West Virginia Behavioral Health Workforce & Health Equity Training Center Evaluation Report

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INTRODUCTION

The West Virginia Behavioral Health Workforce and Health Equity Training Center (WVBHW-HETC), herein referred to as the Training Center, was developed to improve behavioral health outcomes for West Virginians by providing high-quality, culturally appropriate, evidence-based trainings statewide to all behavioral health practitioners, including those in geographically isolated areas. Using virtual training platforms to increase accessibility to remote practitioners, the Training Center's primary mission is to reduce disparities in behavioral health outcomes by improving the quality of care for all and ensuring that practitioners are trained in culturally relevant, trauma-informed approaches that meet the needs of both the broad population as well as those marginalized by social factors.

The training center functions as a collaboration between the West Virginia Bureau for Behavioral Health and Marshall University. The training center is funded by the WV Bureau for Behavioral Health and funding from the Substance Abuse and Mental Health Services Administration. The Center is based out of the Marshall University Center of Excellence for Recovery.

The training center's pilot trainings launched with three initial goals:

1. Support the highest level of competence across behavioral health providers in West Virginia by providing evidence-based trainings that increase the capacity of the behavioral health workforce statewide to provide person-centered, trauma-informed, and culturally appropriate care.
2. Increase WV Behavioral Health Workforce and systems capacity to engage, retain, and support diverse communities and populations that make up the citizenry of West Virginia.
3. Foster collaboration among WV Behavioral Health agencies and providers to develop networks and systems of care that communicate and share resources to promote practices that support the highest level of functioning in the least restrictive environment for all individuals, regardless of background, diagnosis, financial status, or co-morbid factors.

The pilot trainings included seven evidence-based practice target areas, as well as several other supportive sessions that highlighted populations experiencing health disparities and evidence-based practices that address health disparities. The target population for the trainings were behavioral health providers. Participants were offered continuing education if applicable.

Learning Approach and Logic Model:

The Training Center developed the following learning approach and logic model in its approach to the project.

Goal: All populations in West Virginia are afforded the opportunity to engage in accessible and validating behavioral health services that meet their unique personal goals and support conditions for themselves and their community to thrive

Challenge: Behavioral health disparities experienced by a range of communities and marginalized populations lead to disproportionately poor outcomes and challenges in accessing and engaging in care (such as, less likely to access mental health, engage in community mental health, higher utilization of inpatient hospitalization and emergency rooms, and offered lower quality care*). Behavioral health disparities are rooted in policy, historical mistreatment, infrastructure challenges, racism/bias/discrimination, language barriers, stigma, and health insurance coverage. Behavioral health professionals are unable to individually solve systemic issues, but professional development that raises awareness and offers capacity building targeted at reducing contributors of disparities experienced in clinical and community settings can lead to better population outcomes and patient satisfaction.

Inputs: Virtual professional development opportunities delivered to behavioral health professionals/paraprofessionals in West Virginia to build statewide capacity in responding to behavioral health disparities in multiple settings and disciplines.

Learning Environments: Virtual learning spaces including self-guided professional development and live webinar format trainings.

Activities: Professional development courses increasing capacity around

- Awareness of behavioral health disparities
- Multiple evidence-based practices including considerations and adaptations for working with marginalized populations.
- Opportunities for isolated behavioral health practitioners to connect

Primary Audience: Behavioral health professionals and paraprofessionals

- Social workers
- Psychologists
- Counselors
- School Behavioral/Mental Health staff
- Peer support specialists (including recovery coaches)
- Allied Primary Care

Training Center Logic Model

The Training Center's pilot trainings were coordinated to accomplish the following short-term outcomes. Follow-up evaluation will need to be coordinated to assess the success of accomplishing intermediate outcomes such as the modification or practice and increased engagement with populations experiencing disparities. Measurements of long-term outcomes may include follow up evaluation regarding service engagement, organizational adaptation of evidence-based practice models, and assessment of provider beliefs related to communities experiencing disparities.

Outcomes of Professional Development		
Short Term Outcomes (change in)	Intermediate Term Outcomes	Long Term Outcomes
Increased awareness of behavioral health disparities among practitioners and organizations	Behavioral health practitioners identify and incorporate appropriate evidence-based practices to meet the unique needs and conditions of communities experiencing disparities	Sustainable change in organizational culture reflecting awareness and response to behavioral health disparities. • Language access • Organizational support of the use of evidence-based practices and adaptations to modalities to respond to discrimination/stigma • Increased diversity of providers • Increased provider satisfaction and retention
Behavioral health practitioners recognize effective evidence-based practices and adaptations for working with communities experiencing disparities	Behavioral health practitioners effectively utilize evidence-based practices and modify practices to ensure inclusion and engagement with communities experiencing disparities.	Data reflecting increased engagement and increased client satisfaction among communities experiencing disparities and reduction in the disordinate utilization of emergency services and inpatient hospitalization.
Behavioral health practitioners experience increased self-efficacy in skills for working with communities experiencing disparities	Behavioral health practitioners recognize and act on opportunities to engage with populations experiencing disparities	Reduction of stigma surrounding engaging in behavioral health by communities experiencing disparities as well as reduction in prevalence of provider stigma towards communities experiencing disparities

Virtual Training Outcomes

The Training Center coordinated 23 live training sessions from July 1st – August 29th with a total of 3,699 participants. The below data represents training participant demographic, evaluation outcome data, and continuing education certificate reporting.

Total Participants in Live Trainings

Content Area (Evidence-Based Practice)	Number of Participants
Culturally and Linguistically Appropriate Services (CLAS) in Behavioral Health	142
Trauma-Informed Telebehavioral Health	100
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Part 1	128
SBIRT Part 2	130
Person Centered Care	142
Trauma-Informed Practice: Implementing an Understanding of Trauma to Support Appalachian Clients Part 1	122
Trauma-Informed Part 2	129
Intersection of Mental Health and Substance Use	115
Supporting Diverse Populations in West Virginia: Practicing Cultural Humility	127
Disparities in Behavioral Health and Healthcare: Understanding the Intersections of Identity, Culture, and Geography	118
Motivational Interviewing Series (5 part series) Part 1	186
Motivational Interviewing Series (5 part series) Part 2	212
Suicide Risk and Prevalence in West Virginia: A Comprehensive Overview for Behavioral Health Providers	126
Total Participants for the 13 Total August Report Live Trainings	***1,777***
Motivational Interviewing Series (5 part series) Part 3	137
Motivational Interviewing Series (5 part series) Part 4	440
Motivational Interviewing Series (5 part series) Part 5	443
Stigma 101: Addressing and Responding to a Universal Barrier to Mental Health and Substance Use Treatment	107
Aging in Place	58
LGBTQ+ Counseling Skills and Considerations (Part 1)	95
LGBTQ+ Counseling Skills and Considerations (Part 2)	202
Common Factors : Setting the Stage for Efffective Service Provision	88
Racism as a Diagnosis: An Exploration of the Medical Trauma that Contributes to Present-day Health Disparities (Part 1)	173
Racism as a Diagnosis: An Exploration of the Medical Trauma that Contributes to Present-day Health Disparities (Part 2)	179
Total Participants for 10 Total September Report Live Trainings	***1,922***
Total All Live Training Participants (23 Live Trainings)	**3,699**

Training Participant Demographics

The following demographic data was provided by participants through pre-registration for the live trainings.

Participant Ethnicity

Session	White	Asian	Black or African American	Hispanic or Latino	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Middle Eastern or North African	Multiple Races	Other
CLAS	60	3	2	-	-	-	-	4	-
Telebehavioral Health	57	2	4	-	-	-	1	2	-
SBIRT 1	74	2	9	-	-	-	1	3	
SBIRT 2	94	2	4	-	-	-	2	4	1
Person Centered Care	122	5	4	-	1	-	-	6	2
Intersection SUD	83	3	6		1	-	1	5	4
Trauma-Informed 1	93	1	4	-	-	-	2	3	
Trauma-Informed 2	91	1	4	-	-	-	1	5	
Cultural Humility	84	1	3				1	4	1
Disparities	71	2	3	-	-	-	1	3	-
Suicide Risk	75	-	3	1	-	-	1	3	-
Stigma	78	4	5	2	-	--	-	2	
Aging in place	76	1	3	1				3	
LGBTQ+ 101	74	2	7	3	1	-	-	2	-
LGBTQ+ 301	130	5	17	7	1	-	-	3	-
MI 1	60	1	1	-	1	-	-	2	
MI 2	75	2	4	1	1	-	1	3	
MI 3	65	1	2	1	-	-	-	3	-
MI 4	168	2	7	3	2	-	1	6	1
MI 5	176	3	7	3	2	-	1	6	1
Common Factors	70	1	5	1	-	-	-	-	-
Racism 1	103	4	23	5	-	1	-	5	-
Racism 2	106	5	25	5	-	1	-	5	-

Participant Gender

The most represented gender demographic were individuals who identified as **female**.

Session	Male	Female	Transgender Female	Transgender Male	Gender Variant/Non-Conforming	Not Listed	Prefer not to answer
CLAS	12	77	0	0	0	32	1
Telebehavioral Health	15	80	0	0	0	62	1
SBIRT 1	18	117	-	-	-	72	1
SBIRT 2	21	127			1	96	-
Person Centered Care	25	120	-	-	-	49	1
Intersection SUD	11	57	-	-	1	87	1
Trauma-Informed 1	19	122	-	-	1	90	1
Trauma-Informed 2	21	128	-	-	1	96	2
Cultural Humility	19	119	-	-	-	87	-
Disparities	18	89	-	1	2	82	1
Suicide Risk	17	91	-	-	--	83	1
Stigma	17	106	1	-	2	4	1
Aging in place	12	53	1		1	-	-
LGBTQ+ 1	14	102	-	-	-	-	-
LGBTQ+ 2	26	170	-	-	3	-	-
MI 1	13	94	-	1	2	-	1
MI 2	21	108	-	1	3	76	-
MI 3	14	92	-	1	3	77	-
MI 4	44	223	-	1	3	168	-
MI 5	44	225	-	1	2	170	-
Common Factors	17	81	-	-	2	12	-
Racism 1	26	144	-	-	2	1	-
Racism 2	26	148	-	-	2	1	-

Participant Age

The most represented age demographic of the participants was **30-39**, followed by **40-49**.

Session	18-20	21-29	30-39	40-49	50-59	60-69	70 or older
CLAS	0	14	23	21	20	7	2
Telebehavioral Health	0	20	29	13	18	9	1
SBIRT Part 1	0	21	37	35	24	8	1
SBIRT Part 2	0	27	52	36	29	8	1
Person Centered Care	0	32	69	53	30	14	4
Intersection SUD	0	41	65	60	34	12	2
Trauma-Informed 1	4	26	48	35	28	7	1
Trauma-Informed 2	1	26	47	34	28	8	1
Cultural Humility	0	4	45	32	26	11	0
Disparities	0	21	32	26	22	9	0
Suicide Risk	1	12	29	20	17	9	0
Stigma	3	21	23	21	18	8	1
Aging in place	0	5	14	10	12	3	2
LGBTQ+ 1	0	19	25	19	19	7	2
LGBTQ+ 2	1	36	65	43	41	11	2
MI 1	0	10	30	19	23	5	1
MI 2	0	14	33	27	21	8	0
MI 3	0	14	23	21	18	6	1
MI 4	0	31	88	73	51	15	2
MI 5	0	33	89	73	51	15	2
Common Factors	0	14	23	15	13	7	2
Racism 1	0	31	54	37	33	9	5
Racism 2	0	33	55	38	33	9	5

Participant Location

Participant geographic location is organized according to WV Bureau for Behavioral Health Regions.*

Regional Representation*	R1	R2	R3	R4	R5	R6
CLAS	14	10	6	23	37	13
Telebehavioral Health	18	10	8	38	23	15
SBIRT Part 1	13	10	9	42	51	25
SBRIT 2	21	19	9	55	71	19
Person Centered Care	18	84	12	49	51	27
Intersection SUD	16	20	13	46	35	19
Trauma-Informed 1	20	15	9	56	61	15
Trauma-Informed 2	20	20	10	52	69	20
Cultural Humility	19	20	8	41	52	18
Disparities	21	13	8	23	40	18
Suicide Risk	15	20	7	24	52	17
Stigma	13	9	1	17	37	22
Aging in place	8	5	3	15	18	11
LGBTQ+ 1	13	11	3	19	26	21
LGBTQ+ 2	12	13	4	31	37	27
MI 1	8	11	9	29	44	25
MI 2	11	17	10	40	55	22
MI 3	9	12	4	44	41	21
MI 4	17	32	24	98	119	40
MI 5	16	32	24	99	121	38
Common Factors	11	3	10	17	30	12
Racism 1	13	10	7	20	34	17
Racism 2	12	11	8	21	35	18

Participant Discipline

The most represented identified discipline was **social work**.

Content Area (Evidence-Based Practice)	# of Providers who completed training module/experience by discipline				
	SWK	**Counseling**	**Psych**	**Paraprofessional**	**Other**
CLAS	18	22	6	5	43
Telebehavioral Health	19	10	8	8	60
SBIRT 1	22	4	5	29	83
Person Centered Care	16	22	11	25	85
SBIRT 2	21	4	14	23	93
Trauma-Informed 1	25	7	14	21	109
Trauma-Informed 2	26	7	12	22	110
Intersection SUD	20	10	11	21	86
Cultural Humility	20	7	5	18	102
Disparities	15	10	7	24	74
Suicide Risk	18	11	9	20	74
Stigma	14	5	7	13	68
Aging in Place	18	5	6	6	23
LGBTQ+ 101	14	4	15	12	50
LGBTQ+ 301	18	6	8	21	149
Motivational Interviewing 1	15	8	16	17	74
MI 2	13	9	21	22	76
MI 3	16	8	14	18	81
MI 4	27	17	7	88	301
MI 5	28	18	7	83	307
Common Factors	16	5	9	15	43
Racism 1	16	4	3	21	129
Racism 2	15	4	5	25	130

Participant CEU Distribution

The most requested continuing education certificate requested was **social work**.

# of CEUs distributed by discipline							
	Social Work	**Counseling**	**Drug and Alcohol**	**Psychology**	**Prevention Specialist**	**Training Attendance Certificate**	**Peer Recovery Certification**
CLAS	33	5	4	3	3	19	16
Telebehavioral Health	35	21	4	3	0	20	4
SBIRT 1	51	14	3	2	1	45	13
Person Centered Care	55	9	4	1	2	30	24
SBIRT 2	25	7	1	3	1	24	10
Trauma-Informed 1	48	16	5	6	1	34	13
Trauma-Informed 2	52	15	6	5	1	32	11
Intersection SUD	32	13	5	1	4	21	10
Cultural Humility	33	16	6	3	2	25	8
Disparities	35	7	1	5	2	23	12
Suicide Risk	37	11	4	3	0	39	19
Stigma	28	0	1	3	7	27	15
Aging in Place	31	1	1	3	1	11	7
LGBTQ+ 101	57	5	1	7	1	23	17
LGBTQ+ 301	36	13	0	11	1	21	20
MI 1	51	15	4	12	5	42	14
MI 2	48	13	4	6	2	44	12
MI 3	19	5	1	2	0	21	5
MI 4	41	13	4	6	3	36	14
MI 5	46	20	2	6	6	42	19
Common Factors	35	4	1	3	2	23	11
Racism 1	41	8	1	4	2	18	14
Racism 2	27	6	1	3	1	4	3

Virtual Training Evaluation - Outcomes

Post-training evaluations were coordinated for each virtual training session. Participants responded to multiple questions related to core training topics for each training. Questions were structured as:

"Please rate your knowledge of _[core training topics]_ BEFORE engaging in this training."

"Please rate your knowledge of _[core training topics)_ AFTER engaging in this training."

The below data reflects the post-training evaluation of perceived knowledge gain.

Training	Total Responses of "Strongly Disagreed" that Understood Standards	Total "Disagreed" that Understood Standards	Total "Agreed" that Understood Standards	Total "Strongly Agreed" that Understood Standards
August Report Trainings				
Before CLAS	54 (15%)	137 (38%)	126 (35%)	43 (11.9%)
After CLAS	4 (1.1%)	1 (0.2%)	138 (38.3%)	217 (60.3%) ***increase of 48.4% improvement**
Before Telebehavioral Health	26 (7.3%)	91 (25.6%)	191 (53.7%)	48 (13.5%)
After Telebehavioral Health	2 (0.6%)	2 (0.6%)	131 (36.7%)	221 (62.1%) ***increase of 48.6% improvement**
Before SBIRT Part 1	21 (3.8%)	98 (17.5%)	347 (62%)	94 (16.8%)
After SBIRT Part 1	11 (2%)	3 (0.5%)	193 (34.5%)	353 (63%) ***increase of 46.2% improvement**
Before SBIRT Part 2	10 (3.3%)	37 (12.3%)	194 (64.7%)	59 (19.7%)
After SBIRT Part 2	6 (2%)	2 (0.7%)	104 (34.7%)	188 (62.7%) ***increase of 43% improvement**
Before Person Centered Care	**16 (3%)**	**63 (11.7%)**	**373 (69.1%)**	**88 (16.3%)**
After Person Centered Case	20 (3.7%)	2 (0.4%)	176 (32.6%)	342 (63.3%) ***increase of 47% improvement**
Before Cultural Humility	12 (2.9%)	73 (17.7%)	272 (66%)	55 (13.3%)
After Cultural Humility	11 (2.7%)	4 (1%)	141 (34.2%)	256 (62.1%) ***increase of 48.8% improvement**
Before Disparities	12 (3.2%)	81 (21.5%)	224 (59.6%)	59 (15.7%)
After Disparities	14 (3.7%)	0 (0%)	157 (41.8%)	205 (54.5%) ***increase of 38.8% improvement**
September Report Trainings				
Before Suicide Risk	14 (4.0%)	64 (18.1%)	223 (63.0%)	53 (15.0%)
After Suicide Risk	12 (3.4%)	1 (0.3%)	137 (38.7%)	204 (57.6%) ****increase of 42.6% improvement**
Before Stigma	6 (1.9%)	58 (18.8%)	197 (63.8%)	48 (15.5%)

After Stigma	6 (1.9%)	0 (0%)	93 (30.1%)	210 (68.0%) ****increase of 52.5% improvement**
Before MI 1	17 (4.2%)	69 (17.1%)	277 (68.6%)	41 (10.1%)
After MI 1	10 (2.5%)	0 (0%)	161 (39.9%)	233 (57.7%) ****increase of 47.6% improvement**
Before MI 2	11 (4.1%)	78 (28.9%)	144 (53.3%)	37 (13.7%)
After MI 2	4 (1.5%)	0 (0%)	120 (44.4%)	146 (54.1%) ****increase of 40.4% improvement**
Before MI 3	19 (10.9%)	30 (17.2%)	109 (62.6%)	16 (9.2%)
After MI 3	6 (3.4%)	4 (2.3%)	51 (29.3%)	113 (64.9%) ****increase of 55.7% improvement**
Before MI 4	28 (7.6%)	61 (16.5%)	233 (63.1%)	47 (12.7%)
After MI 4	6 (1.6%)	1 (0.3%)	146 (39.6%)	216 (58.5%) ****increase of 45.8% improvement**
Before MI 5	34 (7.6%)	118 (26.2%)	233 (51.8%)	65 (14.4%)
After MI 5	4 (0.9%)	1 (0.2%)	180 (40.0%)	265 (58.9%) ****increase of 44.5% improvement**
Before LGBTQ+ 1	23 (6.7%)	103 (29.9%)	171 (49.6%)	48 (14.0%)
After LGBTQ+ 1	10 (2.9%)	5 (1.4%)	158 (45.7%)	172 (49.9%) ****increase of 35.9% improvement**
Before LGBTQ+ 2	22 (6.7%)	85 (26.0%)	193 (59.0%)	27 (8.3%)
After LGBTQ+ 2	3 (0.9%)	0 (0%)	154 (47.1%)	170 (52.0%) ****increase of 43.7% improvement**
Before Intersection SUD	4 (1.1%)	36 (9.7%)	264 (71.0%)	68 (18.3%)
After Intersection SUD	4 (1.1%)	5 (1.3%)	146 (39.2%)	217 (58.3%) ****increase of 40.0% improvement**
Before Common Factors	17 (5.2%)	60 (18.5%)	208 (64.2%)	39 (12.0%)
After Common Factors	9 (2.8%)	1 (0.3%)	161 (49.7%)	153 (47.2%) ****increase of 35.2% improvement**
Before Racism 1	25 (13.0%)	49 (25.5%)	88 (45.8%)	30 (15.6%)
After Racism 1	5 (2.6%)	0 (0%)	61 (31.8%)	126 (65.6%) ****increase of 50% improvement**
Before Racism 2	14 (9.9%)	45 (31.9%)	73 (51.8%)	9 (6.4%)
After Racism 2	3 (2.1%)	0 (0%)	54 (38.3%)	84 (59.6%) ****increase of 53.2% improvement**
Before Trauma Informed 1	5 (0.9%)	99 (18.2%)	375 (68.9%)	65 (11.9%)
After Trauma Informed 1	3 (0.6%)	3 (0.6%)	197 (36.2%)	341 (62.7%) ****increase of 50.8% improvement**
Before Trauma Informed 2	14 (2.6%)	133 (25%)	346 (65.0%)	39 (7.3%)
After Trauma Informed 2	4 (0.8%)	2 (0.3%)	230 (43.2%)	296 (55.6%) ****increase of 48.3% improvement**

Before Aging in Place	1 (0.6%)	61 (35.1%)	95 (54.6%)	17 (9.8%)
After Aging in Place	3 (1.7%)	3 (1.7%)	64 (36.8%)	105 (59.8%) ****increase of 50.0% improvement**

Virtual Training Evaluation - Quality

Post-training evaluations included a rating of the overall quality of the training. All trainings were evaluated most frequently as "**Excellent**" quality.

Training	Excellent	Good	Fair	Poor
August Report Trainings				
CLAS	**68 (75.6%)**	21 (23.3%)	1 (1.1%)	0 (0%)
Telebehavioral Health	**73 (82%)**	15 (16.9%)	1 (1.1%)	0 (0%)
SBIRT Part 1	**102 (72.9%)**	38 (27.1%)	0 (0%)	0 (0%)
SBIRT Part 2	**60 (80%)**	13 (17.3%)	2 (2.7%)	0 (0%)
Person Centered Care	**93 (68.9%)**	40 (29.6%)	1 (0.7%)	1 (0.7%)
Cultural Humility	**80 (77.7%)**	19 (18.5%)	4 (3.9%)	0 (0%)
Disparities	**66 (70.2%)**	23 (24.5%)	4 (4.3%)	1 (1%)
September Report Trainings				
Suicide Risk	**93 (78.8%)**	22 (18.6%)	3 (2.5%)	0 (0%)
Stigma	**76 (73.8%)**	27 (26.2%)	0 (0%)	0 (0%)
MI 1	**140 (69.3%)**	57 (28.2%)	5 (2.5%)	0 (0%)
MI 2	**102 (75.6%)**	33 (24.4%)	0 (0%)	0 (0%)
MI 3	**47 (81.0%)**	9 (15.5%)	1 (1.7%)	1 (1.7%)
MI 4	**94 (76.4%)**	23 (18.7%)	6 (4.9%)	0 (0%)
MI 5	**123 (82.0%)**	24 (16.0%)	2 (2%)	0 (0%)
LGBTQ+ 1	**92 (80.0%)**	21 (18.3%)	2 (1.7%)	0 (0%)
LGBTQ+ 2	**78 (71.6%)**	27 (24.8%)	4 (3.7%)	0 (0%)
Intersection SUD	**64 (68.9%)**	23 (24.7%)	5 (5.4%)	1 (1.1%)
Common Factors	**51 (63.0%)**	27 (33.3%)	3 (3.7%)	0 (0%)
Racism 1	**79 (82.3%)**	15 (15.6%)	2 (2.1%)	0 (0%)
Racism 2	**35 (74.5%)**	11 (23.4%)	1 (2.1%)	0 (0%)
Trauma Informed 1	**100 (73.5%)**	32 (23.5%)	4 (2.9%)	0 (0%)
Trauma Informed 2	**103 (77.4%)**	29 (21.8%)	1 (0.8%)	0 (0%)
Aging in Place	**36 (62.1%)**	20 (34.5%)	0 (0%)	2 (3.5%)

Virtual Training Evaluation – Speaker/Trainer

Post-training evaluations included a rating of the presenter's knowledge and presentation skills. All presenter's were evaluated most frequently as "**Excellent**".

Training	Excellent	Good	Fair	Poor
August Report Trainings				
CLAS	**151 (84.4%)**	26 (14.5%)	2 (1.1%)	0 (0%)
Telebehavioral Health	**162 (91.0%)**	16 (9%)	0 (0%)	0 (0%)
SBIRT Part 1	**226 (80.1%)**	54 (19.3%)	0 (0%)	0 (0%)
SBIRT Part 2	**122 (81.3%)**	24 (16%)	4 (2.7%)	0 (0%)
Person Centered Care	**205 (75.9%)**	60 (22.2%)	3 (1.1%)	2 (0.7%)
Cultural Humility	**168 (81.6%)**	35 (17%)	3 (1.5%)	0 (0%)
Disparities	**138 (73.4%)**	43 (22.9%)	5 (2.7%)	2 (1.1%)
September Report Trainings				
Suicide Risks	**200 (84.7%)**	32 (13.6%)	4 (1.7%)	0 (0%)
Stigma	**164 (79.6%)**	42 (20.4%)	0 (0%)	0 (0%)
MI 1	**313 (77.5%)**	83 (20.5%)	8 (2.0%)	0 (0%)
MI 2	**219 (81.1%)**	51 (18.9%)	0 (0%)	0 (0%)
MI 3	**98 (84.5%)**	16 (13.8%)	0 (0%)	2 (1.7%)
MI 4	**200 (81.3%)**	36 (14.6%)	10 (4.1%)	0 (0%)
MI 5	**254 (84.7%)**	41 (13.7%)	5 (1.7%)	0 (0%)
LGBTQ+ 1	**205 (89.1%)**	24 (10.4%)	1 (0.4%)	0 (0%)
LGBTQ+ 2	**165 (75.7%)**	47 (21.6%)	6 (2.8%)	0 (0%)
Intersection SUD	**135 (72.6%)**	47 (25.3%)	3 (1.6%)	1 (0.5%)
Common Factors	**119 (73.5%)**	39 (24.1%)	4 (2.5%)	0 (0%)
Racism 1	**164 (85.4%)**	25 (13.0%)	3 (1.6%)	0 (0%)
Racism 2	**74 (78.7%)**	18 (19.1%)	2 (2.1%)	0 (0%)
Trauma Informed 1	**218 (80.1%)**	49 (18.0%)	5 (1.8%)	0 (0%)
Trauma Informed 2	**212 (79.7%)**	52 (19.5%)	2 (0.8%)	0 (0%)
Aging in Place	**79 (68.1%)**	33 (28.4%)	2 (1.7%)	2 (1.7%)

Virtual Training Evaluation – Qualitative Feedback

Post-training evaluations included two opportunities for qualitative feedback.

"Please share any comments or questions for the West Virginia Behavioral Health Workforce and Health Equity Training Center or the presenter of this module"

"Were there aspects of this training that you found especially useful?"

Overall Training Center Comments

- Participants are overwhelmingly pleased to have virtual, free CEUs. Feedback was positive on all speakers and topics.
- A few participants wanted access to the Powerpoint slides. These will be online for the on-demand trainings. – **Presentation materials are available on the online training platform.**
- For the virtual training, there was a request to have the Powerpoint slides available a day before the training.
- "Keep trauma in yearly trainings."
- I love this series, I get more insight every week.

Person Centered Comments

- The segment on language and emotional and intellectual connection.
- Loved the potential for alternate verbiage in working with our clients.
- I very much enjoyed this training. It was extremely educational, useful, and the presenter did an amazing job! Thank you!

CLAS Comments

- The presenter was amazing! This was most likely my favorite training experience.
- Loved the interactive theme throughout the training, as well as the techniques and positive attitude of the trainer.

SBIRT Comments

- How speaker gave the phrasing she uses in patient interactions; can't read this from a book. Loved her energy.
- The presenter was extremely knowledgeable on SBIRT and had the presentation timed perfectly.
- The emphasis on the power of the way we speak about things and the language we use being person centered.
- I appreciated the discussion of intersection of factors playing into addiction and how dangerous stigma is.

Telebehavioral Health Comments

- The speaker was knowledgeable, direct and made the information easy to apply.
- This would have been so helpful to me as I was setting up telehealth services during COVID.
- Everything about it was useful. It gave me confidence in the practices that I'm doing correctly and gave me ideas on how to make it better.

Cultural Humility Comments

- Explanation of the shift in focus from cultural competency to understanding cultural humility.
- ALL of it. I considered myself to be very open minded, even culturally and racially-speaking, and STILL was able to take away from this webinar! I was extremely impressed!
- Not being afraid to dive right in and discuss things that sometimes feel a little uncomfortable.
- I enjoyed the recommendations for considering ways of making one's practice, intake, and initial contacts more welcoming for clients from diverse backgrounds.

Disparities Comments

- Very well spoken presenter. Clearly knowledgeable and this was a great learning opportunity. Really enjoyed this!
- It was basic in defining core concepts clearly, but also appreciated the useful/practical tips for improving access to care for those who experience barriers to care.
- Yes, there were. I didn't realize how much of a systemic impact society had on the way we view healthcare.
- This was particularly relevant as a clinician working in a rural primary care facility.

Trauma Informed Practice Comments

- This has been the most helpful training I've had in a very long time! Thank you!
- Fantastic information provided. It is so important that providers are providing assistance with the client being involved. Understanding that trauma is insidious.
- Very much appreciated the presentation today! I really appreciate the strength-based approach to understanding trauma with clients.
- It is important to me not only in my job- but in my personal life and my community as a whole.

Intersection SUD Comments

- You could tell she was passionate about what she was talking about and that made this even more enjoyable. Very knowledgeable and well spoken about the material being presented!
- Stigma reduction, reminding to focus on less formality and more client-centered questions.
- Yes, the webinar was very informative and impactful. I appreciate Kris' time, my main takeaways were "change your language", become an active listener, behavioral and mental practitioners need to merge or collaborate together to guide the client to adding to his/her tool box, and lastly creating a safe engaging environment such that client does not have to repeat him/herself.

Suicide Risks comments

- The lecturer has a great real experience in the field of detection and treatment of risk behaviors and suicide, has the ability and human quality to talk about difficult and sensitive topics. Thank you.
- Best information/lecture ever had opportunity to learn from.
- Thank you for including this presentation in the series. The content and presentation were excellent. We need more training in this area.

Stigma Comments

- I would love to have more materials in my county to give out on Stigma or a Statewide Campaign
- Wonderful webinar, thank you! It was a nice refresher, and it went at a quick pace yet it was still easy to follow along.
- Very concise and practical information.

MI Part 1 Comments

- I appreciate the "spirit" of Motivational Interviewing and hope to learn more!
- I appreciate the specific real-life stories and videos for authentic examples of the topic taught.
- I very much enjoyed the training! I don't work as a therapist of any kind and do not have clients but I think this kind of information could be useful for anyone who is interested in guiding others in making the life changes as needed.

MI Part 2 Comments

- Needed training; free underscores commitment of WV BHWandHETC commitment to training front line mental health providers.
- Very good basic overview of theory and review of social work principles in MI
- Quality of material; presenters not merely academics but seasoned in fields working with patients; very helpful to give us the words to say until can make the techniques our own. Time consuming but more likely to learn and implement skill with this approach.
- I like how they explain that some of the things that we have been taught to do in counseling people are not that effective and there are better ways of conducting a counseling session.

MI Part 3 Comments

- GREAT PRESENTERS THAT WORK WELL TOGETHER IN CO-PRESENTING
- It's simply mind blowing what I'm learning in these classes. Outstanding.

MI Part 4 Comments

- I have really enjoyed attending these trainings. They have been excellent!
- I have greatly appreciated the training offerings.
- It would be really great if these individuals could provide more training, and even practice sessions!

MI Part 5 Comments

- Professional yet personable presenting styles. Felt I was in a room with them.
- Excellent Coordination and Collaboration between presenter and facilitator/technology organizer. Very well organized.
- I think as the sessions went on, the information got more and more repetitive.
- Clear, Organized, packed full of tangible information. Created great bridge between explanation of learning concepts to demonstrating how to use them/what it might look like to use them.

LGBTQ+ Part 1 Comments

- Much needed training.
- Thank you! Thank you! Thank you for this information. I had no idea I was using the wrong terms when speaking to my own children! I am so glad that I have been corrected and have the opportunity to teach the rest of my family and peers this very valuable information.
- An overwhelming amount of information.
- Learning appropriate language to use with clients who are LGBTQ+.
- I have now updated my vernacular to include the correct terms when interacting with the LGBTQ+ community.
- It was good to get an update on the terms as I am getting ready to start doing therapy.
- The discussion about terminology helped me gain insight on how to welcome LGBTQ+ service consumers.

LGBTQ+ Part 2 Comments

- Thank you for addressing this!
- I found this to be a very helpful session. I gained a great deal of understanding and knowledge in a very short time.
- Good, but presentation needed more than an hour.
- Mindblowingly amazing presentation, as always :).

Intersection SUD Comments

- Excellent, kind, very knowledgeable and obviously very caring about the individuals she talked about in the presentation.
- You could tell she was passionate about what she was talking about and that made this even more enjoyable. Very knowledgeable and well spoken about the material being presented!
- The presenter was very knowledgeable and seem very passionate about the topic.

Common Factors Comments

- Speaker was clearly passionate about what she was talking about and very knowledgeable about the topic. I really enjoyed this presentation.
- The information provided was helpful and I appreciate that it was a short session as my time us limited.

Racism Part 1 Comments

- Recognizing the great effort to bring knowledge and be social property, thank you very much
- The effort you make to bring this information to the largest possible population is very important, thank you very much
- This should be taught more.
- Much needed training, and I will take away alot of very useful and beneficial information.

Racism Part 2 Comments

- I found out way more than I expected from this class.
- Informative class.

Trauma Informed Part 1 Comments

- Excellent, loved the texting poll, loved her presentation style (very down to earth and engaging).
- This has been the most helpful training I've had in a very long time! Thank you!
- Fantastic information provided. It is so important that providers are providing assistance with the client being involved. Understanding that trauma is insidious.
- Keep trauma in the yearly training topics.

Trauma Informed Part 2 Comments

- The moderator is very knowledgeable. The training is so good.
- Keep up the good work. This is vital.
- Excellent, scholarly yet applicable to daily practice.
- PLEASE CONTINUE THESE TRAININGS; ARE REINFORCING; TRAINING GAPS/UPDATING LATEST EB PRACTICES AND VIRTUAL ALLOWS EASY ACCESS.
- Excellent training and information! I would love to hear more specific information about trauma interventions especially for individuals with intellectual/developmental disabilities.

Aging in Place Comments

- I like to know the issues but some ideas on assisting these family would be helpful.
- The presenter was organized & informative.

Outreach Summary

From June 1, 2021 through September 1, 2021, Quality Insights provided selected communications, marketing and design products and services in support of the Training Center, an initiative of the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Marshall University.

Specifically, Quality Insights has:

- Produced electronic marketing collateral materials that included the following:
  - Flyers:
    - Overview of entire behavioral health training series
    - Detailed flyers for each available session within the training series (18 total)
  - Calendars:
    - July training session dates visual
    - August training session dates visual

- Designed and distributed e-bulletins through the Training Center's Constant Contact account and Quality Insights' Healthy Connections Mailchimp account, which have included the following:
  - Training Center's Constant Contact account with analytics:
    - June 28: July Training Series Overview ***(63 sent, 40 opens, 20 clicks)***
    - July 6: July Training Series Follow-Up ***(91 sent, 52 opens, 19 clicks)***
    - July 12: July Training Sessions for Week of July 12 ***(337 sent, 151 opens, 55 clicks)***
    - July 19: July Training Sessions for Week of July 19 ***(424 sent, 178 opens, 55 clicks)***
    - July 27: August Training Series Overview ***(562 sent, 292 opens, 126 clicks)***
    - August 2: August Training Sessions for Week of August 2 ***(659 sent, 326 opens, 99 clicks)***
    - August 16: August Training Sessions for Week of August 16 ***(853 sent, 350 opens, 80 clicks)***
    - September 13: Training Series Evaluation/Survey ***(946 sent, 407 opens, 183 clicks)***
  - Healthy Connections' Mailchimp account with analytics:
    - June 25: Training Series Overview ***(727 sent, 279 opens, 68 clicks)***
    - June 30: July Training Session Overviews ***(724 sent, 177 opens, 43 clicks)***
    - July 28: August Training Session Overviews ***(712 sent, 193 opens, 36 clicks)***
    - On-Demand Session Availability (will distribute in September)

- Coordinated a social media campaign that included design and purchase of online advertising, customized messaging for direct posting to social media, and creation of a social media toolkit, allowing partners and participants to easily share pre-developed posts. Campaign elements included:
  - Social media campaign to promote live training sessions
    - Facebook, Twitter and Instagram posts for each upcoming session with links to register. Analytics include:

- **Facebook**
  - **Post Reach: 3,053**
  - **Post Engagement: 383**
  - **Page Views: 97**
- **Twitter**
  - **Engagements: 21**
  - **Impressions: 2,551**
- **Instagram**
  - **Reach: 283**
  - **Content Interactions: 79**
  - **Impressions: 662**

▪ Promotion and use of the following hashtags: #WV #WVBehavioralHealth #WVSummerSeries

- Online advertising campaign to promote availability of on-demand sessions with analytics reported as requested or on a monthly basis until November 30, 2021
  - ▪ Targeted display ads and site retargeting leading to the Training Center's website (https://wvbhtraining.thinkific.com)
  - ▪ Geo-fences targeting WV locations
  - ▪ Social media, including Facebook and Instagram
  - ▪ Search engine ads on Google and Bing
  - ▪ Targeted email

- Assisted with a grassroots marketing campaign, identifying and reaching out to approximately 450 partner and stakeholder contacts who could assist with promoting the series and/or would have a vested interest in participating in the series. Contacts reached have included, but aren't limited to:
  - Marshall University and Marshall Health affiliated communities
  - Addiction care and recovery communities, including, but not limited to: Great Rivers Regional System for Addiction Care, Project Hope, Lily's Place, etc.
  - Behavioral health organizations
  - Statewide family resource networks
  - Statewide health associations, including, but not limited to: WV Rural Health Association, WV Primary Care Association, WV Behavioral Healthcare Providers Association, WV Counseling Association, WV Psychological Association, National Association of Social Workers, WV School-Based Health Assembly, WV Child Care Association, etc.
  - WV Perinatal Partnership
  - Huntington faith-based communities

As a result of this outreach, approximately **3,700** individuals attended one or more of the live training sessions offered through the series. Interest has also been expressed in on-demand availability. Results of the outreach efforts to promote those on-demand sessions will be determined over the next

Statewide Training Advisory Council

The Training Center assisted the WV BBH in developing the framework, structure, and goals of the West Virginia Statewide Training Advisory Council (STAC). The STAC exists as a multidisciplinary collaborative council comprised behavioral health leaders and advocates who are committed to reducing healthcare disparities and promoting health equity in West Virginia. The STAC seek to accomplish the following goals:

- Developing protocols and recommendations for cooperation across multiple agencies to identify, collect, and share training target needs across systems and agencies.
- Develop a statewide training calendar and guidelines for disseminating training opportunities to agencies statewide.
- Develop best practices and recommendations relating to serving marginalized communities in West Virginia through the development of recommended best practices for behavioral health agencies to follow in responding to behavioral health disparities.

The Training Center, in collaboration with WV BBH, coordinated multiple efforts to invite, track, convene, and support the STAC through the following activities:

1. Develop STAC membership list
2. Develop of STAC goals and activities
3. Distribution of personalized invitations to potential STAC members
4. Follow-up and personal communication with invited members of the STAC
5. Meeting facilitation for two STAC meetings on July 16th , 2021 & September 21st, 2021
6. Development of meeting presentation materials including PowerPoint slide deck
7. Compilation of STAC meeting notes
8. Coordination with STAC members to share training opportunities provided by WVBHW-HETC
9. Coordination with STAC members to share miscellaneous training/capacity building opportunities in West Virginia for behavioral health providers
10. Design and distribution of STAC feedback survey

The feedback shared by STAC members will be utilized to guide future behavioral health training priority areas and assist in ensuring capacity buildings efforts are coordinated efficiently.

STAC Membership & Attendance

Name	Affiliation	Email	July Meeting	September Meeting
Cathy Reed	WV Behavioral Health Planning Council	cadvocate69@gmail.com	x	x
Keigan Aabel-Brown	WV BHWHETC	aabelbrown@marshall.edu	X	X
Susie Mullens (she/her) WVCRN	WV Collegiate Recovery Network	mullens20@marshall.edu	X	X
Kevin Junkins	Community Care WV FQHC	kevin.junkins@ccwv.org	X	X
Beverly Sharp	West Virginia Council of Churches/ West Virginia Reentry Council Initative	bsharp@wvcc.org	X	X
Christina Mullins	WV BBH	Christina.R.Mullins@wv.gov		
Jason Parmer	Disability Rights WV	jparmer@drofwv.org	X	
Whitney Davis	Disability Rights WV	wdavis@drofwv.org		
Lia Billings	Disability Rights WV	lbillings@drofwv.org		
Amy Saunders	Marshall University Center of Excellence for Recovery	saunde22@marshall.edu	X	X
Rebecca Roth	WV Bureau for Behavioral Health	rebecca.e.roth@wv.gov	X	X
Kimberly Mundy	WV Bureau for Behavioral Health	kimberly.a.mundy@wv.gov		X
David Sanders	BBH Adult Substance Use Disorders Office	david.h.sanders@wv.gov		X
Mark Drennan	WV Behav. Health Care Providers Assoc.	mark@wvbehavioralhealth.org	X	X
Scott Inghram	WV Board of Social Work / Concord University	inghramcs@concord.edu	X	
Lyn O'Connell	MU Health/WV SOR Public Education Workgroup	oconnelll@marshall.edu	X	

Carolyn Canini	WV Higher Education Policy Commission	carolyn.canini@wvhepc.edu	X	X
Stephanie Hayes	WV Deparment of Education	stephanie.hayes@k12.wv.us	X	
David Bailey	West Virginia Certification Board for Addiction & Prevention Professionals	davbailey@frontier.com	X	
Sandra Stroebel	WV Board of Psychology / Marshall University	stroebel@marshall.edu	X	
Cathy Capps-Amburgey	WV Bureau for Behavioral Health	cathy.l.capps-amburgey@wv.gov	X	X
Sandra Pope	WV Area Health Education Centers	spope@hsc.wvu.edu	X	X
Sherri Ferrell - WVPCA; JIATF	WV Primary Care Association	sherri@wvpca.org	X	
John Kennedy	WV Primary Care Association (represented WVPCA for Sheeri Ferrel 9/21)	john.kennedy@wvpca.org		X
Lori Garrett-Bumba	Prevention Services (Youth Services System)	lori.ocsapc@gmail.com	X	X
Sarah Surber	WV BHWHETC - Evaluation	sarahsurber@gmail.com	X	
Donna Moss	Mountain State Parents Children and Adolescent Network	donnamoss52@yahoo.com	X	
Matt Christiansen	ODCP Advisory Council	matthew.q.christiansen@wv.gov	X	
Nikki Tennis	WV Bureau for Behavioral Health	nikki.a.tennis@wv.gov	X	X
Bill Albert	LAWV Behavioral Health Advocacy Project	balbert@lawv.net	X	
Marianna Linz	Marshall University	linz@marshall.edu	X	X
Eric Limegrover	WV Comprehensive Behavioral Health Centers	elimegrover@westbrookhealth.com	X	X
Barri Faucett	Prevent Suicide WV	barri.faucett@prestera.org	X	

Robert Roswall	WV Bureau of Senior Services	robert.e.roswall@wv.gov	X	
Daniel Elswick (Daniel Elswick)	Chair of Behavioral Med/Psychiatry WVU	delswick@hsc.wvu.edu	X	X
Wendy Lewis	WV Partnership of African American Churches	wlewis@paacwv.org	X	
Tony Onorato	WV Board of Counseling	tonorato@fortishs.com	X	X
Patrick L. Kerr (he/him/his)	WVU/WVUSOM	pkerr@hsc.wvu.edu	X	
Holly Ireland	Danya institute, Inc/Central East ATTC	hireland@danyainstitute.org	X	X
Laura Landerer	Dept of Behavioral Med & Psych WVU	llander@hsc.wvu.edu		X
Lesley Cottrell	WVU Center for Excellence in Disabilities	lcottrell@hsc.wvu.edu		X
LaDawna Walker	WV Minority Health Institute	ladawna.walker@marshall.edu	X	

STAC Survey Feedback

The data presented below was provided by members of the statewide training advisory council. STAC members shared verbal and written feedback during the July 16th STAC meeting. Additionally, the Training Center developed a short survey that was distributed through Qualtrics to collect feedback relating to priority areas for behavioral health training, gaps in behavioral health service capacity, populations experiencing disparities that STAC members were seeking resources to support, and challenges derived from and exacerbated by the COVID-19 pandemic. Nineteen STAC members completed the survey and 119 participants from the list serv completed the survey.

- **Future Training Priority Areas / EBP /Curriculum (responses provided by WV behavioral health providers)**
    - Mental Health First Aid
    - QPR (Question, Persuade, Refer)
    - Trauma-Focused Cognitive Behavioral Therapy (CBT)
    - Dialectical Behavioral Therapy
    - Substance Use Disorder Treatment (interventions for youth, polysubstance use, & stigma)
    - Trauma Training related to youth & impacts of COVID
    - Other
        - Mindfulness
        - Life Skills
        - Seeking Safety

- **Populations of Focus (responses provided by WV behavioral health providers)**
    - Children, teens, & young adults (ages 18-24)
    - Elderly
    - Veterans (active military service)
    - Individuals experiencing SUD & experiencing a co-occurring disorder
    - Individuals without housing/transitionally housed/experiencing homelessness
    - LGBTQI (including youth & trans)
    - Developmental disabilities
    - Individuals who have experienced trauma, ACES, assault survivors, experiencing PTSD
    - Prenatal (0-3)/Pregnant and parenting individuals, children, families
    - Other
        - Poverty
        - Racial Equity
        - Eating Disorders
        - Rural

- **Evidence-Based Practices, Programs, and Ongoing Support (responses provided by WV behavioral health providers)**
    - Trauma-Informed CBT
    - Life Skills
    - Telehealth
    - Substance Use (MI, SBIRT, Group facilitation)

  - Peer Group
  - Ongoing collaboration with people interested in mental health awareness for minorities & LBTQ+ adolescents
  - Integrated Care

- **Challenges related to COVID (responses provided by WV behavioral health providers)**
  - Addressing grief & loss
  - Technology support for clients (Wi-Fi access, confidentiality, being connected with providers, remote work opportunities)
  - Telehealth resources/support for community members (making trainings accessible online)
  - Burnout, stress management, & resiliency for providers (self-care & addressing anxiety/depression experienced by providers)
  - Challenges treating patients & the increase in mental health symptoms such as anxiety, stress, depression, & substance use

- **Challenges related to COVID (responses provided by WV behavioral health providers)**
  - Ongoing support for implementation of EBP in clinical settings
  - Additional trainings related to social justice
  - Trainings for secondary traumatic stress, self-care, and debriefing for providers

- **Future training priority areas/EBP/Curriculum (responses provided by members of the WV STAC)**
  - Leveraging technology to provide services (telehealth/outreach)
  - Dialectical Behavioral Therapy (DBT)
  - Trauma Focused Cognitive Behavioral Therapy (CBT)
  - Acceptance and Commitment Therapy
  - Crisis Intervention
  - Eating Disorders
  - Integrating behavioral health & primary care

- **Populations of Focus (responses provided by members of the WV STAC)**
  - Adolescents
  - Elderly
  - Children in foster care
  - LGBTQI+
  - Communities/Individuals impacted by trauma
  - Justice impacted individuals
  - Additional populations captured in meeting notes

- **Additional Needs Feedback (responses provided by members of the WV STAC)**
  - Supervision Training
  - Increasing providers available in rural communities
  - Addressing burnout and compassion fatigue
  - Addressing salary
  - Increasing access to technology to deliver services

* **BBH Regions and Counties**

Region 1:
Hancock, Brooke, Ohio, Marshall, Wetzel

Region 2:
Pendleton, Grant, Hardy, Mineral, Hampshire, Morgan, Jefferson, Berkeley

Region 3:
Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, Calhoun

Region 4:
Monongalia, Preston, Marion, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, Braxton

Region 5:
Mason, Putnam, Kanawha, Clay, Cabell, Wayne, Mingo, Logan, Lincoln, Boone

Region 6:
Webster, Pocahontas, Nicholas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, Mercer, McDowell