



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)
in South Dakota



**South Dakota
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 South Dakota to determine training/technical assistance needs. The survey was distributed to providers in South Dakota using email list serves available through the SSA office and through provider contact lists within the Mountain Plains ATTC database.

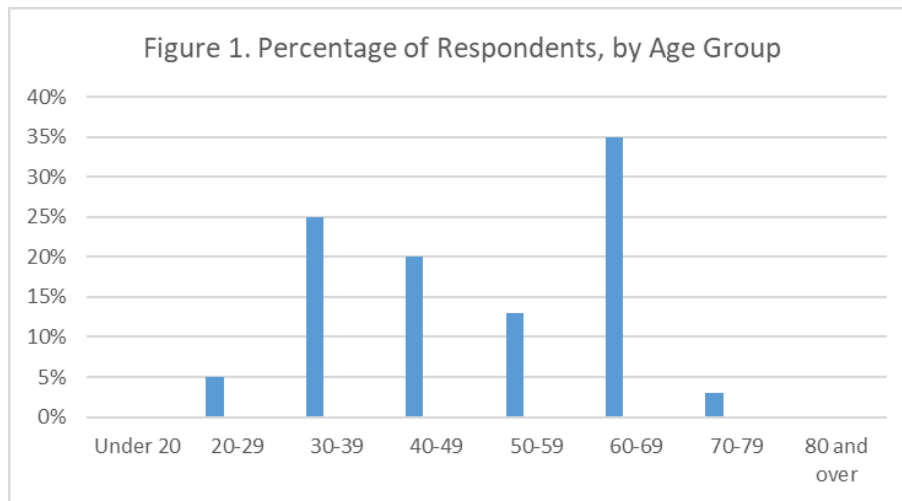
Results from this survey will help Mountain Plains ATTC better collaborate with providers and stakeholders throughout the region in the development of new products, training materials, and technical assistance requests.



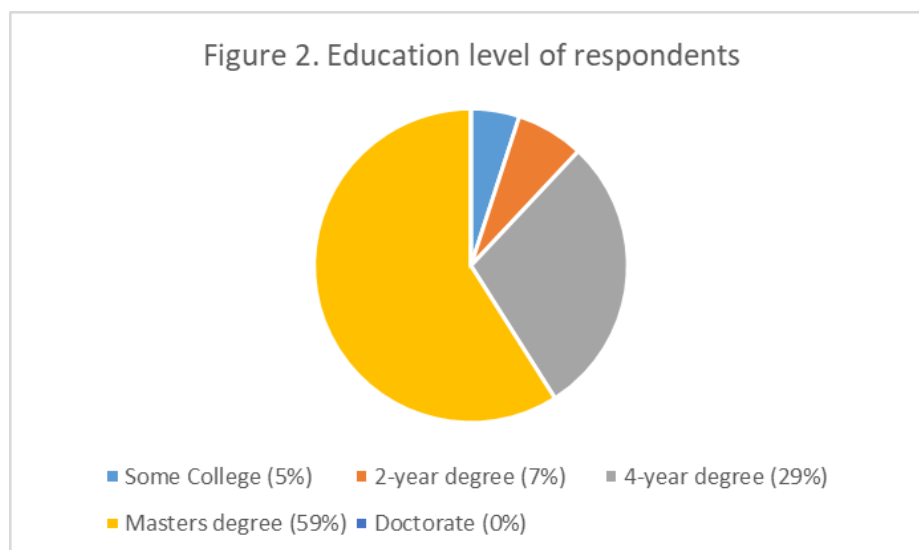
CHARACTERISTICS OF SURVEY RESPONDENTS IN SOUTH DAKOTA

A total of 41 individuals who provide SUD services in South Dakota responded to the survey. Among these individuals, 72.5% were female and 27.5% were male. A total of 98% of the South Dakota respondents identified their race as White, non-Hispanic and 2% identified as Black/African American.

As reflected in Figure 1, individuals in the age group 60-69 made up the largest percentage at 35%, followed by 30 – 39 (25%), 40 – 49 (20%), 50 – 59 (13%), 20 – 29 (5%), and 70 - 79 (3%).

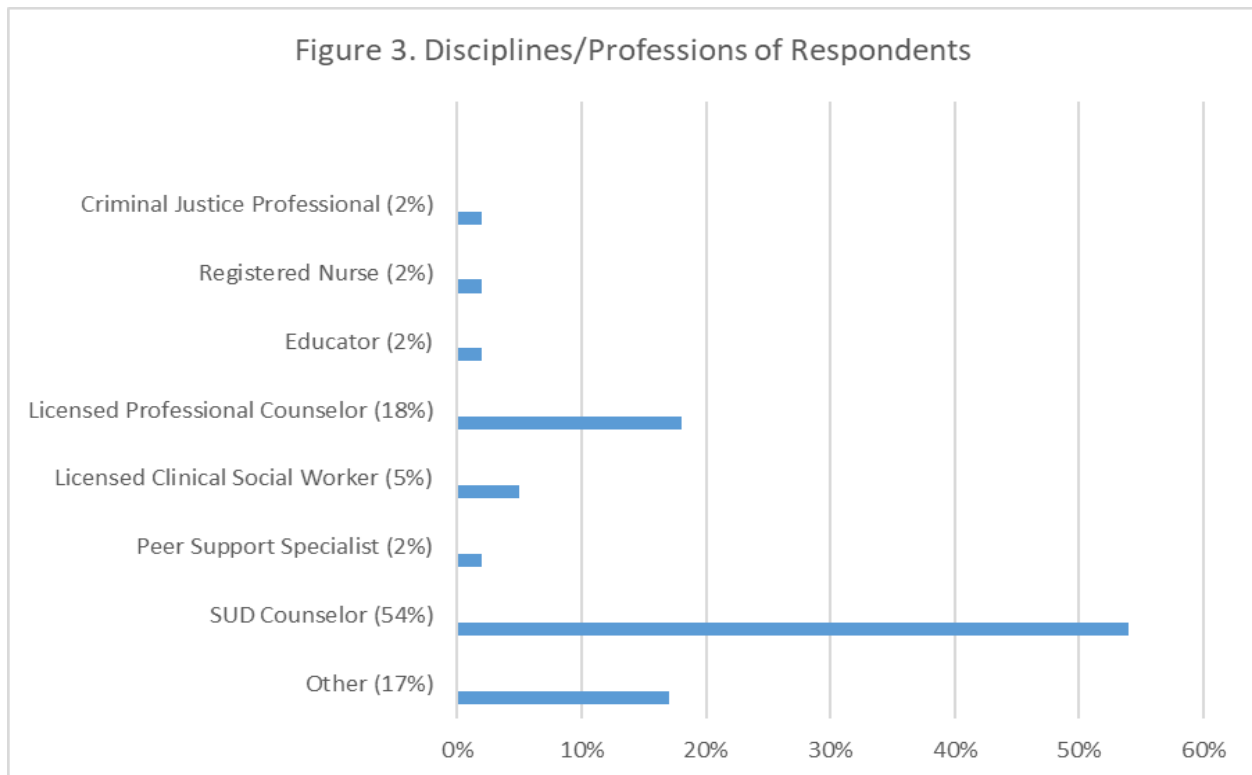


Overall, the respondents were a highly educated group, with 59% having a masters degree or higher and 29% having a 4-year degree. Education levels are shown in Figure 2.





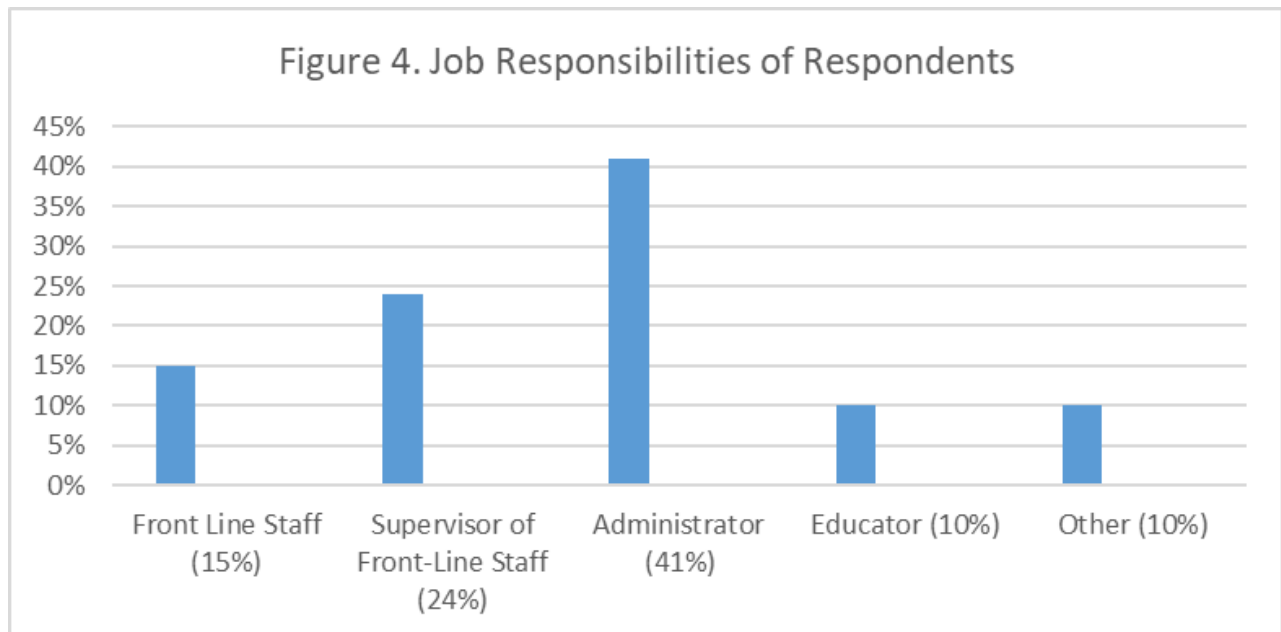
In relation to certification/licensure among providers who responded, 85% indicated they were currently certified and/or licensed in the field of SUD. Disciplines/professions of the respondents are shown here. The largest percentage identified themselves as an SUD counselor (54%). Other disciplines/professions 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, 16% of respondents were currently working at a Community Mental Health Center and 41% described their practice as rural, 44% urban, 13% suburban, and 3% “other,” with several indicating their practices were not isolated to one category.

Respondents were asked to identify their job responsibilities, and they could choose all that applied. The largest majority of respondents identified themselves as administrator (41%), followed by supervisors of front-line staff (24%), and front-line staff (15%), 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 South Dakota.

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

1. Trauma-informed care (60.98%)
2. ASAM placement, continued stay, and discharge criteria (60.00%)
3. Co-occurring disorders (53.66%)
4. Treatment approaches that focus on clients’/patients’ individual strengths (51.22%)
5. Clinical supervision, including technology-based clinical supervision (48.78%)

If, however, the ratings of “Extremely Important” and “Important” are combined into one category, the training/technical assistance priorities change somewhat, although trauma-informed care remains the top identified training/technical assistance need.

1. Trauma-informed care (97.57% combined)
2. Working with diverse populations (95.12% combined)
3. Strategies to reduce stigma toward individuals with SUD (92.5% combined)
4. Support for recovery and crisis stabilization (90.24% combined)
4. Family support models for clients in treatment for SDs (90.24% combined)

Thus, approximately 90% - 98% of the respondents in South Dakota felt it was either important or extremely important that they receive training and/or technical assistance on these five topics.



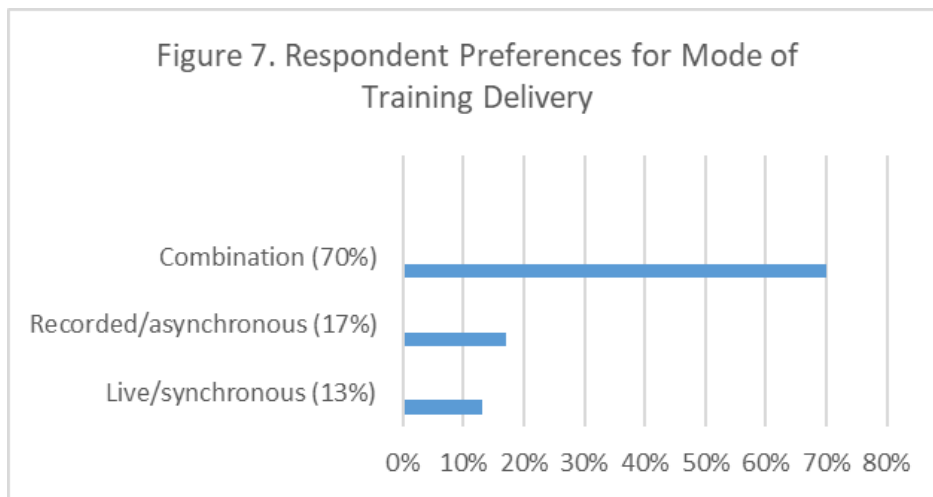
Figure 5. Importance of Training/Technical Assistance Topics, as Rated by Respondents

	Extremely Important	Important	Neither Important or Unimportant	Somewhat Unimportant	Completely Unimportant
Using data to improve business practices and client/patient outcomes	27.5%	40.00%	32.5%	0.00%	0.00%
Treatment approaches that focus on clients'/patients' individual strengths	51.22%	36.59%	12.2%	0.00%	0.00%
Trauma-informed care	60.98%	36.59%	0.00%	2.44%	0.00%
Technology-supported clinical documentation	24.39%	56.10%	14.36%	4.88%	0.00%
Technology skills to deliver assessment, treatment, and recovery services	29.27%	46.34%	21.95%	2.44%	0.00%
Support for recovery and crisis stabilization	39.02%	51.22%	9.76%	0.00%	0.00%
Suicide assessment and prevention	39.02%	39.02%	17.07%	4.88%	0.00%
Strategies to reduce stigma toward individuals with substance use disorders	45.00%	47.5%	2.50%	2.50%	2.50%
Social and environmental factors which affect substance use, treatment, and recovery	41.46%	41.46%	14.63%	2.44%	0.00%
Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	24.39%	41.66%	34.15%	0.00%	0.00%
Skills in the application of Motivational Interviewing	30.16%	52.38%	17.46%	0.00%	2.44%
Recruitment and retention strategies for staff	34.15%	41.46%	24.39%	0.00%	0.00%
Prevention of burn-out among staff	41.46%	43.90%	12.20%	2.44%	0.00%
Peer support specialist training	19.51%	34.15%	34.15%	9.76%	2.44%
Organizational change strategies	14.63%	46.34%	29.27%	7.32%	2.44%
Models of MAT technology-based service delivery	17.07%	39.02%	39.02%	4.88%	0.00%
Medication Assisted Treatment (MAT) for opioid use disorders	34.15%	31.71%	29.27%	2.44%	2.44%
Improving access and client/patient retention in treatment	34.15%	46.34%	19.51%	0.00%	0.00%
Family support models for clients in treatment for substance use disorders	41.46%	48.78%	7.32%	2.44%	0.00%
Ethical issues related to use of technology to deliver client/patient services	46.34%	39.02%	12.20%	2.44%	0.00%
Effectively managing dual relationships (e.g. counselors and clients/patients in small rural communities)	29.71%	46.34%	24.39%	0.00%	0.00%
Co-occurring disorders	53.66%	34.15%	12.20%	0.00%	0.00%
Confidentiality and privacy rules, including HIPAA and 42CFR Part 2	41.46%	39.59%	17.07%	4.88%	0.00%
Clinical supervision, including technology-based clinical supervision	48.78%	39.02%	9.76%	2.44%	0.00%
An integrated care model that promotes the use of interprofessional teams to provide coordinated patient care	34.15%	48.78%	17.07%	0.00%	0.00%
Advancing skills and knowledge in working with diverse populations	43.90%	51.22%	2.44%	2.44%	0.00%
ASAM placement, continued stay and discharge criteria	60.00%	30.00%	7.50%	2.50%	0.00%

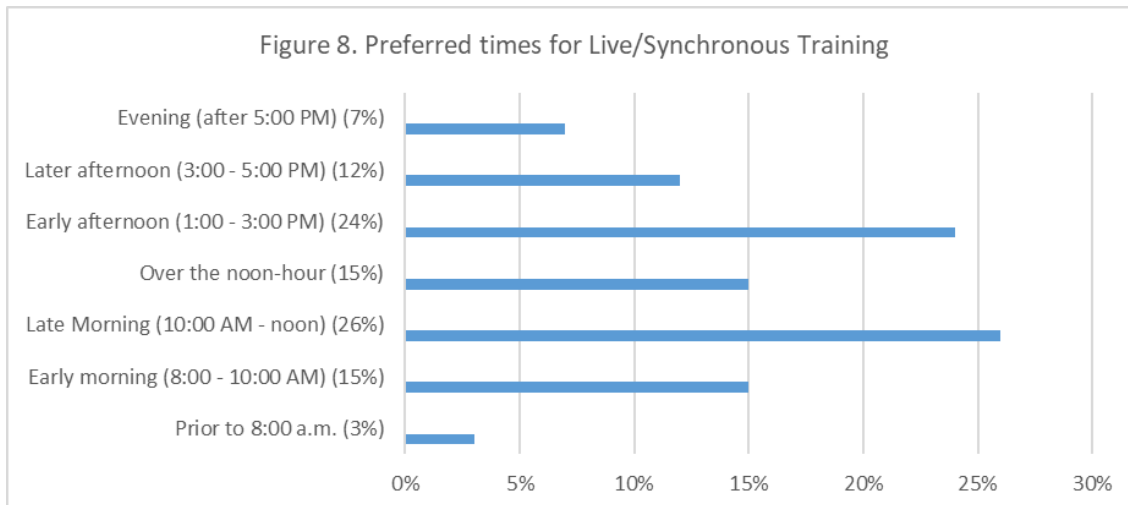


PREFERENCES RELATED TO TRAINING MODALITIES AND TIMES

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 majority of respondents (70%) preferred a combination of both live/synchronous and recorded/asynchronous delivery.

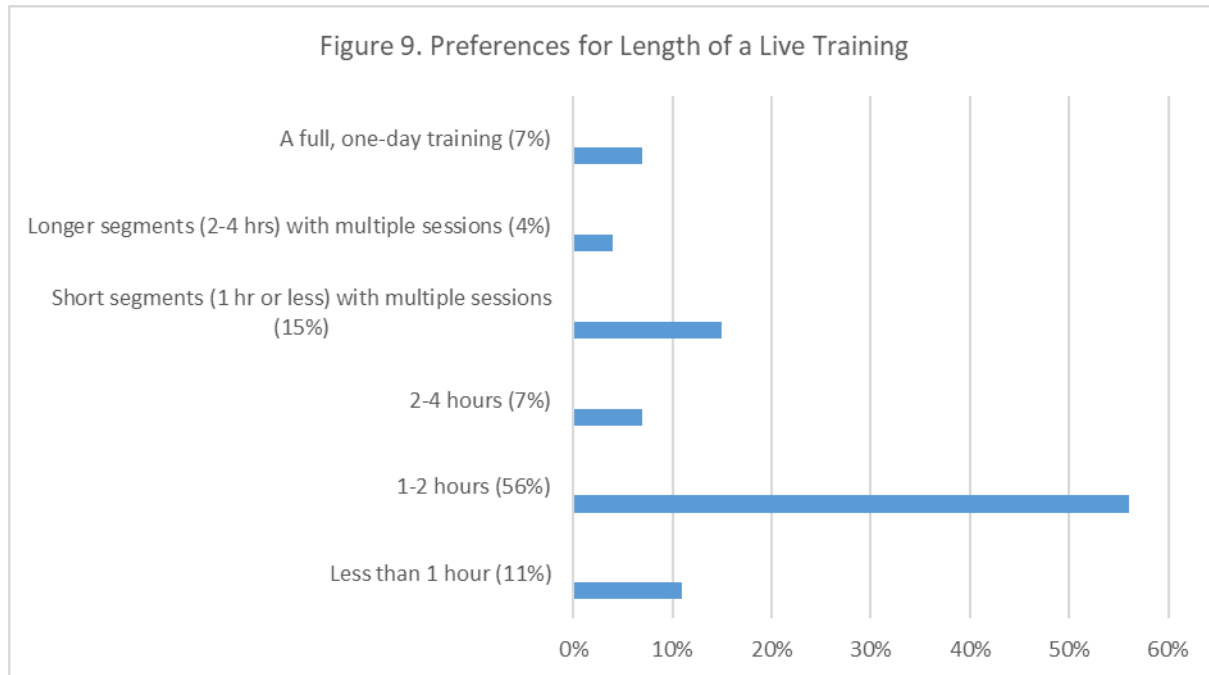


Respondents were also asked to indicate if they were to attend a live/synchronous session, what time of the day would best work for them to be able to attend the training. Figure 8 indicates that the best live training times for respondents in South Dakota is late mornings (26%) or early afternoons (24%).





Respondents were also asked the length of time that works best for them if they were to attend a training. The largest percentage (51%) 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 75% indicated it was “extremely important” and another 25% indicated it was “important.” Licensed Addictions Counselors (LAC) and Licensed Professional Clinical Counselors (LPCC) were the most commonly stated disciplines/associations in which CEUs were needed, but others included social work and psychology/APA.



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 statements.

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	68.29
Technology can be effective in delivering substance use treatment services	42.50
Technology can be effective in delivering substance use recovery support services	67.50
Technology can be effective in delivering other health-care services	62.50
Substance use treatment delivered via technology can be as effective as face-to-face	35.00
Substance use recovery services via technology can be as effective as face-to-face	45.00
Other health-related services delivered via technology can be as effective as face-to-face	45.00
I am comfortable using technology to delivery services to my clients	43.90

The majority of respondents believed that technology can be an effective adjunct to in-person care. A greater percentage believed that technology could be effective in delivering recovery support services over treatment services. The same percentage (45%) of respondents believed that treatment delivered via technology was as effective as face-to-face, for both substance use recovery services and other types of health-related services. A smaller percentage (35%) believed it could be as effective as face-to-face for substance use treatment. Importantly, close to half (44%) of respondents indicated that they were comfortable using technology to deliver 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 the survey in South Dakota.

Participants were also asked to indicate how often they used various types of technology to enhance their SUD assessment, treatment, and recovery knowledge and skills. The types of modalities used frequently were webinars (32%) and locating evidence-based sources online (26%). However, 59% of respondents had either never used or had never heard of Skype, Zoom (63%), Blogs (63%), Podcasts (56%), and Echo-like sessions (87%) in relation to enhancing their knowledge and skills.



SUMMARY

Among the 41 individuals in South Dakota who responded to the Mountain Plains ATTC survey of SUD treatment and recovery providers, the majority were female and highly educated, most were White, non-Hispanic, and more than half identified themselves as an SUD counselor; most of whom were administrators. The top training needs identified as either important or extremely important were: trauma-informed care, working with diverse populations, strategies to reduce stigma toward individuals with SUD, support for recovery and crisis stabilization, and family support models for clients in treatment for SUDs.

Overall, respondents preferred to attend trainings that are a combination of live/synchronous and recorded/asynchronous modes of delivery. The best training times for most of the respondents would be late morning or early afternoon. Any training provided should include the option of receiving CEUs, since 100% 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, particularly in relation to recovery support services. 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 South Dakota. 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 is unknown; therefore the response rate is also unknown. It is likely that the recruitment efforts did not reach every South Dakota 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 South Dakota. 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 South Dakota. 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.