

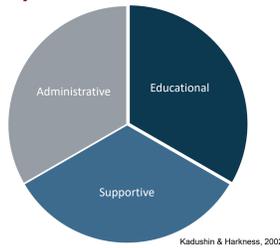
Background

Chasm between the care we provide and the care we want to provide

- ❖ Only 33% of patients received minimally adequate mental health treatment
- ❖ Only 27% of studies reported adequate rates of adherence to established clinical practice guidelines
- ❖ Limited service user **access** to quality care, service **disengagement**, and **disparities** in treatment outcomes (Institute of Medicine, 2001; 2006; 2015; Glasgow et al., 2012; Drake et al, 2001)

Behavioral health service supervisors have the great responsibility and opportunity to influence quality of care

- ❖ Direct care providers are gatekeepers to health care and service coordinators for people seeking services in these settings (Eack et al., 2012)
- ❖ Primarily on-the-job learning with organizations often tasked with training staff (SAMHSA, 2013)
- ❖ Direct supervisors oversee direct care provider learning and practice and the administration of the programs (Bogo & Knight, 2006)



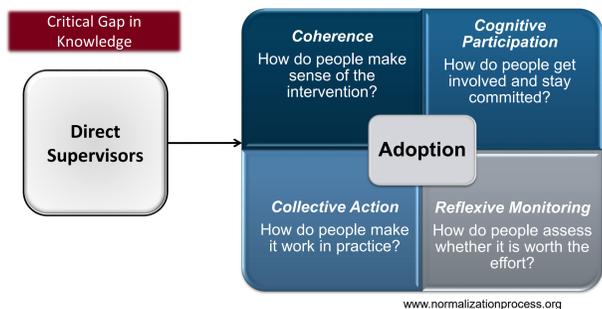
Person-centered care is considered *central* to the delivery of quality behavioral health services.

Person-centered care planning (PCCP) operationalized person-centered care for behavioral health services.

PCCP has a growing evidence base and has already been implemented across mental health systems.



Normalization Process Theory posits mechanisms of the embedding process



Primary aim of this research was to understand **supervision as an implementation strategy to improve provider adoption** of a recovery-oriented, evidence-based practice within real world community mental health services settings



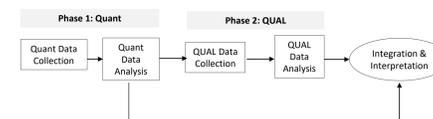
Methods

Study Context

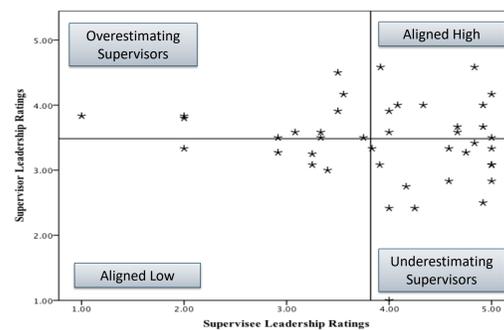
- ❖ Multisite randomized controlled trial testing the effectiveness of Person-Centered Care Planning in 14 research sites in two Northeastern States. Research participants (N=273) were employed in these behavioral health service settings providing primarily mental health services.
- ❖ Implementation Strategy included 2-day training for supervisors, ongoing technical assistance for 12-months that included two phone calls a month with supervisors and their teams. Supervisors were expected to train their staff members.



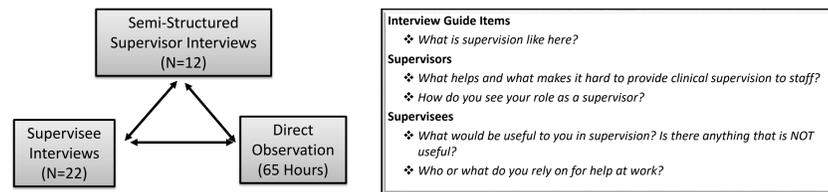
Explanatory Sequential Mixed Methods Design [quant → QUAL]



Quantitative Findings → Qualitative Inquiry



Qualitative Data Collection

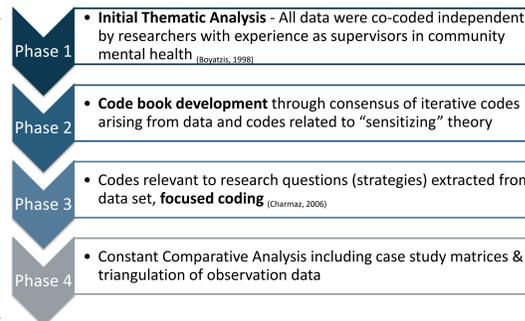


- Interview Guide Items**
- ❖ What is supervision like here?
- Supervisors**
- ❖ What helps and what makes it hard to provide clinical supervision to staff?
 - ❖ How do you see your role as a supervisor?
- Supervisees**
- ❖ What would be useful to you in supervision? Is there anything that is NOT useful?
 - ❖ Who or what do you rely on for help at work?

Interviews were audio recorded and transcribed verbatim. Atlas.ti was used to separate and sort coded material.

Analytic Strategy

- Strategies for Rigor (Padgett, 2016)
- Peer debriefing
 - Independent co-coding
 - Memo-writing
 - Prolonged engagement

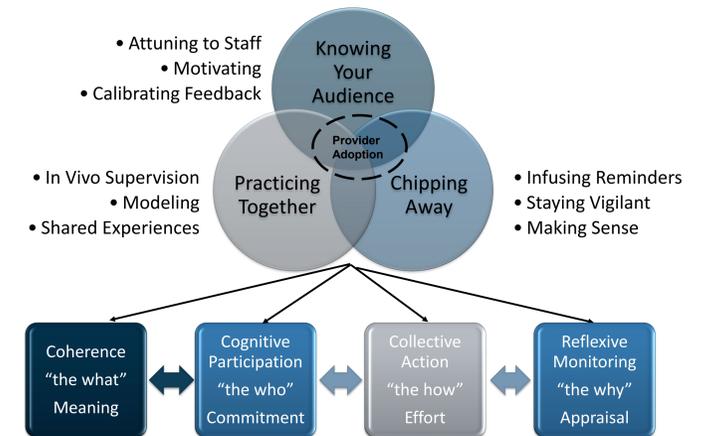


Results & Conclusions

Sample demographics

- ❖ Participants (N=34) were from four research sites in one NE state
- ❖ Participants were from community support services (N=13), young adult services (N=6), residential (N=9), and outpatient therapy (N=6)
- ❖ 11 out of the 12 programs met an acceptable PCCP fidelity
- ❖ Majority of sample was female (88.2%), white (66.6%), and held bachelor's degrees (88.2%)
- ❖ On average, participants were 41 years old and had worked at their agencies for 8 years

Filling the Gap: Supervisory Strategies to Improve Adoption



Conclusions

- ❖ Frontline supervision is a **complex multi-component** implementation strategy encompassing social and technical learning elements consistent with NPT.
- ❖ A conceptual model detailing critical supervisory mechanisms and potential opportunities to **facilitate EBP scale-up and sustainability** efforts in routine settings.
- ❖ Targeting these supervisory activities holds promise as an effective implementation strategy to **build provider buy-in and adoption** of new efficacious practices.
- ❖ Improve the effectiveness and efficiency of this already embedded, cost-neutral strategy for ongoing quality improvement and **workforce development** and retention.

Acknowledgements



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