



New England Prevention Technology Transfer Center Annual Report: Year Two

November
2020

Substance use is a complex concern for communities and practitioners alike throughout New England. Addressing the risk and protective factors related to substance use takes time, coordination from diverse stakeholders, and persistence to make change.

In October 2018, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded AdCare Educational Institute of Maine, Inc. (AdCare Maine) the five-year cooperative agreement for the New England Prevention Technology Transfer Center (New England PTTC). In turn, AdCare Maine contracted with the Co-occurring Collaborative Serving Maine (CCSME) to provide program support and distance learning. AdCare Maine also contracted with Public Consulting Group, Inc. (PCG), an external evaluator, to conduct an initial needs assessment regarding training and technical assistance for prevention professionals and to support the project with ongoing quarterly and annual reporting for the five-year grant.

The goal of the New England PTTC is to improve the delivery of effective substance use prevention training and technical assistance services to professionals throughout New England working in the substance use prevention field.

The New England PTTC had two overarching goals for Year Two to increase capacity of the regional prevention professional workforce to use:

- ❖ prevention research to prevent and reduce substance use disorders, and
- ❖ core prevention skill sets in the prevention of substance use disorders.

This report reflects the efforts of the New England PTTC in Year Two of the grant, *i.e.*, between September 30, 2019 and September 29, 2020.



Year Two did not go as initially planned; however, it was full of accomplishment. Coronavirus Disease 2019 (COVID-19) had a substantial effect on Year Two programming with the conversion of many in-person meetings, conferences, and networking opportunities to digital platforms outside the office. **Despite challenges, the New England PTTC met both goals and all corresponding objectives outlined for Year Two.**



New England (HHS Region 1)

PTTC

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



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Key Findings

The evaluation consisted of two components: a process evaluation and an outcome evaluation. The process component was employed to gain a robust understanding of what was successful or challenging for the New England PTTC in implementing training and technical assistance, and why. The outcome evaluation outlined the short-term, intermediate- and long-term evaluation questions relating to prevention training and technical assistance outputs and long-term impacts on consumption, consequence, and intervening variable measures linked to substance use.

Process Evaluation

The New England PTTC was largely successful in meeting all objectives in Year Two.

The needs assessment was utilized to build workforce capacity and enhance the center's capacity to strategically coordinate and plan efforts with other TTC network and regional partners to create high-quality products. These efforts served to support capacity-building of the workforce.

Goal & Objectives	Outcomes	Objective Met?
Goal 1 – Increase the capacity of the regional prevention professional workforce to use prevention research to prevent and reduce substance use disorders.		
Objective 1.1 – Formed alliances (partnerships) with a minimum of four additional prevention researchers/content experts.	20+ connections made with TTC network evaluators	✓
Objective 1.6 – A minimum of four prevention research-based technical assistance tools and/or resources will be developed and released to the New England prevention field.	4 tools developed	✓
Goal 2 – Increase the capacity of the regional prevention professional workforce to utilize core prevention skill sets in the prevention of substance use disorders.		
Objective 2.3 – Increased the number of individuals signed up to the New England PTTC E-mail list by 250, in ongoing efforts to increase awareness of the PTTC and PTTC network	Added 1,728 organic subscribers to list serv	✓

COVID-19 Impact

In April 2020, PCG developed an impact survey to gauge the transition of New England prevention professionals from in-person to a work-from-home environment caused by COVID-19, as well as related challenges and training or technical assistance needs. There were 144 respondents, and most (92%) indicated that they were able to work from home during this time.

More than 30 percent of respondents indicated that their biggest challenge during this time was that work required face-to-face interactions with clients, or they were unable to connect with stakeholders or partners. More than one quarter also struggled with mental and emotional stress related to COVID-19 and being able to meet work deliverables. Despite these challenges, respondents indicated a strong desire to use this time at home to participate in training and networking opportunities. More than 80 percent of respondents indicated they would be interested in webinars, 60 percent in coffee-break discussions, and 40 percent in resource guide materials.

Similar to the Year One needs assessment, the COVID-19 impact survey emphasized the needs for training and technical assistance to address interpersonal relationship skills and mental health.



It also **highlighted the need** for:

- increased technological support with converting business practice to virtual platforms and identifying virtual strategies,
- bite-sized prevention content that could be shared across medium,
- mental health-related information,
- continued opportunities for professional networking, and
- additional training for information dissemination, stress management, and partner engagement.

Key Findings (Continued)

Outcome Evaluation

In Year Two, the New England PTTC provided 97 trainings and technical assistance opportunities, encompassing 76 unique training topics with 4,138 recorded attendees.

SAMHSA's Government Performance and Results Act (GPRA) surveys were used to collect data from attendees. In total, 2,229 post-survey GPRAs were received. **While this is a 53 percent response rate for training attendees, the New England PTTC exceeded the original goal of serving 1,500 professionals by 150 percent.**

Despite concerns of low response rates, the New England PTTC proved to be successful in meeting outcomes for Year Two.

Goal & Objectives	Outcomes	Objective Met?
Goal 1 – Increase the capacity of the regional prevention professional workforce to use prevention research to prevent and reduce substance use disorders.		
Objective 1.2 – Trainers will have provided training to a minimum of 1,500 New England prevention professionals and stakeholders in focus areas identified in outreach to New England prevention stakeholders and through the New England training needs assessment.	2,229 post-survey GPRAs received from all trainings	✓
Objective 1.3 – Trainers will have provided marijuana and vaping risk education training and technical assistance services to a minimum of 300 New England prevention professionals and stakeholders.	384 post-survey GPRAs received from training participants	✓
Objective 1.4 – Trainers will have provided distance learning and technical assistance services to a minimum of 550 New England prevention professionals and stakeholders.	1,896 post-survey GPRAs received from distance learning courses participants	✓
Objective 1.5 – A minimum of 80 percent of New England PTTC training attendees will express agreement or strong agreement with NE PTTC trainings improving their capacity to do prevention work.	80%+ average satisfaction ratings for training relevancy, applicability, usefulness of information, and impact on capacity to do prevention work.	✓
Goal 2 – Increase the capacity of the regional prevention professional workforce to utilize core prevention skill sets in the prevention of substance use disorders.		
Objective 2.1 – Provided training of trainer opportunities to 30 prevention trainers in New England, to include a training of the trainer course on advanced prevention ethics.	51 post-survey GPRAs received for prevention ethics training and 53 received for advance prevention ethics training course participants	✓
Objective 2.2 – Trained or supported the training of a minimum of 100 prevention professionals on core substance abuse prevention skills, including utilizing the Substance Abuse Prevention Skills Training curriculum.	449 post-survey GPRAs received for IC & RC Domain trainings	✓

Year Two Trainings & Technical Assistance

Trainings and technical assistance were most often associated with International Certification & Reciprocity Consortium (IC & RC) prevention domains (Planning and evaluation, Prevention education and service delivery, Communication, Community organization, Public policy and environmental change, and Professional growth and responsibility). Nearly one-fifth of trainings were related to COVID-19 emergency response requests, many of which were geared toward addressing mental health needs of the prevention workforce.

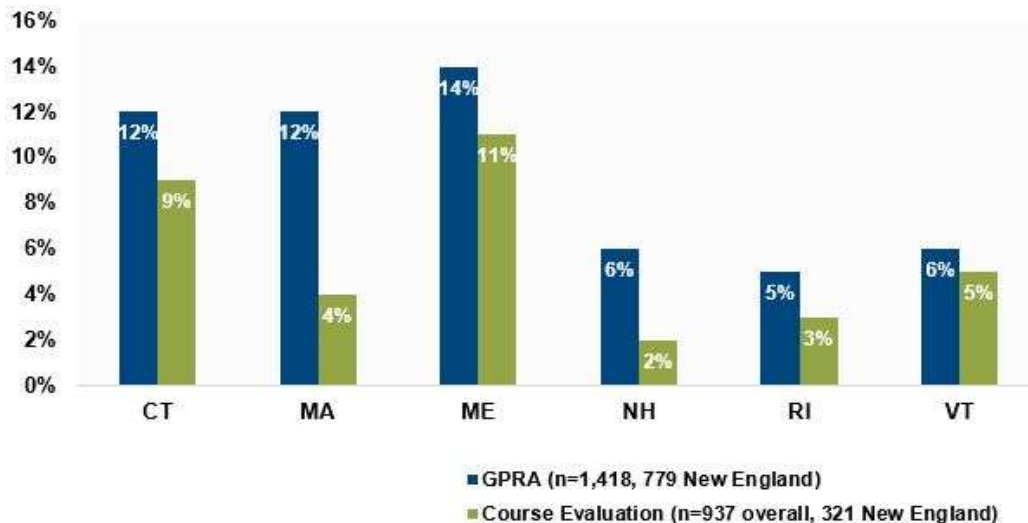
The dramatic shift in programming from in-person to 100 percent virtual meant that the original goal to serve a minimum of 550 via distance learning was easily exceeded. Post-survey GPRAs were received for over 1,896 individuals who participated in distance learning. In total, 21 trainings were hosted in person during Year Two.



Key Findings (Continued)

Prevention Workforce Impact

Of the total post-survey GPRAs collected, 1,418 unique individuals were identified. About 55 percent of respondents were from New England (779 professionals). In addition to the post-survey GPRAs, PCG utilized additional course evaluations to further evaluate programming. There were 1,476 PCG course evaluations completed; 937 unique individuals were identified, indicating some course respondents participated in multiple trainings and took more than one survey. Of the total respondents, 34 percent (321 professionals) were from the New England PTTC region.



Participant Program Perceptions

Overall, more than 80 percent of respondents were satisfied or very satisfied with training relevancy to the substance use field and their individual careers as well as the quality of the presenters. In addition, more than 80 percent of participants also agree or strongly agreed that events benefitted their professional development and had useful information.



Training and Technical Assistance Impact

In alignment with the evaluation plan, training and technical assistance events were categorized into levels that dictated evaluation methods. Knowledge change was evaluated for 14 trainings using pre- and post-surveys. While a matched sample, that is matching the same person's pre-test to their post-test, is ideal for evaluating knowledge change, this strategy created very small sample sizes (sometimes less than 5 people), which could not offer generalizable information for the course. Therefore, the sample was left unmatched, and overall pre- and post-test change in knowledge was compared. Independent significance chi squared tests were completed to compare the averages of pre- and post-testing.

In general, the knowledge change across all courses was positive, but the change was only statistically significant for five courses.

Recommendations

There are four areas in which planning and implementation can be improved moving forward.

Improve Targeted Outreach of New England Professionals

About half (55%) of training and technical assistant participants, GPRA post-surveys, indicated they were from New England. While the percentage of New England attendees could be higher, there is no way to know a participant's home state without their survey completion. It is noted that the intent of the regional PTTCs is to provide service to their region, and trainings are often posted on the larger PTTC Network website where anyone across the country may search and register. While educating professionals, regardless of location, is a good thing; time, effort, and resources from the center should continue to prioritize New England professionals.

This recommendation is twofold. First, the New England PTTC may consider devoting additional time and resources to marketing trainings specifically to the region. Second, knowing that trainings are routinely opened to the larger PTTC network, trainers should monitor registration, especially by state if possible, and provide adequate training capacity/registration to ensure that New England professionals have the opportunity to participate and access information. In addition, promoting the GRPA completion for individuals from the New England region, is imperative to truly understand the geographical reach.

Increase Participant Training Engagement

Participants often requested more opportunities for networking and peer engagement, a unique challenge to a virtual environment. While some of this is already being addressed in Year Three program planning, the New England PTTC should consider utilization of a variety of training styles, maximizing use of platform capabilities like breakout groups and panel discussion formats to engage and re-engage participants who may be burnt out on the sole option of virtual learning.

Provide Additional Opportunities and Structure for Intensive Technical Assistance

One pillar of the technology transfer center (TTC) model is to provide continual reinforcement in the implementation of new ideas and ongoing engagement as to what is and is not working for the prevention workforce. In Year Two, the New England PTTC provided three intensive training events that would meet these criteria. Although many courses within the events focused heavily on increasing participant knowledge in a given subject, there were no substantial differences observed between pre- and post-survey knowledge change. This lack of substantial knowledge change implies that additional structure in a technical assistance format is needed to support knowledge attainment and, further, behavioral change of the workforce.

Continue to Ensure Proactive Communication

Several mid-course adjustments were made in Year Two for programming and evaluation, in large part due to COVID-19 and general ironing out of details as initial implementation began. While the thoughtful identification and delegation of roles and responsibilities for each member of the Project Team aided the team in increasing efficiency and allowed the team to pivot center activities to address emergency training and technical assistance needs, it is recommended that the New England PTTC continue to clearly and proactively communicate within the Project Team and Advisory Council to plan for potential obstacles and future changes.

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