Strengthening Advocacy Organizations by Adding Service Delivery
Issues to Consider

In a time when many advocacy groups want to demonstrate they can "do the work on the ground," many are asking: *How does an advocacy group add a service delivery component to their existing organization?*

This resource offers a starting point for advocacy organizations considering such a transformation.

The Benefits: Adding a service delivery component may be a unique opportunity to broaden the impact and sustainability of an advocacy organization.

- The best way to understand what's working and not working is to be on the ground delivering services; this helps inform the advocacy work itself. In many ways, providing a service strengthens the consumer/community voice for which organizations are advocating.
- Delivering services can be a way to engage future advocates; individuals who come through the doors receiving services can stay engaged through advocacy, bringing the mission full-circle.
- Adding a service delivery component is also a way of expanding the organization's reach; it may open doors and draw supporters who value client interaction over advocacy.
- Working to build the organization's business capacity through providing services can help the organization be a better steward of resources and better serve the populations it advocates for.
- Adding a service may also build financial sustainability for the organization.

The Risks: As with any major organizational change, there are also risks involved.

- Obtaining staff and leadership support can be difficult. The cultural shift to a more business-like approach may make it hard to stay mission-focused.
- At the same time, there's a risk of "mission-creep"—the mission becomes so broad that the organization spreads itself thin, or changes focus to follow the funding sources for the additional services.
- This kind of transformation can also cause confusion within the communities served—an organization focused on advocacy is suddenly providing services.
- Over-extending the organization's financial and staff capacity is another risk.
- Jeopardizing funding is perhaps the greatest risk, as the funding for advocacy work and service delivery work has different requirements and restrictions.

> **Consider the following scenario:**
> *An advocacy group focusing on substance use disorders wants to add case management services to their existing organization. How would they go about this?*
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> - *Communications: What and how should the organization communicate to its board and staff?*
> - *Mission: How does the organization stay true to its mission?*
> - *Funding: What are the financial considerations?*
> - *Staffing: What are the staffing considerations?*
> - *Hiring: How might the organization address barriers to employing individuals with lived experience to deliver these services?*
> - *Evaluation: How can the organization monitor how it is changing?*

Communications: What and how should the organization communicate to its board and staff?

➢ Staff at all levels -- from entry level to executive leadership and board members -- need to be informed of the changes so they can support adding the service to existing advocacy work.

➢ One strategy for obtaining board support is to highlight how the added service continues to fall within the mission of the organization. See the next section for additional considerations about mission.

➢ It's important to be prepared to answer staff and board member concerns, such as potential rapid growth and staff shortages. Communications must also include a focus on how the mindset/culture of the staff will change to include a business perspective.

Mission: How does the organization stay true to its mission?

➢ Since service provision typically runs like a business, whereas advocacy works for a cause, the organization needs to plan for the built-in tensions that can affect adherence to the mission.

➢ Assuming the mission is to continue to serve the community, when planning the service delivery, organizations can solicit input from populations who might use or benefit from the planned services.

➢ Organizations should be wary of "mission-creep" driven by the new business model. Organizations that want to change their mission should engage in a thoughtful and deliberate process.

➢ Organizations should be careful that the new service delivery outcomes don't inadvertently change how the organization interacts with community members; if a key premise has been meeting community members "where they're at," they should try to retain that approach rather than requiring clients to meet prescribed outcomes.

➢ To make sure the organization remains mission-focused, they should periodically reflect on how the advocacy and service delivery efforts are working together; for example, are any advocacy efforts sacrificed to protect the business interest? Is the service provision helping inform the advocacy efforts? Each should support and not inhibit the other.

Funding: What are the financial considerations?

➢ Payment for services can help an organization grow but can also complicate its finances. It's important to ensure continued advocacy work won't jeopardize the service funding and vice versa.

➢ Organizations must keep funding streams separate because of distinct expectations and restrictions that come with that funding. Detailed grant reporting and accounting records are essential. This can be particularly difficult when certain staff have roles in both service delivery and advocacy.

➢ When possible, organizations should provide reimbursable services so insurance can cover the expenses. This may require staffing changes and credentialing. For example, clinical social workers (MSW) can be licensed and signed up with insurance companies to help the organization increase funding sources.

➢ Federal and state public health dollars, Medicaid, private insurance and block grants are possible sources for funding service delivery programs. Organization leaders should stay informed about new opportunities resulting from trends in health, social and criminal justice services, such as new support for community health workers, peer support, health systems transformation, or criminal justice reforms such as pre-arrest diversion.

➢ Partnerships with larger clinics and providers with existing billing infrastructures can also be beneficial.

➢ It's important to be up front with partners about what funding the organization is pursuing, as issues can arise if organizations are now competing for the same funding. Transparency is key.

Staffing: What are the staffing considerations?

➢ It's likely that the service delivery will require a different skillset or licensure—especially if the services are reimbursed by insurance—than typically found among the current advocacy staff. It can also take time to identify the specific staff needs; one approach is to begin with volunteer staff time until the specific staff needs can be identified.

➢ If hiring full-time permanent licensed professionals is not possible, one approach is to recruit a retired professional who may donate time.

➢ Data tracking needs will likely change with the additional service delivery program.

➢ Keep in mind that staff with a service delivery background may be more accustomed to scheduled appointments within a nine-to-five workday, whereas advocacy staff may be accustomed to working without a strict schedule. It's important to be mindful of these differences and set clear expectations that create a culture supportive of both working backgrounds.

➢ Direct service staff will also have different boundaries with clients compared to those in community organizing or advocacy positions.

➢ Advocacy organizations often function within a horizontal power structure, whereas direct service tends to be a vertical power structure.

➢ Consider the different perspectives of the varied staff; social service staff often want and need an immediate solution to help the person in front of them, whereas advocacy staff are focused on the big picture policy changes. One approach is to hire staff with combined experience in both health policy and service delivery.

➢ In cases where current advocacy staff are transitioning to new service-oriented roles, they will likely need specialized training for working with clients. This may include traings on client privacy, HIPAA and managing challenging behavior. It's important to maintain realistic expectations and keep morale high.

Hiring: How might the organization address barriers to employing individuals with lived experience with substance use disorders, the criminal justice system, or lack of above-ground employment history to deliver these services?

➢ The National HIRE Network provides resources regarding barriers to employment, and ways to support reentry, including Helping Justice-Involved Individuals with Substance Use and/or Mental Health Disorders: Understanding How Laws, Regulations and Policies Affect Their Opportunities.

➢ SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) webinars also provide information regarding employing individuals with lived experience.

➢ It's important to thoroughly vet all staff, while addressing substance misuse and addiction as the health problems they are, and considering sex work as work history. Organizations should create a working environment where individuals seeking recovery and sound mental health can take leave with pay when needed.

➢ Establish procedures for what to do if an employee with a history of substance use has a setback, or an employee who is getting supplemental income through sex work experiences violence.

Evaluation: How can the organization monitor how it is changing?

➢ As with any big change, organizations should create an evaluation plan to assess their efforts:
- How has adding services affected the day-to-day operations of the organization?
- What is the demand for services? Does the organization have ongoing capacity to meet demand?
- What is the desired effect, and is the organization succeeding?
- What unintended consequences exist?

➢ It's important to solicit feedback from the community to help inform the evaluation and any future decisions.

Summary

Depending on the type of service to be added, whether it's case management, direct health service, a help-line or other, there will be unique considerations in addition to those discussed here related to planning, implementation and delivery of the service. In many ways, adding a new service delivery component to an existing advocacy organization is like starting a new program. Organizations can refer to "Executive Directors Guide: The Guide for Successful Nonprofit Management" from TSNE Mission Works Partners in Social Change for more information about program development. These "15 Steps to Program Design in an Era of Accountability"[1] provide a good overview:

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[1] Taken from Linnell, D., Radosevich, Z., & Spack, J. (2002). Executive Directors Guide: The Guide for Successful Nonprofit Management. TSNE Mission Works Partners in Social Change, p.13-14. Retrieved from http://tsne.org/sites/default/files/files/ED%20Guide%20Program%20Development.pdf

Steps to Program Design:

1. Engage the staff and board in an ongoing conversation and learning mode about the organization's field of work. New ideas and vision often emerge from informal conversations with colleagues and meeting with peers to tackle problems. Encourage people to question and critique current programs and practices, keeping in mind the underlying question: How can we do better?

2. Create dialogue opportunities with constituents and the community to get and test ideas and vision. Use community feedback to begin to focus a "good idea" into program purpose and concrete goals. Use community feedback to define what the outcomes of a particular program initiative should be; it may be quite different from what staff feel the outcomes should be.

3. Research whether similar programs exist in other parts of the city, state, or country. Gone are the days of developing a program in a vacuum or duplicating a service offered nearby.

4. Design the activities that will flow from each goal and lead to hoped-for outcomes, making sure to base them on research and feedback from end users.

5. Chart the staffing pattern and needs related to the program.

6. Describe the impact of the program on the whole agency. Include the impact on staff time, equipment usage, office space, supplies, and staff training budgets.

7. Build the program budget as realistically as possible, including personnel, space, and other indirect costs.

8. Outline the concept of the program initiative and begin to introduce it to other stakeholders, including funders, policy makers, peers in other agencies, and colleagues. Gather feedback, look for synchronicity, note potential for collaboration, and ask everyone to suggest who might be interested in funding the concept.

9. Identify funding sources, including internal funds if the agency can afford to front the start-up costs for a program it urgently wants to get underway.

10. Approach funding sources.

11. Develop evaluation tools, feedback loops and/or learning moments, and places for conversations that will help determine if the program is doing what it set out to do and measure outcomes for participants.

12. Write out the steps and timeline for the program's start-up.

13. Implement.

14. Evaluate. Ask yourselves: We did all this work; for what?

15. Improve.

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