

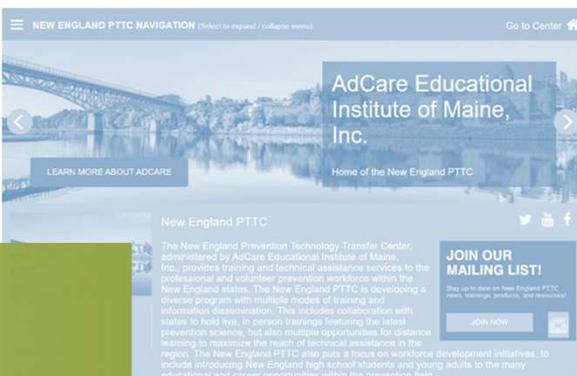


New England PTTC

Annual Report Brief: Year Three

Substance use and mental health have been heavily affected in the last two years by the Coronavirus (COVID-19). The region has observed loosened laws related to alcohol and marijuana as well as increased consumption of substances and increased prevalence of mental health and stress disorders. With national outcries for diversity, inclusion and improved mental health services coinciding with changes in federal funding, staff shortages, and recruiting struggles, the prevention workforce has faced some seemingly insurmountable obstacles. However, the New England Prevention Technology Transfer Center (New England PTTC) has not only continued to engage the workforce and use their feedback to make data-driven decisions for programming but has continually expanded service offerings and opportunities to propel the New England workforce into 21st century prevention.

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 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 LLC (PCG), an external evaluator, to conduct an initial needs assessment regarding training and technical assistance (T/TA) for prevention professionals and to support the project with ongoing quarterly and annual reporting for the grant.



The New England PTTC had three goals for Year Three, to:

- ❖ Develop trainings and educational opportunities for current prevention professionals
- ❖ Disseminate tools and strategies needed to improve the quality of substance use prevention efforts, and
- ❖ Provide intensive technical assistance and learning resources to the greater prevention community.

This brief reflects the efforts of the New England PTTC in Year Three of the grant, i.e., between September 30, 2020, and September 29, 2021, as well as a follow-up to the initial needs assessment.

Key Findings

The evaluation consisted of process and an outcome components. The process evaluation was used to gain understanding of what was successful or challenging in terms of implementation of T/TA and why. The outcome evaluation examined short-, intermediate- and long-term questions relating to T/TA outputs and impacts on consumption, consequence, and intervening variable measures linked to substance use.

For the evaluation, PCG relied on a document review, quarterly COVID-19 impact surveys, a biennial workforce assessment survey, stakeholder interviews, AdCare list serv, social media, and website analytics, as well as SAMHSA’s Government Performance and Results Act (GPRA) surveys, supplemental PCG pre-, post-, and follow-up testing, and T/TA registration and attendance information.

Process Evaluation

Using the SAMHSA’s Strategic Prevention Framework (SPF) model to regularly engage stakeholders and assess changing T/TA needs, the New England PTTC was able to build resource capacity which translated into building workforce capacity.

Thus, the New England PTTC met or exceeded all process-related objectives for Year Three, and, next to SAMHSA’s website, workforce assessment survey respondents now indicate that they most often utilize the PTTC Network as a go-to resource for substance use prevention information.

COVID-19 & Workforce Engagement

As the nationwide COVID-19 response has evolved, so have the challenges of the substance use prevention workforce. While

mental and emotional stress have increased for many, navigating virtual platforms and balancing work and home schooling have become less of a challenge as people become more adept at virtual practices.

Building Capacity of the New England PTTC

To build workforce capacity in the region, the Project Team continues to first build the capacity the program itself. In Year Three, this was done in four ways.



First, the team continued to utilize the Advisory Council, comprised of state-level stakeholders from New England states and the SAMHSA Regional Administrator for Region 1 to provide guidance for program development and innovation, marketing, and referrals.



Second, the team networked with other professionals through regional and national conferences and facilitated dissemination of regional tools and ideas.



Third, the team utilized a four-prong outreach and promotion strategy to continue to build regional capacity via the website, list serv, newsletter, and social media.



Fourth, cross-network collaboration continued to play a major role in coordinating development of top-quality trainings for the region and dissemination of regional products to other TTCs and leaders in the prevention field.

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 1.5 – Develop and release a minimum of 4 prevention research-based technical assistance tools and/or resources to the New England prevention field.	Developed 23 tools/ resources	
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 2.4 – Increase the number of individuals signed up to the New England PTTC E-mail list by 125, in ongoing efforts to increase awareness of the PTTC and PTTC network	Added 1,951 organic subscribers to list serv	
Goal 3 – Increase the capacity of the regional prevention professional workforce to provide culturally competent and culturally relevant substance use prevention services		
Objective 3.2a – Draft a plan for how to consistently evaluate the mission, website, marketing, social media, and training content for racial equity	Completed plan with Project Team	
Objective 3.2b – Draft diversity and cultural inclusion in prevention guide and group assessment tool to support the prevention workforce increase their capacity to plan and implement culturally competent prevention programs and practices by September 29, 2021.	Developed Diversity & Cultural Inclusion Guide and Group Assessment Tool	

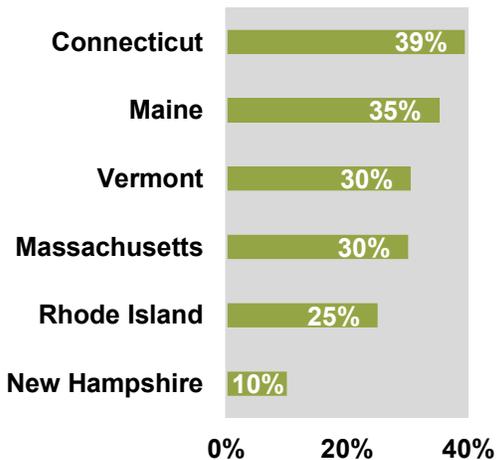
Key Findings (Continued)

Despite challenges, workforce assessment survey respondents **now report more adequate educational and training opportunities for new (five years or less) and advanced professionals (10 years+).**

Prevention Workforce Capacity Building

Retaining highly qualified staff is an important facet of building workforce capacity. In Year Three, nearly half of the prevention workforce (46%) was over the age of 50 and had more than 10 years of experience in the field.

Respondents by State Planning to Leave Prevention Field in Next Three Years

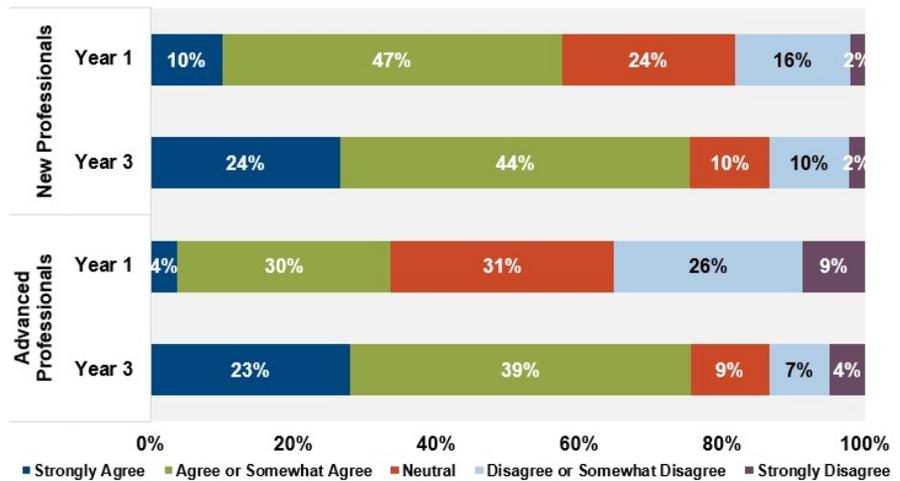


However, this perceived change should be taken in context as 84 percent of workforce assessment survey respondents were women, most identified as white (88%) and non-Hispanic (94%). Therefore, while states may be prioritizing diversity, equity, and inclusion, workforce demographics do not yet reflect this effort.

To better promote workforce diversity and recruitment, **survey respondents cited the need for more education of the general public on the importance of prevention, increased state funding (stability), and targeted recruitment within colleges.** Specifically, respondents recommended the following:

- Institute better entry-level pay,
- Improve collaboration with social justice organizations,
- Conduct focus groups with diverse populations to identify needs,
- Ensure diversity with board, staff, stakeholders, and other decision makers,
- Provide advanced training on cultural inclusion,
- Evaluate programming to ensure contemporary, inclusive, informed language is used, and
- Increase outreach in communities with diverse populations.

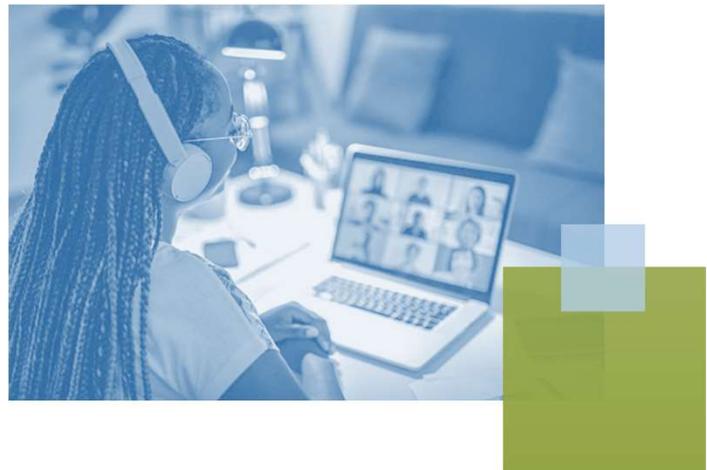
Adequate Training Opportunities - New v. Advanced Professionals



As the prevention workforce ages and contemplates retirement, **about one-third of workforce assessment survey respondents indicated they plan to leave the prevention field within the next three years.**

The most common reasons for considering career change are retirement, low salary, end of grant funding, stress of the field, and job instability. Thus, there is an immediate need to address prevention workforce retention and recruitment.

Further, promoting diversity and cultural inclusivity and representation in the workforce is critical for building capacity, ensuring that under-represented groups at high risk for substance use have their needs met. Perception of state promotion of workforce diversity has changed over time. In Year Three, about 79 percent of the New England workforce strongly agreed or agreed that their state promotes diversity compared to 57 percent in Year One.



Key Findings (Continued)

Outcome Evaluation

The New England PTTC met or exceeded all but one outcome-related objective for Year Three. **With more than 3,500 attendees for 116 training events, the region was able to tailor training needs to the workforce and demonstrate high levels of satisfaction for quality programming.** While most respondents indicated a general individual and organizational readiness to change and adapt practice, only about half expected training to have profound or noticeable effect on how they interact with clients and stakeholders, use evidence-based programming, and address prevention needs.

Year Three T/TA Perceptions & Impact

In Year Three, topics and training schedules were reflective of workforce requests in ongoing COVID-19 impact surveys and the larger biennial workforce assessment survey.

Similar to Year Two, T/TA was most often associated with International Certification & Reciprocity Consortium (IC & RC) prevention domains or was related to marijuana/cannabis, a focus of the region.

Understanding the need and readiness for change in practice lays the foundation for measuring the impact of training. In Year Three, T/TA participants were more likely to report a need for their organization to adapt practice rather than a need for adapting their own practice.



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 – Provide training to a minimum of 600 New England prevention professionals and stakeholders in focus areas identified in outreach to New England prevention stakeholders, training requests, and through the New England training needs assessment.	3,599 recorded attendees, 1,710 post-survey GPRAs received from all trainings	✓
Objective 1.2 – Provide marijuana and vaping risk education T/TA services to a minimum of 150 New England prevention professionals and stakeholders.	847 confirmed attendees, 340 post-survey GPRAs received from training participants	✓
Objective 1.3 – Provide distance learning and technical assistance services to a minimum of 300 New England prevention professionals and stakeholders.	1,710 post-survey GPRAs received from distance learning courses participants	✓
Objective 1.4 – Receive a minimum of 80% of agreement or strong agreement from New England PTTC training attendees that trainings have improved 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 – Train or support the training of a minimum of 50 prevention professionals on core substance abuse prevention skills, including utilizing the SAPST curriculum.	526 post-survey GPRAs received for IC & RC Domain trainings	✓
Objective 2.2 – Train or support the training of a minimum of 50 prevention professionals in a prevention ethics course or advanced ethics for prevention course.	49 confirmed attendees, 47 post-survey GPRAs received for ethics or advanced ethics courses	✓
Objective 2.3 – Provide mentoring services to a minimum of 12 prevention professionals through a pilot prevention mentoring program.	12 mentors and 15 mentees	✓
Goal 3 – Increase the capacity of the regional prevention professional workforce to provide culturally competent and culturally relevant substance use prevention services		
Objective 3.1 – Engage 125 prevention professionals in programs or initiatives designed to increase capacity in providing culturally competent and culturally relevant substance use prevention services through strategies to increase workforce diversity, as informed by CLAS standards.	339 confirmed attendees, 113 post-survey GPRAs received for diversity, equity, and inclusion trainings	✓

While about 70 percent of respondents indicated that their organization was open to trying something new, willing to adapt their policy or practice, and was responsive to changing organizational culture when needed, less than half of respondents reported that their organization was willing to make a financial commitment to something new and didn't allot them enough time to integrate new information, tools, or skills.

In general, program participants were highly satisfied with the overall quality of events, benefits toward professional development, and usefulness of information.

Key Findings (Continued)

Special Programs

The Year One needs assessment revealed that new professionals often struggle with career planning, while advanced professionals need more career growth and advancement opportunities. To address this, the New England PTTC launched two programs in FY2021: the Mentorship Pilot and the Fellowship Program.



The **Mentorship Pilot** kicked off in October 2020 with 12 mentors (two from each New England state) paired with 15 mentees. Each mentor / mentee pair was tasked to move through the SPF's five steps and two guiding principles and integrate these into the IC & RC Prevention Performance Domains. The objective was to cover all six domains by the end of the year with the overall goal to improve the mentor's work in the prevention field as well as help their mentee feel prepared to take the Prevention Certification Exam.



Beginning in May 2021, the **Fellowship Program** included six prevention professionals (one from each New England state) chosen via an application process and allotted a \$10,000 work stipend. The program was designed to offer more advanced prevention professionals an opportunity to work both independently and as part of a collaborative team to develop innovative research and tools for the workforce. The program culminated in a research symposium in Year Four (November 2021) featuring the new tools to improve diversity in the workforce.

Outstanding Training & Technical Assistance Needs

The lack of stable funding was a theme throughout interviews and survey responses as a barrier for substance use prevention work. Interviewees, regardless of state, described prevention funding coming primarily from federal grants which ebb and flow depending on administrations and national priorities. Interviewees made the case for diversifying prevention funds between federal and state to create more financial sustainability in the field. While some states have already earmarked state prevention funds, this is reportedly not always enforced and is, therefore, unreliable funding. Without foundational, long-term support, workforce retention remains tenuous.



The New England PTTC has an opportunity to help the workforce **envision and navigate what a sustainable prevention career lattice** (not ladder) looks like. Training the workforce on how to seek out and maximize current funding options and better connecting state preventionists so they can collaborate on available funding sources could help states move toward more sustainable infrastructure.

Continuing education for **social determinants of health** was the second-most-common training need. As environmental conditions in which people are living, working, and socializing have changed dramatically over the past two years, preventionists are trying to keep up. Trends related to substance use patterns have changed, the workforce acknowledges that the messages and strategies of prevention must also evolve. The New England PTTC has an opportunity to provide this teaching and guidance to move the field forward.

Survey respondents indicated the most need for training in IC & RC prevention domains around **cultural competency, responsiveness, and humility**. The second highest area of need for IC & RC domains was related to **planning and evaluation**. Respondents also indicated a need for more direction in how to choose evidence-based practices and how to evaluate practices, policies, and programs.

Recommendations

Six opportunities for ongoing improvement were identified to enhance Year Four implementation.

Expand Workforce Retention Efforts

There are multiple ways to support workforce capacity-building. First, in addition to promotion of prevention certification, the New England PTTC should continue to provide support and training for continuous professional development and career-building. The New England PTTC has the opportunity to provide targeted training for navigating the prevention infrastructure to create a pathway for career advancement in this non-traditional career field. Second, data suggests that one-third of the prevention workforce is considering leaving within the next three years. The New England PTTC could act as a convener of state and regional prevention decisions makers who can supply time and resources needed to attract new professionals to the field.

Encourage Diversity, Equity, and Inclusion in Workforce Representation as well as Identification of Health Disparate Communities

There is an opportunity for the New England PTTC to support training and recruitment efforts to create a more well-rounded workforce, one that better reflects the communities that it serves. Also, with broad changing organizational focus on diversity and cultural competence reported by the prevention workforce, the New England PTTC can provide continuing education and resources regarding diversity, equity, and inclusion to help state and local level preventionists ensure their work is culturally relevant.

Expand Course Offerings Related to Emerging Substance Use Issues

As recent surveys highlight the need for continuing education regarding changing drug and alcohol patterns and social determinants of health, the New England PTTC has an opportunity to improve programming content regarding substance use during the pandemic. The New England PTTC can also offer training and support around adult use cannabis legalization and related prevention planning for state leaders and preventionists at the community level.

Partner with MHTTC to Address Co-Occurring Needs Derived from Pandemic

With the CDC, SAMHSA, regional workforce, and list serv respondents and interviewees all highlighting the increased and overlapping need of mental health assistance and substance use prevention, the New England PTTC is in a prime position to offer continuing education to the regional prevention workforce.

Promote Prevention Science via Use of Data and Evidence-Based Practices

There is an opportunity for the New England PTTC to provide continued instruction on using evidence-based practices to maximize the impact of limited resources. This is especially important given that states currently have access to increased block grant funding via the America Rescue Act.

Address Certification Training Needs

Workforce assessment survey respondents indicated an ongoing need for prevention domain training. As certification is a standard of value and legitimacy of the prevention field, the New England PTTC should continue to support trainings regarding domain competency and promote workforce certification and recertification efforts.

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