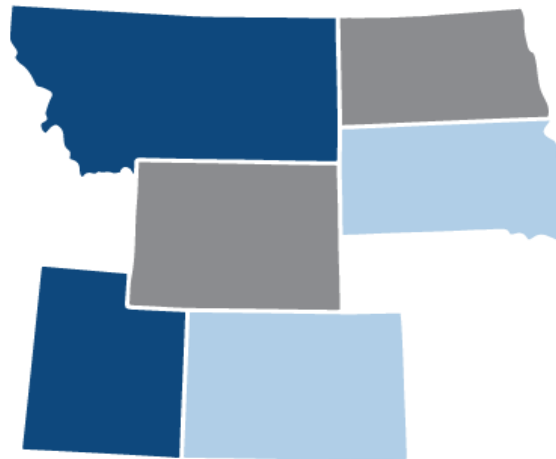**Mountain Plains ATTC** (HHS Region 8)

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 Region 8

Colorado, Montana, North Dakota
South Dakota, Utah, Wyoming

Region 8 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 the region, Mountain Plains ATTC conducted a survey of SUD services in Region 8, which includes the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming, to determine training/technical assistance needs. The survey was distributed using email list serves available through the Single State Authority (SSA) offices and through provider contact lists within the Mountain Plains ATTC database.

This report provides findings from all providers in Region 8 who responded to the survey. Additional state reports were developed, and are available, for each of the six states in Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming,.

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.

Mountain Plains ATTC (HHS Region 8)

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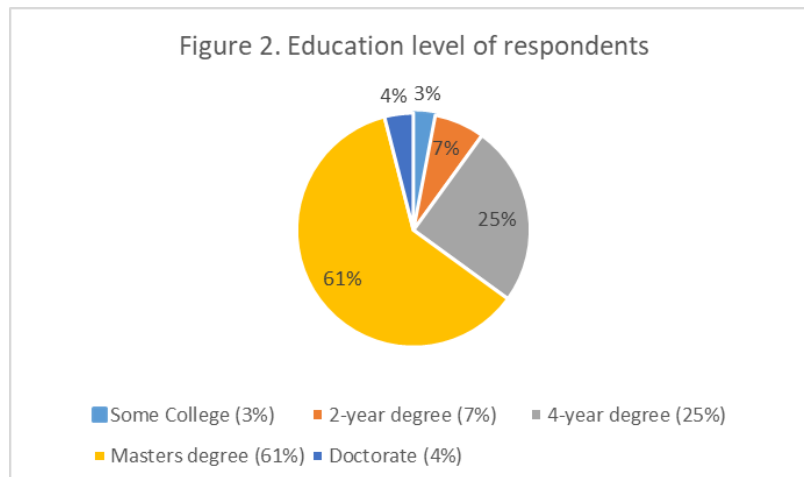Funded by Substance Abuse and Mental Health Services Administration

CHARACTERISTICS OF SURVEY RESPONDENTS IN REGION 8

A total of 260 individuals who provide SUD services in Region 8 responded to the survey. All six states were represented in the total respondents, with 63 from North Dakota (25% of total respondents), 46 from Colorado (18%), 41 from South Dakota (16%), 36 from Montana (14%), 33 from Utah (13%), and 32 from Wyoming (13%). (It should be noted that not all respondents replied to this question.)

Among the respondents, 73% were female and 27% were male. In relation to race of the respondents, the majority (86%) identified as White, 6% as American Indian or Alaskan Native, 1% Black or African American, 1% Asian, 2% multiracial, and 3% as "Other." In addition, 5% identified as Hispanic or Latino/a along with one of the other categories. As reflected in Figure 1, individuals in the age group 50-59 made up the largest percentage at 26%, followed by 40-49 (23%) and 30-39 (21%), 60-69 (21%), 20-29 (6%), and 70-79 (2%).


Figure 1. Percentage of Respondents, by Age Group
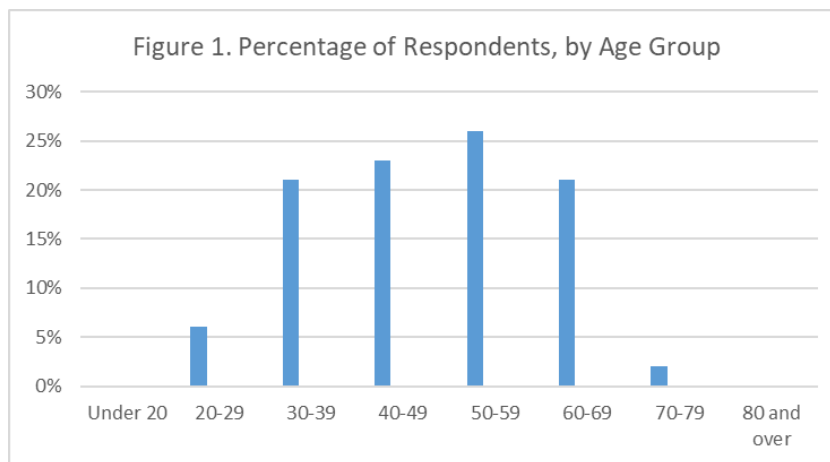
Overall, the respondents were a highly educated group, with 65% having a masters degree or higher and 25% having a 4-year degree. Education levels are shown in Figure 2.

Figure 2. Education level of respondents

Some College (3%) 2-year degree (7%) 4-year degree (25%)
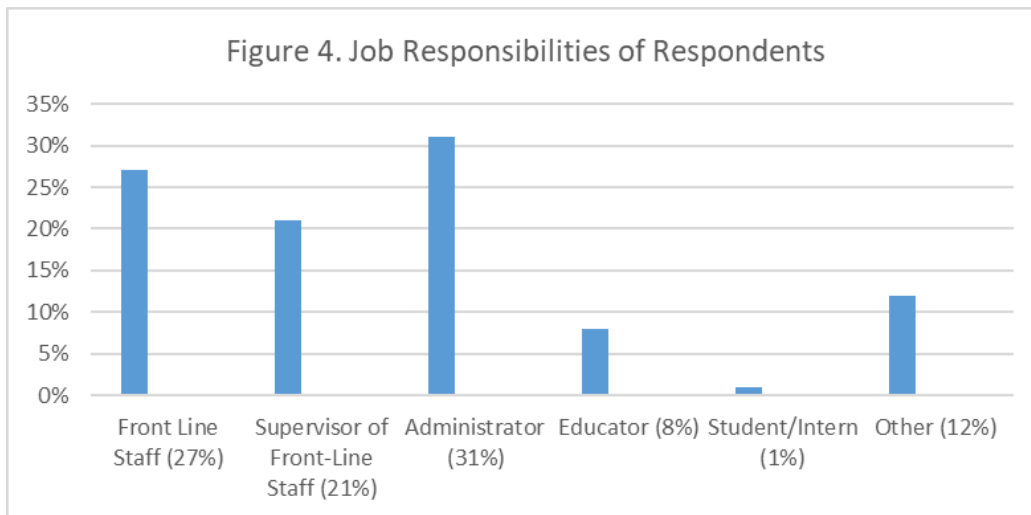Masters degree (61%) Doctorate (4%)

In relation to certification/licensure among providers who responded, 83% 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 (42%). Other disciplines/professions can be found in Figure 3. (Note that respondents were asked to check all that applied, so they may be represented in more than one discipline/profession.)

Figure 3. Disciplines/Professions of Respondents
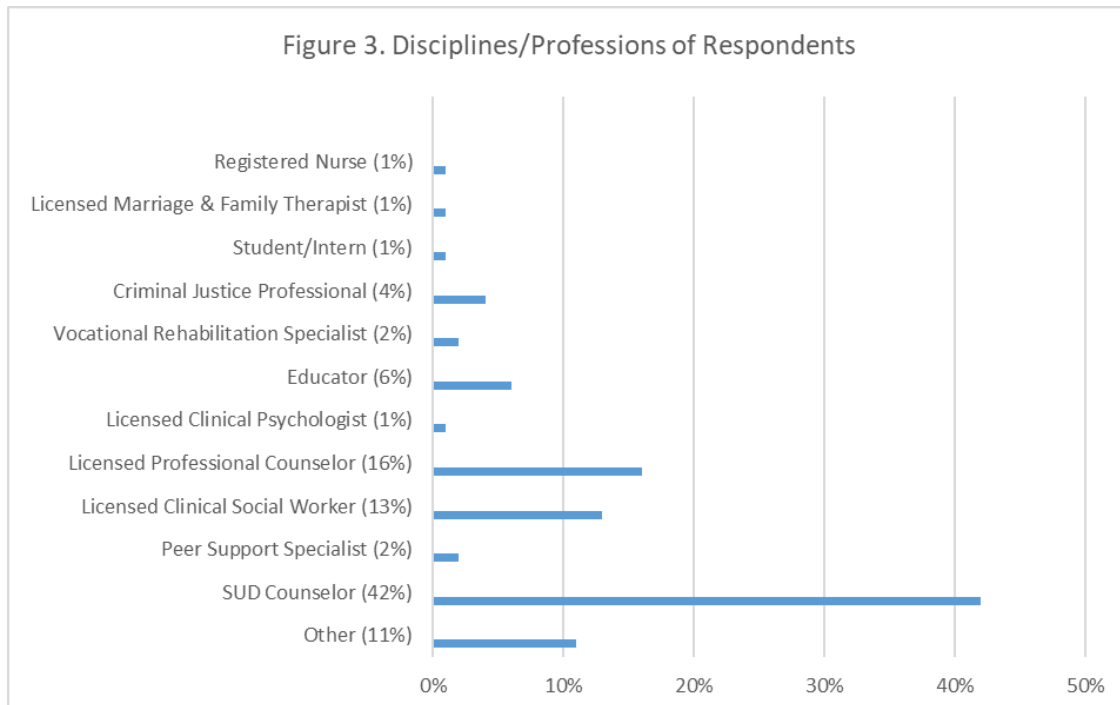
In terms of employment setting, respondents were asked to indicate if they were currently working in a facility with the designation of a Community Mental Health Center, and 31% reported they were. Additionally, 37% described their practice as rural, 36% urban, 18% suburban, and 9% "other," with several indicating their practices were not isolated to one category, and some indicating they worked in corrections or reservation communities.

Respondents were asked to identify their job responsibilities, and they could choose all that applied. The largest majority of respondents identified themselves as an administrator (31%), followed by front-line staff (27%), and supervisors of front-line staff (21%),as can be seen in Figure 4 below. Several respondents chose more than one category, indicating they wore several hats within their agency.

Figure 4. Job Responsibilities of Respondents

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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 for 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 felt were important. Figure 5 (on the following page) shows how each of the topics were rated by respondents in Region 8.

If we examine only those topics that were rated "Extremely Important," the top training/technical assistance topics for Region 8 were:

1. Trauma-informed care (68.08%)
2. Co-occurring disorders (60.38%)
3. Prevention of burn-out among staff (53.49%)
4. ASAM placement, continued stay and discharge criteria (50.78%)
5. Treatment approaches that focus on clients'/patients' individual strengths (50.58%)

If, however, the ratings of "Extremely Important" and "Important" are combined into one category, the training/technical assistance priorities change somewhat, but trauma-informed care and co-occurring disorders remain the top two identified needs.

1. Trauma-informed care (95.39% combined)
2. Co-occurring disorders (93.07% combined)
3. Support for recovery and crisis stabilization (91.12% combined)
4. (Tied) Strategies to reduce stigma toward individuals with SUDs (90.38% combined)
4. (Tied) Suicide assessment and prevention (90.38% combined)

Thus, approximately 90% - 95% of the respondents in Region 8 believed it was either important or extremely important that they receive training and/or technical assistance on these five topics.

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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	30.12%	46.72%	20.46%	2.32%	0.39%
Treatment approaches that focus on clients'/patients' individual strengths	50.58%	39.38%	8.49%	1.16%	0.39%
Trauma-informed care	68.08%	27.31%	1.92%	1.92%	0.77%
Technology-supported clinical documentation	36.05%	39.15%	21.32%	3.10%	0.39%
Technology skills to deliver assessment, treatment, and recovery services	33.20%	45.56%	17.76%	3.09%	0.39%
Support for recovery and crisis stabilization	47.10%	44.02%	6.56%	1.54%	0.77%
Suicide assessment and prevention	48.46%	41.92%	7.31%	1.92%	0.38%
Strategies to reduce stigma toward individuals with substance use disorders	50.00%	40.38%	5.77%	2.69%	1.15%
Social and environmental factors which affect substance use, treatment, and recovery	45.95%	43.68%	8.11%	2.32%	0.00%
Skills in the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	28.29%	43.41%	22.48%	4.65%	1.16%
Skills in the application of Motivational Interviewing	38.08%	45.77%	13.85%	1.15%	1.15%
Recruitment and retention strategies for staff	40.93%	34.75%	18.92%	3.86%	1.54%
Prevention of burn-out among staff	53.49%	32.56%	11.24%	1.94%	0.78%
Peer support specialist training	25.48%	40.93%	24.71%	7.34%	1.54%
Organizational change strategies	27.31%	41.92%	25.38%	3.84%	1.54%
Models of MAT technology-based service delivery	27.63%	41.63%	24.90%	4.28%	1.56%
Medication Assisted Treatment (MAT) for opioid use disorders	38.61%	42.86%	14.67%	2.70%	1.16%
Improving access and client/patient retention in treatment	42.64%	41.47%	12.40%	3.10%	0.39%
Family support models for clients in treatment for substance use disorders	46.33%	42.47%	8.88%	2.32%	0.00%
Ethical issues related to use of technology to deliver client/patient services	40.93%	41.70%	14.29%	3.09%	0.00%
Effectively managing dual relationships (e.g. counselors and clients/patients in small rural communities)	40.38%	36.92%	18.08%	4.23%	0.38%
Co-occurring disorders	60.38%	32.69%	6.15%	0.38%	0.38%
Confidentiality and privacy rules, including HIPAA and 42CFR Part 2	36.92%	40.77%	17.31%	4.23%	0.77%
Clinical supervision, including technology-based clinical supervision	46.54%	33.46%	18.08%	1.92%	0.00%
An integrated care model that promotes the use of interprofessional teams to provide coordinated patient care	43.85%	43.08%	10.00%	2.69%	0.38%
Advancing skills and knowledge in working with diverse populations	44.02%	44.40%	8.02%	2.70%	0.39%
ASAM placement, continued stay and discharge criteria	50.78%	35.27%	12.02%	1.16%	0.78%

When the top training/technical assistance needs were broken down by state, similar topics rose to the top across states in the region. The following are the top training/technical assistance needs identified by individual states, with "Extremely Important" or "Important" ratings combined.

Colorado

1. Strategies to reduce stigma toward individuals with SUD (95.65% combined)
2. Support for recovery and crisis stabilization (93.45% combined)
3. Models for MAT technology-based service delivery (93.33% combined)

Montana

1. Trauma-informed care (100% combined)
2. (Tied) Co-occurring disorders (97.22% combined)
2. (Tied) Suicide assessment and prevention (97.22% combined)
2. (Tied) Family support models for clients in treatment for SUDs (97.22% combined)

North Dakota

1. Suicide assessment and prevention (96.83% combined)
2. (Tied) Trauma-informed care (95.24% combined)
2. (Tied) Co-occurring disorders (95.24% combined)

South Dakota

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)

Utah

1. (Tied) Trauma-informed care (93.94% combined)
1. (Tied) Suicide assessment and prevention (93.34% combined)
2. (Tied) Co-occurring disorders (90.91% combined)
3. (Tied) Treatment approaches that focus on clients'/patients' individual strengths (90.91% combined)
3. (Tied) Skills in the application of Motivational Interviewing (90.90% combined)

Wyoming

1. (Tied) Trauma-informed care (96.88% combined)
1. (Tied) Co-occurring disorders (96.88% combined)
3. ASAM placement, continued stay and discharge criteria (93.76% combined)

Thus, similarities among some of the priority topics can be seen at both the regional and individual states levels. The topics of trauma-informed care and suicide assessment and prevention were not only the top two training/technical assistance topics identified at the region-wide level, but trauma-informed care was in the top three topics identified in five of the states, and co-occurring disorders was in the top three topics for four of the states.

PREFERENCES RELATED TO TRAINING MODALITIES AND TIMES

Mountain Plains ATTC was not only interested in identifying the top training/technical assistance 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 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 (66%) preferred a combination of both live/synchronous and recorded/asynchronous delivery. Comments from respondents indicated that they appreciated the ability to interact in live/synchronous sessions, but that recorded sessions allowed for more flexibility in time and scheduling.

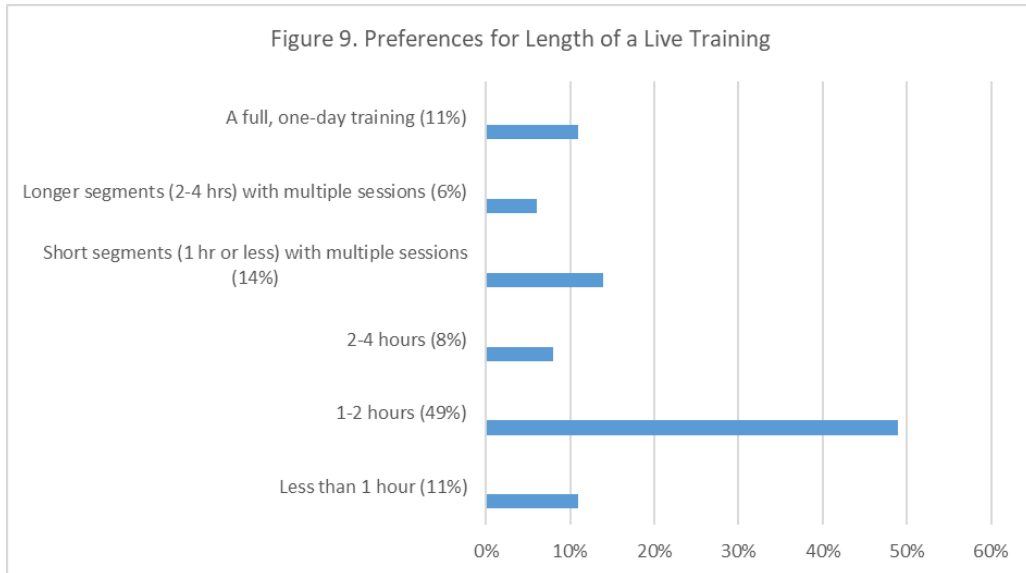Figure 7. Respondent Preferences for Mode of Training Delivery
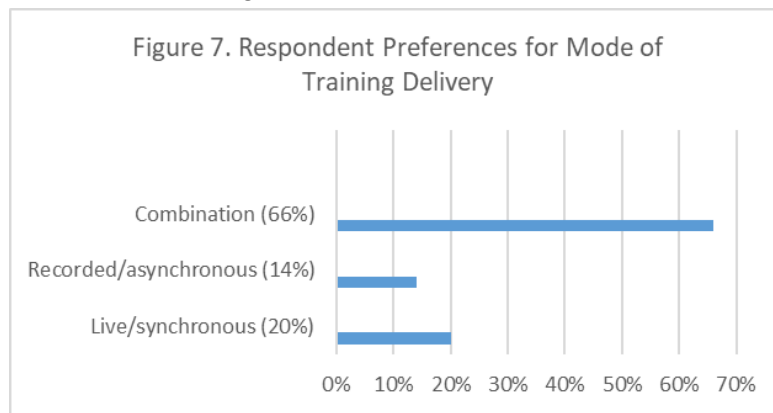
Respondents were also asked to indicate if they were to attend a live/synchronous session, what time of the day would best work for them to be able to attend the training, and they could choose more than one response. Figure 8 indicates that the best live training times for respondents in Region 8 are not before 8:00 a.m. or evenings after 3:00 p.m. Live sessions between 8:00 a.m. and 3:00 p.m. are likely to get the most attendance, although several respondents indicated in their comments that their availability would depend upon the particular day.

Figure 8. Preferred times for Live/Synchronous Training
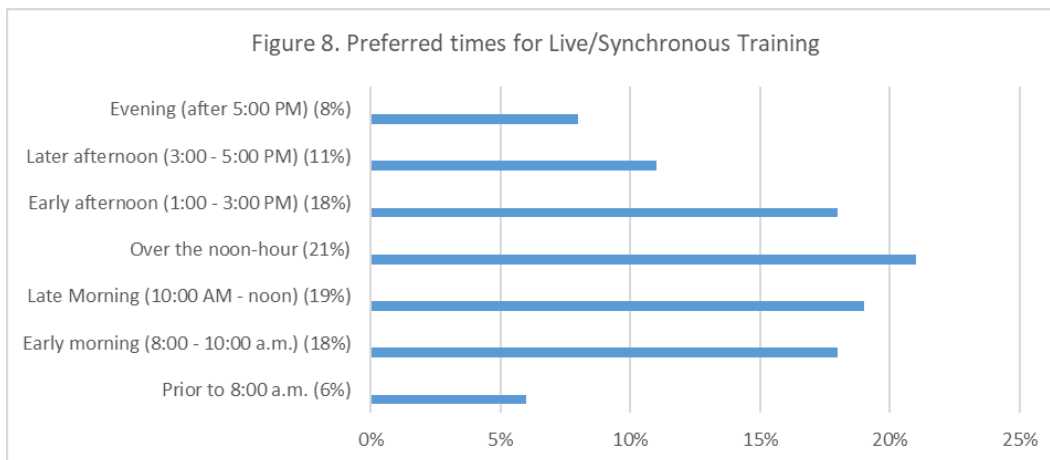
Respondents were also asked to indicate the length of time that worked best for them if they were to attend a training. The largest percentage (49%) indicated that one to two hours was the best length of time. Additional responses can be seen in Figure 9.

Figure 9. Preferences for Length of a Live Training

Category	Percentage
A full, one-day training (11%)	11%
Longer segments (2-4 hrs) with multiple sessions (6%)	6%
Short segments (1 hr or less) with multiple sessions (14%)	14%
2-4 hours (8%)	8%
1-2 hours (49%)	49%
Less than 1 hour (11%)	11%

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 65% indicated it was "extremely important" and another 27% indicated it was "important." Licensed Addictions Counselors (LAC) and Licensed Professional Counselors (LPC) were the most commonly stated disciplines/associations in which CEUs were needed, but others most frequently mentioned were social work/LCSW 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 providing 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 summarizes the percentage of respondents who either strongly agreed or agreed with the 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	86.40
Technology can be effective in delivering substance use treatment services	73.71
Technology can be effective in delivering substance use recovery support services	82.80
Technology can be effective in delivering other health-care services	80.47
Substance use treatment delivered via technology can be as effective as face-to-face	37.85
Substance use recovery services via technology can be as effective as face-to-face	44.18
Other health-related services delivered via technology can be as effective as face-to-face	44.62
I am comfortable using technology to delivery services to my clients	49.80

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, less than half believed the services delivered via technology could be as effective as face-to-face services. Several commented that they believed face-to-face contact was necessary to establish a therapeutic relationship and that technology can "interfere with the personal interaction important in treatment." Importantly, only about half of respondents indicated that they were comfortable using technology to deliver services to their clients, and several respondents commented that they had never used technology to deliver services. Thus, it is possible that if respondents' comfort level with use of technology to deliver services were to improve, their perceptions and beliefs about the effectiveness of the services might also change.

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 (38%), webinars (34%), recorded trainings online (26%), and online learning websites (25%). However, the percentage of respondents had either never used or had never heard of Skype was 56%, Zoom (63%), Blogs (49%), Podcasts (40%), and Echo-like sessions (72%), in relation to enhancing their knowledge and skills. A few respondents did comment that their ability to use some types of technologies was restricted because of security policies within their organizations.

SUMMARY

Among the 260 individuals in Region 8 who responded to the Mountain Plains ATTC survey of SUD treatment and recovery providers, the majority were female, highly educated, White, non-Hispanic, with the largest percentage identifying themselves as an SUD counselor. Most were either admin-istrators, front-line staff, or supervisors of front-line staff. The top training/technical assistance needs identified as either important or extremely important were: trauma-informed care, co-occurring disorders, support for recovery and crisis stabilization, suicide assessment and prevention, and strategies to reduce stigma toward individuals with substance use disorders.

Overall, respondents preferred to attend trainings that are a combination of live/synchronous and recorded/asynchronous modes of delivery that are one to two hours in length. 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 92% 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. However, less than half believed that delivery of treatment, recovery, other health-related services via technology could be as effective as face-to-face delivery. Only half of the respondents indicated they were comfortable using technology to delivery services to their clients and patients. Further, while many of the respondents frequently used technology resources such as webinars, locating evidence based resources online, recorded trainings online, and online learning websites to enhance their knowledge and skills, other platforms such as Skype, Zoom, podcasts, blogs, and ECHO-like sessions were not widely used by most. Clearly, training and technical assistance could be enhanced not only in terms of what technology formats and resources are available and how to use them effectively to increase provider knowledge and skills, but also to enhance delivery of their treatment and recovery services.

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 Region 8. 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, invitations were sent to contacts within the Mountain Plains ATTC databases, the invitation and link were posted on the MPATTC website home-page, 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 and the agencies they represented is unknown; therefore, the response rate is also unknown. It is likely possible that the recruitment efforts did not reach every Region 8 provider who would be appropriate to complete the survey.

Despite these limitations, the data provided by the survey presents an overall picture of the training and technical assistance needs within Region 8 as a whole and will help Mountain Plains ATTC coordinate training and technical assistance efforts. Individual state reports (available for all six states within the region) will also help target training and technical assistance to meet state specific needs, with the collaboration and coordination of each state's SSA office. It is hoped that the findings can also be used as a tool for discussion with region-wide stakeholders in order to gain more information about how inter-agency efforts can be coordinated to meet the training and technical assistance needs of SUD treatment and recovery service providers in the states and the 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 Region 8. 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.