

FACTORS AFFECTING IMPLEMENTATION

Updates to Staff-Level Impacts of Best Practice

Presented by:

Amanda Gentz, BA

Rebecca Stephens, MA



Agenda

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



Learning Objectives

1. Identify 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)

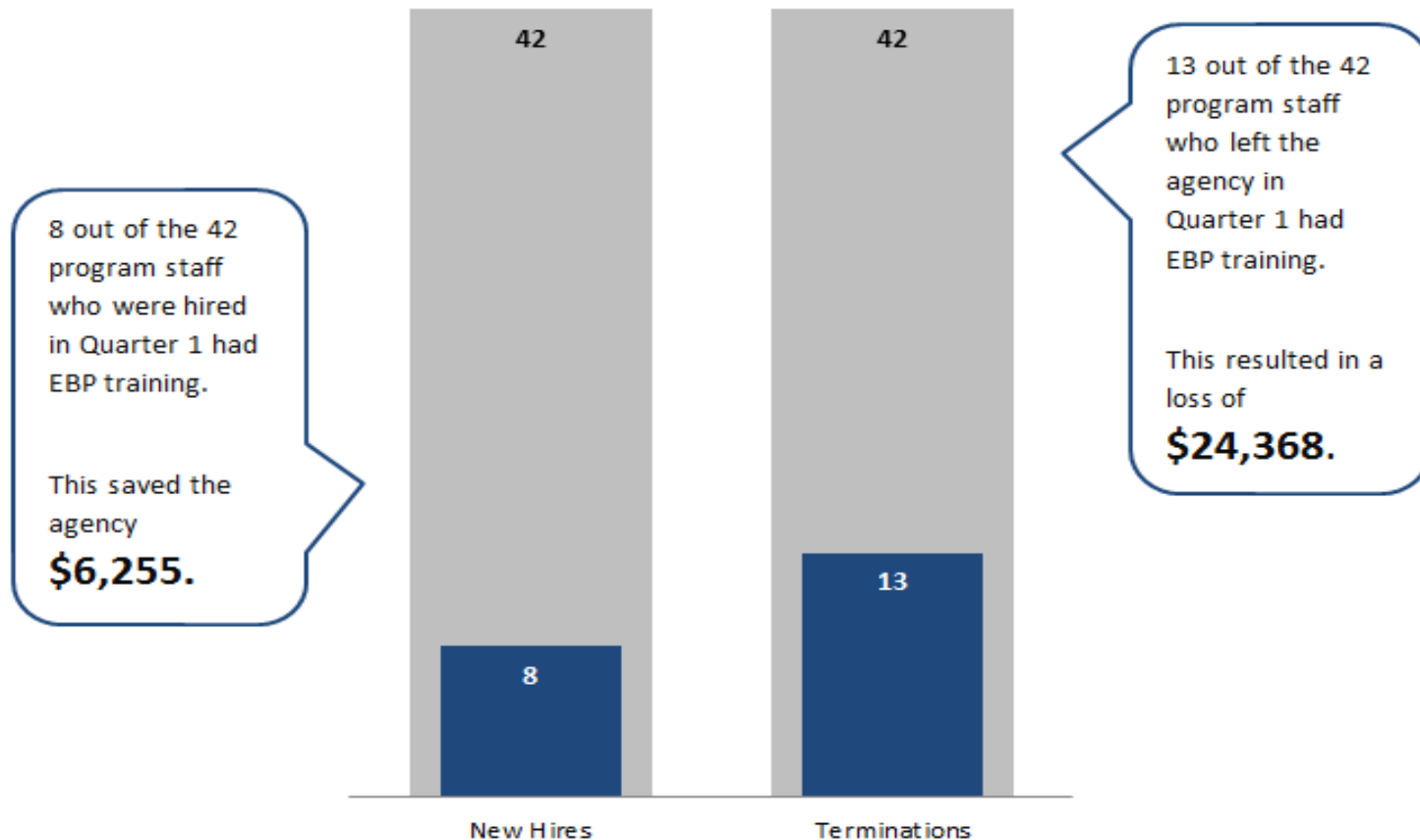
Wide Array of Mental Health Services include:

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



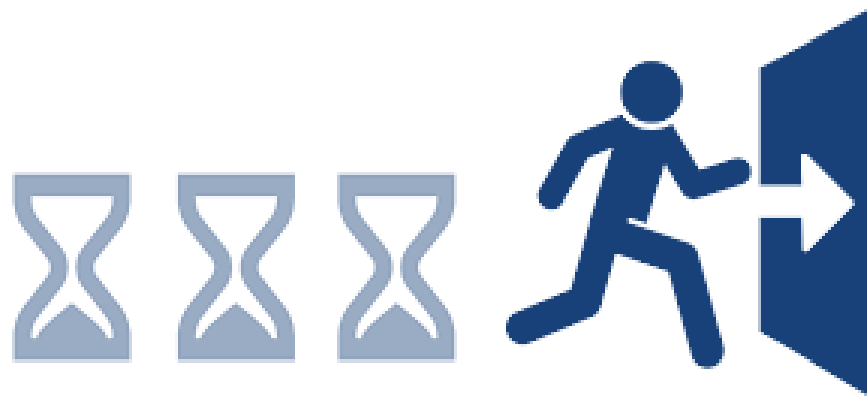
Implementation Barriers: Staff Attrition

■ Total number of program staff ■ Program staff with EBP training



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



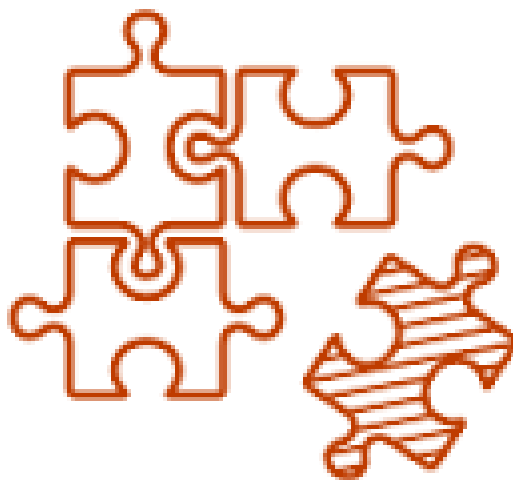
Implement!

Timeline of DuPont Grant



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

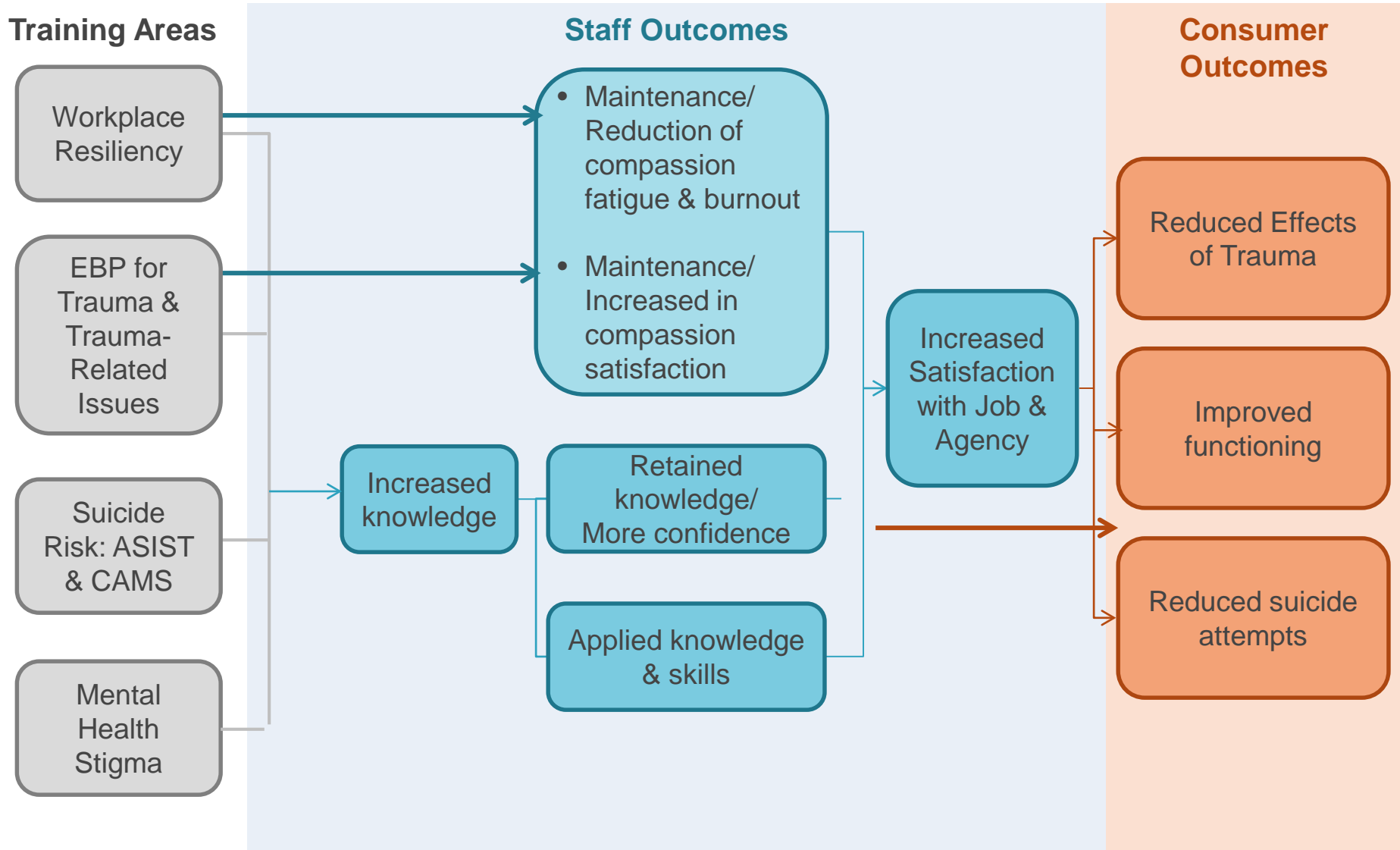


Grant Activities

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



Outcome Model

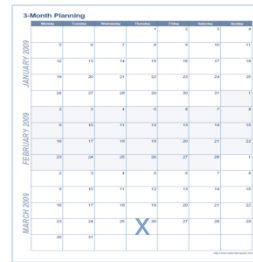


Short Term Measures



Post-Training Evaluations

- Self-report of knowledge and confidence
- Satisfaction with training quality/logistics



3-Month Follow Up Survey

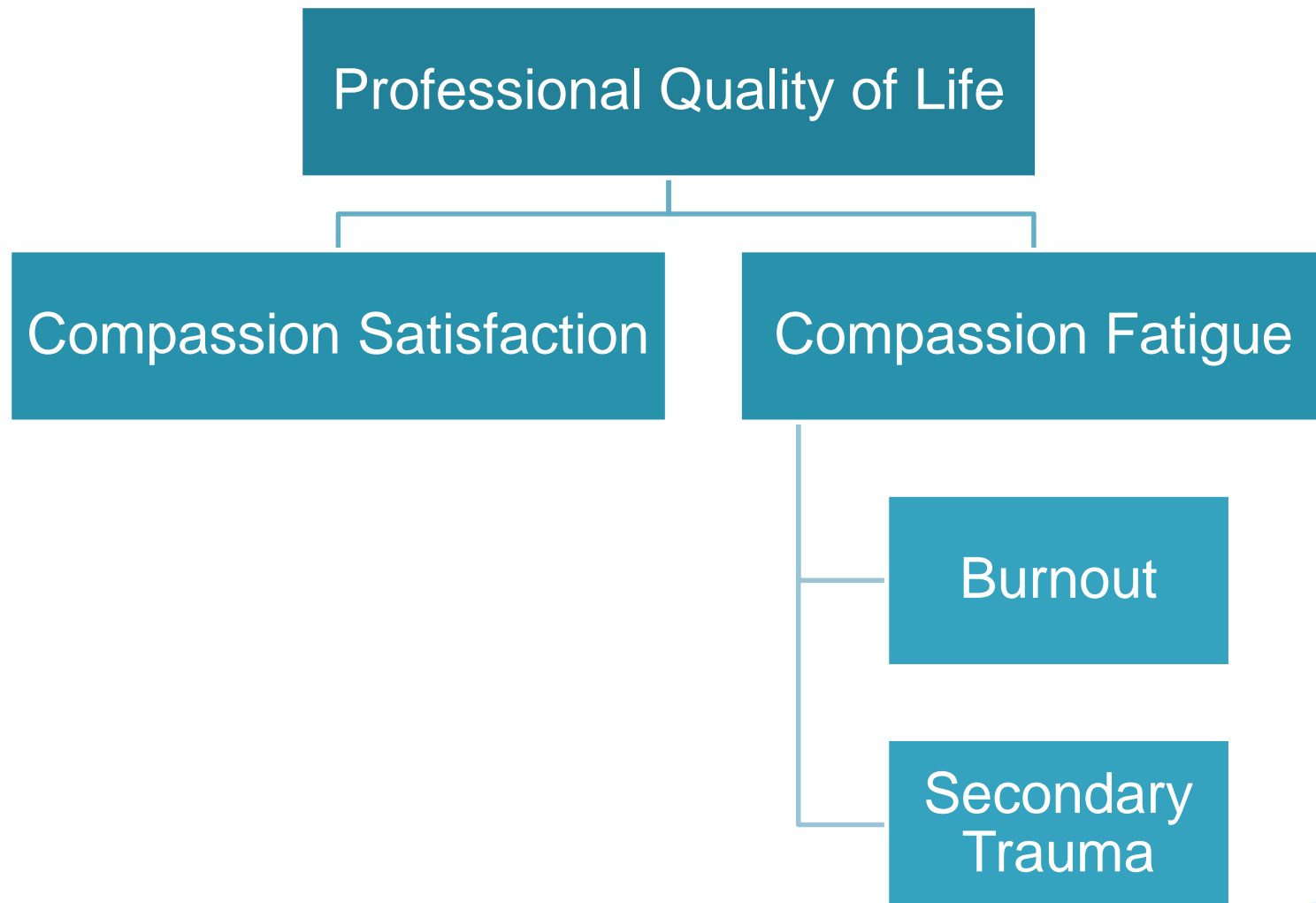
- Retention knowledge
- Application of skills and confidence



Professional Quality of Life scale

- Measures the positive and negative aspects of helping

ProQOL: CS-CF Model



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

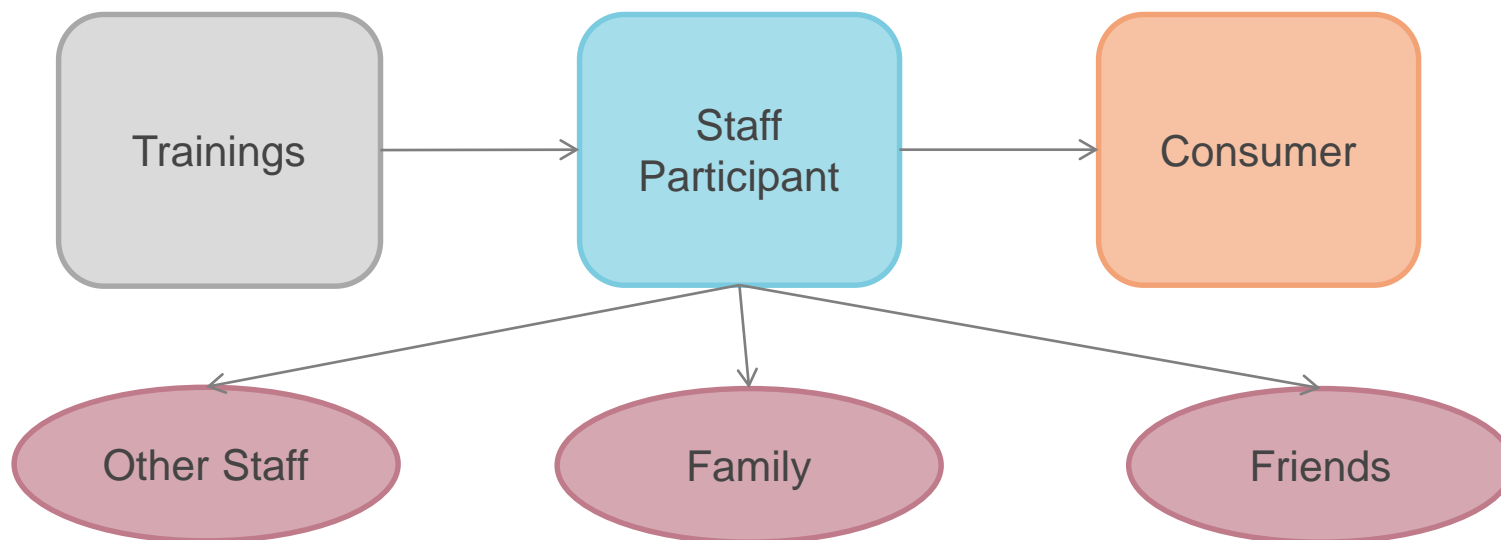


Changes to Outcomes

- 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



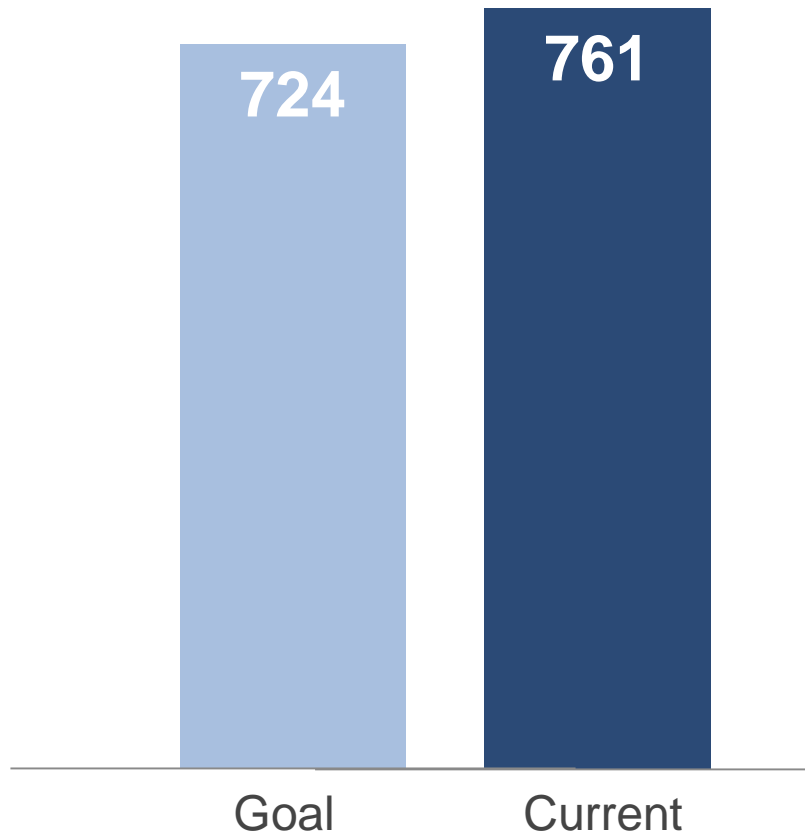
Post Training Evaluations: **333**



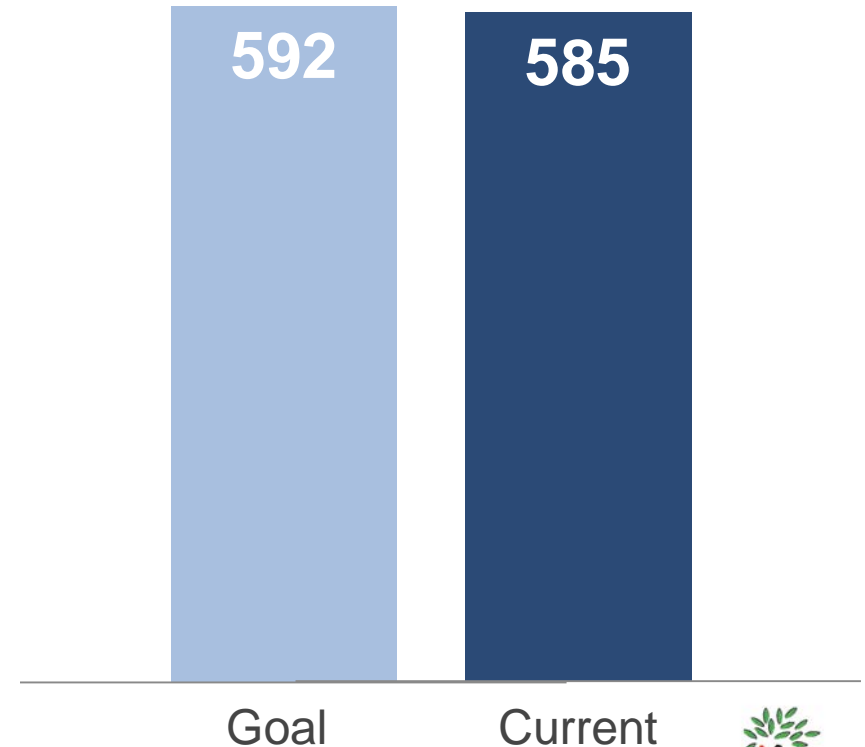
3-Month Follow Up Survey: **119**

Overall Training Numbers

Workplace Resiliency and
Trauma-Informed EBPs



Reducing mental health
stigma and suicide



Short-Term Outcome 1: Knowledge

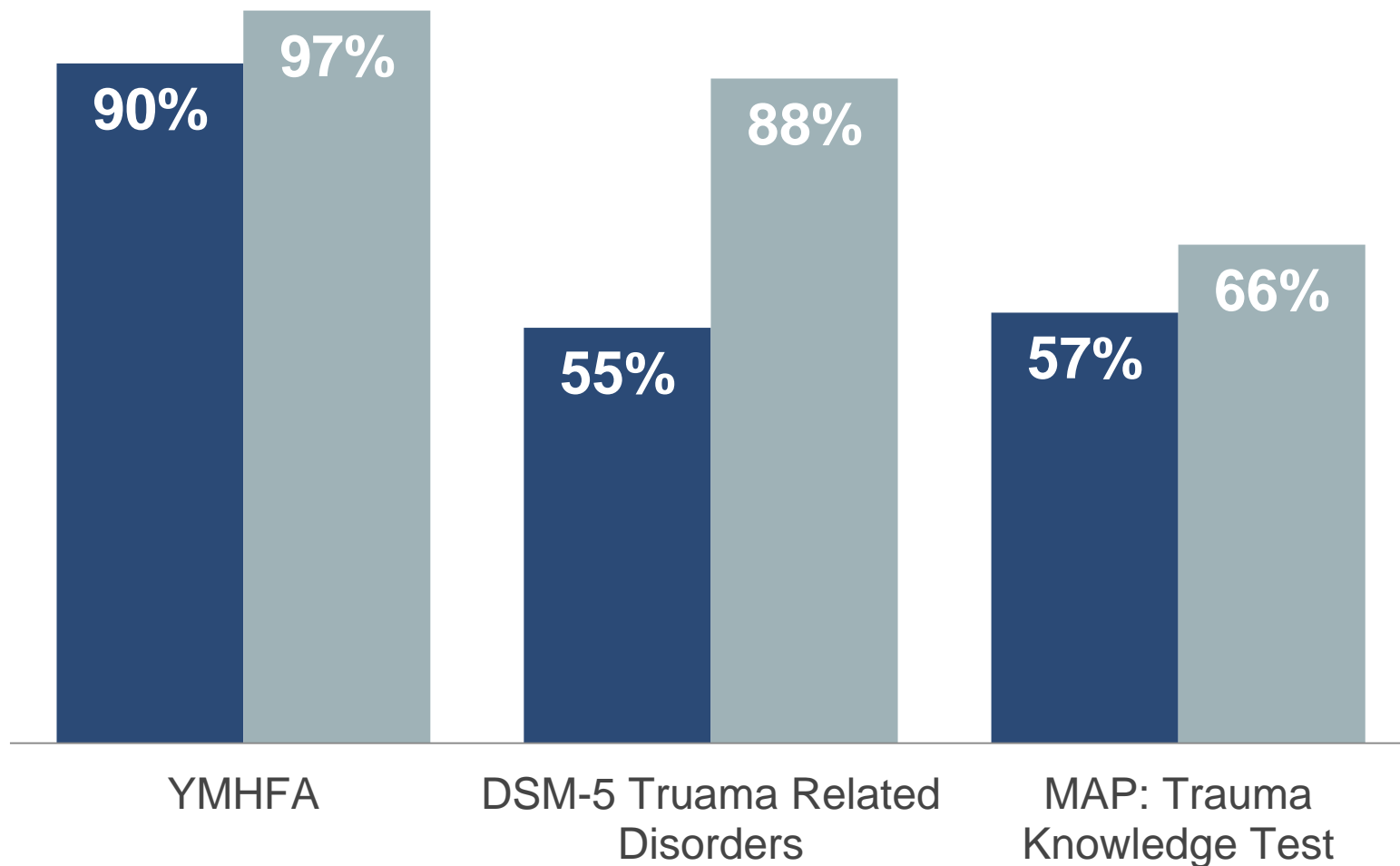
Staff agreed that they possessed the knowledge at the end of all the trainings a vast majority of the time, exceeding our proposed target of **90%**

Proposed target 90%



Pre-Post Quizzes

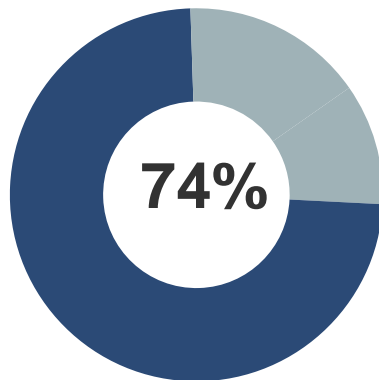
Comparison between *pre* and *post*



Short-Term Outcome 2: Wellness

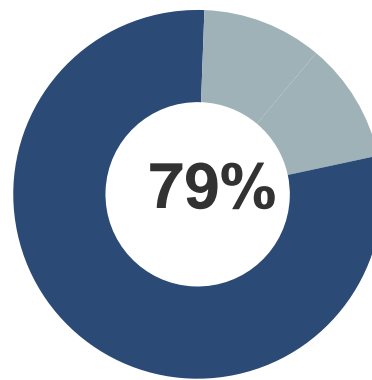
In **Trauma-Informed EBPs and Workplace Resiliency**, attendees **maintained** their ability to protect their own wellness, level of burnout, and compassion satisfaction from post-training to 3-month follow-up

Protecting One's Wellness



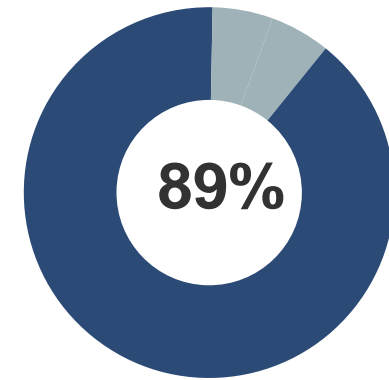
Maintained a low to average level of secondary traumatic stress (positive indicator of protective wellness)

Burnout



Maintained a low to average level of burnout

Compassion Satisfaction

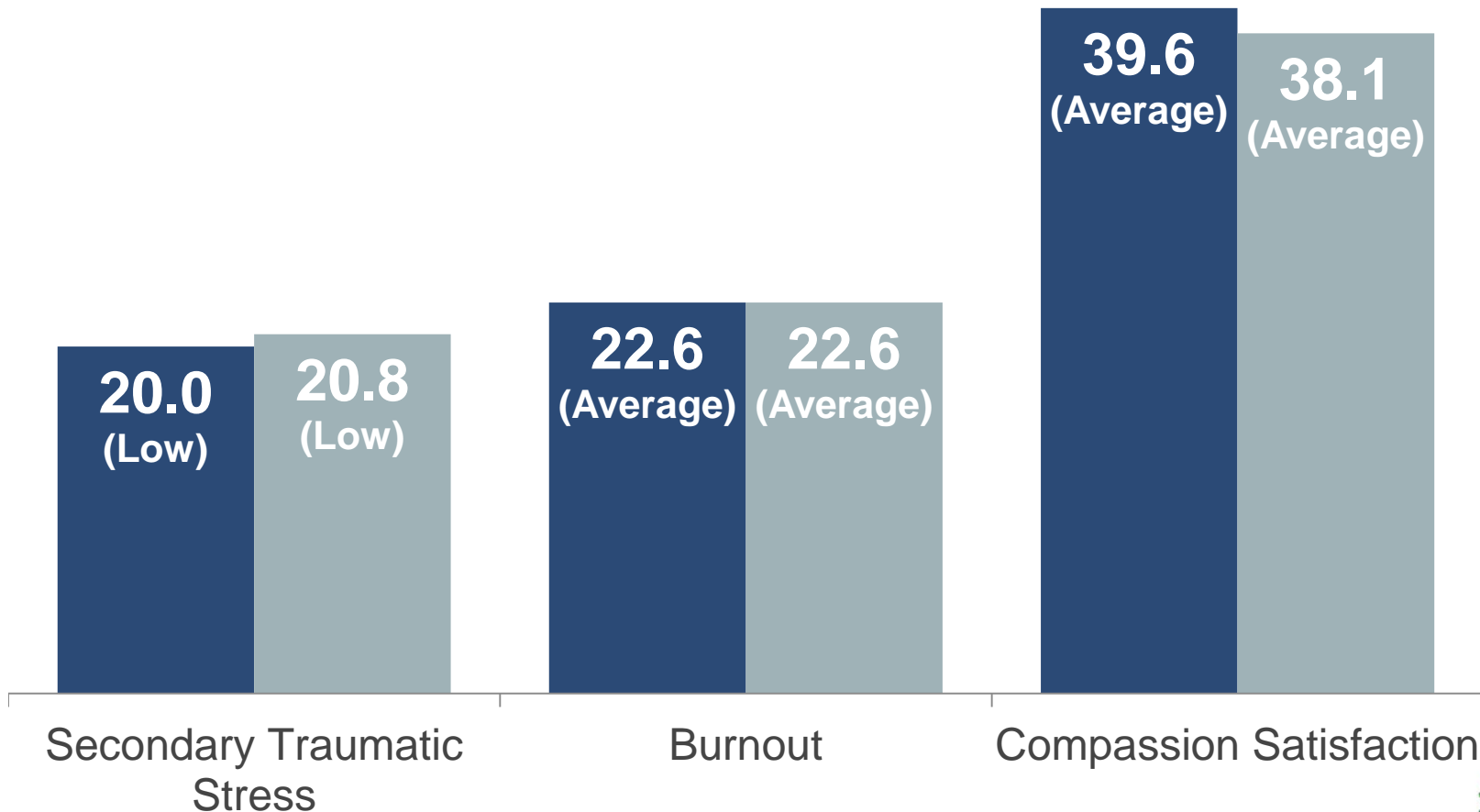


Maintained an average to high level of compassion satisfaction

Proposed target 80%

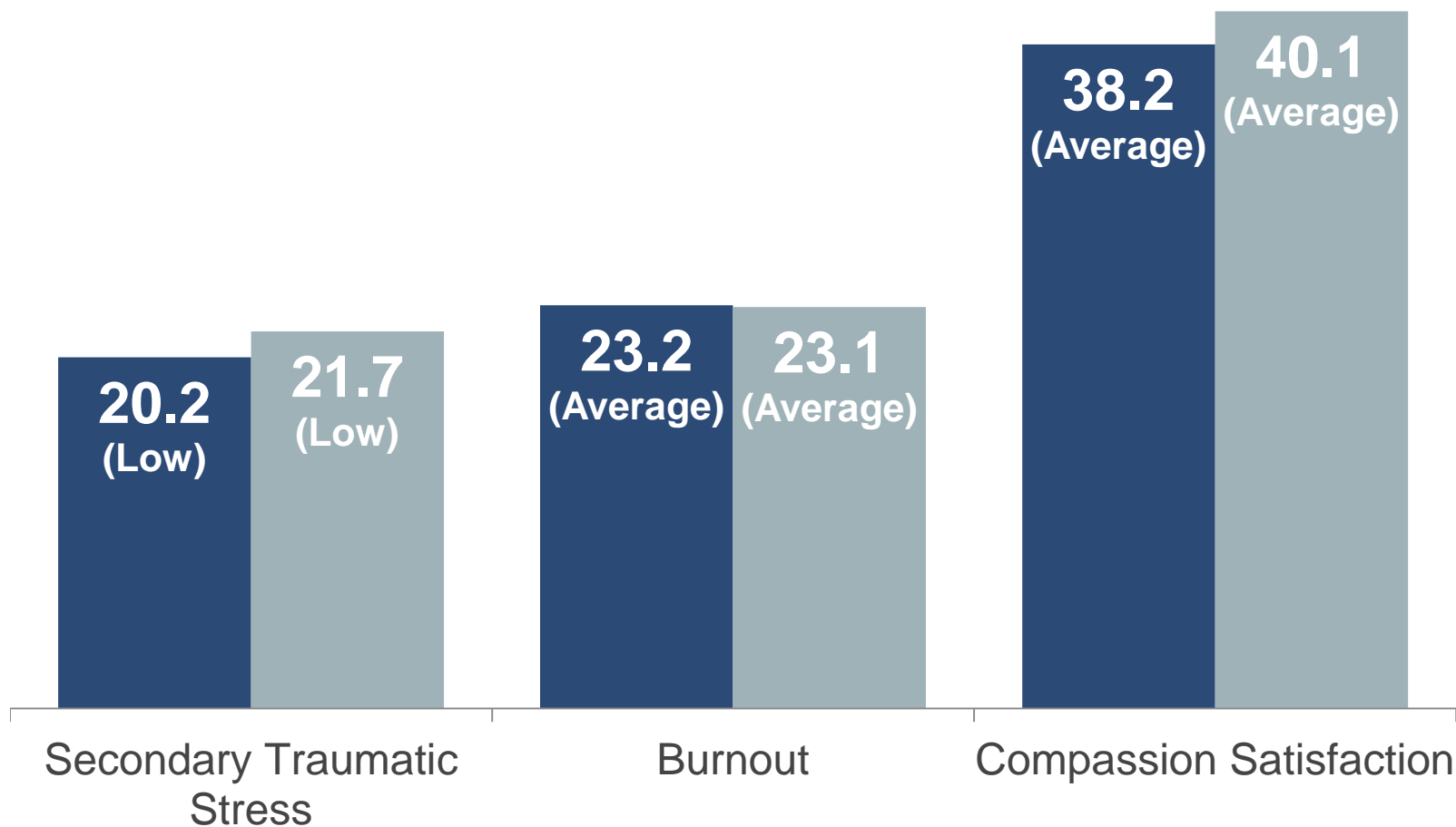
Trauma Informed EBPs PROQOL Subscales

Comparison between *post* and *follow up*



Workplace Resiliency PROQOL Subscales

Comparison between *post* and *follow up*



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%**



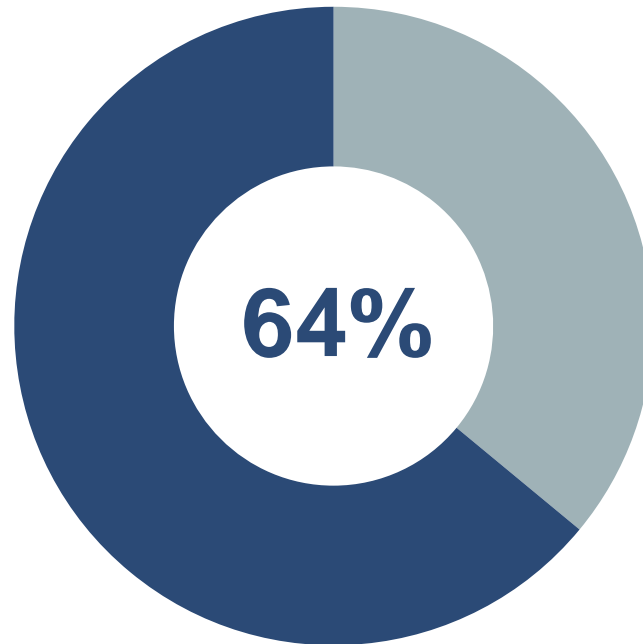
Short-Term Outcome 3: Retention & Confidence

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%**



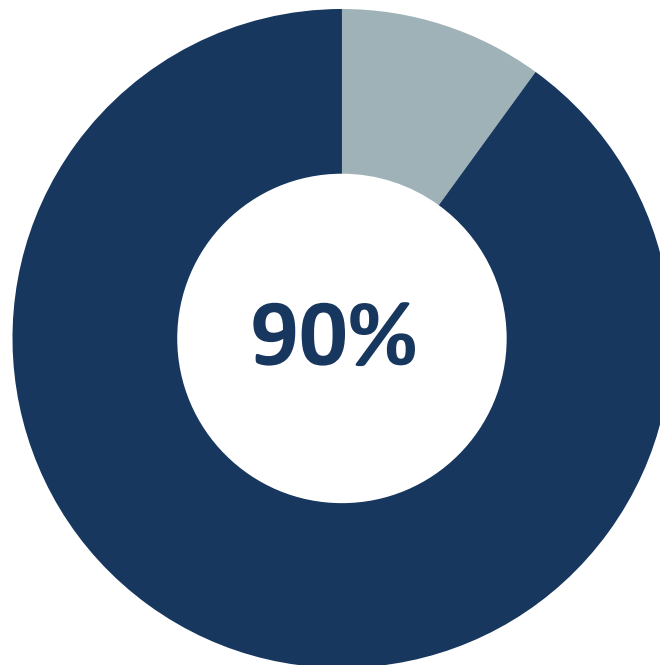
Short-Term Outcomes: Application

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



Long-Term Outcome 2: Consumer Functioning

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%**



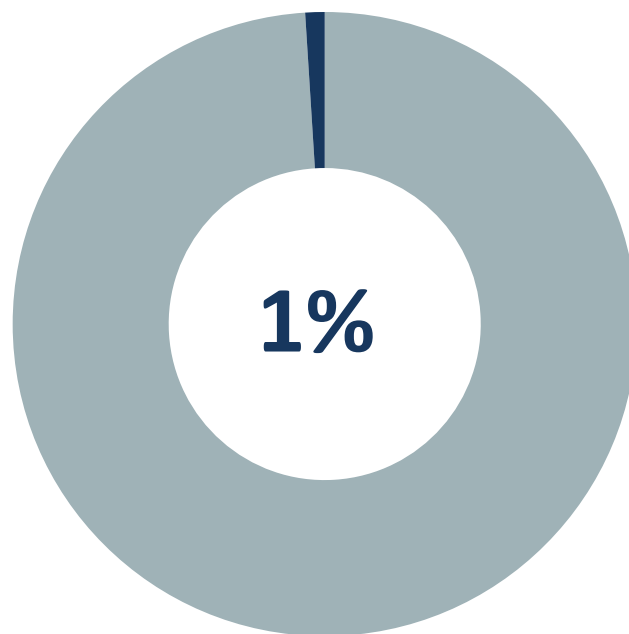
Long-Term Outcome 2: Consumer Functioning

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:

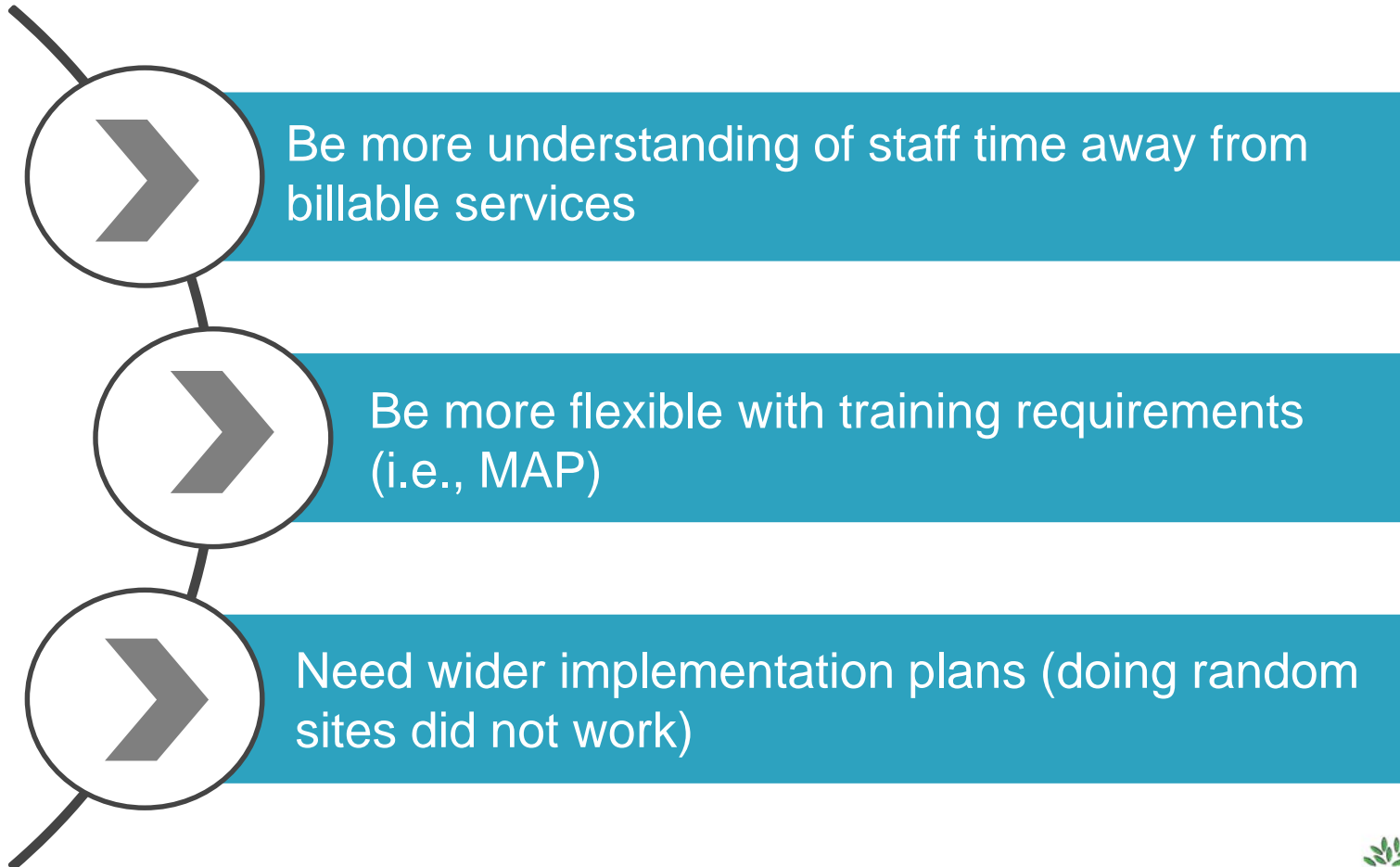
- Application of skills
- Burnout
- Secondary traumatic stress

Discussion

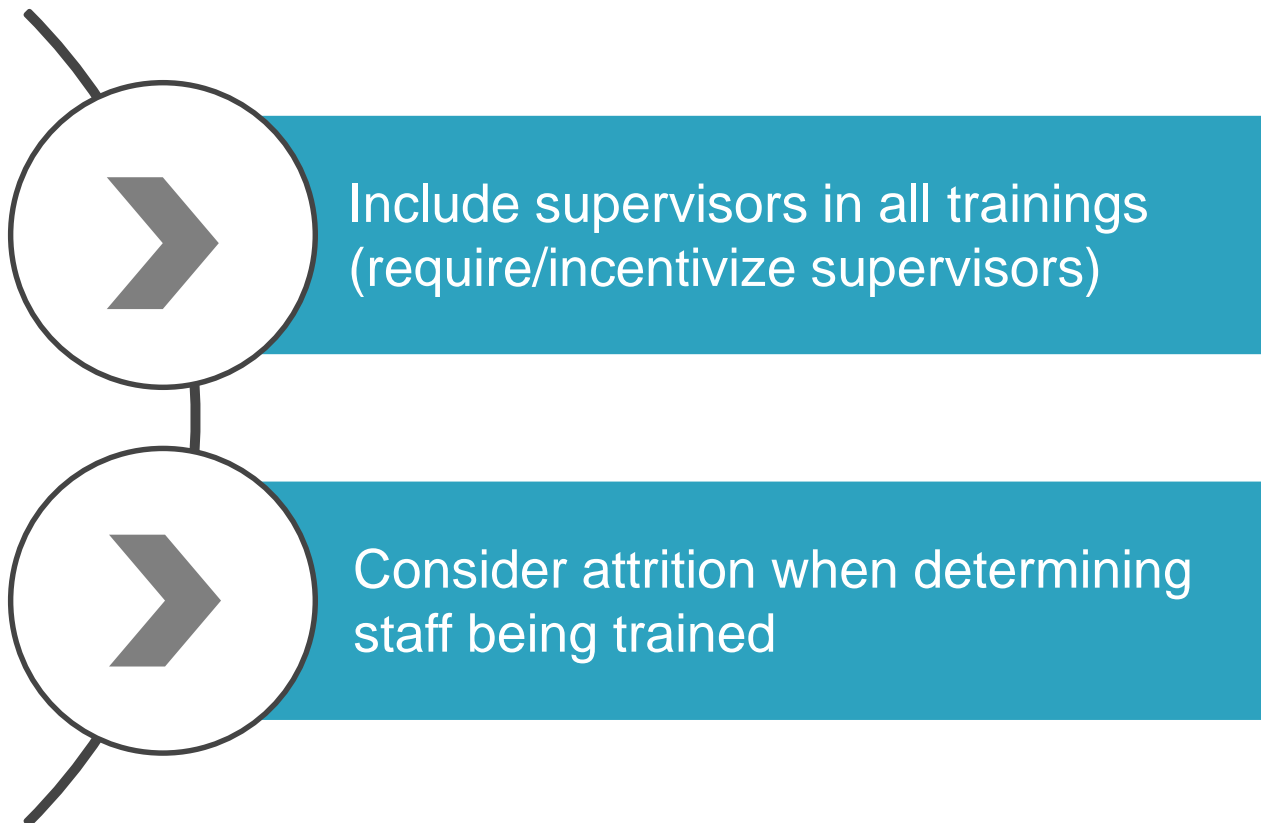
Even though we were successful in meeting most of our grant objectives, there were many lessons learned that will impact future grants and initiatives at our agency.



Lessons Learned: Training Implementation



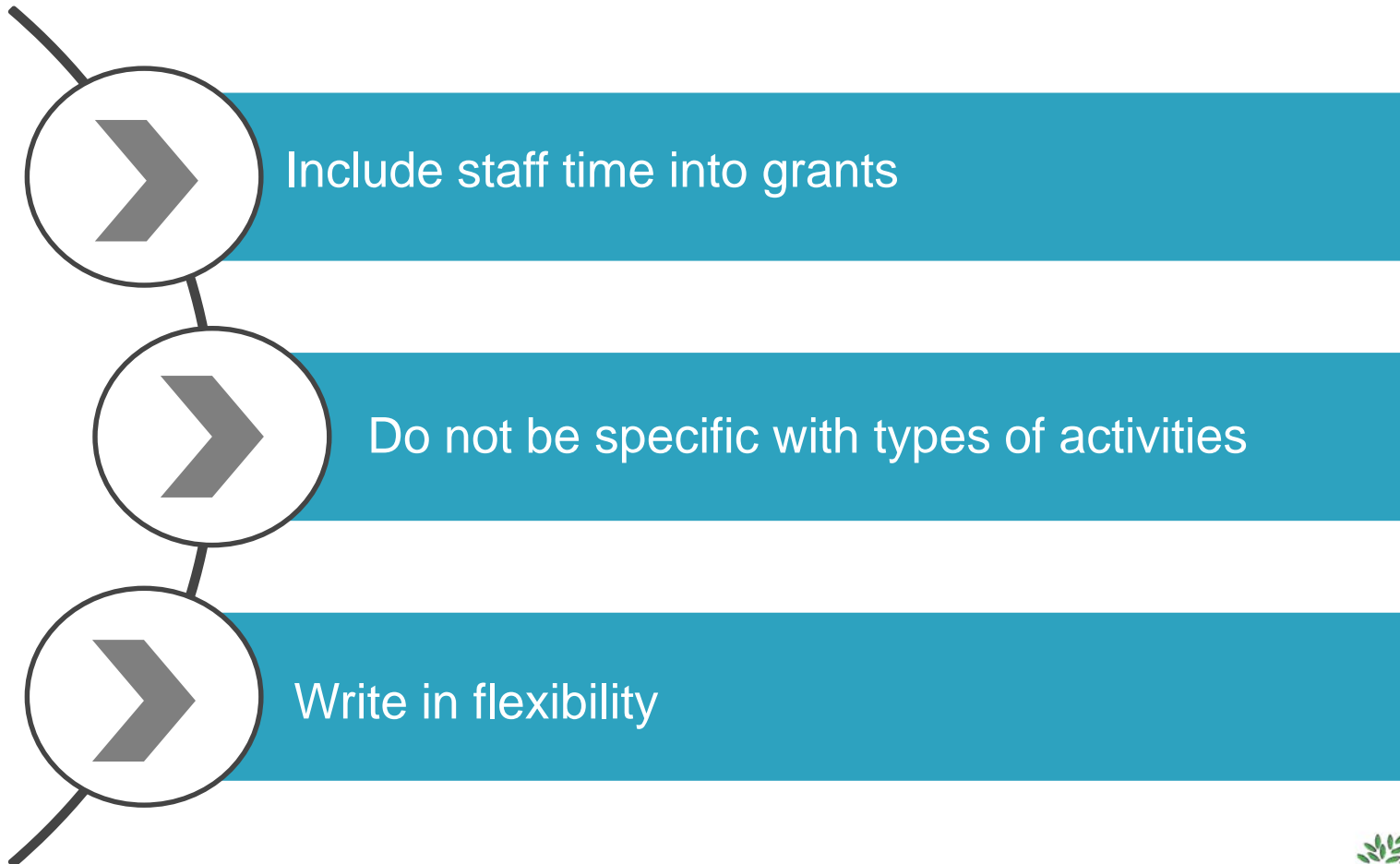
Lessons Learned: Capacity Building



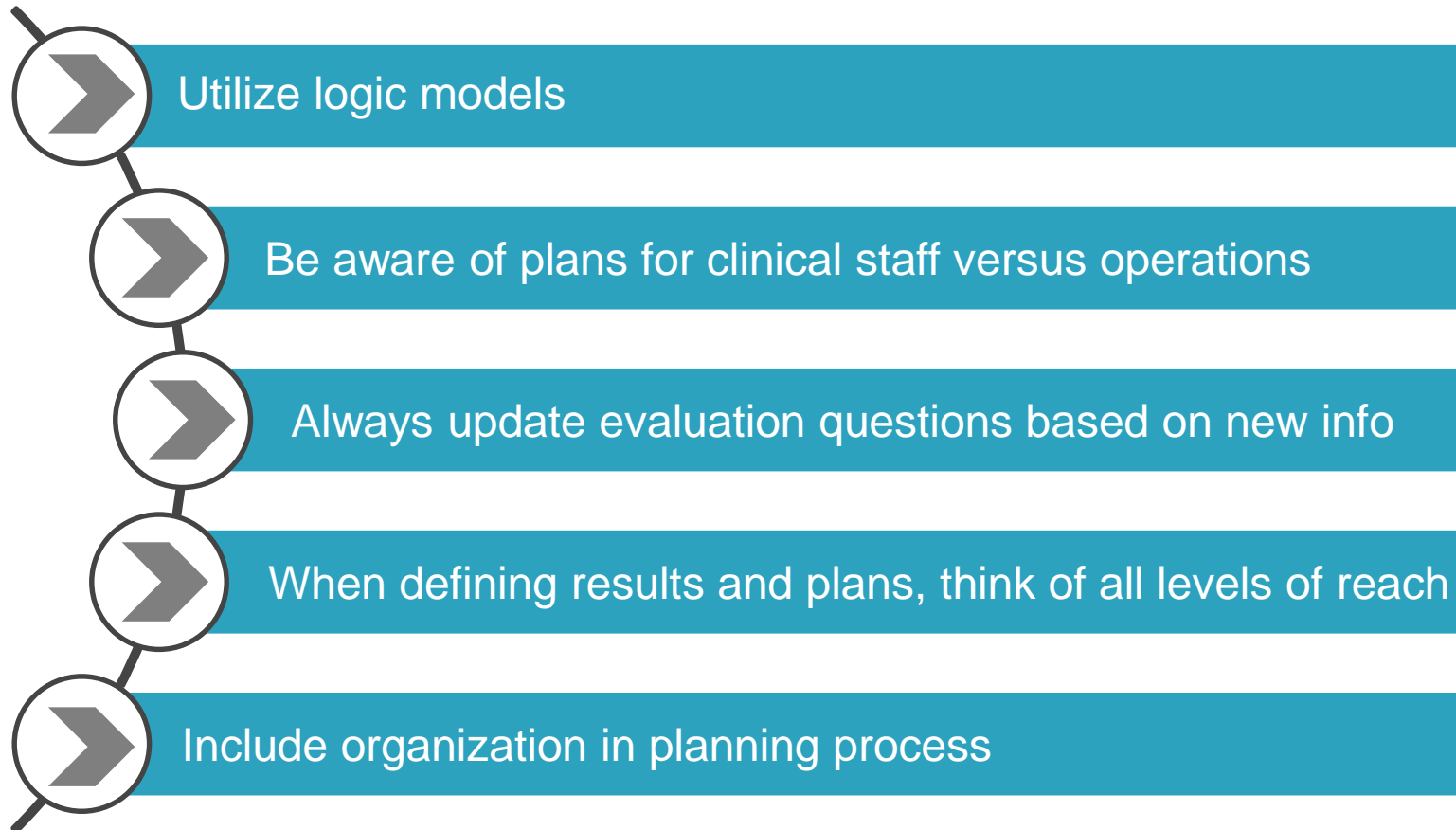
Lessons Learned: Leadership Involvement



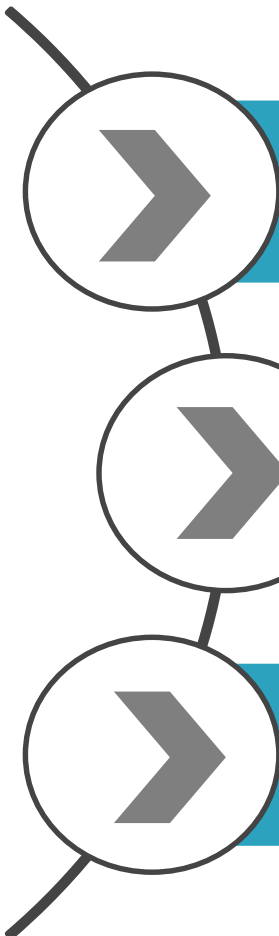
Lessons Learned: Grant Writing



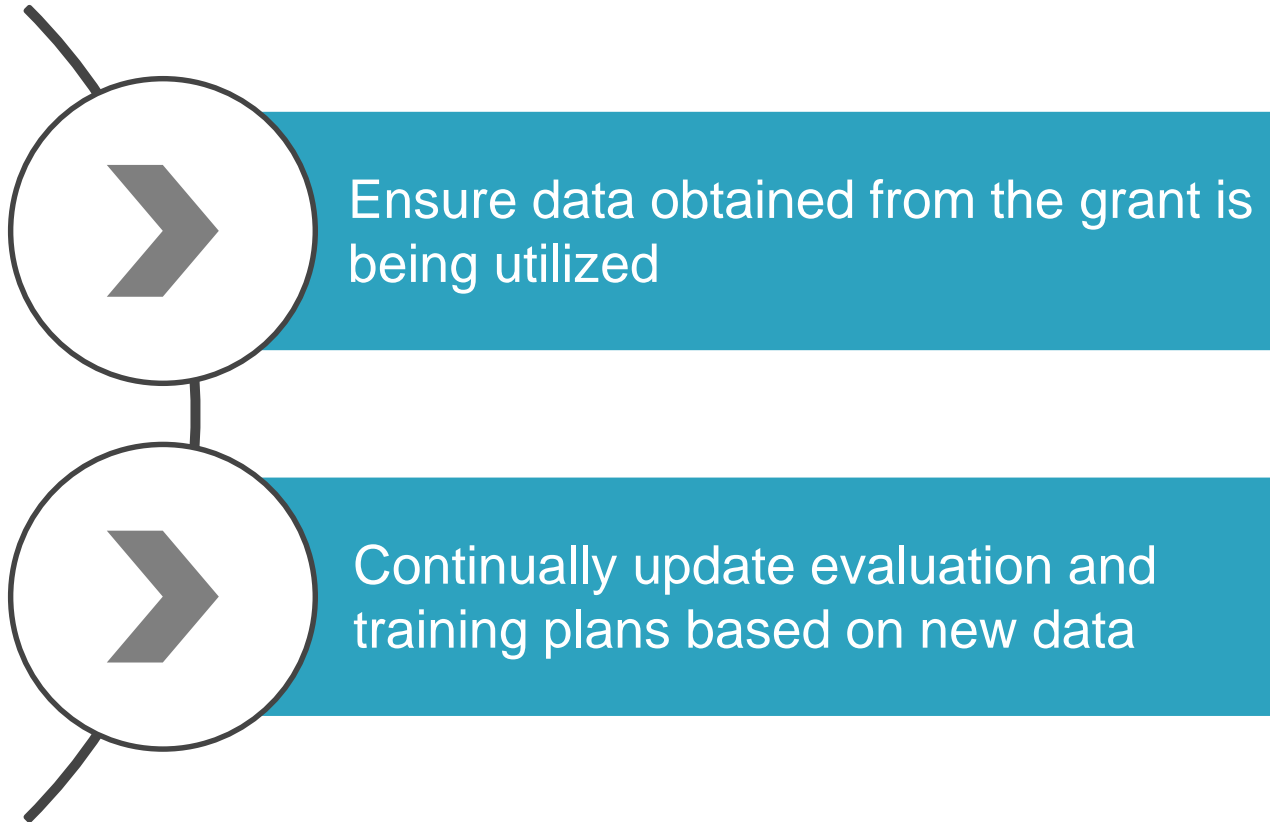
Lessons Learned: Evaluation Process

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- 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

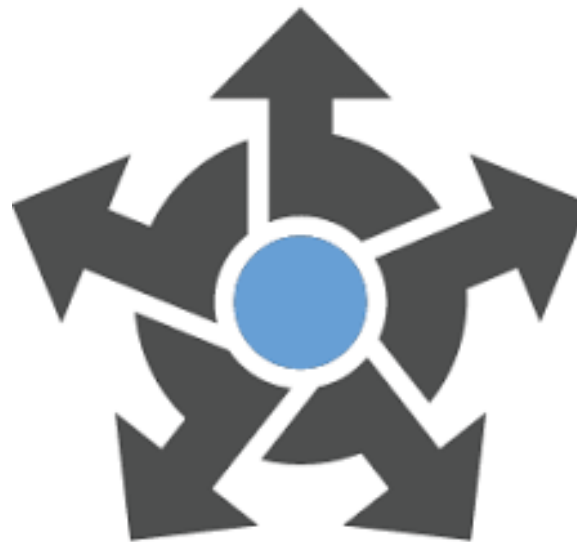
- 
- Be realistic and practical with choosing outcomes
 - Understand the difference between short and long term outcomes
 - When using new types of data or outcomes (follow-up), make sure you are using an immediate outcome

Lessons Learned: Data Utilization



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>
- Capacity Building: <http://nirn.fpg.unc.edu/>
- Consider using an Impact Model to shape Implementation:
<http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
- Find the ProQOL at www.proqol.org



Hathaway-Sycamores Child and Family Services

www.hathaway-sycamores.org

ClinicalTraining@hathaway-sycamores.org

(626) 395-7100