FACTORS AFFECTING IMPLEMENTATION

Updates to Staff-Level Impacts of Best Practice

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Agenda

• Introduction and Overview
• Review of the Current Literature & Scope of the Problem
• Hathaway-Sycamores Implementation and Evaluation
• Clinical Implications
• Discussion
Learning Objectives

1. Identity at least 3 constructs relevant to staff-level outcomes impacting successful evidence-based practice implementation

2. Recognize a feasible data collection method for a large, non-profit mental health organization with limited resources

3. Specify at least two ‘lessons learned’ for formulating funding objectives/aims and measurable hypotheses in community settings
Meet the Team
Hathaway-Sycamores Child & Family Services

Community-based mental health & child welfare organization serving roughly 6,858 youth & families/year in Los Angeles County, CA.

Large MediCal contract with LACDMH (~50 million/year)

Wide Array of Mental Health Services include:

- Outpatient
- Community-Based
- School-Based
- Residential (STRTP)
- Wraparound
- Prevention and Early Intervention (PEI)
- Full Service Partnership (FSP)
- Therapeutic Behavioral Services (TBS)
Implementation Barriers: Staff Attrition

8 out of the 42 program staff who were hired in Quarter 1 had EBP training.

This saved the agency $6,255.

13 out of the 42 program staff who left the agency in Quarter 1 had EBP training.

This resulted in a loss of $24,368.
Implementation Barriers: Staff Dropout

- Staff leave the agency before they finish training
- Staff will expire out of training and never become credentialed
Implementation Barriers: Reduction in Resources

• Ever decreasing resources for community mental health
• Reduction in training funding
• Focus on sustainability
Implementation Barriers: Increased Demand on Staff

- Increased focus on best practice
- Increased number of consumers served
- Increase in types of programs we have
What are we going to do about it?

- What does the literature say?
- Establish need and leadership buy-in
- Seek out resources in alternative/creative ways (e.g. private grant funding)
- Create evaluation process
- Implement!
Timeline of DuPont Grant

- **Feb. 2016**: Received grant
- **Feb. 2017**: End of Year 1, Submitted Year 1 Outcomes and Report
- **April 2017**: Presented Year 1 Outcomes at EBP Symposium
- **Feb. 2018**: Completion of grant and reporting of final outcomes
Staff Level Impacts

• Implementation Science has shown that there are staff level factors that affect EBP implementation.

• These include factors such as the “fit” between providers and specific EBPs, staff attrition, and staff’s motivation.
Scope of the Problem

Traumatized youth make up a substantial portion of consumers in our mental health and child welfare system, with rates as high as 71% in residential programs (Jaycox, 2004).

216 consumers had been enrolled in a trauma focused EBP at Hathaway-Sycamores during our needs assessment period, between July 2015 and June 2016.

How does this impact our workplace?
Effects on Staff

Burnout is characterized by emotional exhaustion, hopelessness, and difficulties dealing with work or in doing your job effectively.

It’s a reduced feeling of personal accomplishment.

It develops as a result of general occupational stress.
Scope of the Problem

Suicide is the third leading cause of death for youth ages 10-14 and the second leading cause of death for youth and young adults ages 15-24 (NIH, 2015).

The **Zero Suicide Initiative** is a commitment to suicide prevention in health and behavioral health care systems.
Focus on Staff Needs

• Identified staff constructs to help the adoption of EBPs

• Adoption of staff-focused trainings such as Workplace Resiliency

• DuPont Grant
Grant Activities

- Workplace Resiliency
- Trauma-informed EBPs (TF-CBT, Seeking Safety, MAP)
- Suicide Intervention: ASIST, Youth Mental Health First Aid, CAMs
Outcome Model

Staff Outcomes

- Increased knowledge
- Retained knowledge/More confidence
- Applied knowledge & skills
- Maintenance/Reduction of compassion fatigue & burnout
- Maintenance/Increased in compassion satisfaction

Consumer Outcomes

- Increased Satisfaction with Job & Agency
- Reduced Effects of Trauma
- Improved functioning
- Reduced suicide attempts

Training Areas

- Workplace Resiliency
- EBP for Trauma & Trauma-Related Issues
- Suicide Risk: ASIST & CAMS
- Mental Health Stigma
Short Term Measures

**Post-Training Evaluations**
- Self-report of knowledge and confidence
- Satisfaction with training quality/logistics

**3-Month Follow Up Survey**
- Retention knowledge
- Application of skills and confidence

**Professional Quality of Life scale**
- Measures the positive and negative aspects of helping
ProQOL: CS-CF Model

Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma
Long Term Measures

- **Staff Satisfaction Survey**
  - Created internally
  - Measures satisfaction with training, how training impacts ability to do the job

- **YOQ and UCLA PTSD-RI**
  - YOQ is a measure of global mental health functioning
  - UCLA PTSD-RI is a measure to assess trauma exposure that correlates with the diagnostic categories of the DSM 5

- **Suicide Attempts**
  - Measured through incident reports for the whole agency
Participants

• Combination of internal and external staff who attended trainings

• Internal and external staff both submitted the short term measures

• Only internal staff completed the long term measures
Changes to Outcomes

- Focus on maintenance
- Expand on knowledge outcomes
- Fully capture the different ways trainees are dispersing the information given
Training Impact Thus Far

“I was able to present and share my experience of the training during group supervision with my fellow colleagues.”

– ASIST Direct Service Staff attendee

“Personally, it helped me be aware of the common signs to look out for when a young person is in distress, especially with my son and nieces who are in middle school.”

– MHFA Operations Staff attendee

“I had a friend who was very depressed and displaying some concerning symptoms… I reflected back on my experience with ASIST and knew the most important thing was to ensure she was ‘safe for now.’”

– ASIST Operations Staff attendee
Goals

Staff Outcomes
- Maintained/reduction of compassion fatigue & burnout
- Maintained/increased compassion satisfaction
- Retained knowledge & application of skills

Consumer Outcomes
- Reduced effects of trauma
- Improved functioning
- Reduced suicide attempts
Data Collection Sample Size

Post Training Evaluations: **333**

3-Month Follow Up Survey: **119**
Overall Training Numbers

Workplace Resiliency and Trauma-Informed EBPs

- Goal: 724
- Current: 761

Reducing mental health stigma and suicide

- Goal: 592
- Current: 585
Short-Term Outcome 1: Knowledge

Staff agreed that they possessed the knowledge at the end of all the trainings a vast majority of the time, exceeding our proposed target of 90%
Pre-Post Quizzes

Comparison between pre and post

- YMHFA: 90% to 97%
- DSM-5 Trauma Related Disorders: 55% to 88%
- MAP: Trauma Knowledge Test: 57% to 66%
Short-Term Outcome 2: Wellness

In Trauma-Informed EBPs and Workplace Resiliency, attendees maintained their ability to protect their own wellness, level of burnout, and compassion satisfaction from post-training to 3-month follow-up.

- Protecting One's Wellness: 74%
  - Maintained a low to average level of secondary traumatic stress (positive indicator of protective wellness)

- Burnout: 79%
  - Maintained a low to average level of burnout

- Compassion Satisfaction: 89%
  - Maintained an average to high level of compassion satisfaction

Proposed target 80%
Trauma Informed EBPs
PROQOL Subscales

Comparison between post and follow up
Workplace Resiliency
PROQOL Subscales

Comparison between post and follow up

Secondary Traumatic Stress
- 20.2 (Low)

Burnout
- 23.2 (Average)

Compassion Satisfaction
- 38.2 (Average)
- 40.1 (Average)
Short-Term Outcome 3: Retention & Confidence

Three months after the training, the majority of staff still agreed they possessed the knowledge from the training, exceeding our proposed target of 80%.

- ASIST: 100%
- Mental Health Fist Aid: 95%

Proposed target 80%
Short-Term Outcome 3: Retention & Confidence

Three months after the training, 92% of staff who attended ASIST still felt confident in their ability to help a person at-risk of suicide, exceeding our goal of 85%

Proposed target  85%
Short-Term Outcomes: Application

64% of participants reported they have shared and applied skills learned from the trainings
Long-Term Outcome 1: Staff Satisfaction

90% of direct service staff reported the trainings increased their ability to do their job, and to have a positive effect on consumers’ lives.
The majority of youth indicated improvement or maintenance on the Youth Outcome Questionnaire and the UCLA PTSD Reaction Index, exceeding our proposed goal of 85%.
Long-Term Outcome 2: Consumer Functioning

The majority of caregivers indicated improvement or maintenance on the Youth Outcome Questionnaire and the UCLA PTSD Reaction Index, exceeding our proposed goal of 80%.
Long-Term Outcome 3: Suicide Attempts

In 2017, there 25 consumers who attempted suicide, which makes up less than 1% of our consumers.
Summary

**Goals Met:**
- Knowledge (post and retained)
- Compassion satisfaction
- Confidence in ability to help a person at risk of suicide
- Staff satisfaction
- Consumer functioning

**Goals Not Met:**
- Application of skills
- Burnout
- Secondary traumatic stress
Discussion

Even though we were successful in meeting most of our grant objectives, there were many lessons learned that will impact future grants and initiatives at our agency.
Lessons Learned: Training Implementation

Be more understanding of staff time away from billable services

Be more flexible with training requirements (i.e., MAP)

Need wider implementation plans (doing random sites did not work)
Lessons Learned: Capacity Building

Include supervisors in all trainings (require/incentivize supervisors)

Consider attrition when determining staff being trained
Lessons Learned: Leadership Involvement

- Consider culture/priorities of leadership when determining grant activities
- Ensure support and involvement of leadership for all grant activities
- Integrate multiple departments
Lessons Learned: Grant Writing

Include staff time into grants

Do not be specific with types of activities

Write in flexibility
Lessons Learned: Evaluation Process

- Utilize logic models
- Be aware of plans for clinical staff versus operations
- Always update evaluation questions based on new info
- When defining results and plans, think of all levels of reach
- Include organization in planning process
Lessons Learned: Grant Outcomes

Be realistic and practical with choosing outcomes

Understand the difference between short and long term outcomes

When using new types of data or outcomes (follow-up), make sure you are using an immediate outcome
Lessons Learned: Data Utilization

1. Ensure data obtained from the grant is being utilized.
2. Continually update evaluation and training plans based on new data.
Clinical Implications

- Lessons learned around training implementation
- Be aware of the scope of trainings, and the far reach that the information has
Agency Changes

- Ability to bring in new training, such as CAMS
- Increased focus on supervisors and leadership to make sure staff feel supported
- Training community members
Future Directions

• Measure fidelity
• Measure leadership outcomes
• Measure for burnout or compassion satisfaction
Resources

• Speak with your agency leadership and fund development staff about including training needs in grant writing: [http://foundationcenter.org/find-funding](http://foundationcenter.org/find-funding)

• Capacity Building: [http://nirn.fpg.unc.edu/](http://nirn.fpg.unc.edu/)


• Find the ProQOL at [www.proqol.org](http://www.proqol.org)
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