Bernalillo County Department of Behavioral Health Services Education and Training Program Review March 2019—November 2020

Prepared by: University of New Mexico Institute for Social Research, Center for Applied Research and Analysis

January 2021

Alex Severson, Ph.D.

In this brief: This study describes the nature and short-term impact of education and training interventions offered by seven behavioral health providers between March 2019 and November 2020.

The full report can be found at: http://cara.unm.edu/

Highlights:

- 7,901 program participants attended 317.5 education and training sessions.
- Among providers who reported sample sizes for satisfaction surveys, 94.2%, of participants were satisfied with program logistics, 94.3% were satisfied with trainer quality, 97.4% found training materials to be interesting, and 93.1% found the training materials to be well organized.
- Among providers who did not report sample sizes for satisfaction surveys, the average monthly satisfaction with training logistics was 83.7%, trainer quality was 87.7%, training engagingness was 86.9%, and training organization 86.9%.
- Of the 10.3% of total program participants who completed both training-knowledge pre-tests and post-tests, approximately 93.8% saw increases in training-relevant knowledge the day of their training.

Continued:

Report in Brief: Education and Training Program Review

This report reviews eight contracts for Education and Training (E & T) programs for March 1, 2019 - November 30, 2020 for the following behavioral health care providers: All Faiths, ARCA, BCCHC, MITC, NMBLC, NAMI - NM, and Serna Solutions. The purpose of this report is to describe the nature and short-term impact of the different interventions on training satisfaction metrics and short-term increases in training-related knowledge.

E & T Program Background

Education and Training (E &T) is a set of eight behavioral health programs developed between the Bernalillo County Department of Behavioral Health Services and seven different behavioral healthcare providers in Bernalillo County designed to address behavioral health professional training and community education needs.

The goal of E & T programs is to use the existing social-scientific and clinical evidence-base to (1) increase knowledge among those in relevant professions on how to best serve the behavioral health needs of clients and (2) increase knowledge and awareness among community members on how offer support to individuals living with behavioral health issues in Bernalillo County.

The training interventions typically target those in related professional fields who interact with community members living with behavioral health issues on a regular basis including first-responders, educators, peer-support workers, and licensed clinicians. The education interventions typically target those in the community who are interested in behavioral health or who interact with those living with behavioral health issues on a regular basis. The expectation is that by increasing understanding of behavioral health among professionals and community members, program participants will be more likely to apply evidence-based techniques in practice, be less likely to

Methodology

This report in brief draws on monthly performance measure reports provided from seven different behavioral healthcare providers.

The monthly performance measure reports typically report data on (a) the number of trainings and program participants; (b) an array of training satisfaction metrics including program participants' perceptions of training logistics, trainer quality, training material engagingness, and training organization; (c) degree of training-relevant knowledge increases the day of the training, three months after the training, and six months after the training; and (d) program participant demographics and certifications.

The aggregate data describe a study period covering March 1, 2019 through November 30, 2020 for five of the seven providers. However, at the time the full report was written, one provider had only reported data through October 2020 and one provider reported performance measure data through December 2020. Additionally, some providers did not report data on some of the training satisfaction metrics.

While all providers reported the total number of program participants each month, not all providers reported the number of program participants who completed the training satisfaction surveys each month. Whether a provider reported the sample size for the training satisfaction surveys influences how one should interpret the training satisfaction averages and limits the comparisons we can make across providers for statistical reasons detailed in length in the full report. Thus, for the providers who report sample sizes, we provide the weighted average of training satisfaction metrics; for those who do not, we provide the non-weighted monthly average of training satisfaction metrics.

- Most programs did not report data on training-relevant knowledge gains three or six months after training.
- 80.7% of program participants identified as female, and 51.6% of program participants indicated they were in the 25-44 age bracket.
- 54.1% of program participants identified as non-Hispanic/Latino, and 62.5% of program participants identified as White.
- The most commonly reported training certifications across the set of providers were: LPCC, LISW, and BSW.
- All providers encountered challenges to program implementation as a result of the Covid-19 pandemic with most converting education and training sessions to virtual modes (e.g., Zoom classes).
- While some sessions were cancelled and most moved online, overall training satisfaction metrics did not decline appreciably in months following the onset of the pandemic.
- There are some limitations to the interpretation of the training satisfaction and knowledge statistics (e.g., self-selection biases; sample sizes; aggregation) which limit the ability to make claims about cause-and-effect.

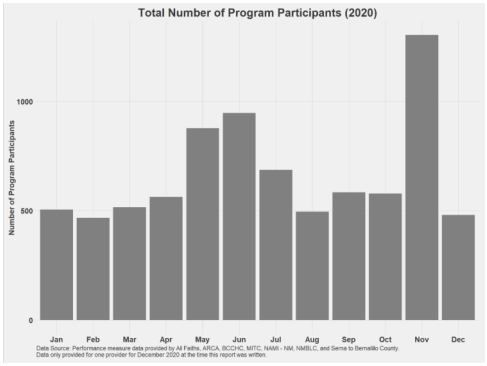
stigmatize mental illness and substance abuse and will be more likely to de-escalate crisis events where they occur. Over the long term, the expectation is that client behavioral health outcomes such as social service utilization, rates of recidivism, homelessness, and drug usage will decline and quality of life will increase among those suffering from behavioral health issues as program participants become more effective at service delivery.

Total Program Participation

Over the one year and eight months comprising the study period, a total of 7,901 individuals participated in 317.5 education and training sessions with an average of 24.9 participants per session.

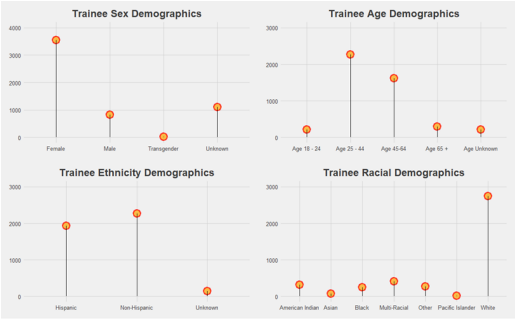
The total number of program participants generally increased over the period given that many of the provider contracts started in January 2020. The total number of program clients did not decline appreciably in response to the onset of the Covid-19 pandemic in March 2020 (**Figure 1**).

Figure 1. Total Number of E & T Program Participants (2020)



Most participants who completed the demographic surveys identified as female (80.7%) and ranged in age from 25-44 (51.6%). A majority identified ethnically as Caucasian/White (54.1%) and racially as White (62.5%) (**Figure 2**).

Figure 2. Cumulative Demographics of E & T Program Participants



Training Satisfaction

A majority of providers gave surveys after each E & T session where they asked program participants if they were satisfied with program logistics and the quality of the trainer. Most providers also assessed whether program participants perceived the training materials as being either interesting or engaging and whether program participants perceived the training itself to be well organized. Providers reported the percent of program participants who completed the training satisfaction survey who indicated they were either "Satisfied" or "Very Satisfied" with each of these program components in their monthly performance measure reports to DBHS with all providers stipulating in their contracts a performance measure target of 80+% training satisfaction.

While all providers reported the total number of program participants each month, not all providers reported the number of program participants who completed the training satisfaction surveys each month. This is important because whether a provider reported the sample size for the training satisfaction surveys influences what we can say about training satisfaction and limits the comparisons we can make across providers for statistical reasons detailed in more depth in the full report.

We provide two visualizations of training satisfaction metrics in **Figure 3** for the five provider-years [ARCA; BCCHC; MITC – 1 (Year 1); MITC -1 (Year 2); Serna (Year 2)] where we have data on the number of completed training satisfaction surveys and in **Figure 4** for the five provider-years [All Faiths; MITC – 2; NAMI; NMBLC; Serna (Year 1)] where we do not have data on the number of completed training satisfaction surveys.

Figure 3. Weighted Average of Cumulative Training Satisfaction Metrics Among Providers Reporting Sample Size Information for Satisfaction Surveys

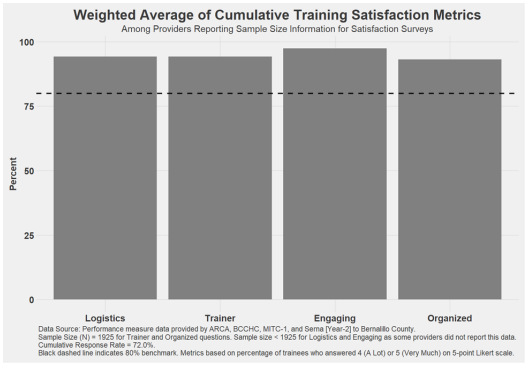
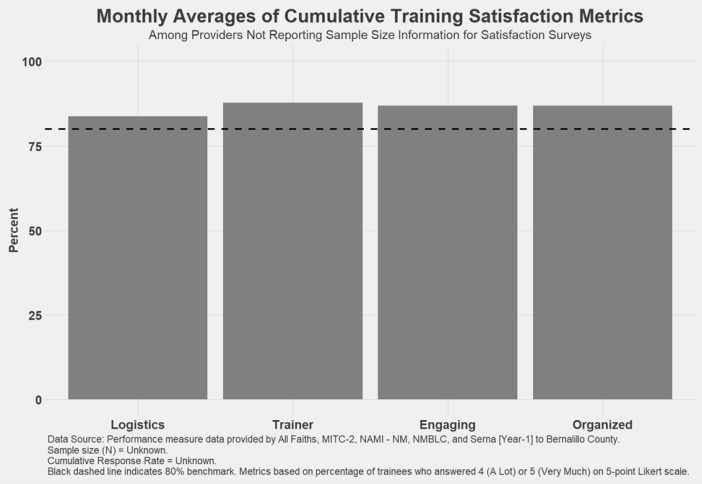


Figure 4. Monthly Averages of Cumulative Training Satisfaction Metrics Among Providers Not Reporting Sample Size Information for Satisfaction Surveys



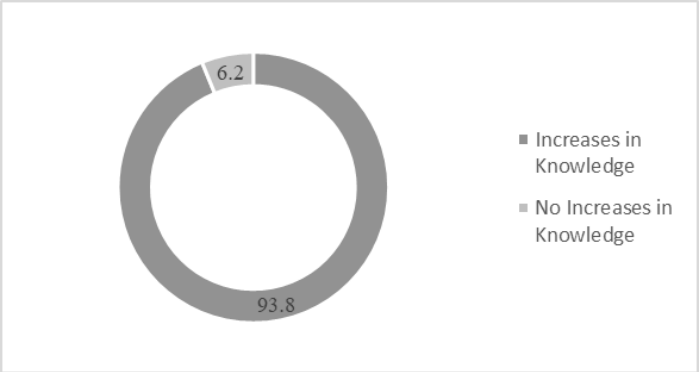
Among providers who reported sample sizes for satisfaction surveys, 94.2%, of participants were satisfied with program logistics, 94.3% were satisfied with trainer quality, 97.4% found training materials to be interesting, and 93.1% found the training materials to be well organized. Among providers who did not report sample sizes for satisfaction surveys, the average monthly satisfaction with training logistics was 83.7%, trainer quality was 87.7%, training engagingness was 86.9%, and training organization 86.9%.

Training-Related Knowledge

However much one prefers a specific trainer or perceives a training to be well-organized, these facets of training matter little if the relevant skills and knowledge acquired from the training are not retained and used in practice. To this end, a majority of providers assessed whether their programs increased training-relevant knowledge by giving participants a knowledge test before the training session (pre-test) and immediately after the training session (post-test) to better understand how training-related knowledge changed. Fewer providers reported longitudinal increases in training-related knowledge three-months after the initial training and still fewer at six-months after the initial training.

50% of providers (All Faiths; ARCA; BCCHC; NMBLC) reported information on the percent of program participants who completed pre-tests and post-tests who saw increases in training-relevant knowledge. 816 out of 7,901 participants (10.3%) completed both the pre-test and post-test. Of program participants who completed both the pre-test and post-tests, approximately 93.8% saw increases in training-relevant knowledge the day of their training (**Figure 5**). However, inferences about the overall effect of these trainings in producing knowledge gains should be interpreted with due caution given low response rates as well as some theoretical and statistical considerations raised in the full report.

Figure 5. Weighted Average of Participants with Increase in Training-Relevant Knowledge Day of Training



Conclusion

The purpose of this study was to describe the nature and short-term impact of the set of education and training interventions of seven behavioral healthcare providers for March 2019 through November 2020. Specifically, we assessed how program participants perceived the quality of the training they received and whether program participants retained training-relevant knowledge. Despite some data limitations, on balance, providers generally met or exceeded contracted benchmarks of 80+% satisfaction with trainings and of those who reported training-relevant knowledge-gains, most reported increases in training-relevant knowledge the day of training.

While most E & T providers reported challenges transitioning from in-person to virtual training sessions due to Covid-19, on average, most providers were able to continue service delivery, and none experienced statistically-significant reductions in their reported survey satisfaction metrics.

However, there are some limitations to the data mentioned in the report which limit the strength of conclusions we can make across the set of E & T programs. From Table 1 below, only 50% of the providers reported sample sizes for their training satisfaction surveys and of the 50% of providers who reported the sample size for the training satisfaction surveys, response rates - the percent of participants who completed surveys divided by the total number of program participants - ranged from a minimum of 25.6% to a maximum of 90.2%.

Table 1. Response Rates to Training Satisfaction Surveys by Providers

Provider	Response Rate for Satisfaction Surveys
All Faiths	Unknown
ARCA	70.0%
BCCHC (Year 1)	58.9%
BCCHC (Year 2)	25.6%
MITC-1 (Year 1)	89.4%
MITC-1 (Year 2)	58.4%
MITC-2	Unknown
NAMI - NM	Unknown
NMBLC	Unknown
Serna (Year 1)	Unknown
Serna (Year 2)	90.2%

Because we do not know the sample sizes for five of 11 of the provider-program years, because some of the response rates are low for those who do report, and because participants opt in, it is somewhat difficult to accurately assess true perceptions of training quality for reasons detailed more fully in the full report. Similarly, we caution against making causal claims about the effectiveness of these programs on the basis of the data reported here. The data reported only evaluates narrow short-term training impacts: knowing if a participant liked a training session or that they aced a knowledge test the day a training occurred does tell us whether this training knowledge is retained longer-term and, more importantly, whether this training knowledge is, in turn, applied in practice.

Additionally, there were some data quality concerns across providers which are detailed in the full report. These issues – paired with the possibility of mentioned response biases and questions surrounding the reporting of sample sizes – limit the interpretability of the data in this report. While we recognize the potential organizational costs, we recommend standardizing reporting practices across providers, that providers develop a psychometrically-valid universal training satisfaction questionnaire to be delivered across all providers to increase comparability and the standardization of questions used, and to increase provider-level staff training on data reporting and quality to mitigate some of these problems.

Some of these limitations, however, present opportunities for future research for outcome evaluation, conditional on data availability. For instance, one possibility for outcome evaluation could compare participants who complete specific training programs with matched colleagues – similar on most other background covariates – who did not attend such training and, pending the availability of particular client-side outcome records we could link to specific program participants and non-participants (e.g., case report follow-ups; re-arrest data) and sufficient sample sizes of participants and non-participants, we could use matching techniques to approximate the causal effect of training on client-side outcomes.

About The Institute for Social Research

The Institute for Social Research is a research unit at the University of New Mexico. ISR conducts high quality research on local, state, national, and international subjects. Critical issues with which the Institute works includes substance abuse treatment, health care, education, traffic safety, DWI, crime, homeland security, and terrorism.

This and other ISR reports can be found and downloaded from the Institute for Social Research, Center for Applied Research and Analysis web site: (http://isr.unm.edu/centers/cara/reports/)

THE UNIVERSITY OF NEW MEXICO