MEMORANDUM

Date: November 20, 1998
To: Betty Malks
From: Don Schwartz
Subject: Health Realization Analysis

Attached please find my analysis of Health Realization training, per the request from you and the Executive Team. In summary, the training has generally had a very strong positive response from staff, both in terms of personal benefit and client benefit.

I hope that the analysis is helpful; please let me know if you would like me to attend an Executive Team discussion on Health Realization. I plan to be out of town on December 7, but am otherwise available during regular ET meetings.
HEALTH REALIZATION SURVEY

In 1998 a survey was administered by the Social Service Agency (SSA) to the Social Service Staff who had participated in the Health Realization Core Course which was within a three year time period (1996-1998). Forty-seven out of 174 surveys were returned. The results indicated "substantial and sustained benefit" across all classifications of employees and divisions of service. "Attendees also generally reported significant benefits to clients through improved interactions and informal teaching of Health Realization."

In March and April, 2000, a similar survey was distributed by the Department of Alcohol & Drug services to the general mailing list of 500 people who had attended the Health Realization 5-day Core Course. Fifty-five participants responded indicating results similar to the SSA survey. Of the respondents from the general audience participants, 58% indicated they had participated in one core course, while 43% had some training beyond the core course. Sixty-two percent attended the training between 1998 and 2000, while 31% were trained between 1994 and 1996. The data of both surveys are indicated below. Responses to the first three questions were on a scale of 1-low to 6-high. Responses to the second three questions were a choice of yes or no.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>SSA (N=47)</th>
<th>GENERAL (N=55)</th>
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</thead>
<tbody>
<tr>
<td>1. Personal benefit (reduce stress, better attitude, etc.)</td>
<td>76% (4-6), 45% (6)</td>
<td>96% (4-6), 47% (6)</td>
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<tr>
<td>2. Clients/family benefit from better treatment</td>
<td>75% (4-6), 36% (6)</td>
<td>91% (4-6), 34% (6)</td>
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<tr>
<td>3. Clients/family benefit from learning HR informally from staff</td>
<td>71% (4-6), 28% (6)</td>
<td>71% (4-6), 24% (6)</td>
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<tr>
<td>1. Was the HR training worth your time?</td>
<td>76% (yes)</td>
<td>98% (yes)</td>
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<tr>
<td>2. Are you using the concepts now?</td>
<td>72% (yes)</td>
<td>96% (yes)</td>
</tr>
<tr>
<td>3. Would you recommend to other staff/others?</td>
<td>82% (yes)</td>
<td>100% (yes)</td>
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</table>

Both surveys indicate that Health Realization was found to be personally and professionally beneficial over time and that a large majority of participants would recommend it to others.
Introduction: This report presents an analysis of Health Realization training, based largely on responses from a survey of most Agency staff who have attended Health Realization training over the last three years.

Health Realization, also known as Psychology of Mind, presents a new model of mental health with the goal “to assist people to recognize their innate capacity to recognize the extent to which their own thoughts, taken more or less seriously, produce their experience of life moment-to-moment.” Bob Garner of the Department of Alcohol and Drugs is the major advocate for Health Realization in Santa Clara County, and his Department provides all of the training Agency staff have attended.

Health Realization can benefit staff who attend the training by reducing stress, improving attitudes, etc. It can benefit clients indirectly by working with these staff, and as staff teach Health Realization concepts through parenting, job readiness classes, etc. While not yet applied in the Agency, Health Realization has been successfully used directly with clients and community organizations as they are taught the model.

Staff Development recently conducted a survey of staff who have attended Health Realization training over the last three years. 47 out of 174 surveys were returned. This includes most of the GAIN staff trained several years ago, and numerous social workers and other staff trained more recently.

Survey Results: The survey results found substantial, sustained personal benefit across all classifications and departments. Attendees also generally reported significant benefit to clients through improved interaction and informal teaching of Health Realization.

Personal Benefit: Using a ranking scale of 1 (low) to 6 (high), the survey found the following:

- 45% gave a score of 6 for personal benefit, and 76% gave a score of 4 or higher.
- 76% thought that the training was worth their time
- 72% are using the concepts now
- 82% recommend it for other Agency staff

Client Benefit: Agency staff are using Health Realization with clients in Employment Services and DFCS.

- 75% indicated that clients were being treated substantially better (ranked 4 or higher)
- 71% found that clients benefited from learning the concepts informally from staff
While some staff felt that the training was the best they have ever received, several respondents had very strong negative feelings and felt it was a complete waste of time. These were most likely staff who were required to attend the training. Even the strongest advocates for Health Realization agree that it is not for everyone and should not be mandatory.

In addition, two respected managers who have attended the training (Ofelia Armenta and Jeanne Flory) expressed support for the training, with Ofelia particularly supportive.

**Issues:** The primary concern raised regarding Health Realization is the substantial costs involved in training Agency staff, including the participant fees, the time commitment for staff to attend, and the investment the Agency is making in staff interested in becoming certified trainers.

**Financial Costs:** The Department of Alcohol and Drug Services charges the Agency $300 per slot when funded by the Agency, which is close to their actual cost. It may be possible to reduce this cost by using Agency trainers, but this could increase problems with the use of staff time. Agency Health Realization advocates are exploring alternative arrangements for providing the training in a more cost-effective way.

Another way to reduce costs is to require or encourage staff to use tuition reimbursement funds for the training at $400 per student. The tuition reimbursement budget is rarely fully used. Also, the Agency can arrange sessions to introduce staff to Health Realization before they sign up for the training, which could help ensure that those who attend are more likely to benefit from the training.

**Time to be trained:** The initial training is five days. Many participants have indicated a desire for occasional follow-up training sessions, and Agency advocates provide regular review/practice sessions for Agency staff. Using tuition reimbursement can mitigate this concern as all non-CEMA staff who take time off to attend training using these funds may be required by their supervisor to make up half of the time they are gone.

**Time for training facilitators:** Four Agency DFCS staff are actively pursuing certification as Health Realization trainers (three supervisors and one social worker). This requires a minimum of 41 days (associate trainer) to 51 days (lead trainer). This can effect their ability to maintain a normal workload. The survey indicated that 16 Agency staff are interested in becoming facilitators.

In addition, staff may also be interested in becoming certified as clinical practitioners and/or community/prevention practitioners, both requiring significant time investments.

**Other considerations:** Costs of money and time could increase substantially if the Agency expands the use of Health Realization on a large scale with community organizations.
Conclusion

Health Realization training offers the Agency the potential for substantial benefit at a substantial cost. Should the Executive Team decide to pursue Health Realization training for Agency staff, we recommend the following steps:

1. Consider using tuition reimbursement to the extent the funds are not used now, as well as funding slots for training with Agency funds.
2. Explore options for reducing the costs of trainings through the use of Agency staff and/or alternative teaching methods.
3. Participate in efforts to evaluate the effectiveness of Health Realization training with clients, and track other research in this area.