

Background

- As the Ryan White Part A (RWPA) grantee for NY, the NYC Department of Health and Mental Hygiene (DOHMH) provides technical assistance & quality management services to sub-grantee agencies delivering services to people living with HIV (PLWH).
- During 2016-2017, DOHMH added Seeking Safety (SS) to the array of services provided by RWPA-funded mental health, harm reduction, & supportive counseling programs.
- SS is an evidence-based counseling intervention (EBI) for people with co-occurring post-traumatic stress disorder & substance use issues.
- Designed for individual sessions or groups of 6-10 participants
- Covers 25 topics to promote a present-focused mindset to help participants develop coping & life skills

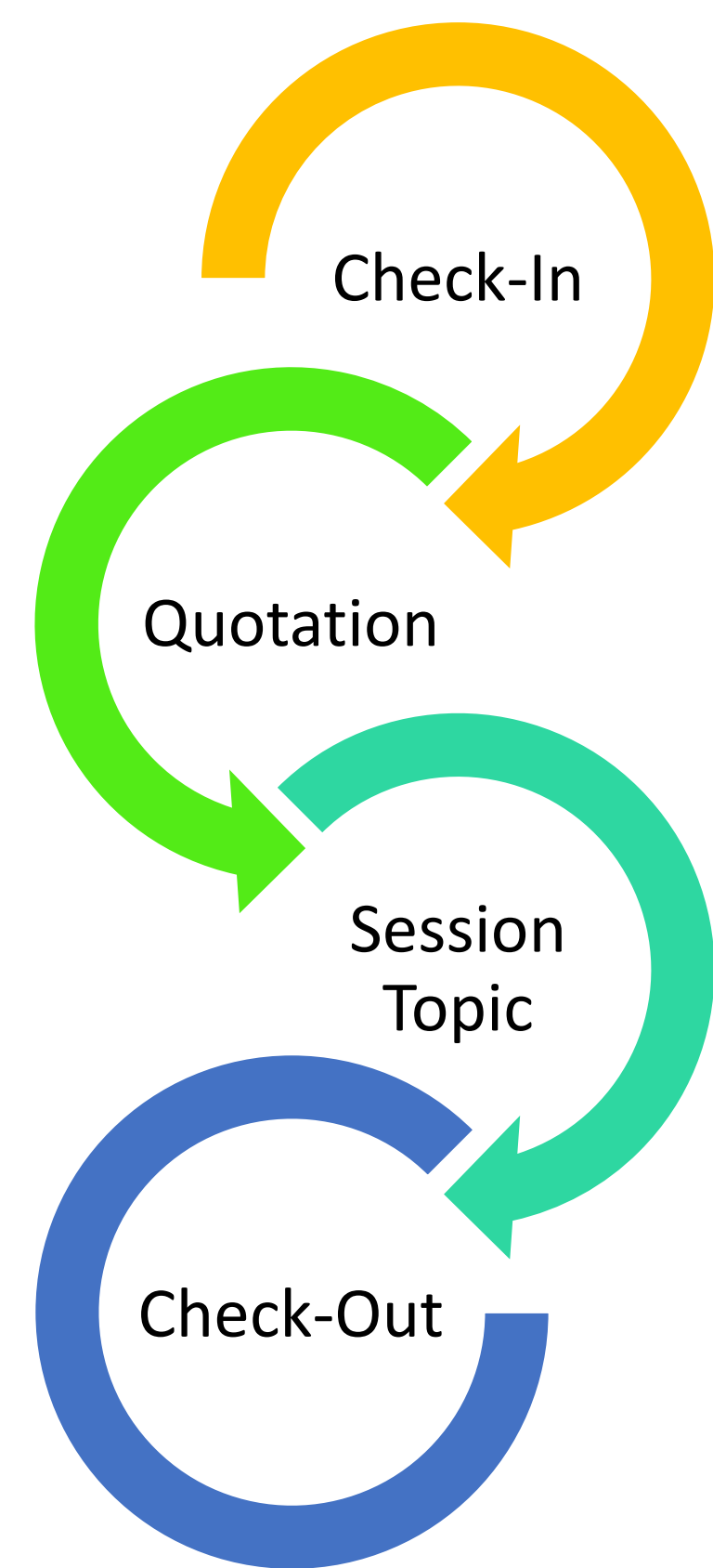


Table 1. SS participation during 2017-2018 contract period.

RWPA Contract	Agencies providing SS	Number of SS groups	Number of SS participants
Harm Reduction	14	467	315
Mental Health	6	65	57
Sup. Counseling	3	7	21
Total	23	539	393

Research Aims

Aim 1 Assess the level of fidelity of SS implementation at agencies

Aim 2 Utilize the process evaluation framework to explore barriers & challenges agencies have encountered while implementing SS

Methods

Group Observations

- Developed a binary fidelity tool in collaboration with the DOHMH consultant who provides SS trainings to agency staff
- Tool contains 5 sections: Check-In, Quotation, Session Topic, Check-Out, & Facilitation Skills
- Observed 5 SS group sessions at 5 different RWPA programs at 4 agencies
- Two raters completed the fidelity tool for each session
- Compared tools after each session to assess inter-rater reliability (IRR) & come to a consensus on scoring

Provider Interviews

- Utilized the process evaluation framework to create a structured interview guide for SS staff
- Conducted in-depth interviews with 10 program managers & 16 SS facilitators (n = 26) from 10 different programs at 7 different agencies
- Audio-recorded, transcribed, & analyzed all interviews
- One project member initially developed 11-code codebook; refined codebook after testing it on 2 transcripts
- Two project members simultaneously coded each transcript

Table 2. Sample characteristics.

RWPA Contract	Program Managers (n)	SS Facilitators (n)	Groups observed (n)
Harm Reduction	3	7	3
Mental Health	4	5	2
Sup. Counseling	3	4	0
Total	10	16	5

Results

Process Evaluation Framework

Intervention Characteristics

Dose Delivered: the number of SS sessions participants attend and whether agencies deliver them through closed-group cycles, drop-in groups, or individual counseling sessions

Themes from interview respondents:

- Programs that delivered SS in cycles (n = 5) reported that the majority of participants who begin finish the 8-10 session cycle
- 3 programs implement SS on a drop-in basis instead of through cycles, which makes it difficult for participants to maintain “commitments,” a key part of SS

Fidelity: extent to which SS was implemented as designed

Findings from group observations:

- The fidelity tool initially had moderate IRR with 68.7% agreement. After reaching consensus, agreement rose to 89.3% with the following average scores:
- | | Check-In | Quotation | Session Topic | Check-Out | Facilitation Skills |
|------------|----------|-----------|---------------|-----------|---------------------|
| Avg. Score | 54% | 72% | 70% | 67% | 81% |
- Observed facilitator actions:
 - Excluded some key SS questions & did not ensure participants had a “commitment” for the next session, explaining low Check-In/Check-Out scores
 - Allowed discussion of past traumas & substance use, which contradicts SS model’s present-focused

Themes from interview respondents:

- Highlighted the strength of tailoring one-on-one SS sessions to clients’ needs, but discussed adhering less to model in individual sessions
- Expressed feeling rushed by the one-hour service time limit, causing them to heavily modify the Check-In/Check-Out questions or to take multiple sessions to cover one topic
- Voiced varying desires & perceived abilities to maintain a safe group environment by limiting participants’ discussions of their traumatic experiences
- Believed that facilitators with higher levels of counseling training/education adhere more strictly to the model
- Discussed making the model more culturally-appropriate by changing wording that is abstinence-focused & labels HIV as a consequence of risky behaviors

Context: larger agency and staffing environment that affects implementation of SS

- Overarching theme of facilitators needing more support, including: desire to have co-facilitators, insufficient time to debrief after SS, lack of trauma supervision, limited clinical supervision, program managers’ desire to support facilitators more, burdens of SS documentation, & uncertainty supporting clients with severe mental illnesses
- Issues with scheduling SS around other agency programs & contracts

Target Participant Characteristics

Themes from interview respondents:

Recruitment: procedures used to enroll participants in SS

- Highlighted the value of incentives, but expressed confusion about DOHMH’s incentive policy
- Found recruitment to be time- and labor-intensive, recommended programs start slowly with low targets

Dose Received: extent to which participants actively engage in SS

- Described actively engaged participants with some utilizing SS skills outside of the sessions
- Expressed concern about participants’ literacy & comprehension abilities – facilitators must rephrase concepts so participants understand

Reach: extent to which SS participants meet the targeted demographic for the intervention

- Believed the trauma-focus of SS applies to the vast majority of RWPA clients
- Reported that SS participants vary in their substance use journey: participants range from actively using to being in long-term recovery

Discussion

Several challenges were exposed. Actions to address them include:

- Distributing a tip sheet to SS facilitators to encourage fidelity
- Modifying the fidelity tool used in this project to give to agencies to assess themselves & facilitate quality improvement
- Clarifying the incentive policy to relevant agencies
- Organizing debrief meeting for December 2018
- Planning a workshop for all SS providers for early 2019

Implications

Lessons learned for future EBIs funded through NYC RWPA:

- Provide different trainings for varying education levels of facilitators, including group facilitation training
- Offer “refresher” training 1-2 months after initial training as a practice run-through
- Support facilitators through trauma-informed clinical supervision
- Determine role of DOHMH in measuring fidelity