



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Training and Technical Assistance Needs:
Findings from Providers of
Substance Use Disorder (SUD)

**Colorado
Report
2018**

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INTRODUCTION

The purpose of the Mountain Plains Addiction Technology Transfer Center (ATTC) is to improve the capacity of Region 8's substance use disorder (SUD) treatment/recovery services workforce by using state-of-the-art training/technical assistance, innovative web-based tools, and proven workforce development activities to expand access to learning, change clinician practice, and advance provider efficiencies; all resulting in improved client outcomes.

In an effort to better understand the needs of providers in Region 8, Mountain Plains ATTC conducted a survey with providers of SUD services in Colorado to determine training/technical assistance needs. The survey was distributed to providers in Utah using email list serves available through the SSA office and through provider contact lists within the Mountain Plains ATTC database.

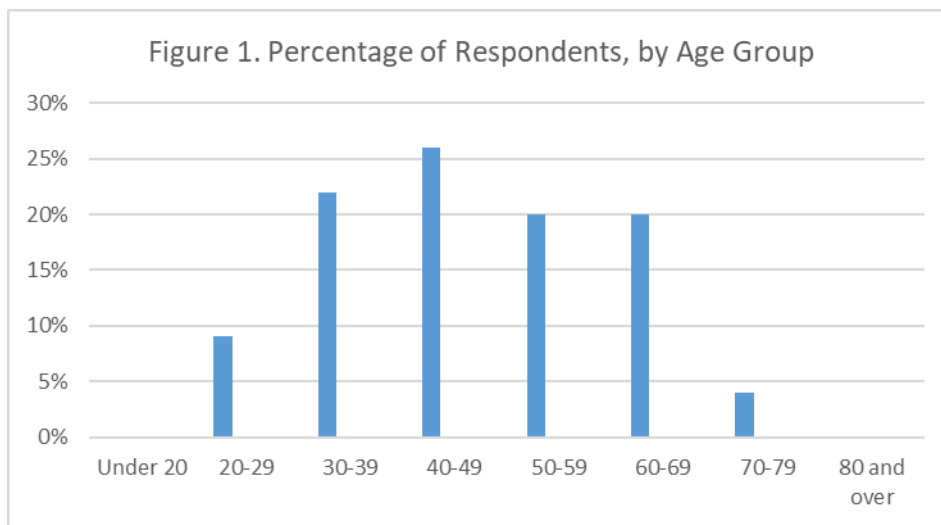
Results from this survey will help Mountain Plains ATTC better collaborate with providers and stakeholders throughout the region in the development of new products, training materials, and technical assistance requests.



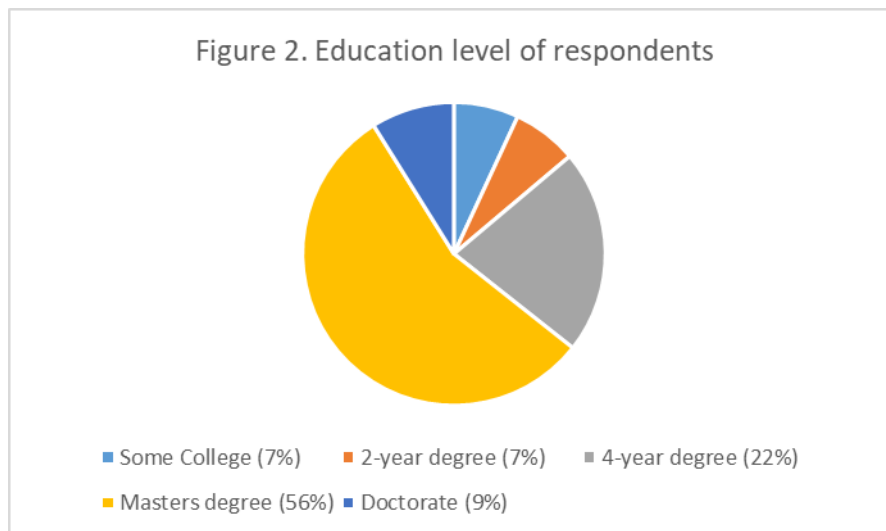
CHARACTERISTICS OF SURVEY RESPONDENTS IN COLORADO

A total of 46 individuals who provide SUD services in Colorado responded to the survey. Among these individuals, 34% were male and 66% were female. Most were White (76%), with 4% Black/African American, 4% American Indian/Alaska Native, 2% Asian, and 11% “other.” Also, 17% identified as Hispanic or Latino/a in addition to one of the other categories.

As reflected in Figure 1, individuals in the age group 40-49 were the largest percentage at 26%, followed by 30-39 (22%), 50 – 59 (20%), 60-69% (20%), 20 – 29 (9%), and 70-79 (4%).

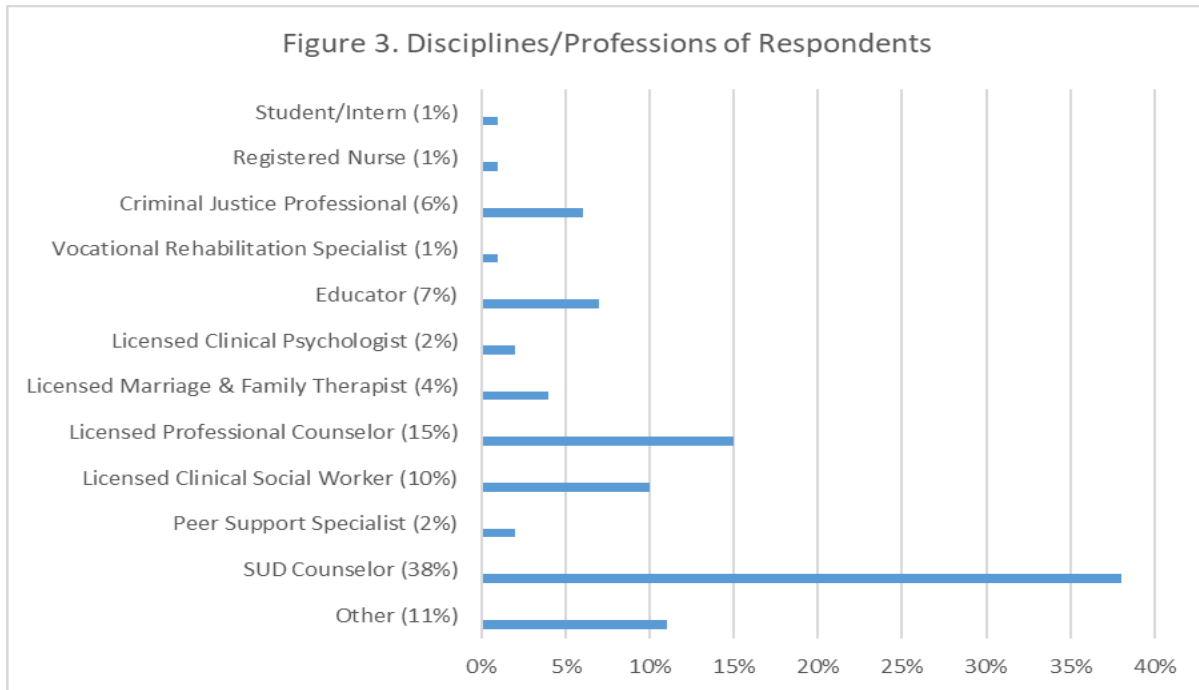


Overall, the respondents were a highly educated group, with 65% having a masters degree or higher and 22% having a 4-year degree. Education levels are shown in Figure 2.





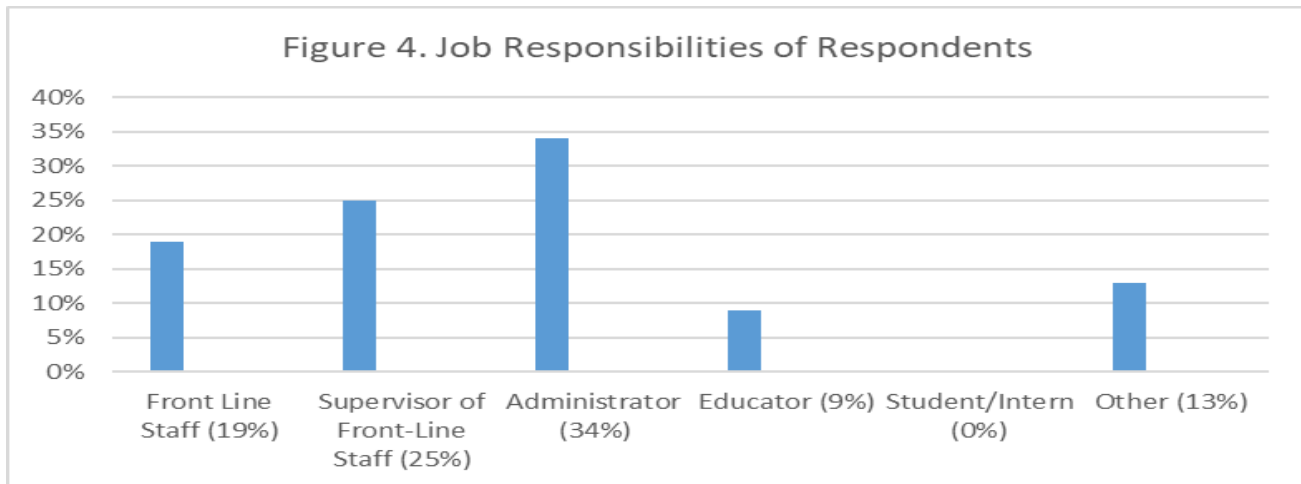
In relation to certification/licensure among providers who responded, 82% indicated they were currently certified and/or licensed in the field of SUD. Disciplines/professions of the respondents are shown here. The largest percentage identified themselves as an SUD counselor (38%). Other disciplines/professions can be found in Figure 3. (Note that respondents were asked to check all that applied, so may be represented in more than one discipline/profession.)





In terms of employment setting, 19% of respondents were currently working at a Community Mental Health Center and 18% described their practice as rural, 42% urban, 31% suburban, and 9% “other,” with several indicating their practices were not isolated to one category, or that they worked at a statewide level. In relation to the Sub-State Planning Area (SSPA) in which they worked, the majority of respondents were in area 2, the Denver Metro Area (56%); with 16% from area 3, the Colorado Springs Area; 16% from area 4, Southeast Colorado; and 13% were from area 1, Northeast Colorado. There were no respondents from areas 5, Western Slope-South; 6, Western Slope-North; or 7, Boulder County.

Respondents were asked to identify their job responsibilities, and they could choose all that applied. The largest majority of respondents identified themselves as administrators (34%), followed by supervisors of front-line staff (25%), and front-line staff (19%), as can be seen in Figure 4. Several respondents chose more than one category, indicating that they wore several hats within their agency.





TRAINING AND TECHNICAL ASSISTANCE NEEDS

Survey respondents were provided with a series of topics and asked to indicate how important they believed it was for them to receive training and/or technical assistance on each of the topics listed. They rated each topic based upon a Likert scale of “Extremely Important” – “Important” – “Neither Important or Unimportant” – “Somewhat Unimportant” – “Completely Unimportant.” The topics presented were based on needs identified by the Mountain Plains ATTC Advisory Board at their December 7, 2017 meeting, as well as topics that Mountain Plains ATTC Co-Directors and Single State Authorities identified as important to include. Figure 5 (on the following page) shows how each of the topics were rated by respondents in Colorado.

If we examine only those topics that were rated “Extremely Important,” the top training/technical assistance topics for Colorado were:

1. Trauma-informed care (73.91%)
2. Co-occurring disorders (60.87%)
3. Prevention of burn-out among staff (60.00%)
4. Clinical supervision, including technology-based clinical supervision (56.52%)

If, however, the ratings of “Extremely Important” and “Important” are combined into one category, the training/technical assistance priorities change somewhat, with strategies to reduce stigma towards individuals with SUD rising to the top:

1. Strategies to reduce stigma toward individuals with SUD (95.65% combined)
2. Support for recovery and crisis stabilization (93.48% combined)
3. Models for MAT technology-based service delivery (93.33% combined)
4. Trauma-informed care (91.30% combined)
4. Co-occurring disorders (91.30% combined)

Thus, approximately 91% - 97% of the respondents in Colorado believed it was either important or extremely important that they receive training and/or technical assistance on these five topics.



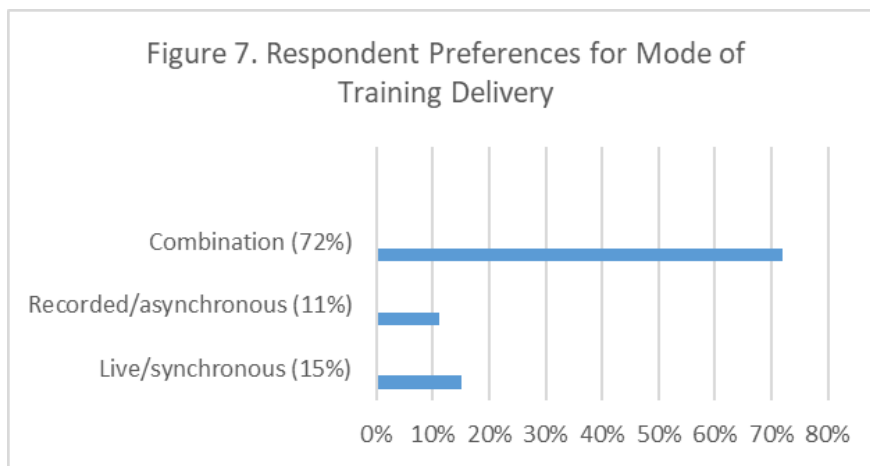
Figure 5. Importance of Training/Technical Assistance Topics, as Rated by Respondents

	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant
Using data to improve business practices and client/patient outcomes	41.30%	39.13%	15.22%	4.35%	0.00%
Treatment approaches that focus on clients'/patients' individual strengths	46.67%	44.44%	6.67%	2.22%	0.00%
Trauma-informed care	73.91%	17.39%	2.17%	4.35%	2.17%
Technology-supported clinical documentation	41.27%	39.13%	17.46%	2.17%	0.00%
Technology skills to deliver assessment, treatment, and recovery services	45.65%	30.43%	19.57%	4.35%	0.00%
Support for recovery and crisis stabilization	47.83%	45.65%	4.35%	2.17%	0.00%
Suicide assessment and prevention	54.35%	30.43%	13.04%	2.17%	0.00%
Strategies to reduce stigma toward individuals with substance use disorders	54.35%	41.30%	2.17%	0.00%	2.17%
Social and environmental factors which affect substance use, treatment, and recovery	43.48%	45.65%	6.52%	4.35%	0.00%
Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	37.78%	40.00%	22.22%	0.00%	0.00%
Skills in the application of Motivational Interviewing	54.35%	26.09%	15.22%	0.00%	4.35%
Recruitment and retention strategies for staff	54.35%	23.91%	15.22%	6.52%	0.00%
Prevention of burn-out among staff	60.00%	26.87%	11.11%	2.22%	0.00%
Peer support specialist training	26.09%	47.83%	19.57%	4.35%	2.17%
Organizational change strategies	30.43%	41.30%	23.91%	2.17%	2.17%
Models of MAT technology-based service delivery	28.89%	42.22%	22.22%	2.22%	4.44%
Medication Assisted Treatment (MAT) for opioid use disorders	35.56%	51.11%	8.89%	2.22%	2.22%
Improving access and client/patient retention in treatment	41.30%	45.65%	8.70%	4.35%	0.00%
Family support models for clients in treatment for substance use disorders	43.48%	45.65%	6.52%	4.35%	0.00%
Ethical issues related to use of technology to deliver client/patient services	46.67%	37.78%	13.33%	2.22%	0.00%
Effectively managing dual relationships (e.g. counselors and clients/patients in small rural communities)	32.61%	50.00%	13.04%	4.35%	0.00%
Co-occurring disorders	60.87%	30.43%	6.52%	2.17%	0.00%
Confidentiality and privacy rules, including HIPAA and 42CFR Part 2	45.65%	32.61%	15.22%	6.52%	0.00%
Clinical supervision, including technology-based clinical supervision	56.52%	23.91%	17.39%	2.17%	0.00%
An integrated care model that promotes the use of interprofessional teams to provide coordinated patient care	47.83%	41.30%	6.52%	4.35%	0.00%
Advancing skills and knowledge in working with diverse populations	51.11%	37.38%	8.89%	2.22%	0.00%
ASAM placement, continued stay and discharge criteria	39.13%	39.13%	19.57%	0.00%	2.17%

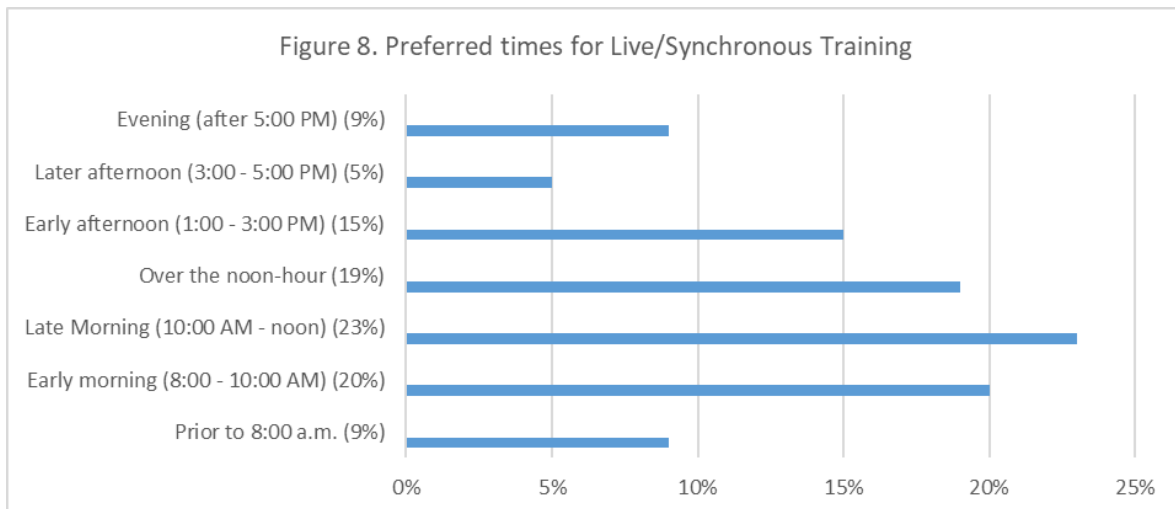


PREFERENCES RELATED TO TRAINING MODALITIES AND TIMES

Mountain Plains ATTC was not only interested in identifying the top training needs among SUD treatment and recovery service providers, but it was also important to identify the best methods and times to deliver trainings and technical assistance in order to maximize attendance. Respondents were asked to indicate which modes of online delivery of trainings they preferred: live (also called synchronous), recorded (also called asynchronous), or a combination of both. It can be seen in Figure 7 that the largest majority of respondents preferred a combination of both live/synchronous and recorded/asynchronous delivery. Several respondents commented that they appreciated the opportunity to view a recorded session, if they were unable to attend the live session.

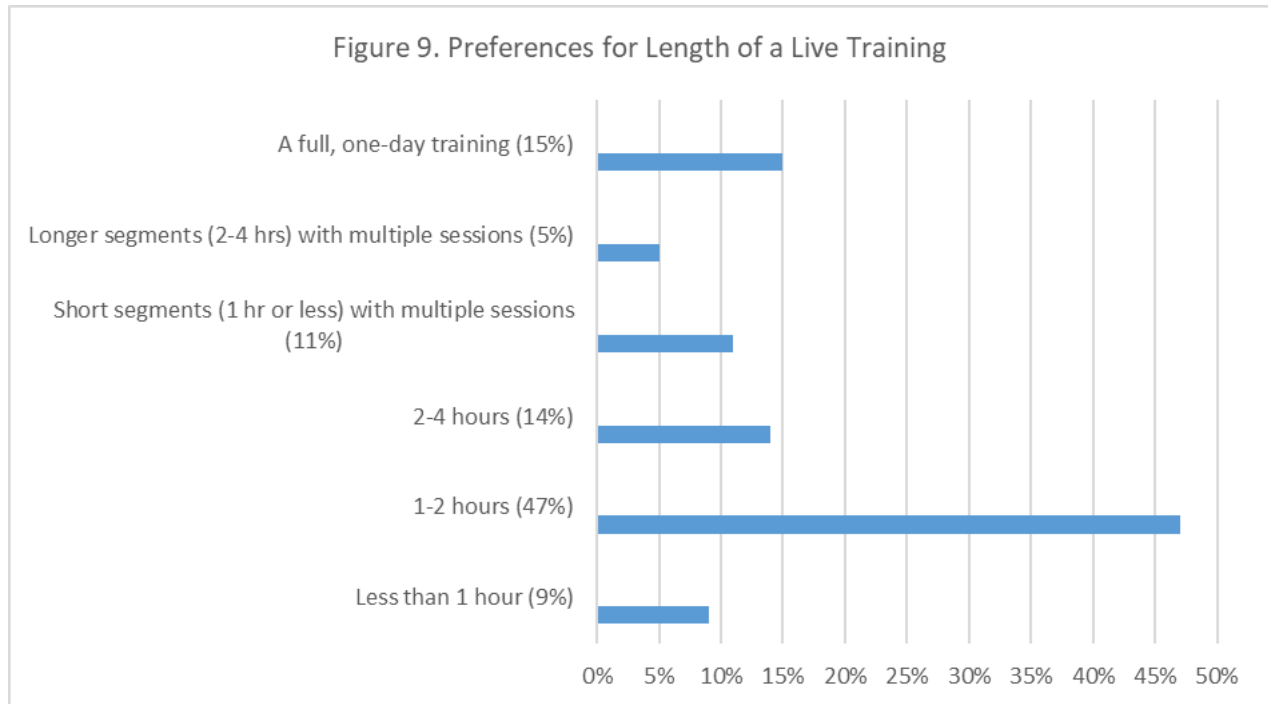


Respondents were also asked to indicate if they were to attend a live/synchronous session, what time of the day would best work for them to be able to attend the training. Figure 8 indicates that the best live training times for respondents in Colorado are not before the workday begins or after 3:00 p.m. Early morning until 3:00 p.m. would be the timeframes that would work best for most respondents.





Respondents were also asked the length of time that works best for them if they were to attend a training. The largest percentage (47%) indicated that one to two hours was the best length of time. Additional responses can be seen in Figure 9.



Lastly, respondents were asked how important it was for them to receive continuing education units (CEUs) for training sessions they planned to attend. This was clearly a priority for the respondents, as 46% indicated it was “extremely important” and another 26% indicated it was “important.” Social Work (SCSW) was the most commonly stated discipline/association in which CEUs were needed, and others included Licensed Addictions Counselor (LAC) and Certified Addictions Counselor (CAC).



USE OF TECHNOLOGY IN SUD TREATMENT AND RECOVERY SERVICES

Regarding respondents’ beliefs and perceptions about the use of technology in relation to SUD treatment and recovery services, a series of statements were listed in the survey and respondents were asked to indicate if they agreed or disagreed with the statement. The scale used to assess this was “Strongly Agree” – “Agree” – “Neither Agree nor Disagree” – “Disagree” – “Strongly Disagree.” Figure 6 presents the findings of those who agreed or strongly agreed with the statement.

Figure 6. Percentage of Respondents who either Strongly Agreed or Agreed with Statements about Technology in relation to SUD treatment and recovery services.

Statement	% who “Strongly Agreed” or “Agreed”
Technology can be a valuable adjunct to in-person care	93.48
Technology can be effective in delivering substance use treatment services	78.26
Technology can be effective in delivering substance use recovery support services	82.66
Technology can be effective in delivering other health-care services	84.78
Substance use treatment delivered via technology can be as effective as face-to-face	34.78
Substance use recovery services via technology can be as effective as face-to-face	39.13
Other health-related services delivered via technology can be as effective as face-to-face	39.13
I am comfortable using technology to deliver services to my clients	48.89

The majority of respondents believed that technology can be an effective adjunct to in-person care and can be effective at delivering both treatment and recovery support services, as well as other healthcare services. However, only about one-third of respondents believed that treatment, recovery, and other health-related services delivered via technology could be as effective as face-to-face. Importantly, close to half (49%) of respondents indicated that they were comfortable using technology to delivery services to their clients. Thus, it is safe to assume that use of technology to deliver SUD treatment and recovery services is, to some extent, being embraced among the respondents to this survey in Colorado.

Participants were also asked to indicate how often they used various types of technologies to enhance their SUD assessment, treatment, and recovery knowledge and skills. The types of modalities used frequently were locating evidence-based sources online (44%), webinars (38%), online learning sites (32%), mobile apps (21%), and recorded trainings online (20%). However, the percentage of respondents who had either never used or had never heard of Skype was 52%, ZOOM (49%), blogs (37%), podcasts (31%) and Echo-like sessions (29%) in relation to enhancing their knowledge and skills.



SUMMARY

Among the 46 individuals in Colorado who responded to the Mountain Plains ATTC survey of SUD treatment and recovery providers, the majority were female and highly educated; most (76%) were White, 17% identified themselves as Hispanic; the largest majority (38%) identified themselves as an SUD counselor; and administrator (39%). The majority (56%) of survey respondents were from the Denver metro-area sub-state planning area.

The top training and technical assistance needs identified as either important or extremely important were: strategies to reduce stigma toward individuals with SUD, support for recovery and crisis stabilization, models for MAT technology-based service delivery, co-occurring disorders, and trauma-informed care.

Overall, respondents preferred to attend trainings that are a combination of live/synchronous and recorded/asynchronous modes of delivery and which are short (1-2 hour) sessions. The best training times for most of the respondents would be between 8:00 a.m. and 3:00 p.m. Any training provided should include the option of receiving CEUs, since 72% of respondents indicated that this had some level of importance to them.

Most of the respondents believed that technology can be an effective adjunct to in-person care, both in terms of treatment and recovery support services, but a much smaller percentage believed that service delivered via technology could be as effective as in-person delivery. Almost half of the respondents indicated they are comfortable using technology to deliver services to their clients and patients.

The survey results are somewhat limited, in that it is unknown how representative this sample of providers is in relation to the entire population of SUD treatment and recovery service providers in the state of Colorado. The response rate to the survey cannot be accurately calculated, as the Mountain Plains ATTC staff were unable to keep a count of how many people were invited to participate. Invitations to participate were sent out through various means: the state SSA's office distributed the invitation to their email list serves, and those invited to participate were encouraged to share the link with others who might be appropriate to complete the survey. Thus, while these were effective recruitment efforts, the actual number of those invited to participate and the agencies they represented is unknown; therefore the response rate is also unknown. It is likely that the recruitment efforts did not reach every Colorado provider who would be appropriate to complete the survey.

Despite these limitations, the data provided by the survey is informative and will help Mountain Plains ATTC coordinate state-specific training and technical assistance efforts within Colorado. It is hoped that the findings can also be used as a tool for discussion with stakeholders in order to gain more information about how inter-agency efforts can be coordinated to meet the training needs of SUD treatment and recovery service providers in the state and region.



Acknowledgements

We would like to thank all those who responded to the survey. The time that you took to complete the survey will help the Mountain Plains ATTC better serve the needs of all those SUD providers in Colorado. Additionally, we are very appreciative of those who assisted with recruitment, particularly staff in the SSA offices, who were instrumental in helping us distribute invitations to participate in the survey. Finally, there were multiple staff members within the Mountain Plains ATTC who made significant contributions to this process: Joyce Hartje, Nancy Roget, and Thomasine Heitkamp, who collaborated with development of the survey and editing of reports, and Susan Mickelson, who formatted the final reports.