

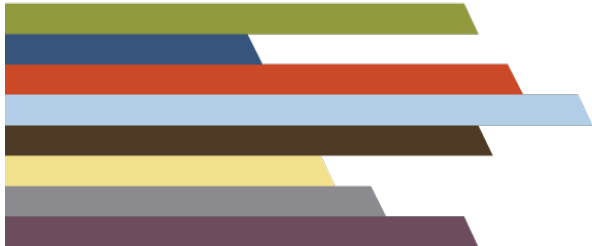
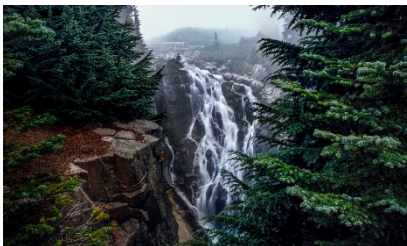
NORTHWEST PREVENTION TECHNOLOGY TRANSFER CENTER 2019 WORKFORCE NEEDS ASSESSMENT RESULTS



Northwest (HHS Region 10)

PTTTC

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



Funding

This assessment was funded by the Northwest Prevention Technology Transfer Center grant through the University of Washington from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (grant number: 1H79SP080995-01).

Access the Report

The full report can be accessed on the Northwest PTTC website at <https://pttcnetwork.org/centers/global-pttc/products-and-resources?center=30>.

Table of Contents

Executive Summary.....	4
Background.....	6
How the Assessment was Conducted.....	8
Who Participated.....	9
How and When To Deliver Training.....	11
Competencies Identified by the Prevention Workforce.....	13
Open-Ended Responses.....	18

Appendix A: In your opinion, what area of training or technical assistance do you need to further your professional development?

Appendix B: In your opinion, what area of training or technical assistance do community coalitions need to reach their prevention goals?

Appendix C: 2019 Northwest PTTC Workforce Needs Assessment Survey

NORTHWEST PREVENTION TECHNOLOGY TRANSFER CENTER 2019 WORKFORCE NEEDS ASSESSMENT

EXECUTIVE SUMMARY

In 2018, the Northwest Prevention Technology Transfer Center (Northwest PTTC) was created to develop and disseminate prevention tools and strategies needed to reduce substance misuse. To determine the greatest training needs of the prevention workforce in Alaska, Idaho, Oregon, and Washington, the Northwest PTTC developed and administered an online workforce needs assessment. From the 2019 Workforce Needs Assessment the Northwest PTTC identified ten key skill competencies for future training topics. The competencies were:

- Engaging/Collaborating With Under-Represented Populations
- Cultural Competence
- Community Or System Change Practices
- To Understand Issues Related To Mental Health
- To Understand Shared Risk And Protective Factors
- Using Risk And Protective Factor Data
- Program Sustainability
- Advocating For Prevention And Prevention Funding With Elected Officials
- To Effectively Communicate About Prevention
- Understanding Health Disparities And Health Inequities

Beyond these training topics, the Needs Assessment also identified static and active online training as the best technology for trainings over in-person meetings. In-person meetings were highly favored as a mode of training but the majority of participants identified barriers to in-person meetings.

Additional specific recommendations can be found within the body of the report.



Northwest (HHS Region 10)

PTTC

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



BACKGROUND

Funded by the U.S. Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018, the newly formed Prevention Technology Transfer Centers (PTTC) develop and disseminate prevention tools and strategies needed to reduce substance misuse. This includes providing training, technical assistance, and learning resources to substance abuse prevention practitioners to improve their understanding and application of prevention science. The centers were established to:

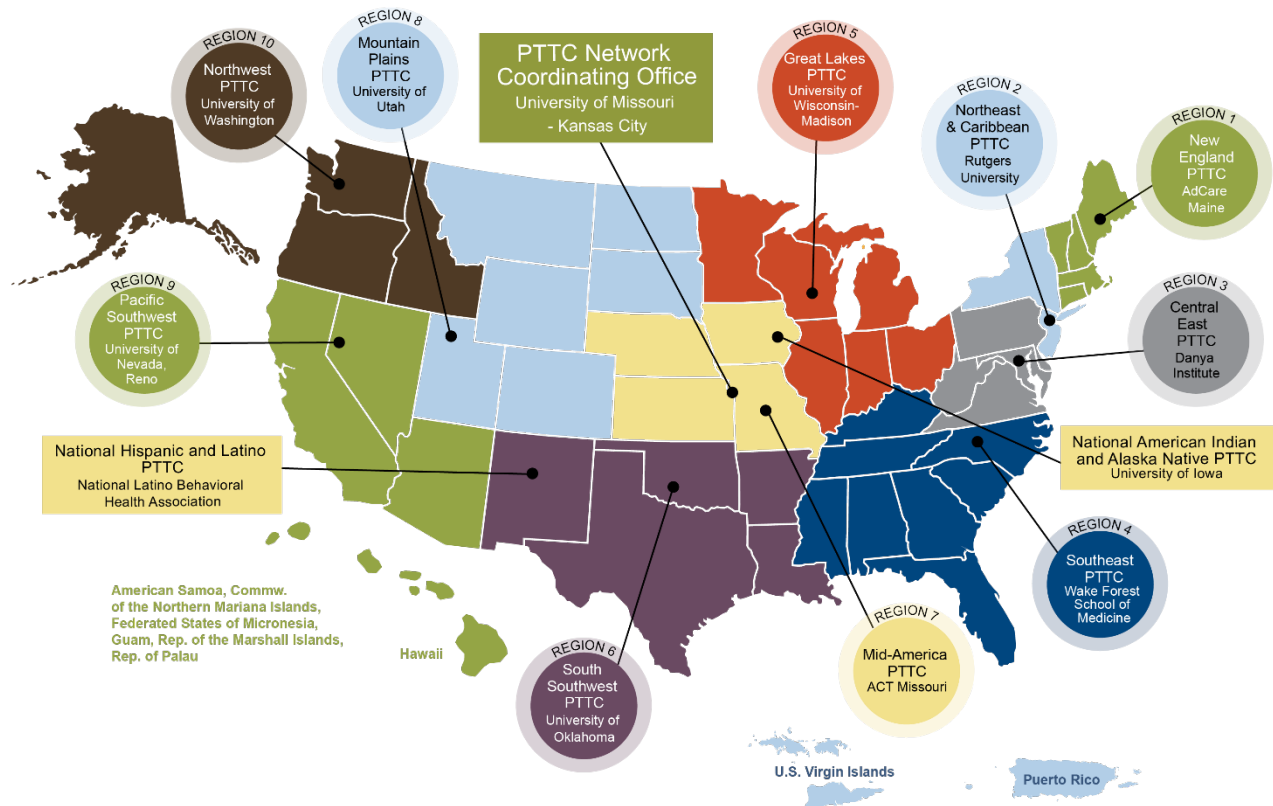
- Use epidemiological and other types of data to guide prevention planning
- Build and strengthen effective coalitions and collaborations
- Select, implement, and evaluate evidence-based prevention programs, policies, and practices
- Develop tools and resources to engage the next generation of prevention professionals
- Identify and address health disparities



PTTC

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

PTTC Network



Health and Human Services (HHS) Region 10 is made up of the states of Alaska, Idaho, Oregon, and Washington, and is home to the Northwest Prevention Technology Transfer Center (PTTC). The Northwest PTTC is a partnership led by the Social Development Research Group (SDRG) at University of Washington (UW) School of Social Work in cooperation with the Prevention Science Graduate Program at Washington State University (WSU), and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR). Northwest PTTC partnering institutes share a vision to expand the impact of community-activated prevention by equipping the prevention workforce with the power of prevention science. The Northwest PTTC serves as a primary training and technical assistance (TTA) resource to Region 10 by leveraging the knowledge of prevention science with the application of community capacity building, workforce development, and expertise in knowledge transfer mechanisms.

TTA services leverage the expertise and resources available through the alliances formed within and across the HHS regions and the PTTC Network. The Northwest PTTC strengthens the prevention workforce and its leadership; improves the use of data for planning, quality improvement, and evaluation; and supports local and regional goals towards reducing substance misuse and its harmful consequences. The Northwest PTTC develops TTA services and resources on the following topics: 1) Community Capacity Building; 2) Workforce Development and Leadership; 3) Regional Substances of Abuse; 4) Shared Risk and Protective Factors, and; 5) Evidence-Based Interventions and Practices (EBI/Ps).

The primary goal is to advance the ability of the Region 10 prevention workforce to find, select, implement, and evaluate evidence-based and promising substance abuse prevention programs, policies, and practices to achieve a meaningful reduction in substance misuse and its harmful consequences. In order to identify the needs of the substance misuse prevention workforce to meet this goal, the Northwest PTTC conducted an anonymous on-line needs assessment in February and March of 2019.



Northwest (HHS Region 10)

PTTC

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



Prevention Science
Graduate Program
WASHINGTON STATE UNIVERSITY



INITIAL SERVICES OF THE NW PTTC

The Northwest PTTC identified initial services based on anecdotal information provided by Region 10 NPNs and Advisory Council members. Results from the Workforce Needs Assessment confirm that the modes of service delivery (web-based and interactive) have the highest likelihood of meeting the current needs of the Region 10 prevention workforce given the barriers identified by survey participants.

The Monthly Emerging Topics in Prevention Science Media Series consists of live webinar sessions, made available later as recorded webinars (static training). Recent and upcoming webinars include the following:

- *The Pharmacology of Cannabinoids: Implications for Substance Misuse Prevention*
- *Community Activated Prevention: The Power of Community Coalitions*
- *Connecting the Dots for Healthier Youth: Working with Shared Risk and Protective Factors*
- *Maximizing the Impact of Community-Based Prevention through Extension Partnerships*
- *Applying Prevention Science to Quell the Opioid Crisis*

An Enhanced Prevention Learning Series (EPLS) is a sequenced, synchronous online learning event, commonly delivered over several weeks to increase participants' knowledge and skills application on specific topics. Participants log into a web-portal each week to obtain reading material or to view prerecorded materials. Then, they join live web-based video-conferencing sessions with experts who facilitate discussion on the posted materials, and provide opportunities to apply skills, receive feedback and share experiences. During the first year of the PTTC, the Northwest PTTC is developing and piloting each of the following EPLS:

- *Prevention Ethics*
- *Building Protection Using the Social Development Strategy*
- *Building Effective Coalitions*
- *Systems Change and Substances Misuse Prevention*

Results from this needs assessment will enable us to prioritize topics, delivery methods, and times and settings in line with the needs and desires of the prevention workforce in Region 10.

HOW THE ASSESSMENT WAS CONDUCTED

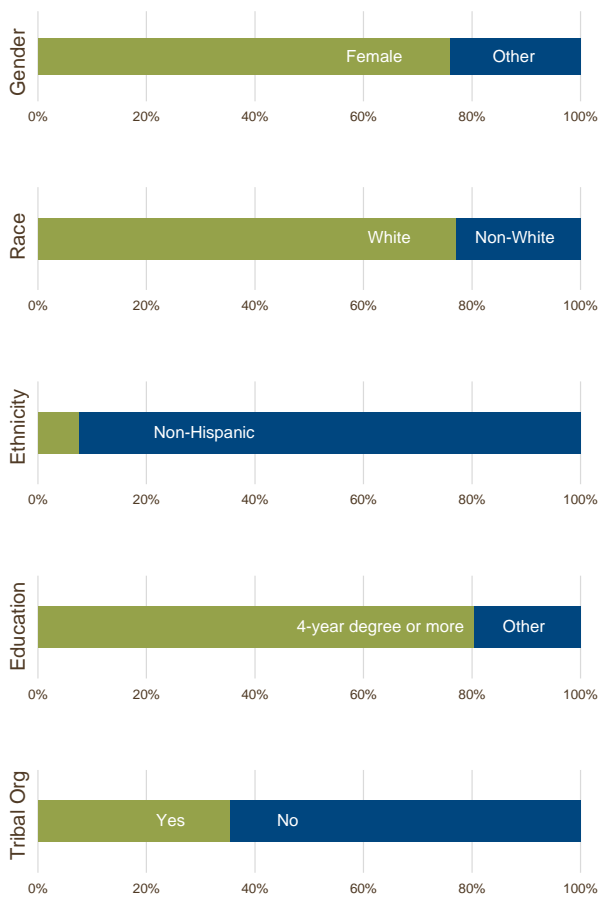
Items for the 2019 Northwest PTTC Workforce Needs Assessment were taken from previous needs assessment instruments. These included the Pacific Southwest PTTC Workforce Needs Assessment, the Mountain Plains Addiction Technology Transfer Center Needs Assessment, and the Washington State Behavioral Health Workforce Assessment. A draft of the survey instrument was provided to Northwest PTTC Advisory Board members for their review prior to the start of the data collection field period. The final needs assessment instrument (see Appendix A) was converted to a web-based survey by Northwest PTTC staff.

The Needs Assessment survey was designed to be anonymous and no effort was made to track individual survey participants. An online multi-strategy marketing campaign was used to recruit survey participants. Strategies included electronic e-mail invitation directly from the Northwest PTTC, from state-specific National Prevention Network (NPN) contacts, and through members of the Northwest PTTC Advisory Board. Those receiving an e-mail invitation to participate in the survey were asked to forward the invitation to anyone they thought would be interested in participating.

Without the means to track individuals who completed the survey, participants were asked to complete the survey in one session. We could not maintain complete anonymity of the survey responses and allow individuals to retrieve a partial survey to be completed at a more convenient time. ***This was a limitation of the data collection process that should be addressed in future administrations of the Needs Assessment.***

The survey was active for data collection for 8 weeks between mid-February and early April. During this time a total of 397 surveys were started. Seven people stopped on the first question and another 50 failed to complete enough questions to provide useful information. Of the remaining 340 surveys, 297 individuals fully completed the survey. Another 43 records were partially completed and were included in the final analysis. The distribution across the four states serviced by the Northwest PTTC was: 38 from Alaska, 75 from Idaho, 105 from Oregon, and 120 from Washington. The typical time spent on the survey was 15 minutes.

FIGURE 1: DEMOGRAPHICS



WHO PARTICIPATED

The general demographic characteristics of those who participated in the Workforce Needs Assessment are shown in FIGURE 1. The clear majority of the participants were female (76%), identified their race as White (77%), their ethnic background as non-Hispanic/Latino(a) (93%), and had obtained a 4-year college degree or higher (80%). Of those who participated in the survey, 35% answered that they either work for or work with a tribe or tribal organization. This is not surprising since nearly half of all federally recognized tribes are located within the four states that make up Region 10. That more than a third of participants in this assessment work for, or with, tribal government(s)/organization(s) points to the level of service and/or collaboration in the prevention community. ***Future assessments would benefit from being able to distinguish from prevention workers that work directly for tribal governments/organization(s) and those that simply collaborate with tribal government(s)/organization(s).***

TABLE 1: PRIMARY FOCUS

ORGANIZATION'S PRIMARY FOCUS	
SUBSTANCE ABUSE PREVENTION	39%
SUBSTANCE ABUSE TREATMENT	5%
MENTAL HEALTH PROMOTION	2%
MENTAL HEALTH TREATMENT	4%
VIOLENCE PREVENTION	1%
CRIMINAL JUSTICE	2%
EDUCATION—K-12	7%
EDUCATION—HIGHER EDUCATION	2%
RESEARCH	1%
HEALTH CARE	6%
FAITH COMMUNITY	0%
GOVERNMENT	4%
SOCIAL/HUMAN SERVICES	7%
PUBLIC HEALTH	5%
OTHER	13%

When asked for their organization's primary focus, 39% of participants identified Substance Abuse Prevention (see TABLE 1). The other 61% chose another primary focus for their organization. This is evidence of the diffusion of prevention services throughout Region 10 and suggests that the invitation to participate in the survey successfully reached beyond typical state prevention agencies. However, without knowing the exact makeup of the substance abuse prevention workforce in Region 10, we are unable to know if the survey participants accurately represent the true workforce.

HOW AND WHEN TO DELIVER TRAINING

Participants were asked which type of training delivery method they find most helpful (see TABLE 2). By far, the most useful training method identified was In-person Trainings/Meetings (88%), a close second was Static On-line Trainings (82%) and third was Interactive On-line Trainings (73%). Although In-person Trainings ranked the highest in terms of usefulness, when asked about Barriers to Training (see TABLE 3) the top three barriers conflicted with in-person trainings. Participants lacked funding for trainings (44%), lacked time in their schedule for training (39%), and simply cannot travel to in-person trainings (36%). ***Given this information, it is recommended that the Northwest PTTC offer a limited number of in-person trainings and focus its resources on both static and interactive online trainings.***

TABLE 2: WAYS TO DELIVER TRAINING BY USEFULNESS

	VERY USEFUL	EXTREMELY USEFUL	TOTAL
In-Person Trainings/Meetings	32%	56%	88%
Static On-Line Trainings	39%	43%	82%
Interactive On-Line Trainings	43%	30%	73%
Printed Materials	41%	19%	60%
Informal Learning	37%	18%	55%
Monthly Electronic Newsletter	30%	9%	39%
Teleconference	30%	7%	36%

TABLE 3: BARRIERS TO TRAINING

	YES
No funding for training and technical assistance	44%
I cannot fit it into my schedule	39%
Cannot travel to in-person events	36%
Do not know where to access training	25%
Supervisor does not support time to participate in trainings	8%
Do not have reliable internet	2%

TABLE 4: DAY AND TIME OF TRAININGS

			TIME OF DAY FOR TRAININGS						
			BEFORE TRADITIONAL WORK HOURS	EARLY MORNING	LATE MORNING	OVER LUNCH	EARLY AFTERNOON	LATE AFTERNOON	EVENINGS
DAY OF THE WEEK FOR TRAINING	YES	28	131	195	113	191	137	30	
	MONDAY	170	20	77	111	66	113	77	15
	TUESDAY	175	15	81	127	70	119	64	10
	WEDNESDAY	199	15	79	142	77	129	82	14
	THURSDAY	200	17	83	137	79	137	84	12
	FRIDAY	164	19	75	88	64	96	86	21

Table 4 presents a cross-tabulation of the number of participants who recommended a specific time and day for training during the week. The most nominated days for trainings were mid-week either Wednesday or Thursday and the most nominated times for training were either late morning before the lunch hour or early afternoon just after the lunch hour. It seems clear from the responses that neither before nor after the traditional work hours were desired form any training. There was some support for training offered over the noon lunch hour. ***Given this information, it is recommended that the majority of the trainings offered by the Northwest PTTC be scheduled for mid-week surrounding the lunch hour, but some trainings should be offered outside this time to accommodate non-traditional work hours.*** The Northwest PTTC could prepare and encourage the use of static on-line trainings for the few participants who favor trainings outside the traditional work day.

COMPETENCIES IDENTIFIED BY THE PREVENTION WORKFORCE

The Workforce Needs Assessment asked participants to identify their current skill level and the importance of training in 28 different competencies associated with prevention work. TABLE 5 shows the overall ranking of the competencies based on the percentage of participants identifying the need for training as Important or Extremely Important. The top three competencies identified by participants were:

- Engaging/Collaborating With Under-Represented Populations (89%)
- Cultural Competence (87%)
- Community Or System Change Practices (87%).

The next highest ranked skills were:

- To Understand Issues Related To Mental Health (86%)
- To Understand Shared Risk And Protective Factors (84%)
- Using Risk And Protective Factor Data (84%)
- Program Sustainability (84%).

These seven skills were the highest ranked in terms of importance of training and should be considered by the Northwest PTTC for future trainings. Beyond these seven topics, given the high rankings of all the competencies, other skill trainings should be considered. For example, even the lowest ranked skill, to Facilitate a Coalition or Community Meeting, received support from two-thirds of the participants. The skills to Develop and Use Logic Models and to Analyze Data received low overall rankings; however, over half the participants ranked the skills as Important.

By examining the overall rankings of workforce skills in order to decide on training topics, the training needs for most of the people within Region 10 would be met but the training needs within specific groups might be overlooked. For this reason, we reviewed the competency skills in the assessment data by state, by the existing level of skill and by length of service within the field of prevention. The following tables maintain the overall ranking from TABLE 5 to allow a consistent review of the need for training by competency.

TABLE 5: PERCENTAGE INDICATING IMPORTANCE OF TRAINING

OVERALL RANKING ON NEED FOR TRAINING	HOW IMPORTANT IS IT FOR YOU TO RECEIVE TRAINING IN/TO:	IMPORTANT	EXTREMELY IMPORTANT	COMBINED
1	Engaging/Collaborating With Under-Represented Populations	43%	46%	89%
2	Cultural Competence	37%	51%	87%
3	Community Or System Change Practices	48%	39%	87%
4	To Understand Issues Related To Mental Health	44%	41%	86%
5	To Understand Shared Risk And Protective Factors	56%	28%	84%
6	Using Risk And Protective Factor Data	54%	30%	84%
7	Program Sustainability	45%	39%	84%
8	Understanding Adverse Childhood Experiences (Aces)	47%	36%	83%
9	Selecting Prevention Programs And Practices	49%	34%	83%
10	Effectively Communicate About Prevention	45%	37%	82%
11	Understanding Health Disparities And Health Inequities	47%	35%	82%
12	Program Evaluation	47%	35%	82%
13	Public Policy Development And Advocacy	46%	35%	81%
14	Advocating For Prevention And Prevention Funding With Elected Officials	43%	39%	81%
15	Leadership Development	47%	34%	81%
16	Community Capacity Building	45%	36%	81%
17	Understanding Regional Substances Of Abuse	49%	31%	80%
18	Identifying Evidence-Based Interventions And Practices	48%	31%	79%
19	Program Implementation	49%	29%	78%
20	Using Data To Make Decisions	49%	29%	78%
21	The Development And Use Of Logic Models	56%	21%	76%
22	Understand Program Theory	48%	25%	73%
23	Designing & Implementing Health Media Campaigns	50%	24%	73%
24	Coalition Building	43%	30%	73%
25	Confidentiality And Ethical Principles	39%	34%	72%
26	Analyzing Data	51%	20%	71%
27	Understanding The Prevention Research Cycle	43%	26%	69%
28	Facilitate A Coalition Or Community Meeting	42%	24%	66%

TABLE 6: IMPORTANCE OF TRAINING ORDERING WITHIN STATE

OVERALL RANKING ON NEED FOR TRAINING	HOW IMPORTANT IS IT FOR YOU TO RECEIVE TRAINING IN/TO:	RANK ORDERED WITHIN STATE			
		ALASKA (n=38)	IDAHO (n=75)	OREGON (n=105)	WASHINGTON (n=120)
1	Engaging/Collaborating With Under-Represented Populations	12	2	1	3
2	Cultural Competence	1	5	6	4
3	Community Or System Change Practices	3	11	4	1
4	To Understand Issues Related To Mental Health	13	3	16	2
5	To Understand Shared Risk And Protective Factors	2	13	7	6
6	Using Risk And Protective Factor Data	8	9	2	11
7	Program Sustainability	11	1	5	15
8	Understanding Adverse Childhood Experiences (Aces)	22	15	18	8
9	Selecting Prevention Programs And Practices	10	17	3	12
10	Effectively Communicate About Prevention	6	6	13	17
11	Understanding Health Disparities And Health Inequities	5	23	19	5
12	Program Evaluation	16	14	8	9
13	Public Policy Development And Advocacy	7	12	10	18
14	Advocating For Prevention And Prevention Funding With Elected Officials	4	22	23	19
15	Leadership Development	19	7	9	10
16	Community Capacity Building	17	4	11	20
17	Understanding Regional Substances Of Abuse	24	16	14	7
18	Identifying Evidence-Based Interventions And Practices	9	21	17	16
19	Program Implementation	26	10	20	14
20	Using Data To Make Decisions	15	24	12	21
21	The Development And Use Of Logic Models	28	26	15	13
22	Understand Program Theory	25	20	25	22
23	Designing & Implementing Health Media Campaigns	23	25	22	24
24	Coalition Building	14	19	24	27
25	Confidentiality And Ethical Principles	27	18	26	23
26	Analyzing Data	21	28	21	25
27	Understanding The Prevention Research Cycle	20	8	27	26
28	Facilitate A Coalition Or Community Meeting	18	27	28	28

While many of the top seven competencies remain highly ranked within the four states, there are some state-specific training needs (see TABLE 6). For example, in Alaska Advocating For Prevention and Prevention Funding With Elected Officials was ranked 4th and To Effectively Communicate About Prevention was ranked 6th. This skill was also ranked 6th in Idaho. Understanding Health Disparities And Health Inequities was ranked 5th in both Alaska and Washington. ***Specific state interests should be considered when planning for future trainings.***

TABLE 7: LEVEL OF SKILL BY TYPE OF TRAINING: NUMBER OF SURVEY RESPONDENTS

OVERALL RANKING ON NEED FOR TRAINING	HOW IMPORTANT IS IT FOR YOU TO RECEIVE TRAINING IN/TO:	SKILL LEVEL		
		LOW	MODERATE	HIGH
1	Engaging/Collaborating With Under-Represented Populations	76	161	73
2	Cultural Competence	25	189	94
3	Community Or System Change Practices	91	163	53
4	To Understand Issues Related To Mental Health	42	162	99
5	To Understand Shared Risk And Protective Factors	55	171	94
6	Using Risk And Protective Factor Data	43	148	131
7	Program Sustainability	92	158	62
8	Understanding Adverse Childhood Experiences (Aces)	38	133	134
9	Selecting Prevention Programs And Practices	57	171	88
10	Effectively Communicate About Prevention	28	151	125
11	Understanding Health Disparities And Health Inequities	67	178	59
12	Program Evaluation	68	175	71
13	Public Policy Development And Advocacy	126	128	51
14	Advocating For Prevention And Prevention Funding With Elected Officials	140	119	46
15	Leadership Development	54	173	82
16	Community Capacity Building	62	156	93
17	Understanding Regional Substances Of Abuse	56	161	84
18	Identifying Evidence-Based Interventions And Practices	38	163	117
19	Program Implementation	32	159	123
20	Using Data To Make Decisions	26	171	126
21	The Development And Use Of Logic Models	80	147	86
22	Understand Program Theory	80	159	74
23	Designing & Implementing Health Media Campaigns	143	114	48
24	Coalition Building	84	135	92
25	Confidentiality And Ethical Principles	14	104	186
26	Analyzing Data	51	181	96
27	Understanding The Prevention Research Cycle	135	125	45
28	Facilitate A Coalition Or Community Meeting	46	130	129

Table 7 shows the number of respondents identifying their current skill level across the 28 competencies. The greatest number of participants to report a Low level of skill reported it for Designing And Implementing Health Media Campaigns (n=143) and Advocating For Prevention And Prevention Funding With Elected Officials (n=140). ***In the overall rankings, these skills were not highly ranked but should be a topic for training given the self-reported low skill level.***

TABLE 8: IMPORTANCE OF TRAINING BY WORK EXPERIENCE – EXTREMELY IMPORTANT

OVERALL RANKING ON NEED FOR TRAINING	HOW IMPORTANT IS IT FOR YOU TO RECEIVE TRAINING IN/TO:	WORK EXPERIENCE IN SUBSTANCE ABUSE/MISUSE PREVENTION			
		0-2 years (n=97)	3-8 years (n=72)	9 or more years (n=119)	COMBINED
1	Engaging/Collaborating With Under-Represented Populations	49%	40%	45%	45%
2	Cultural Competence	45%	53%	52%	50%
3	Community Or System Change Practices	45%	40%	33%	39%
4	To Understand Issues Related To Mental Health	37%	40%	45%	41%
5	To Understand Shared Risk And Protective Factors	33%	26%	21%	26%
6	Using Risk And Protective Factor Data	35%	29%	24%	29%
7	Program Sustainability	44%	40%	32%	38%
8	Understanding Adverse Childhood Experiences (Aces)	38%	36%	34%	36%
9	Selecting Prevention Programs And Practices	40%	33%	28%	33%
10	Effectively Communicate About Prevention	42%	46%	26%	36%
11	Understanding Health Disparities And Health Inequities	33%	32%	37%	34%
12	Program Evaluation	39%	35%	29%	34%
13	Public Policy Development And Advocacy	34%	43%	29%	34%
14	Advocating For Prevention And Prevention Funding With Elected Officials	37%	43%	39%	39%
15	Leadership Development	36%	38%	28%	33%
16	Community Capacity Building	43%	29%	30%	34%
17	Understanding Regional Substances Of Abuse	39%	25%	24%	30%
18	Identifying Evidence-Based Interventions And Practices	33%	29%	29%	31%
19	Program Implementation	36%	19%	26%	28%
20	Using Data To Make Decisions	32%	29%	25%	28%
21	The Development And Use Of Logic Models	23%	14%	19%	19%
22	Understand Program Theory	24%	24%	24%	24%
23	Designing & Implementing Health Media Campaigns	31%	18%	18%	23%
24	Coalition Building	32%	31%	25%	29%
25	Confidentiality And Ethical Principles	30%	29%	37%	33%
26	Analyzing Data	24%	24%	16%	20%
27	Understanding The Prevention Research Cycle	31%	19%	23%	25%
28	Facilitate A Coalition Or Community Meeting	32%	24%	16%	23%

TABLE 8 shows the number of participants rating the importance of training in the 28 skills as Extremely Important by the number of years they have worked in the field of prevention. Besides the top skills already mentioned as topics for trainings, Advocating For Prevention And Prevention Funding With Elected Officials and to Effectively Communicate About Prevention were supported as Extremely Important across all levels of work experience. Community Capacity Building was mentioned by early career professionals. ***These three skills should be considered as topics for trainings to support all levels of career professionals within the prevention field.***

IN YOUR OPINION, WHAT AREA OF TRAINING OR TECHNICAL ASSISTANCE DO YOU NEED TO FURTHER YOUR PROFESSIONAL DEVELOPMENT?

Below are just a few of the many response to the open-ended question about training and technical assistance. To see a complete list of the response organized by state, see Appendix A.

"Need to know how to create courses to help those interested in Prevention Certification. At this time universities don't have money to create entire new programs so how do we put a minor together that gives people what they need to move toward the prevention workforce?"

"More policy and systems change, all of the step-by-step of what to do in these areas. Essentially every area that I indicated a low understanding of and being extremely important to be trained in would qualify in this area."

"Start with the basics, for individuals who haven't had formal training/certifications but do prevention-type work"

"More prevention and facts. I would like to see facts on different substances especially marijuana and vaping."

"Tribal best practices"

"Public policy/environmental strategies and community change. Cross walking the language between behavioral and public health"

"Strategic planning, sustainability, how to navigate data and use it to make change."

"Shifting to evidence-based policy and systems change instead of delivering resource intensive educational programs classroom by classroom and parent group by parent group"

"Reducing the stigma and creating a true behavioral health model for Idaho. SUDS is still under served and are limited in services."

"More content that is focused on drug information that is required for the Certified Prevention Professional certification."

IN YOUR OPINION, WHAT AREA OF TRAINING OR TECHNICAL ASSISTANCE DO COMMUNITY COALITIONS NEED TO REACH THEIR PREVENTION GOALS?

Below are just a few of the many response to the open-ended question about training and technical assistance. To see a complete list of the response organized by state, see Appendix B.

“How to use data and evidence to inform priorities. Also how to celebrate the contributions of those at the table and help organizations tell their collaborative stories (need for individual reportable but a collective approach).”

“Knowledge of TEPs (types - universal, selective, indicated) and how to successfully install and implement, prevention science, sustainability, building local capacity, cultural humility, inclusivity, strategic financing, systems-change”

“Need to learn how to be more effective as a coalition with shared goals, mission and vision.”

“Strategic Planning & Logic Models; connecting interventions to risk and protective factors; developing a realistic set of integrated prevention interventions that are feasible for a community; involving other stakeholders in coalition work.”

“Sustainability, community assessment, engagement.”

“What works, what doesn't. Trauma (ACES). Understanding the school district mission and decoding the language of education (PBIS is the Rosetta Stone). Strategic Prevention Framework. Creating and maintaining engaged relationships (from agenda pushing rogue community members to disengaged boards, and even long-time coalition members).”

“Understanding of what a coalition IS, what their role is, and how to start off with sustainability in mind each step of the way”

“Training on prevention science”

“Understanding how real, effective coalitions function Bottom up rather than top down”

“Program Evaluation and Cultural Competency”

Appendix A: In Your Opinion, What Area Of Training Or Technical Assistance Do You Need To Further Your Professional Development? Response by State

IN YOUR OPINION, WHAT AREA OF TRAINING OR TECHNICAL ASSISTANCE DO YOU NEED TO FURTHER YOUR PROFESSIONAL DEVELOPMENT?

STATE

Alaska

I need a better understanding of how to build prevention/intervention plans to better support our youth programs in our coalition

Community development for prevention capacity advancement

I have found most TTA sessions from CAPT, CADCA, or those through the State of Alaska have not had much to offer me for over 10 years. My effort has been to bring conversations on the front edge of prevention into the mix at meetings like the annual State of Alaska DHSS Div. of Behavioral Health Grantee meeting, Alaska Public Health Summit, and the Annual School on Addictions to raise the bar. These conversations have included questions around collective impact, ACEs, and positive culture framework (formerly referred to as positive community norms). I am in the middle of conversations in Alaska related to shared risk and protective factors as well as implementing the Icelandic Model (now Youth World) in the Mat-Su Valley. I don't find much of the TTA offered these days terribly helpful for me, but usually find myself getting others into these conversations.

I think more information on how to make gatherings and events more meaningful and productive.

Coordination efforts between similar but different entities

youth substance abuse prevention specifically marijuana

evaluation, though all presented are important and could use assistance in all areas

statewide strategic planning

advocacy and equity

grant management

I would like training about prevention in general, not specifically substance abuse, but more general strategies/information about the socio-ecological model and how to use varying forms of prevention to create behavioral change. I am hoping this could be applied to anyone's sector (substance abuse, suicide, violence, bullying etc.)

Access/development of online Substance Abuse/Misuse Ph.D. programs in Alaska for Alaskans.

Data Analysis

Needs assessment and data analysis

Facilitation of community meetings, communication with community members

Funding

Program Evaluation and Data Analysis

we need on site training instead of traveling away from our villages, mainly training for all council members

Grantwriting, qualitative/quantitative analysis, systems/community change, shared risk and protective factors

Sustainability

Idaho

Effectively disseminating educational info, and collaborating with coalition members

CPS credited trainings and in person ethics classes

General mental health and addiction info

STATE

research and use of evidence-based research online

Programs that work in rural areas

Grant writing, continued training, as it is a quickly changing field that a professional must remain current on.

Just basic understanding of substance abuse issues and prevention. Aftercare

Workforce development - recruitment and retention of prevention providers

More trainings in Prevention and the culture in the area

Facilitating leadership in coalition members, sources of evidence based programs and data analysis.

Sustainability; communication; mental health areas

continuing education

I am happy with the current levels of training

Meeting facilitation; data assessment and implemetation in programatic goals; cultural competencies and strategies for reaching underserved populations.

-

Skills related to prevention certification

overall questions within the survey that promotes education and knowledge

I need to continuously review the different aspects of prevention.

In my opinion, I would need further training, opportunity, and experience in public relations, community leadership, and voice in the community.

More updates in current drug trends

all

It would be beneficial to have more mobile free access to the information through apps. Making the apps easy to use/monitor for parents. Making apps that youth and adults would use regularly.

not sure

new evidence based programs

Current substances being used.

Planning and Evaluation Prevention Education & Evaluation Community Organization Public Policy & Environmental Change

anything

Sustainability

program planning

not sure

Reducing the stigma and creating a true behavioral health model for Idaho. SUDS is still under served and are limited in services.

Data evaluation, evidence-based programming, and recruitment.

regional substance abuse and what we can do as a community to help

I need help "know what is next" on a professional level, or what educational or advancement opportunities are avail. for prevention? I need training in public speaking, and advocacy.

Coalition related capacity and sustainability issues

STATE

prevention certification specific courses

How to work under a supervisor or as part of an organization who thinks everything they do/believe is the best way and doesn't need improvement.

Strategic planning, sustainability, how to navigate data and use it to make change.

Training is assessment and understanding of childhood trauma, mental health. Things I've never experienced.

How to apply the information learned to youth / ways to get youth 'on board'

Oregon

beginning level policy work with a mentor and how to do that within a rigid hierarchy where the upper levels are not supportive

the ability to obtain prevention certification education in bits and pieces. Media Campaign in a Frontier setting. Available grants for prevention and how to access and apply for them

nutrition -- something that has been entirely overlooked.

data

I think any kind of prevention training helps.

tribal best practices

Current theories

Crosswalk between health promotion and traditional substance abuse prevention along with CDC/SAMHSA cross walk work.

evidence based programs

Strategic plan development and facilitation

Leadership

Ongoing ethics to meet certification requirements

Prevention Ethics - 6 hours every two years, creating and maximizing social media messaging, data analysis

Resilience while dealing with a collapsing system

Mental Health First aid, Trauma informed care

Finding and implementing evidence-based programs, plus the funding to do that. Assessing programming and outcomes.

Data understanding

Social media and social change campaigns support

Building effective partnerships with Public Health

Start with the basics, for individuals who haven't had formal training/certifications but do prevention-type work

Addictions & neurobiology; Policy development & implementation

Webinar training

How to collaborate with and influence adversaries.

Emerging Trends

Community prevention measures to reduce juvenile delinquency

STATE

Public Policy change and working with local government organizations for systems change.

Given community based issues what strategies to choose Finding evidence based programs to fit those strategies

Health Literacy, Cultural Competency, Program Evaluation

Staying up to date with youth trends, community engagement, policy making

Shifting to evidence-based policy and systems change instead of delivering resource intensive educational programs classroom by classroom and parent group by parent group

policy/advocacy, equity, coalition sharing of ideas, regional drug trends

I think we could all use 1 hour refreshers on every aspect of our jobs monthly through a webinar. Campaign development and implementation is my least effective strategy right now.

I am honestly not sure. I just really want to take my CPS exam and simply cannot afford it.

Continued education around Trauma Informed Care, how to refine health education messages.

I could use more education around policy development with local leaders.

CPS activities

Data analysis; policy change

grant writing

real community policy work that overcomes ambivalence, or when Local Policymakers are not supportive

Using the software you have now, even if it is outdated

Research-based prevention practices

ACES

all of the areas i mentioned above

population level policy change in substance use

Health equity and health disparities, community/gov. collaboration

Leadership development and coalition building.

Continued Ed

How to identify Opioid use and need in small communities.

More support and stronger connections between school counselors and local resource

General information to improve my capabilities to support the children and families we serve in our community.

supervising staff, community engagement strategies

Role of trauma (not just ACEs) impacts coping skills and thus trauma

Prevention specific training involved in local data as well as effective communication to the public and decision makers.

More policy and systems change, all of the step-by-step of what to do in these areas. Essentially every area that I indicated a low understanding of and being extremely important to be trained in would qualify in this area.

Systems thinking, connection, planning.

It has been a long time that I have been to a training that taught me something I didn't already know and also needed to know.

STATE

I would like more training on Trauma Informed Care, addictions (the whole picture), and creating prevention programs.

OHA provides little-to-no guidance for alcohol and drug prevention. This is a significant disparity with the level of support provided for tobacco prevention and other programming. I believe that guidance on program development and policy are most important.

Mental Health First aid !!!

I would like to see a delineation between rural versus urban policy work related to public health. I feel there is a one-size fits all approach that is modeled after the most progressive urban communities that create unrealistic expectations for rural community prevention work. With that being said, technical assistance should be more tangible to rural prevention coordinators.

Just learning more and more continually to better speak the prevention language/serve our community best

Leadership skills

Public policy/environmental strategies and community change. Cross walking the language between behavioral and public health

Policy

Funding opportunities and how to work with local organizations to implement evidence based programs

More support around facilitating effective meetings (coalition, community, 1 on 1) and giving that "elevator pitch" or building the case for prevention.

Washington

Unsure. There is a lot of sexism. Also many agencies hire only people with MA degrees for this work

community activated prevention

I can always use more training in working with individuals and communities in understanding the how's and why's of substance abuse among minorities.

Working on culture change within schools, families, communities

Developing Communication/Media Strategies

unknown

contract management and policy development

Program implementation and coalition building.

cultural relevance for programming.

Motivational interviewing, counseling methods

Identifying culturally competent programs

equity advocacy cultural humility

Any type of training that will help me to grow my prevention science knowledge because I have a little to none prevention science knowledge

promising practices rather than evidence based. Often evidence based DO NOT meet the needs of minority and low income populations.

To be honest, I don't know what I don't know, so I'll take any type of professional development that I can get.

How to support Coalition in their work, coalition buy-in/participation

Nothing not mentioned already

STATE

Talking with parents about the importance of prevention

Media Advocacy, working with emerging adult population and marijuana, Recovery communities

equity

Cultural Competence; Advocacy; Resources for EBIs; evaluation for innovative interventions.

How to engage with communities to disseminate information in an effective way

Criminal justice populations

MH/SUD integration, advocacy for better funding and pay

Integration of mental health and substance abuse and what evidence based practices can address both and satisfy funding requirements

analysis

Training in managing a volunteer organization and motivating volunteers

Cultural humility; sustainability; coalition leadership development; productive youth involvement; build sustainable, formal partnerships

Working with community members. Communication.

substance abuse prevention training for polysubstance use including tobacco.

Developing policy and advocacy

Interconnectedness and allowable methods for addressing substance use, mental health, and suicide.

evidence, research or promising practices for marijuana px

programming, pharmacology

More prevention and facts. I would like to see facts on different substances especially marijuana and vaping.

I would still LOVE to have project management training. I know how to get by and have for decades; however, specific training on managing multiple simultaneous projects could be a life saver! Have been asking for years.

current specific drug information

Evaluation

pharmacology

Deeper understanding of community-level change, what it looks like and how to achieve it.

Coalition development, including growth and capacity building, member knowledge, and tactics for improved communication and coordinated, engaged efforts (perhaps through workshop activities).

Need to know how to create courses to help those interested in Prevention Certification. At this time universities don't have money to create entire new programs so how do we put a minor together that gives people what they need to move toward the prevention workforce?

sustainability, dual outcomes, health disparities, how to be trauma-informed with planning & decision-making

ethics training and mental health

advocating for students with elected officials

Utilizing data to educate our policymakers/legislators in the public policy to support increased prevention resources

STATE

Coalition development/capacity building; Regional prevention collaborating; Logic model to action plan to evaluation re-training.

Marketing/ promoting the evidence based program I coordinate

Native youth specific services

Equity Literacy

Any training on prevention activities regarding teen use would be beneficial.

Current drug trends; vaping

Access to low cost/sliding scale accredited and almost wholly online (except internships and supervised hours) for bachelors and masters degree programs in behavioral health/CDP/counseling licensure prerequisites.

Making or getting a good Youth Screen--Screening Tool and relevant to todays youth and the addictions of today.

more ethics in prevention training (in person)

Ability to adapt and/or culturally enhance Evidence Based Programs to best engage different populations. Ability to show the impact of our work in meaningful and useful ways in a brief format for general audiences and policy makers.

Networking and collaboration

program development

Matching micro-program outcomes with overall strategic plan change goals, e.g., how does that 6th grade Life Skills class actually help reduce drinking by high school sophomores

More help in social media communications

Community Needs Assessment

More content that is focused on drug information that is required for the Certified Prevention Professional certification.

evidence-based prevention intervention

effective policy change that will facilitate reductions in SUD

I am new to the prevention field so any training is extremely useful at this point.

Media literacy

Equity, disparity, cultural competence

Personal Balance...Not taking everything on

Motivational interviewing specifically designed for substance using teens

The administrative aspects of program implementation.

mental health and ACEs

Marijuana research, PAX Partner Good Behavior Game training

Appendix B: In Your Opinion, What Area Of Training Or Technical Assistance Do Community Coalitions Need To Reach Their Prevention Goals? Response by State

IN YOUR OPINION, WHAT AREA OF TRAINING OR TECHNICAL ASSISTANCE DO COMMUNITY COALITIONS NEED TO REACH THEIR PREVENTION GOALS?

STATE

Alaska

Community development for prevention capacity advancement

Advocacy training, data management and analysis, using data in grantwriting

creating programs with measurable results for funding

appreciation for research and data sources and their value

They need more information about what substance use is, how individuals become addicted, why it is so hard to become and stay sober, how life experiences impact their choices, what education can be provided to young people and what types of education work

Your survey listed a number of key topics and most all of them appear to be on point. I will say that TTA needs to be community-specific instead of canned. The last certification that was pushed, related to the strategic prevention framework via CAPT was

I think that more emphasis should be placed on building relationships in the community rather than focusing heavily on data, assessments and evaluation. While that information is important in understanding an issue, what gets a community and a coalition m

Decision make skills and follow through

how to focus their efforts while ensuring multiple coalition strategies are implemented to reforce focus.

how to engage partners, identifying evidence-based programs, evaluation and data tracking, leadership development, policy and advocacy efforts

measuring outcomes

Same as listed in 76 - more general information about prevention & the socio-ecological model.

Understanding the Strategic Prevention Framework

Access/funding to conferences outside of Alaska

Engaging Leadership

Understanding media campaigns and methods of outreach

collection of data and data-informed decision making

Funding

Use and implementing data for programming and practices

all leaders, employees, need to learn about confidentiality and do less gossip

Cultural competency and health disparity trainings

Idaho

Capacity building and sustainability...especially in rural areas that tend to be more isolated.

STATE

I am new to my position, so I'm not familiar enough with coalitions to give a reasonable assessment other than that, as a noncoalition member in my previous life, I never heard about community coalitions and what they do, so maybe building effective commu

Data collection

cultural competence, regional substance use/abuse knowledge, logic models

community education and involvement

Helping entities, such as schools, understand the importance of these programs and allowing kids to have a safe place to talk about substance use without fear of getting in trouble or being reported.

ACES, Evidence based substance abuse prevention and intervention, teen-age onset mental health issues, homelessness/risk factors and their impact.

Community minded functions

Sustainability plans

support with work and funding

All of the above

community training and buy-in

They need lots more. Maybe in small doses

Training in gaining resources, being a positive voice in the community, and becoming persuasive educators.

Assessment, Planning, Implementation, Evaluation, Capacity Building, Sustainability, Cultural Competence.....all of it...the problem is, they don't think or know they need it.

Using evidence-based programs/activities.

decision making, commitment

operating policies and procedures, rules of procurement, rules of charging indirect, OMB training.

Any kind of education and training can help a department or coalition

funding trainings

peer to peer resources

Same as above.

Sustainability

Training that are geared towards school employees and parents. They are the ones with our youth the most, but the hardest to get focused and implement prevention.

Support from the community

understanding their own communities better and needs

Community Organization

Community engagement

capacity building

Sustainability and sharing resources

STATE

coalition outreach

how to energize and sustain them

Sustainability, community assessment, engagement.

Importance of each member doing their part

All - Mental Health

As a new Coalition Chairperson, I am struggling with where to find the right resources and how to recruit new members.

Partnering with community members, creating a coalition that works without paid staff/leadership.

Ways to find new ideas to reach out to people and to keep it relevant.

Learn how to hire an Executive Director with experience in prevention

Adolescent school education. There is not enough training in Idaho schools.

Community and state-wide collaboration tools, logic model creation and implementation, synchronized social media

substance abuse education--why people start, how to assist families

logic model development, needs assessments and data decision making, also school collaboration efforts.

Sustainability, funding, recruitment

Oregon

Local training

How coalitions differ from workgroups/taskforces. Examples of how to engage leaders to support the work and not just give lip service.

nutrition

The understanding of universal/comprehensive prevention vs. targeted audiences

How to design and implement policy, system, and environment change strategies

funding opportunities

grant writing

using data to drive decisions

coalition building

Socioecological model

Sustainability; How to influence public policy without violating use of public funds laws

new members and youth as members

To see outcomes from their attendance and collaboration; anecdotal, data, or both

Implementation strategies

Basic Prevention fundamentals, Coalition Grant writing and sustainability

youth engagement

Integrating youth into leadership roles in coalitions

STATE

policy/advocacy trainings

How to advocate. Policy as a part of a complete prevention plan

Policy change

SPF, Communities that Care, Policy work, Clarity on individual vs. population health

Strategic Planning & Implementation

Networking service providers that are duplicating prevention/intervention services and reducing efficient use of time.

Funding and basic Prevention concepts like SAPT trainings.

Networking support

Training on prevention science

Defining data elements

social marketing campaigns, changing the self-concept of a community via social marketing can be effective.

Data-driven decision making, collective impact.

SAPST. Also, Coordinators need a clear line of communication to OHA. There should also training on the importance of having a be a state-wide prevention strategy for ATOD that incorporates all prevention professionals and not just those funded through Ore

evidence based best practices

how to change policy

Shifting to evidence-based policy and systems change instead of delivering resource intensive educational programs classroom by classroom and parent group by parent group

Our coalition needs funding.

A hotline or something would be best where community members could actually call

public communication skills

community engagement strategies, secondary trauma training

Need to learn how to be more effective as a coalition with shared goals, mission and vision.

Help with getting CPS certification

Continued Ed

I'm not sure. People need to plan and lead effective efficient meetings.

re-do a training on how to efficiently run a community coalition.

Policies related to reducing alcohol and other substance abuse

communication tools and editable templates

Communities that Care, prevention best practices and sustainability.

population level policy change that is grounded in solid evidence

How to be an effective team/coalition

STATE

using data to make decisions

Strategic focus on sustainable policy and systems change solutions. Community organizing for policy, especially with communities impacted by disparities. Effective health communications for policy.

Understanding of SPF and more upstream behavioral health issues

recruiting/maintaining members

ask the people

Understanding of the all of the levers related to behavior change, importance of evidence.

Resources surrounding sustainability

how to shift systems to a more trauma informed practice in working with addictions.

More towards formalizing our efforts, shift more towards policy and systems change. We don't need to stop what we currently do but we need to shift in an professionalize ourselves more and be more organized about our approaches to prevention.

In our case, our coalition needs an understanding of how coalitions work and what their role is in the community.

teamwork

addictions science and prevention science

We don't have active coalitions in our county yet.

More collaboration-it seems to be our best method

Communication

SAPST/SPF Sustainability

Understanding how real, effective coalitions function Bottom up rather than top down

Understanding that prevention programs and ACEs can influence a community to thrive and be healthy

How to use data and evidence to inform priorities. Also how to celebrate the contributions of those at the table and help organizations tell their collaborative stories (need for individual reportables but a collective approach).

How to pivot from individual or group focused interventions to public policies!

Coalition facilitator: effective facilitation skills Coalitions: community-based interventions

Washington

Need to be willing to listen and not think in terms of pathology

Community capacity, identifying resources, Community Mobilization

The ability to evaluate evidence and determine which intervention would best reach their prevention goals.

Need more information about what activities lead more directly to prevention outcomes

Making data based decisions

Program Evaluation and Cultural Competency

STATE

leadership, communications, developing effective partnerships

Same answer as above

Advocacy and capacity building

Community coalitions need to be grass roots coalitions not coalitions imposed by grant deliverables. The governmental agency can't go to the community and say you need this. It has to be community inspired, motivated, and led. So, I suppose, given the arr

Sustainability

strategic planning coalition development

awareness of drugs most used in the community; community forums on actions that can be taken to improve quality of life.

coalition leadership development; volunteer knowledge of prevention science

Anything that will help them to understand prevention and the processes involved in prevention

Coalition members need a lot of basic information about prevention, especially in rural areas where we don't have a lot of social services professionals. My coalition members are completely outside the field of social services and therefore have know know

coalitions

Community organizing and mobilization, accessing resources, understanding evidence based resources

coalition-building principles

Strategic Planning & Logic Models; connecting interventions to risk and protective factors; developing a realistic set of integrated prevention interventions that are feasible for a community; involving other stakeholders in coalition work.

Community capacity building, data driven decision making, prevention science

In person trainings

equity

What works, what doesn't. Trauma (ACES). Understanding the school district mission and decoding the language of education (PBIS is the Rosetta Stone). Strategic Prevention Framework. Creating and maintaining engaged relationships (from agenda pushing rogu

Learning about communities and the use of substance and alcohol use in their communities

Understanding how to engage unengaged communities

Leadership training. Community capacity training.

capacity building and prevention education

Building strategic partnerships to sustain prevention efforts.

importance and nuance of the balance between fidelity to models and programs and the appropriate process of adaptations

sustainability

getting started, assessment, planning, implementation, evaluation, capacity building

STATE

More trainings available to coalition members not just coordinators. Webinars that are short and coalition members could watch at a meeting

Advocacy; prevention ethics, putting EBPs into practice; leveraging memberships in state level prevention groups.

cultural inclusion

General community coalition management Risk and protective factors model Needs assessments

understanding how strategic plans, action plans and logic models are related

Understanding of what a coalition is, what their role is, and how to start off with sustainability in mind each step of the way

I would say that community coalitions need similar assistance as I do in my professional development - what a coalition is, how it operates, and how it engages with things such as fiscal agents, contractual deliverables, and Strategic Planning.

Strong, solid understanding of the basics.

Understanding how to engage the public in prevention resulting in stronger coalition leaders and, in turn, stronger coalitions. The Community Organizing Trainings that have happened over the past few years have been incredibly helpful for our staff and vo

current specific community status

Making sure they are choosing the right program for the FIT of their community and have the resources to implement.

engaging youth

resources available to send staff to training as well as implement programming

knowledge of TEPs (types - universal, selective, indicated) and how to successfully install and implement, prevention science, sustainability, building local capacity, cultural humility, inclusivity, strategic financing, systems-change

Ideas on reaching new potential community partners and members.

Moving away from fear/risk-based communication and materials. Even though most coordinators can say that fear doesn't work, they still tend to gravitate it in their messaging.

Support (educational, business/strategic planning, grant writing/funding, accounting/financial, legal) for mental health and addiction peers for the process of planning, establishing, and operating peer-run non profit organizations

building least likely partnerships

Recruiting & sustaining participation

policy systems and environment interventions (PSE)

Science communication about the value of programmatic intervention

Coalition building

A better understanding of the prevention goals that are set for each year

understanding of how coalitions work and their role in the coalition

Cultural competence (not just racial/ethnicity differences, but whole array of issues from sexual minority status, language, economics, literacy, rurality) and how to use that knowledge to shape program delivery

STATE

more on how to advocate to legislatures

CADCA boot camp, social norms

Unknown

Capacity building (how to engage community members, volunteers to "do" the work instead of the coordinator)

Strategic prevention framework

Community and capacity building

Same as previous

Understanding how to communicate addiction and how drugs affect the brain in an approachable way

Data collection and analysis

Effective community engagement

Appendix C: 2019 Northwest PTTC Workforce Needs Assessment Survey



2019 NWPTTC Needs Assessment

1. The Northwest Prevention Technology Transfer Center is interested in learning about your training and resource needs related to your substance use and misuse prevention work. Your responses to this survey will help us determine what prevention related trainings to provide, and how best to provide them.

This assessment is designed for anyone interested in training in substance use prevention to help build knowledge about prevention science and skills to identify and implement evidence-based programs and strategies.

This survey was designed to take 15 minutes to complete. Thank you for your participation.

We recommend that you complete the survey in one sitting so please take part in the survey when you have time to finish it all at once. Since the survey is anonymous and you are not required to log in, we can't restart the survey where you left off. However, if necessary, you may come back to a survey and pick up where you left off as long as the survey is still open.

Do you wish to continue with the Prevention Workforce Development and Training Needs Assessment?

☐ Yes

☐ No



2019 NWPTTC Needs Assessment

2. In which state do you currently work?

- ☐ Alaska
- ☐ Idaho
- ☐ Oregon
- ☐ Washington

3. How would you describe your work setting?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other (please specify)

4. In your prevention work, do you work with or for a tribal government(s)/organization(s)?

- ☐ Yes
- ☐ No



Northwest (HHS Region 10)

PTTC

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

2019 NWPTTC Needs Assessment

5. Please identify which tribal government(s)/organization(s).



2019 NWPTTC Needs Assessment

6. What is your certification/licensure status in the field of substance use prevention?

- ☐ Not certified or licensed
- ☐ Previously certified or licensed, but not now
- ☐ Currently certified or licensed
- ☐ Student/Intern

7. What is your job responsibility? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Program staff | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Supervisor of program staff | <input type="checkbox"/> Student/Intern |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Coalition Director/Coordinator |
| <input type="checkbox"/> Other (please specify) | |

8. What is your work setting or profession? (check all that apply)

- ☐ Community coalition
- ☐ School (K-12)
- ☐ Higher education
- ☐ Community-based organization
- ☐ Faith-based organization
- ☐ Law enforcement or criminal justice
- ☐ Primary care or other medical setting
- ☐ Independent consultant/provider
- ☐ Local Government
- ☐ County Government
- ☐ State/Jurisdiction Government
- ☐ Other (please specify)

9. What is your organization's primary focus?

- | | |
|--|--|
| <input type="radio"/> Substance abuse prevention | <input type="radio"/> Education—Higher Education |
| <input type="radio"/> Substance abuse treatment | <input type="radio"/> Research |
| <input type="radio"/> Mental health promotion | <input type="radio"/> Military |
| <input type="radio"/> Mental health treatment | <input type="radio"/> Healthcare |
| <input type="radio"/> Violence prevention | <input type="radio"/> Faith community |
| <input type="radio"/> Criminal justice | <input type="radio"/> Government |
| <input type="radio"/> Education—K-12 | <input type="radio"/> Social/Human Services |
| <input type="radio"/> Other (please specify) | |

10. What substance(s) do you and/or your agency focus on preventing? (check all that apply)

☐ Alcohol

☐ Methamphetamine

☐ Marijuana

☐ Other illegal substances (e.g. cocaine)

☐ Opioids

☐ Polysubstance use

☐ Tobacco

☐ Other (please specify)



2019 NWPTTC Needs Assessment

11. Please indicate how useful you find the following types of technologies to enhance your knowledge of substance abuse prevention services or skills.

	Not at all	Slightly	Somewhat	Very	Extremely	I am not familiar with this technology
Webinars using software such as Adobe ConnectPro, WebEx, GoToWebinar/ GoToMeeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video conferences using software such as Skype or Zoom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online peer networking (i.e. discussion boards, chat rooms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed or online publications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recorded online trainings such as YouTube videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2019 NWPTTC Needs Assessment

12. Please indicate how useful you find the following types of technologies to enhance your knowledge of substance abuse prevention services or skills.

	Not at all	Slightly	Somewhat	Very	Extremely	I am not familiar with this technology
Blogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-paced e-learning materials (i.e. videos, interactive modules)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podcasts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monthly electronic newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teleconference calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2019 NWPTTC Needs Assessment

13. Please indicate how useful you find the following types of technologies to enhance your knowledge of substance abuse prevention services or skills.

	Not at all	Slightly	Somewhat	Very	Extremely	I am not familiar with this technology
Web-based trainings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-person workshops or meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



2019 NWPTTC Needs Assessment

14. Please indicate which of the following modes you prefer for online learning.

- ☐ Live (also called "synchronous") sessions, with time for questions and discussions
- ☐ Recorded (also called "asynchronous") sessions
- ☐ A combination of live (synchronous) and recorded (asynchronous) sessions

15. If you were to attend a live session, which days of the week would work best for you (check all that apply):

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | |

16. If you were to attend a live online training or webinar, which of the following times would work best for you (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Before the traditional workday begins (prior to 8:00 a.m.) | <input type="checkbox"/> Early afternoon (1:00 - 3:00 p.m.) |
| <input type="checkbox"/> Early morning (8:00 - 10:00 a.m.) | <input type="checkbox"/> Late afternoon (3:00 - 5:00 p.m.) |
| <input type="checkbox"/> Late morning (10:00 a.m. - noon) | <input type="checkbox"/> Evening (after the traditional workday ends at 5:00 p.m.) |
| <input type="checkbox"/> Over the noon-hour | |



2019 NWPTTC Needs Assessment

17. Which of the following lengths of time for trainings would work well for you (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Less than one hour | <input type="checkbox"/> Short segments of training (one hour or less), with multiple sessions |
| <input type="checkbox"/> One to two hours | <input type="checkbox"/> Longer segments of training (two to four hours), with multiple sessions |
| <input type="checkbox"/> Two to four hours | <input type="checkbox"/> A full, one-day training |

18. How important is it for you to receive continuing education units (CEUs) for any sessions that you attend?

- | | |
|--|--|
| <input type="radio"/> Very important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Very unimportant |
| <input type="radio"/> Neither important or unimportant | |

19. What are the greatest challenges to accessing training and technical assistance or professional development activities for prevention? Please select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Cannot travel to in-person events | <input type="checkbox"/> Don't know where to access training and technical assistance |
| <input type="checkbox"/> Do not have reliable internet to access web-based events | <input type="checkbox"/> No funding for training and technical assistance |
| <input type="checkbox"/> Supervisor or workplace does not support or allow time to participate in training and technical assistance | <input type="checkbox"/> I cannot fit it into my schedule |
| <input type="checkbox"/> Other (please specify) | |



2019 NWPTTC Needs Assessment

20. Please indicate your current skill level and how important you feel it is for you to receive training in the following areas:

This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

A. Analyzing data

Definition – Reviewing data for planning, implementing or reporting of interventions

What is your current skill level in **analyzing data**?

- ☐ Low
- ☐ Moderate
- ☐ High

21. How important is it for you to receive training in **analyzing data**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

22. This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

B. Using data to make decisions

Definition – Making choices about prevention planning and programming based on relevant and geographically specific information

What is your current skill level in using data to make decisions?

- ☐ Low
- ☐ Moderate
- ☐ High

23. How important is it for you to receive training in using data to make decisions?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

24. This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

C. Using risk and protective factor data

Definition – Understanding how positive and negative early predictors influence later substance use

What is your current skill level in **using risk and protective factor data**?

- ☐ Low
- ☐ Moderate
- ☐ High

25. How important is it for you to receive training in **using risk and protective factor data**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

26. This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

D. Shared risk and protective factors

Definition – Understanding how risk and protective factors can overlap and are associated with multiple outcomes

What is your current skill level in **understanding shared risk and protective factors**?

- ☐ Low
- ☐ Moderate
- ☐ High

27. How important is it for you to receive training to understand shared risk and protective factors?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

28. This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

E. Identifying evidence-based interventions and practices

Definition – Determining which interventions are supported by evidence either by randomized controlled trails or other types of supporting research sometimes referred to as promising programs

What is your current skill level in **identifying evidence-based interventions and practices**?

- ☐ Low
- ☐ Moderate
- ☐ High

29. How important is it for you to receive training in identifying evidence-based interventions and practices?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

30. This first section has to do with your competencies associated with assessment. Assessment is used to identify what problems or issues exist in a particular community or organization. Oftentimes, there will be a process where problems are prioritized for action.

F. Selecting prevention programs and practices

Definition – Determining the appropriate program or practice for your community based on local risk and protective factor data

What is your current skill level in **selecting prevention programs and practices**?

- ☐ Low
- ☐ Moderate
- ☐ High

31. How important is it for you to receive training in **selecting prevention programs and practices?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

32. The next section has to do with your competencies associated with prevention programming. Prevention programming is the understanding, implementation, and evaluation of the identified programs and strategies selected to produce the desired outcomes.

A. Development and use of logic models

Definition - Graphic models or statements that describe the "logic" behind expected course of programs or process, e.g., "If" something happens, "Then" something else happens. The most complete logic models identify the issues or conditions that you are trying to change, the strategies being employed to cause change, and the measurement strategy for determining whether changes that occurred are attributable to the identified strategies.

What is your current skill level in the **development and use of logic models**?

- ☐ Low
- ☐ Moderate
- ☐ High

33. How important is it for you to receive training in the **development and use of logic models?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

34. The next section has to do with your competencies associated with prevention programming. Prevention programming is the understanding, implementation, and evaluation of the identified programs and strategies selected to produce the desired outcomes.

B. Understanding of program theory

Definition – Knowing how and why a program is supposed to work. This can be one of the most important things in the success of a program

What is your current skill level in the **understanding of program theory**?

- ☐ Low
- ☐ Moderate
- ☐ High

35. How important is it for you to receive training to understand program theory?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

36. The next section has to do with your competencies associated with prevention programming. Prevention programming is the understanding, implementation, and evaluation of the identified programs and strategies selected to produce the desired outcomes.

C. Program Implementation

Definition - This means following the guidance for implementing the strategies such as number of sessions, length of sessions, use of materials, etc. Implementing as intended by the program developers also means making necessary adaptations in order to address the cultural or language needs of the population(s) receiving the services.

What is your current skill level in **program implementation**?

- ☐ Low
- ☐ Moderate
- ☐ High

37. How important is it for you to receive training in **program implementation?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

38. The next section has to do with your competencies associated with prevention programming. Prevention programming is the understanding, implementation, and evaluation of the identified programs and strategies selected to produce the desired outcomes.

D. Program evaluation

Definition – A systematic method for collecting, analyzing, and using information to answer questions about an intervention's implementation processes and/or to measure the program's intended outcomes

What is your current skill level in program evaluation?

- ☐ Low
- ☐ Moderate
- ☐ High

39. How important is it for you to receive training in program evaluation?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

40. The next section has to do with your competencies associated with prevention programming. Prevention programming is the understanding, implementation, and evaluation of the identified programs and strategies selected to produce the desired outcomes.

E. Program sustainability

Definition – Develop a plan to continue prevention interventions that identifies expenses, revenues, and financial gaps along other funding opportunities.

What is your current skill level in **program sustainability**?

- ☐ Low
- ☐ Moderate
- ☐ High

41. How important is it for you to receive training in **program sustainability**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

42. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

A. Community capacity building

Definition - Involve a variety of individuals and groups in planning efforts, including prioritization and program selection, to address local problems. It is especially important to involve the individuals and groups that will be receiving services.

What is your current skill level in **community capacity building**?

- ☐ Low
- ☐ Moderate
- ☐ High

43. How important is it for you to receive training in **community capacity building?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

44. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

B. Coalition building

Definition - Recruit and retain coalition membership, build coalition structure and leadership, develop and implement coalition work plan including regular meetings.

What is your current skill level in **coalition building**?

- ☐ Low
- ☐ Moderate
- ☐ High

45. How important is it for you to receive training in **coalition building**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

46. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

C. Engaging/collaborating with under-served populations

Definition – Identify and work with groups inadequately represented but data show have a greater need for preventive interventions such as youth, sexual or racial/ethnic minorities.

What is your current skill level in **engaging/collaborating with under-represented populations**?

- ☐ Low
- ☐ Moderate
- ☐ High

47. How important is it for you to receive training in **engaging/collaborating with under-represented populations**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

48. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

D. Cultural competence

Definition – Identify groups who may need cultural considerations in service delivery and plan for services to effectively address the cultural considerations.

What is your current skill level in **cultural competence**?

- ☐ Low
- ☐ Moderate
- ☐ High

49. How important is it for you to receive training in **cultural competence**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

50. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

E. Leadership development

Definition – Growing the capabilities of individuals to perform in leadership roles within organizations.

What is your current skill level in **leadership development**?

- ☐ Low
- ☐ Moderate
- ☐ High

51. How important is it for you to receive training in **leadership development**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

52. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

F. Community or system change practices

Definition – The process to advance social change through an understanding and commitment to engaging with all aspects of the community and social systems in the community.

What is your current skill level in **community or system change practices**?

- ☐ Low
- ☐ Moderate
- ☐ High

53. How important is it for you to receive training in **community or system change practices**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

54. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

G. Designing & implementing health media campaigns

Definition – Using various forms of media communication to prevent substance misuse (social media campaigns, marketing campaigns, social norms campaigns, etc.).

What is your current skill level in **designing & implementing health media campaigns**?

- ☐ Low
- ☐ Moderate
- ☐ High

55. How important is it for you to receive training in **designing & implementing health media campaigns**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

56. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

H. Skills to facilitate a coalition or community meeting

Definition – Effective skills to organize and lead a diverse group of people towards a common task or goal

What is your current skill level to **facilitate a coalition or community meeting**?

- ☐ Low
- ☐ Moderate
- ☐ High

57. How important is it for you to receive training to facilitate a coalition or community meeting?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

58. The next section has to do with your competencies associated with capacity building. Building capacity to address problems is another key element of most strategic planning models. Capacity-building generally involves establishing helpful relationships with partners in order to further your coalition's or organization's goals, and theirs.

I. Effective communication skills to talk about prevention

Definition – Understanding how to communicate well with others about prevention, know how learning works, have a high level of empathy to understand what others are taking in during learning and be able to show enthusiasm about the content

What is your current skill level to **effectively communicate about prevention**?

- ☐ Low
- ☐ Moderate
- ☐ High

59. How important is it for you to receive training to **effectively communicate about prevention?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

60. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

A. The prevention research cycle

Definition – A progression of scientific studies in which research on the development of problems leads to the development and evaluation of interventions, which in turn lead to research on the widespread dissemination and implementation of effective interventions

What is your current skill level in **understanding the prevention research cycle**?

- ☐ Low
- ☐ Moderate
- ☐ High

61. How important is it for you to receive training in **understanding the prevention research cycle?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

62. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

B. Public policy development and advocacy

Definition – Indicate the type and context of a policy or practice to be adopted based on knowledge about the issue or problem and who it affects. This includes engaging policymakers to understand the issue and possible solutions to reduce or resolve the issue or problem

What is your current skill level in **public policy development and advocacy**?

- ☐ Low
- ☐ Moderate
- ☐ High

63. How important is it for you to receive training in **public policy development and advocacy**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

64. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

C. Advocating for prevention and prevention funding with elected officials

Definition – Helping elected officials and policymakers understand the importance of and benefits of prevention programs

What is your current skill level in **advocating for prevention and prevention funding with elected officials**?

- ☐ Low
- ☐ Moderate
- ☐ High

65. How important is it for you to receive training in **advocating for prevention and prevention funding with elected officials**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

66. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

D. Adverse Childhood Experiences (ACEs)

Definition – Stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.

What is your current skill level in **understanding Adverse Childhood Experiences (ACEs)**?

- ☐ Low
- ☐ Moderate
- ☐ High

67. How important is it for you to receive training in **understanding Adverse Childhood Experiences (ACEs)?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

68. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

E. Health disparities and health inequities

Definition – Differences in a measure of health and the distribution of health determinants and outcomes across separate groups in a population

What is your current skill level in **understanding health disparities and health inequities**?

- ☐ Low
- ☐ Moderate
- ☐ High

69. How important is it for you to receive training in **understanding health disparities and health inequities?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

70. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

F. Issues related to mental health

Definition – Anxiety, depression, mood disorders, and trauma symptoms such as PTSD, are public health concerns that can co-occur with substance use making it difficult to diagnose the signs and/or symptoms of the underlying issue

What is your current skill level in **understanding issues related to mental health?**

- ☐ Low
- ☐ Moderate
- ☐ High

71. How important is it for you to receive training to understand issues related to mental health?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

72. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

G. Confidentiality and ethical principles

Definition – The understanding of the core values and competencies that guide the development and implementation of prevention policies and practices. A recognition of his or her responsibilities to the public, to service recipients, and to colleagues to perform their responsibilities in an ethical and professional manner

What is your current skill level in **confidentiality and ethical principles**?

- ☐ Low
- ☐ Moderate
- ☐ High

73. How important is it for you to receive training in **confidentiality and ethical principles?**

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

74. The last section about the need for training has to do with your competencies associated with general issues related to prevention.

H. Understanding regional substances of abuse

Definition – A community, county or larger geographic area experiencing an increase or spike in a specific substance such as cannabis, opiates, or alcohol not experienced by the state as a whole

What is your current skill level in **understanding regional substances of abuse**?

- ☐ Low
- ☐ Moderate
- ☐ High

75. How important is it for you to receive training in **understanding regional substances of abuse**?

- | | |
|--|--|
| <input type="radio"/> Extremely important | <input type="radio"/> Unimportant |
| <input type="radio"/> Important | <input type="radio"/> Completely unimportant |
| <input type="radio"/> Neither important or unimportant | <input type="radio"/> I don't know what this is or means |



2019 NWPTTC Needs Assessment

76. Where do you look for information on evidence-based programs? (check all that apply)

☐ Blueprints for Healthy Youth Development

☐ What Works Clearinghouse

☐ SAMHSA

☐ Crime Solutions.gov

☐ Other (please specify)

77. In your opinion, what area of training or technical assistance do you need to further your professional development?

78. In your opinion, what area of training or technical assistance do community coalitions need to reach their prevention goals?

79. How do you keep informed about the emerging trends, theory and practice in the prevention of substance abuse and related behavioral health issues?



2019 NWPTTC Needs Assessment

80. The answers to the following demographic questions will help us know about the group of people in our region who take the survey. Your identity and responses will still be anonymous.

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ I'd prefer not to say
- ☐ Other (please specify)

81. What is your age?

- | | |
|--------------------------------|---|
| <input type="radio"/> Under 20 | <input type="radio"/> 50-59 |
| <input type="radio"/> 20-29 | <input type="radio"/> 60-69 |
| <input type="radio"/> 30-39 | <input type="radio"/> 70 or over |
| <input type="radio"/> 40-49 | <input type="radio"/> I'd prefer not to say |



2019 NWPTTC Needs Assessment

82. How do you describe your ethnicity?

- | | |
|--|---|
| <input type="radio"/> White | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Black or African American | <input type="radio"/> Multiethnic |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> I'd prefer not to say |
| <input type="radio"/> Asian | |
| <input type="radio"/> Other (please specify) | |



Northwest (HHS Region 10)

PTTC

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

2019 NWPTTC Needs Assessment

83. Please specify the name of your enrolled or principal tribe.



2019 NWPTTC Needs Assessment

84. Are you Hispanic or Latino/a?

- ☐ Yes
- ☐ No
- ☐ I'd prefer not to say

85. What is the highest level of education you have completed?

- | | |
|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> 4 year degree |
| <input type="radio"/> High school graduate | <input type="radio"/> Master's degree |
| <input type="radio"/> Some college | <input type="radio"/> Doctorate |
| <input type="radio"/> 2 year degree | <input type="radio"/> I'd prefer not to say |



2019 NWPTTC Needs Assessment

86. How many years have you worked in the field of substance misuse/abuse?

	0 years	1-2 years	3-5 years	6-8 years	9-10 years	More than 10 years	I'd prefer not to say
Substance Abuse/Misuse Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Support, "Relapse Prevention," Post-treatment support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2019 NWPTTC Needs Assessment

87. Do you have any comments or questions about the survey or any information you would like to share about your experience with training and technical assistance in substance abuse prevention before we end today?