

# Policy to Practice: Evaluation of Mobilizing the Social Work Workforce in Support of the U.S. National HIV/AIDS Strategy

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## **OVERVIEW**

The U.S. National HIV/AIDS Strategy (NHAS)<sup>i</sup> is accompanied by the NHAS Federal Implementation Plan that outlines key actions to be undertaken by the federal government to meet the goals of the NHAS. The Substance Abuse Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) are working towards promoting partnerships and programs that facilitate integrated behavioral health and HIV-related medical care to increase both agency and provider capacity<sup>ii</sup>. For over 12 years, the National Association of Social Workers (NASW) has provided social workers and allied health and mental health professionals with professional development opportunities through the federally-funded NASW HIV/AIDS Spectrum: Mental Health Training and Education of Social Workers Project (NASW HIV/AIDS Spectrum Project); CMHS# 280-09-0292).

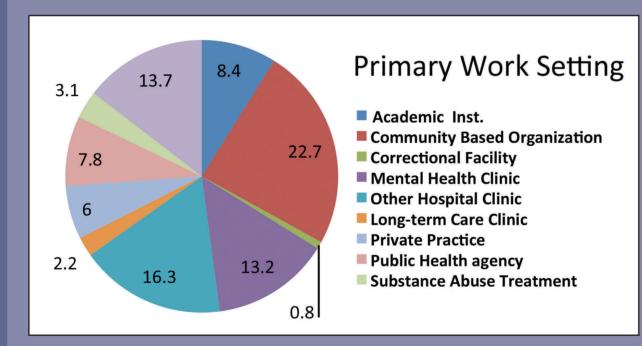
Through SAMHSA's commitment to the NHAS, the NASW HIV/AIDS Spectrum Project has received support to expand current professional development programming to social workers and allied health and mental health professionals through the NASW HIV/AIDS Chapter Partnership Initiative (Initiative). The Initiative provides specific outreach of programming to those cities identified in the Health and Humans Services (HHS) 12-cities project, as well as cities and communities with emerging HIV incidence.

Since inception in 1996, provider education has been offered through on-site workshops, web-based courses, distance learning (such as audio-conferencing and televideo conferencing), and technical assistance. Four skill building trainings have been implemented and evaluated across a range of national and international settings.

### **DESCRIPTION**

The NASW HIV/AIDS Spectrum Project implemented a pre-posttest evaluation design (OMB # 0930-0195) using Participant Feedback Forms that were completed by 4,981 workshops participants over eight years (2002-2010). The data assesses participant knowledge and skill related to medication adherence, ethical decision-making, HIV and co-occurring diagnoses (e.g., mental health, substance use, other chronic illnesses); as well as comfort, willingness, and capability to treat HIV positive clients.

Additionally, the NASW Chapter Partnership Initiative allowed for a follow-up survey to be implemented. The on-line survey was sent using an e-mail recruitment method. A descriptive analysis was performed to identify both effectiveness of trainings provided and areas for future training opportunity



### **FINDINGS**

### Demographics

Of the 10,000 providers reached since 2002, 4,981 participants have completed the Participant Feedback Forms utilized by the NASW HIV/AIDS Spectrum Project. The majority (79%) of participants are female. Approximately two-thirds (66.6%) of participants self-identify as Caucasian, followed by African American (23.1%), Hispanic (10.5%), Asian (2.9%) and American Indian/Hawaiian/Pacific Islander (2.7%).

The majority of participants identified their primary work settings as community based organization (22.7%); private practice (13.7%); mental health clinic (13.2%); other health clinic (16.7%); and public health agency (7.9%). Sixty-nine percent (69%) hold a Master's degree.

### **PROVIDER FEEDBACK**

Data indicate that HIV-related skills-building workshops provide an opportunity to identify provider skills and/or attitudes that may create barriers to care, address disparities and help providers learn strength-based skills in HIV mental health care and treatment across diverse fields of practice. Participants overwhelmingly indicate that participation in ongoing professional development opportunities make them:

- feel more comfortable (63%) working with individuals diagnosed with HIV
- feel more willing (89%) to engage in practice with individuals diagnosed with HIV; and
- believe they are more capable (91%) of treating clients as a result of training participation.

## Participants in skill-building workshops identified as: More capable More willing More comfortable 0 10 20 30 40 50 60 70 80 90 100

### **RESULTS FROM FOLLOW-UP INITIATIVE E-SURVEY**

In total, 122 follow up surveys have been sent, approximately 6 weeks after the training date. Nearly half (45%) have completed the survey instrument. Findings indicate that participants have continued to use the knowledge gained at the training into their practice:

- 67% discussed training content with colleagues
- 29% shared new information learned with their clients
- 31% integrated content into their treatment plans
- 66% implemented the skills they have learned
- 60% believe they are better able to treat their clients
- 64% state they are able to better advocate for their clients need

### **RECOMMENDATIONS**

Social Workers work with a diverse and changing population in supportive, clinical, and administrative roles requires social workers provide up to date expertise on research policy, and evidence-based clinical approaches. Social work skills serve a critical role in ensuring continuing of care for persons living with HIV/AIDS and co-occurring diagnoses<sup>iii</sup>. Providing training through a nationally coordinated effort has the capacity to increase skills and knowledge of social work practitioners, as well as increase practitioner willingness and comfort in working with persons living with **and** affected by HIV/AIDS. Expanding these opportunities into social work education and practice settings will ensure future practitioners are equipped to work with this sensitive population, and serves to increase the number and diversity of clinical providers in HIV/AIDS care and treatment.



NHAS Fact Sheet. (2010) AIDS.gov

www.samhsa.gov/newsroom/advisories,

ii Tomaszewski, E. (2012) Managing the HIV Care System: Social Workers as Client

Workers: Washington, DC.

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