	
<p>Other</p> <ul style="list-style-type: none">■ How are you feeling about the above goals? Do they feel achievable?■ Is there anything you want to note that is not in this report?	

REFERRALS MONTHLY REPORT

Reporting month:

Completed by:

Date: / /

Referrals

<p>Data</p> <p>Goal: X number of referrals</p> <ul style="list-style-type: none">■ Total number of referrals by each coordinator■ During outreach■ During deliveries■ Through the referral line■ Broken down by category	
<p>Quick tips and other referral resource</p> <p>Goal: Create 1 new quick tip or referral resource for volunteers and other outreach workers to use.</p>	
<p>Partnerships</p> <p>Goal: 2 new partnerships created in areas that we do not have enough resources in OR strengthening 2 partnerships that we already have.</p> <ul style="list-style-type: none">■ List the new partnerships and why they are useful and/or how partnerships were strengthened.	

Referrals

<p>Directory</p> <p>Goal: Focus on one area to improve in the directory. This month it was _____.</p> <ul style="list-style-type: none">■ What was added to the directory this month?■ What was improved upon?■ What do you hope to work on next month?	
<p>Success story</p> <p>List one story of connecting someone to care.</p> <ul style="list-style-type: none">■ Is there any way that we can use this success to improve linkage to care for other participants?	
<p>Linkage to care</p> <p>Goal: 2x linkage to care days per month</p> <ul style="list-style-type: none">■ How many linkage to care days did you do?■ What did they look like?■ What was successful and what would you like to improve?	

APPENDIX D. NEXT Distro's 90-day Onboarding Template

MILESTONE SETTING

Name:	
Position:	Supervisor:
Today's Date: / /	Start Date: / /
Day/Time of Weekly Check-in:	Day/Time of 90-day Review:

Job responsibility	Performance milestones to be reached	Tools or resources needed to reach milestone	Questions or concerns	Check in: [date]
1. i.e., core competency	i.e., this is what is to be achieved over time			
2. i.e., core competency				
3. i.e., core competency				
4. i.e., core competency				
5. i.e., core competency				
6. Something self-directed and chosen by the person, must be work adjacent but doesn't have to be part of their JD				
Other				

MILESTONE REVIEW - 90-Day Performance Review

Name:	
Position:	Supervisor:
Today's Date: / /	Start Date: / /

Job responsibility	Performance milestones to be reached at the end of 90 days	Was milestone reached?	Comments and conversation about milestone including what went well and what could have gone better	Areas where support/attention is needed in the future	Ways NEXT as a program and supervisor can improve
1. i.e., core competency	i.e., this is what is to be achieved over time				
2. i.e., core competency	o				
3. i.e., core competency	o				
4. i.e., core competency	o				
5. i.e., core competency	i.e., core competency				
6. Something self-directed and chosen by the person, must be work adjacent but doesn't have to be part of their JD	o				

Additional topics of conversation for 90-Day review

Observed strengths during 90-day review

Reported challenges and areas for improvement

Are there ways you would improve or expand on your job description or duties?

How could NEXT improve our onboarding and overall experience for new staff?

Other notes:

REVIEW RECOMMENDATION - 90-Day Performance Review, Page 3: Final Recommendation

Based on this employee's job performance and conduct during the initial review period, I recommend the following:

Highlight cell of recommendation

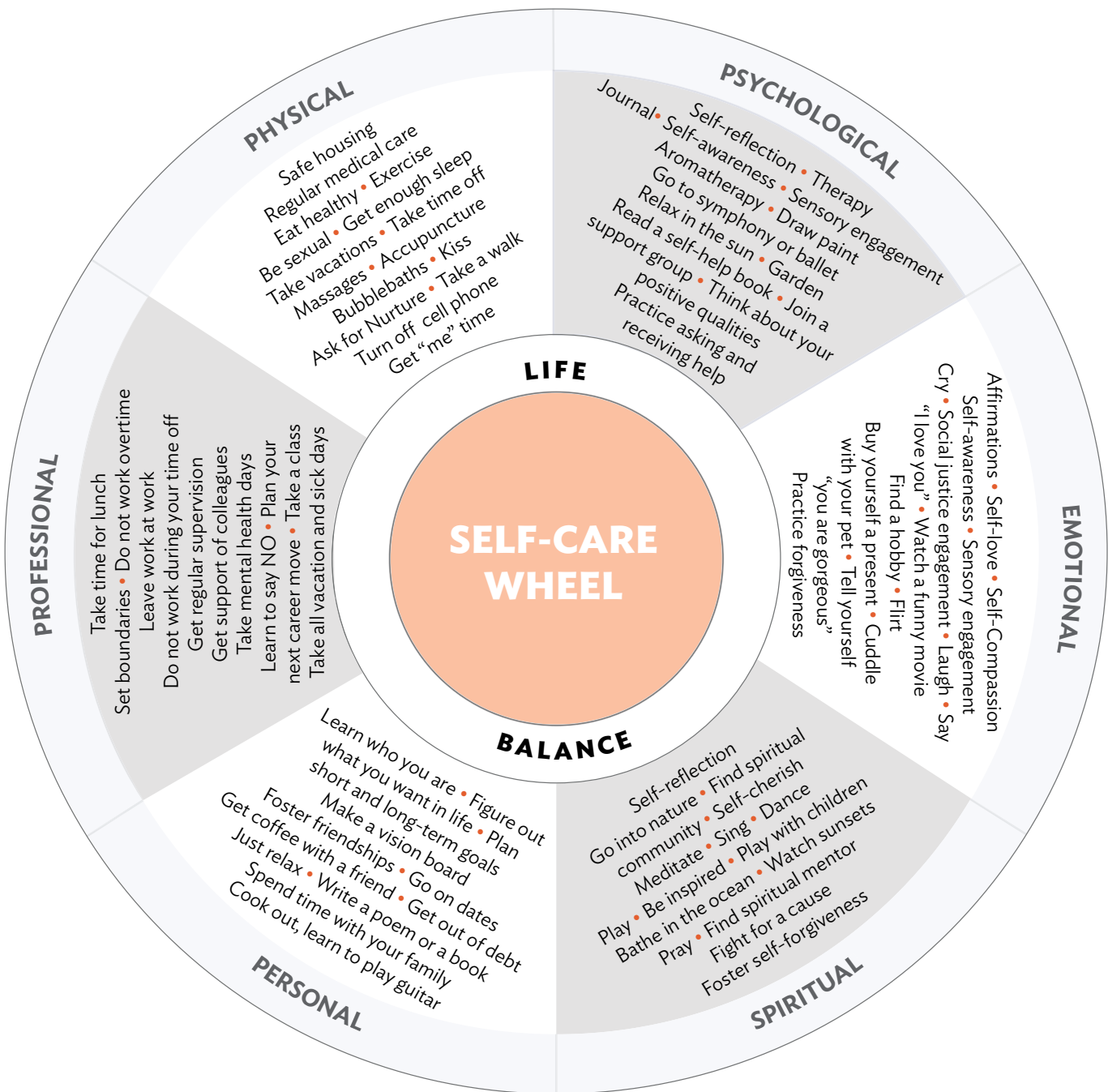
1. Retain employee
2. Discharge employee (requires approval from leadership team)
3. Extend initial review period

Notes:

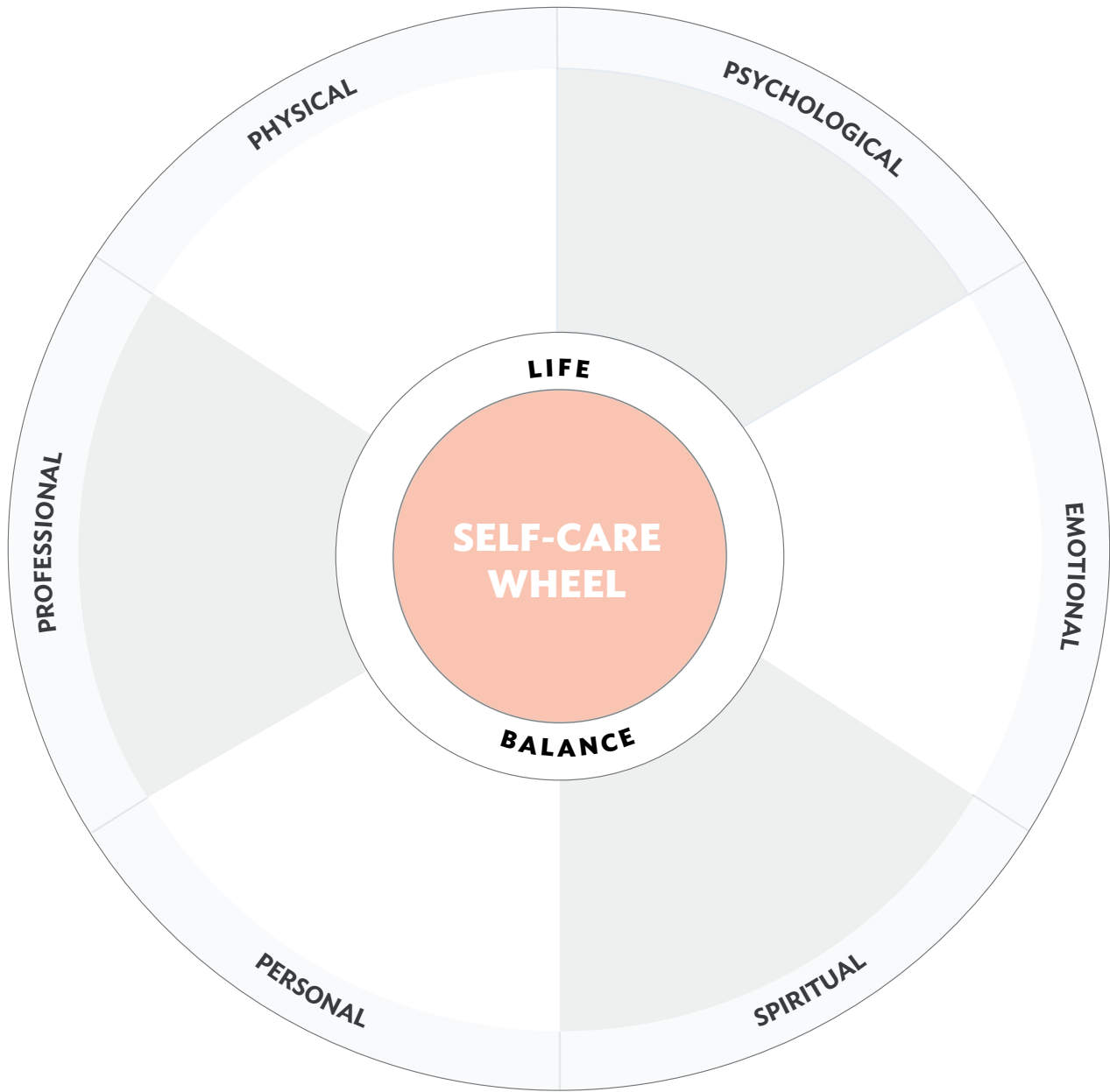
APPENDIX E. Hawai'i Health and Harm Reduction Center's Staff Supervision Form

Staff:			
Supervisor:			
Date:	/ /		
Topics discussed:			
Duties & expectations	Comprehensive skills eval	Cases & assessment	Information & referral
Professionalism	Project management	High risk issues	Evaluation issues
Judgment	Decision making	Progress notes	Termination
Communication skills	Problem solving	Goals & objectives	Diversity issues
Initiative	Harm reduction practices	Treatment planning	Documentation
Attitude	Flexibility	Crisis intervention	Policy issues
Time management	Self awareness	HHHRC values	Ethical issues
Staff supervision & support	Accountability	Boundaries	Other:
Issues to discuss and comments:			
Staff successes and strengths:			
Challenges:			
Self-care and professional development:			
Tasks to be completed by the next supervision session or date specified:			
Staff Signature:		Supervisor Signature:	
Additional notes:			

APPENDIX F. Self-care wheel



This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from Transforming the Pain: A Workbook on Vicarious Traumatization by Saakvitne, Pearlman & Staff. Dedicated to all trauma professionals worldwide. www.OlgaPhoenix.com



APPENDIX G. 10 Actions to Support Staff Wellness

Adapted from the Massachusetts Department of Public Health, 10 actions organizations can take to help prevent compassion fatigue, secondary traumatic stress and vicarious trauma among staff who are exposed to overdose in their work are described below.

10 ACTIONS TO SUPPORT STAFF WELLNESS²⁶

- 1** Assess your organization's preparedness related to preventing vicarious trauma. Assessment tools are available, such as the Vicarious Trauma Organizational Readiness Guide.
- 2** Clearly establish "helping staff cope with the aftermath of overdose fatalities" as an organizational objective.
- 3** Recognize that staff reactions to trauma and distress are normal. Make staff's exposure to trauma and stress a normal topic of discussion and encourage colleague-to-colleague support for issues related to trauma and stress.
- 4** Ensure that staff are assigned reasonable caseloads and workloads and that concerns about adequate client resources are addressed.
- 5** Include information, training and practice focused on traumatic stress and self-care in all professional development activities.
- 6** Provide relationally based, trauma-informed clinical supervision with sufficient regularity to meet staff needs.
- 7** Engage staff meaningfully in organizational planning, development and quality assurance for all services.
- 8** Acclimate frontline service providers to the nature of the overdose crisis and the reality that they may be exposed to deaths during their work – beginning during hiring practices and continuing through ongoing training and support.
- 9** Mitigate the effects of public stigma toward overdose deaths by validating for staff the magnitude of the overdose crisis and acknowledging how stigma may create feelings of marginalization and isolation.
- 10** Implement an overdose rescue protocol that includes a staff-driven quality assurance process, transparency and buy-in to help ensure that staff that they are delivering an optimal response to life-or-death situations to which they may be exposed.

APPENDIX H. Additional Resources and Tools

TYPE OF RESOURCE	TITLE	SOURCE	DATE	DESCRIPTION
RESOURCE GUIDE	<u>Supporting Telehealth and Technology-assisted Services for People Who Use Drugs: A Resource Guide</u>	National Council for Mental Wellbeing	2021	Offers information, guidance and tips for implementing telehealth and technology-assisted services, including PSS, for PWUD.
GUIDANCE DOCUMENT	<u>Employment Rights of People Living with HIV, AIDS, Viral Hepatitis, and/or SUDs</u>	Legal Action Center	2020	Describes the employment rights of people with disabilities.
READINESS GUIDE	<u>Vicarious Trauma Organizational Readiness Guide</u>	Northeastern University's Institute on Urban Health Research and Practice	2013	Organizational assessment to inform opportunities to address vicarious trauma among staff.
RECORDED WEBINAR	<u>Wellness Strategies for Harm Reduction Providers during the COVID-19 Pandemic</u>	National Council for Mental Wellbeing	2021	Recorded 90-minute webinar featuring experts in the field, including peer support workers, describing efforts to improve staff wellness.
GUIDANCE DOCUMENT	<u>Coping with Overdose Fatalities: Tools for Public Health Workers</u>	Commonwealth of Massachusetts Department of Public Health	2019	Discusses 10 steps organizations can take to prevent compassion fatigue, secondary traumatic stress and vicarious trauma among staff exposed to overdose, as well as five steps to respond after overdose death.

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