



Mountain Plains (HHS Region 8)

**PTTC**

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

## Training and Technical Assistance Needs:

### Findings from a Survey of Prevention Professionals in Region 8



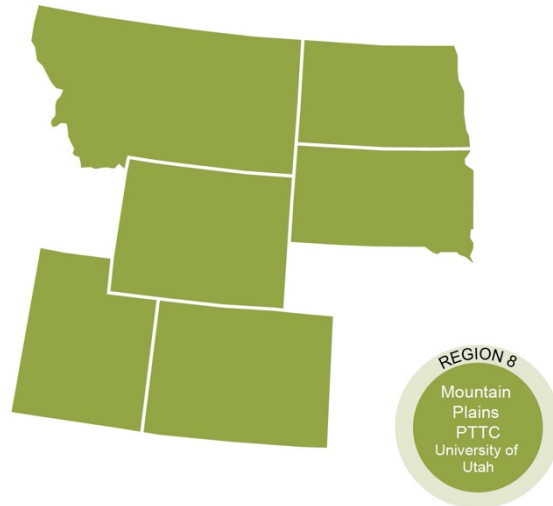
U.S. Department of Health & Human Services, Region 8 States:  
Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

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## Introduction

The **Mountain Plains Prevention Technology Transfer Center (PTTC)** serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (HHS Region 8). Funded by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, the Mountain Plains PTTC is a five-year collaboration between the Department of Educational Psychology in the College of Education at the University of Utah and the School of Dentistry at the University of Utah.

The purpose of the PTTC Network is to improve implementation and delivery of effective substance use prevention interventions, and provide training and technical assistance services to the substance use prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance use prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

## Goals of the Mountain Plains PTTC

- Promote communication and maintain collaborative relationships with key regional stakeholders to strengthen the substance abuse prevention workforce
- Conduct a regional assessment to identify training needs
- Actively communicate, participate, and collaborate in the PTTC Network Activities to develop, share, and expand resources within the region and across the network.
- Provide Trainings & Technical Assistance (T&TA) using innovative technology and learning strategies to pre-professionals and professionals in the substance use prevention and health care fields
- Deliver T&TA in a prevention subject area of special expertise
- Develop state-of-the-art e-learning courses and webinars to provide on-demand learning opportunities to Region 8 stakeholders
- Train pre-professionals and professionals in the use of hub/spoke telehealth clinics
- Facilitate the integration of health systems
- Serve as a resource on evidence-based and promising practices that are culturally and linguistically appropriate for faith-based organizations, community-based organizations, Tribal and urban Indian communities, prevention coalitions, behavioral and medical care providers, K-12 schools, universities/colleges, racial/ethnic or gender and sexual minority individuals/organizations
- Continuously evaluate program effectiveness and impact

## Identifying Training & Technical Assistance Needs of Region 8

The Mountain Plains PTTC team conducted an electronic survey in March 2019. Results from this survey will help the Mountain Plains PTTC staff better collaborate with providers and stakeholders throughout the region. Additionally, the survey results will inform the development of new products, training materials, and technical assistance requests.

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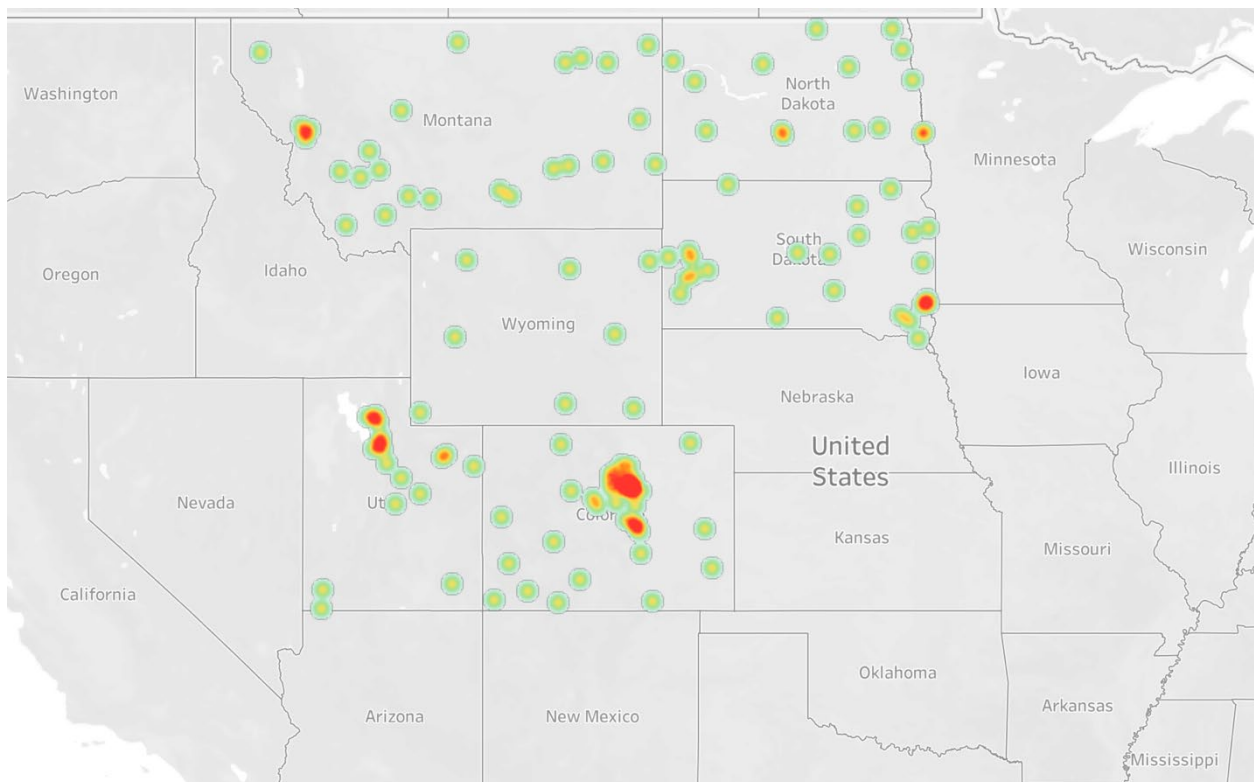
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## Survey Respondents

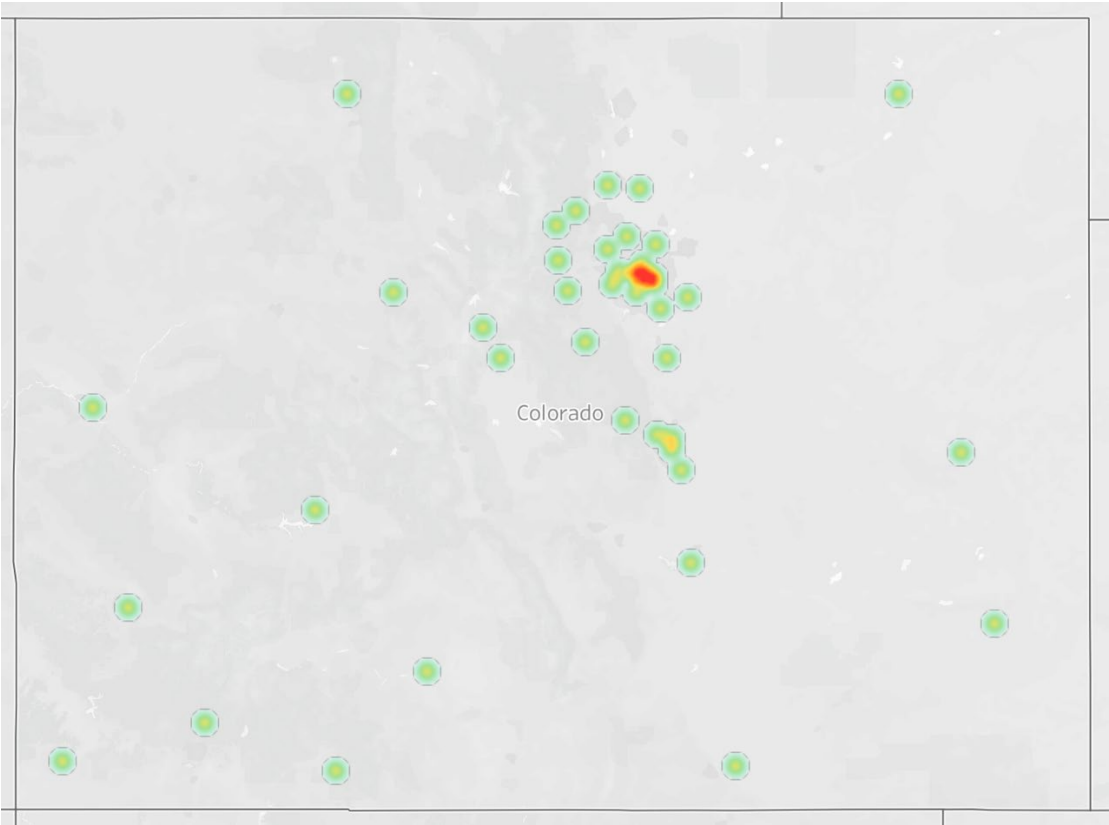
A total of 267 prevention professionals in HHS Region 8 began to complete the survey; 15 of these individuals did not complete the survey. After removing the incomplete responses, data collected from 248 participants were reviewed. Respondents were predominantly:

- Female (87.40%),
- White (92.43%) and not of Hispanic origin (97.10%)
- Between the ages of 35 and 44 (30.86%)
- Residing in rural communities (67.77%)
- Working at a community coalition (24.69%), and
- Working as a substance use prevention specialist (50.22%), See Figures 1-6.

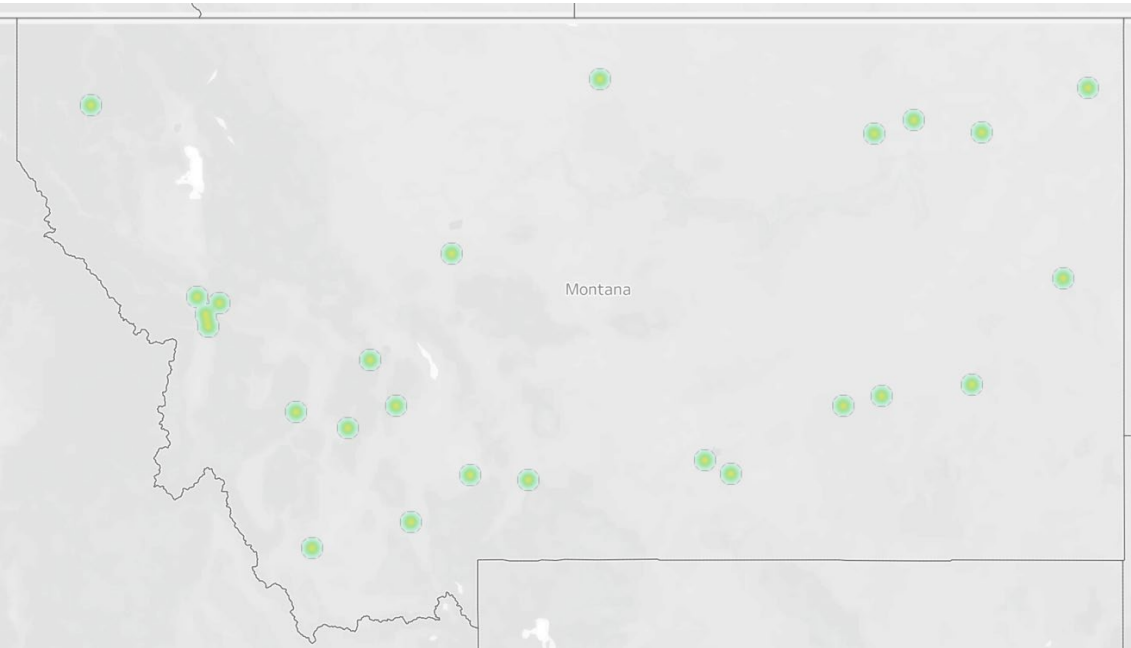
**Figure 1. Overall Heat Map of Respondents in Region 8**



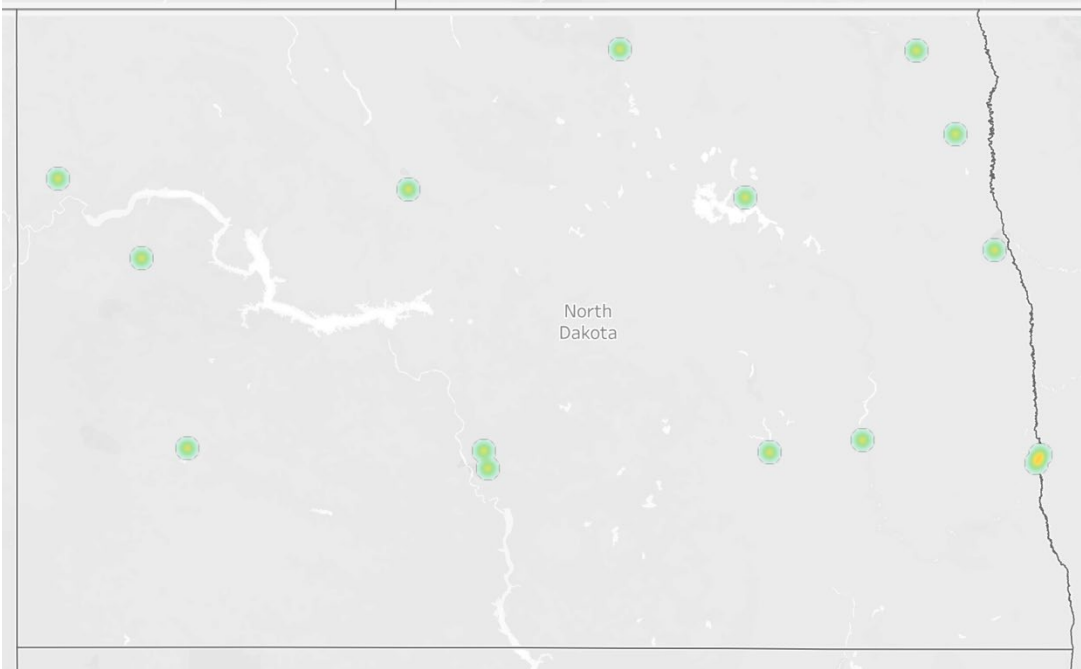
**Figure 2. Heat Map of Respondents in Colorado (n = 54)**



**Figure 3. Heat Map of Respondents in Montana (n = 35)**



**Figure 4. Heat Map of Respondents in North Dakota (n = 32)**



**Figure 5. Heat Map of Respondents in South Dakota (n = 67)**

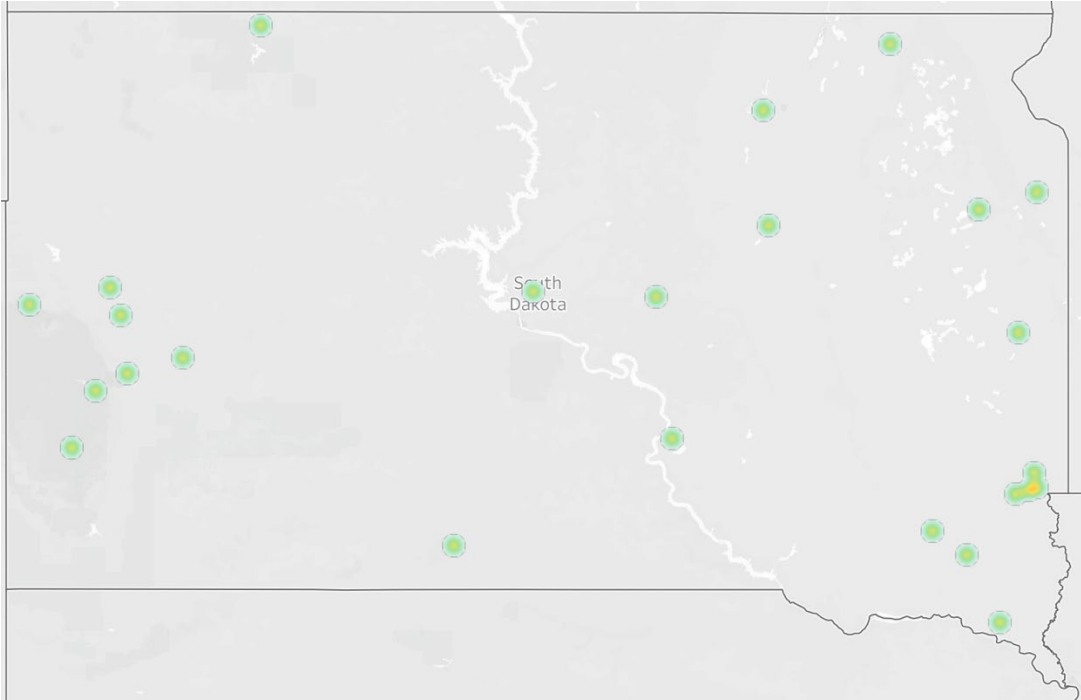
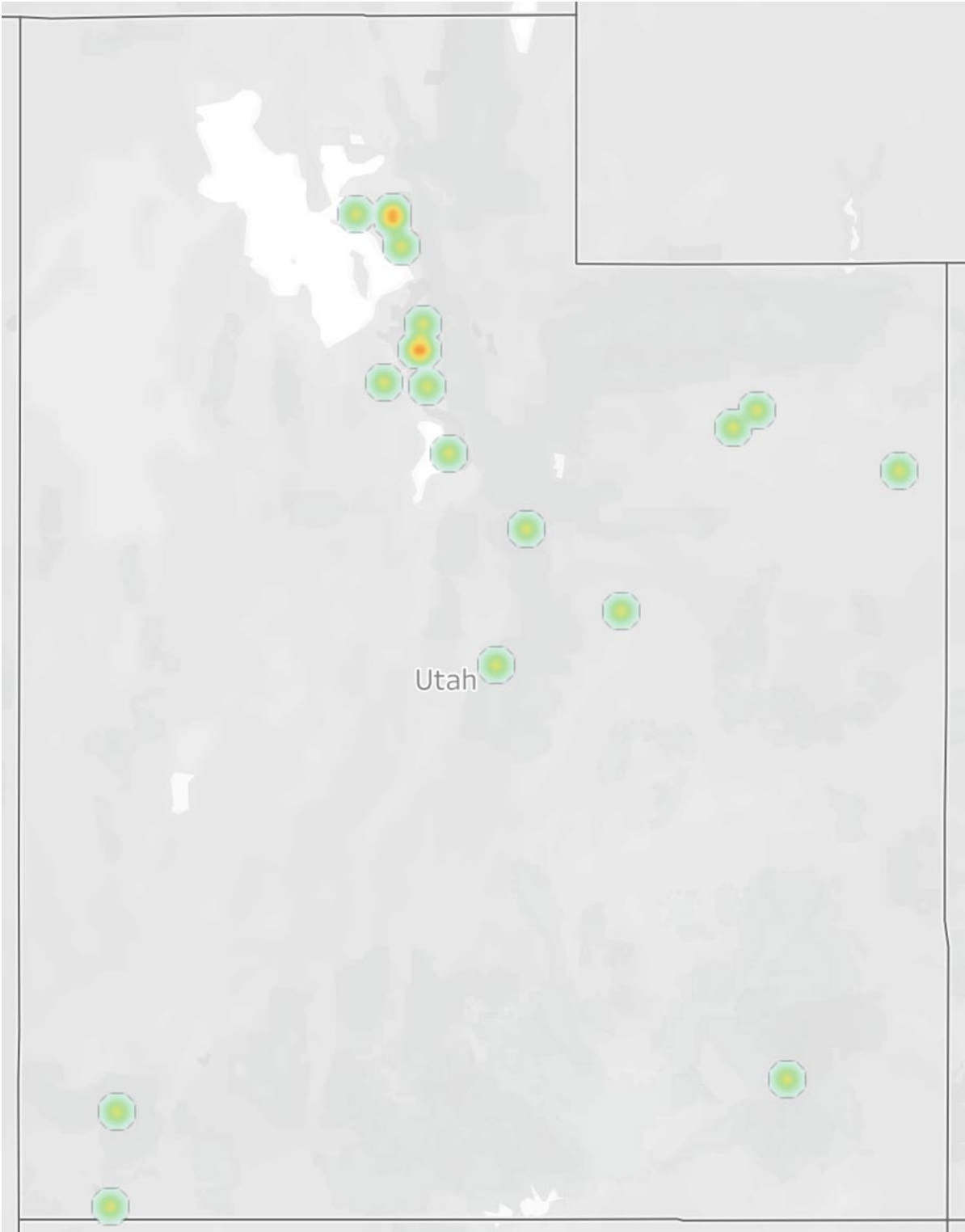
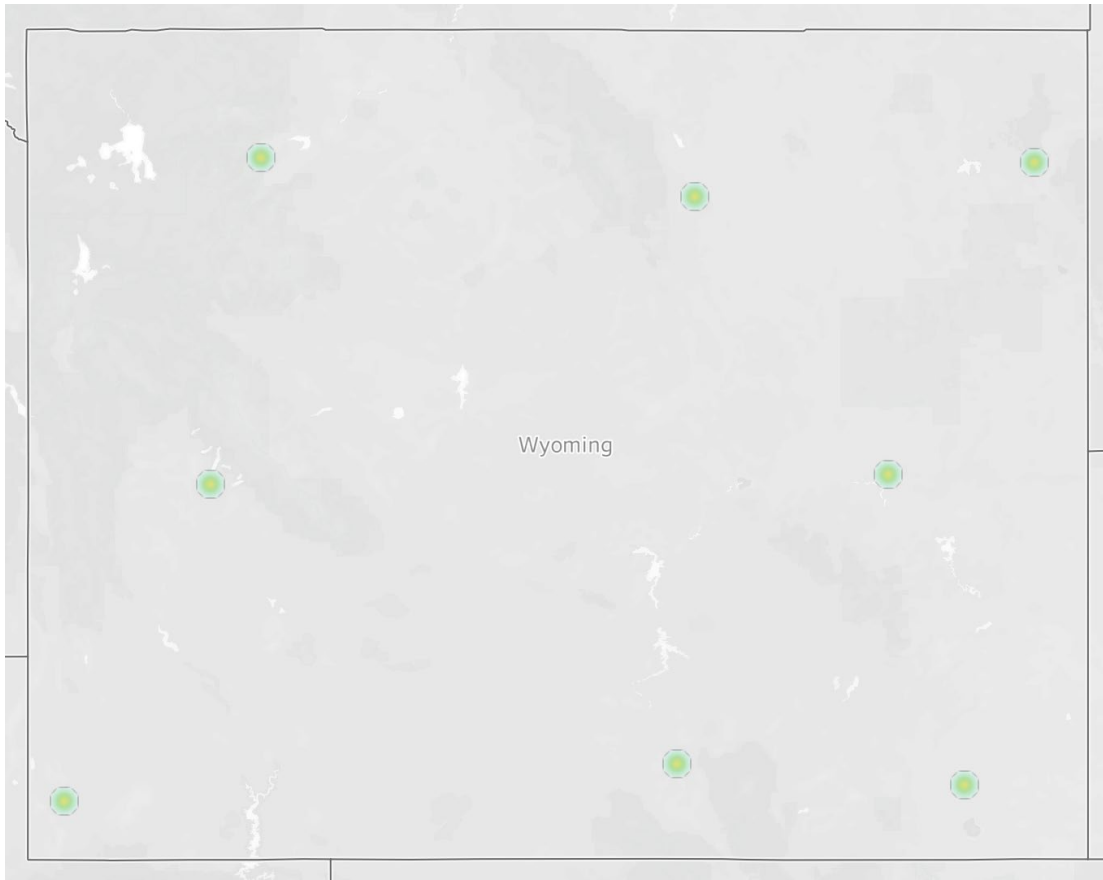


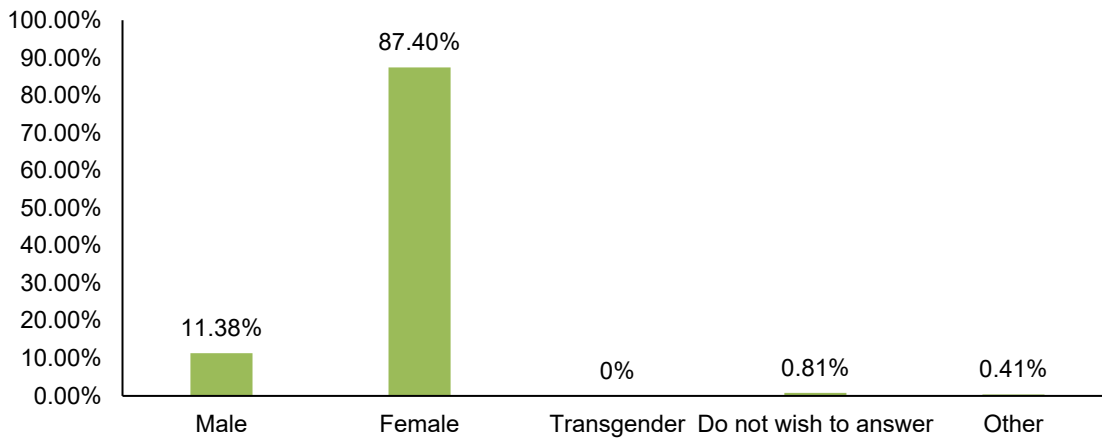
Figure 6. Heat Map of Respondents in Utah (n = 48)



**Figure 7. Heat Map of Respondents in Wyoming (n = 12)**

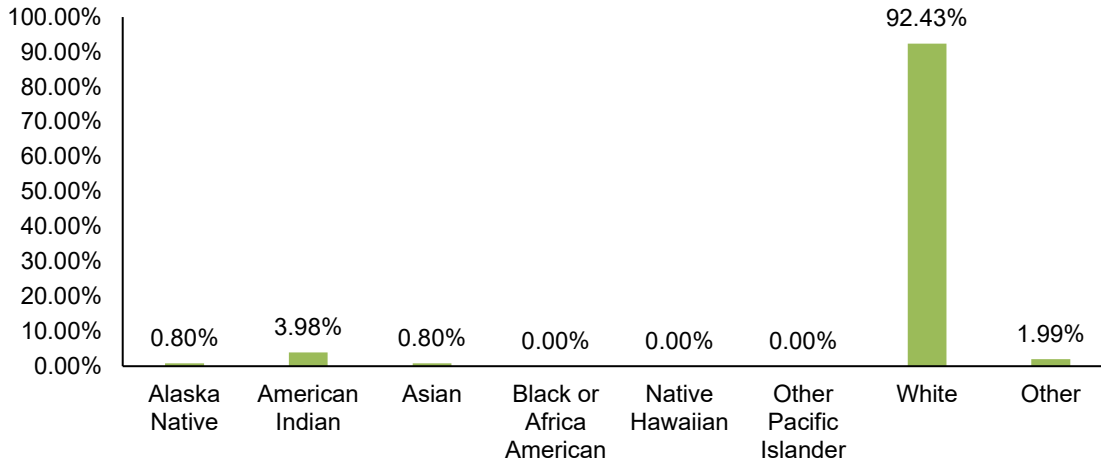


**Figure 8. Percentage of Survey Respondents by Gender**

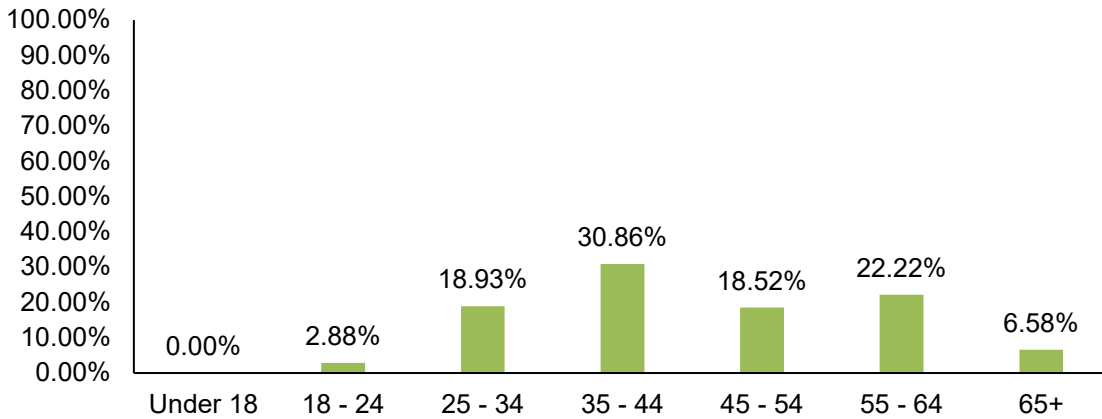




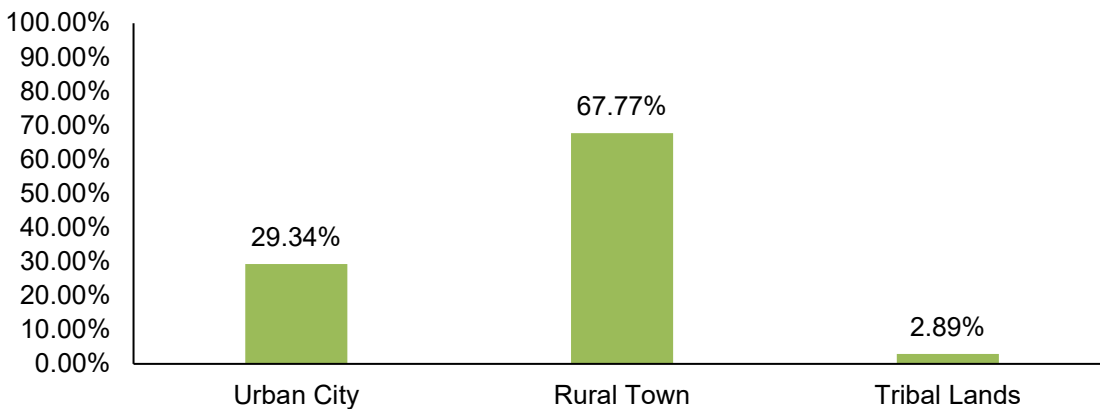
**Figure 9. Percentage of Survey Respondents by Race**



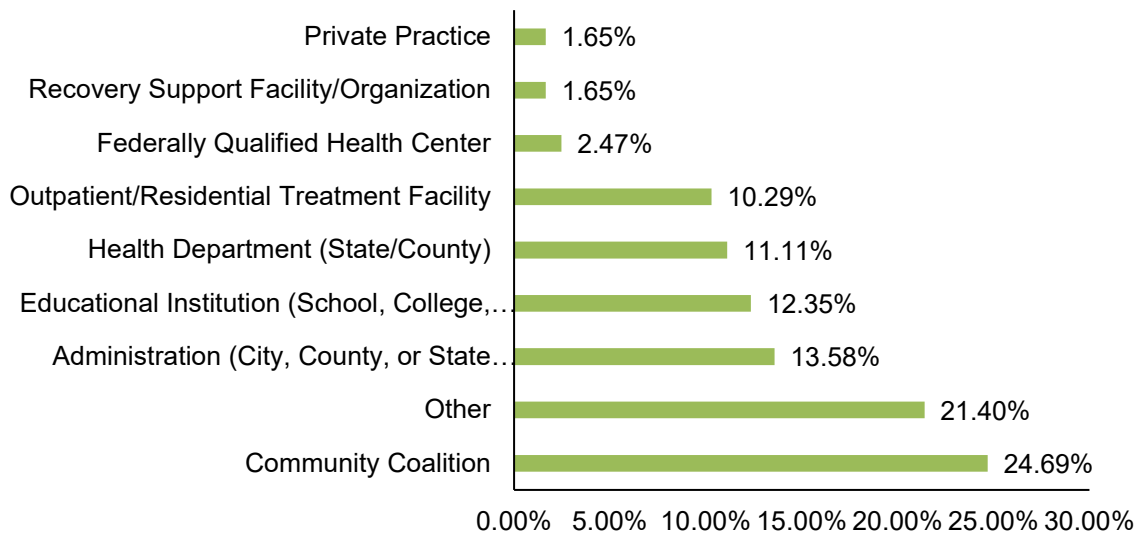
**Figure 10. Percentage of Survey Respondents by Age**



**Figure 11. Percentage of Respondents' Primary Workplace Residence**



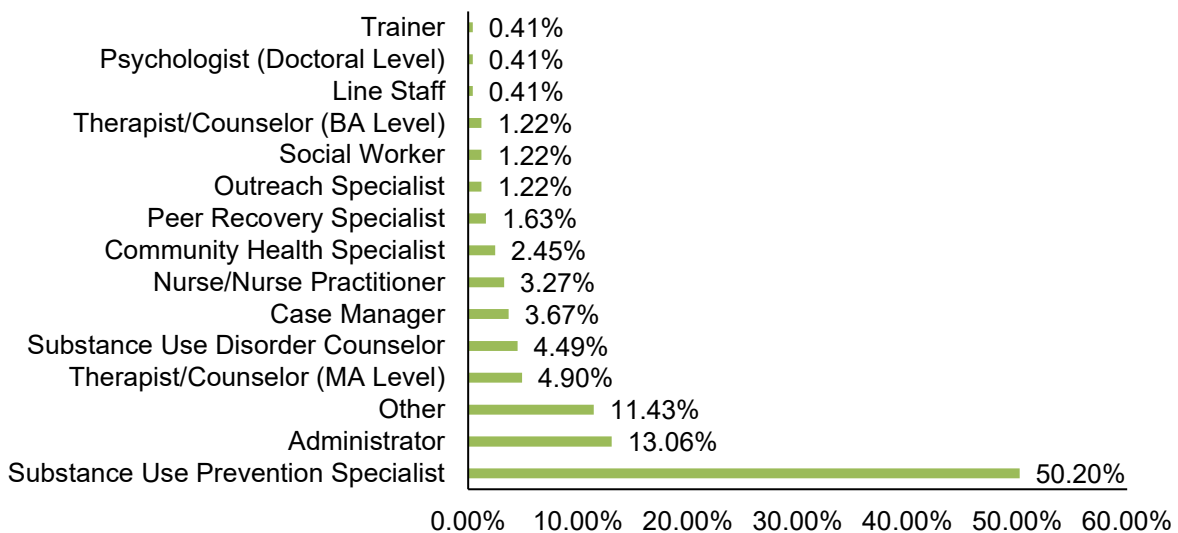
**Figure 12. Percentage of Respondents' Primary Work Settings**



\*Note: This graph is not scaled to 100%.

Roughly 25% (52) of respondents indicated “Other” as their primary job setting. A majority of the “Other” job settings included non-profit settings and community mental health clinics.

**Figure 13. Respondents' Primary Work Role**



\*Note: This graph is not scaled to 100%.

## Training and Technical Assistance Needs: Topic Priorities

Participants were asked to indicate the priority/need for training and/or technical assistance (TA) on a variety of topics. Each topic was rated on a 5-point scale corresponding to their level of interest in the topic. The top 10 training needs based on the percentage of respondents indicating “Very Interested” in the topic is shown in Table 1. Table 2 shows the ratings across all topics.

**Table 1. Training and Technical Assistance Needs: Top 10 Topic Priorities**

Topic Area	Percentage “Very Interested”
1. Adolescent substance use prevention	72%
2. Alcohol prevention	66%
3. Marijuana prevention	65%
4. Changing social norms	64%
5. Connecting adolescent development with prevention programming	63%
6. Coping skills preventive interventions	63%
7. Stigma reduction	62%
8. Using social media in prevention	61%
9. Adolescent brain development	60%
10. Methamphetamine prevention	59%

**Table 2. Training and Technical Assistance Needs by Overall Priority Ranking**

Topic	Very interested	Somewhat interested	A little interested	Not at all interested	N
Adolescent substance-use prevention	72%	16%	11%	1%	228
Alcohol prevention	66%	23%	10%	1%	230
Marijuana prevention	65%	20%	13%	2%	230
Changing social norms	64%	25%	10%	1%	230
Connecting adolescent development with prevention programming	63%	23%	12%	2%	228
Coping skills preventive interventions	63%	25%	11%	0%	227
Stigma reduction	62%	25%	11%	2%	229
Using social media in prevention	61%	26%	13%	1%	230
Adolescent brain development	60%	24%	14%	2%	229

Methamphetamine prevention	59%	23%	14%	3%	229
School-based preventive interventions	58%	22%	15%	5%	226
Skills-based preventive interventions	57%	30%	12%	1%	228
Tobacco/e-cigarette prevention	55%	25%	18%	3%	228
Opioid prevention	54%	28%	17%	2%	230
Identifying and selecting evidence-based programs	53%	28%	15%	4%	229
Prescription drug-use prevention	53%	29%	17%	2%	229
Risk and protective factors	50%	30%	17%	2%	230
Transition age youth preventive interventions	48%	34%	13%	4%	1227
Public policy and environmental change	47%	35%	16%	3%	230
Eliminating health disparities	46%	34%	16%	4%	230
Prevention ethics	44%	29%	24%	3%	228
Culturally informed prevention	43%	33%	21%	3%	230
Selective and indicated prevention programming	42%	38%	17%	3%	230
Universal prevention programming	41%	38%	19%	3%	230
Trauma-informed care	40%	35%	20%	5%	227
Parenting programs	38%	29%	22%	11%	230
Conducting local needs assessment	34%	38%	23%	6%	229
Screening, brief intervention and referral to treatment (SBIRT)	32%	31%	29%	8%	227
Strategic prevention framework (SPF)	31%	34%	24%	11%	229
Preventive interventions for LGBTQ communities	31%	35%	25%	10%	226
Preventive interventions for college students	29%	32%	27%	13%	227
Storytelling	27%	29%	28%	16%	229
Cultural and linguistic competence	22%	26%	37%	15%	229
Telehealth	22%	27%	34%	18%	226
Promotora model (Hispanic Health Educator)	8%	14%	34%	44%	229

“Other” topics for training or TA needs that were most commonly listed by participants included those related to rural and small population-specific strategies. Topics included:

- High risk behaviors in youth and military personnel
- How to mitigate risks and engage self-awareness and safety

- Outcome measurement strategies
- Obtaining funding
- Cultural competency
- Community assessments
- Community engagement

## Rural Training and Technical Assistance Needs

The Mountain Plains PTTC’s rural substance use prevention focus areas support increased access to providers of substance use prevention services for the more than 60 million Americans living in rural communities. To achieve this vision, the Mountain Plains PTTC develops and promotes training and technical assistance that supports the prevention efforts of rural behavioral health and prevention specialists in HHS Region 8. As a result, the survey was designed to gain a better understanding of the unique training needs and technical assistance priority areas for rural providers and communities.

### Table 3. Rural Training and Technical Assistance Needs: Very Interested

The following table shows the top five rural training needs based on the percentage of rural respondents who indicated they were “Very Interested” across various training topics.

Rural Training Needs	Percentage of Rural Respondents “Very Interested”
1. Adolescent substance use prevention	76%
2. Alcohol prevention	71%
3. Connecting adolescent development with prevention programming	70%
4. Marijuana prevention	69%
5. School-based preventive interventions	68%

### Table 4. Rural Training and Technical Assistance Needs: Very or Somewhat Interested

This table shows the top five rural training needs based on the percentage of rural respondents indicating they were “Very Interested” or “Somewhat Interested,” combined, across various training topics. These data reflect similar topics to the top five list in Table 2.; however, when combining the ratings across the two categories, the ranking change, with *marijuana prevention* and *school-based preventive interventions* dropping out of the top five, and *changing social norms* and *connecting adolescent development with prevention programming* added to the top five

Topic Area	Percentage of Rural Respondents “Somewhat Interested <b>or</b> Very Interested Combined”
1. Alcohol prevention	92%
2. Coping skills preventive interventions	90%
3. Adolescent substance use prevention	89%
4. Changing social norms	88%
5. Connecting adolescent development with prevention programming	88%

**Table 5. Combined Rural and Urban Respondents Indicating Topics as “Very Interested” or “Somewhat Interested”**

There was some variability in the training and TA needs between rural and urban respondents (Table 4). Topics where rural participants identified a much greater need than urban participants included:

- Identifying & selecting evidence-based programs (84% rural and 69% urban)
- Tobacco/E-cigarette prevention (84% of rural and 67% of urban)
- Adolescent brain development (88% of rural compared to 76% urban)
- Preventive interventions for LGBTQ communities (61% rural and 77% urban)
- Cultural and linguistic competence (44% of rural and 58% urban)
- Opioid prevention (85% of rural compared to 69% urban)

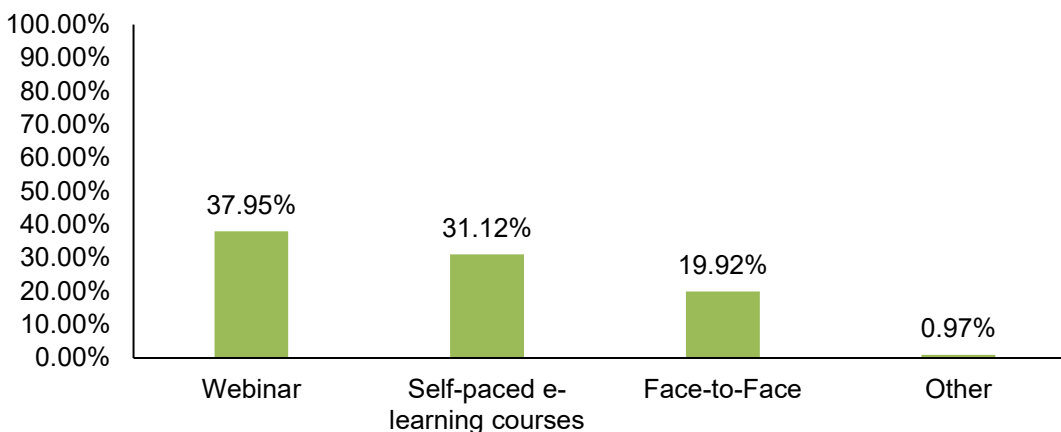
Topic	Geographic Location	
	Rural	Urban
Alcohol prevention	92%	82%
Coping skills preventive interventions	90%	84%
Adolescent substance-use prevention	89%	86%
Changing social norms	88%	91%
Connecting adolescent development with prevention programming	88%	83%
Adolescent brain development	88%	76%
Using social media in prevention	87%	85%
Marijuana prevention	87%	82%
Stigma reduction	86%	89%
Skills-based preventive interventions	86%	91%
Transition age youth preventive interventions	86%	81%
Opioid prevention	85%	69%
School-based preventive interventions	85%	85%
Methamphetamine prevention	85%	77%
Identifying and selecting evidence-based programs	84%	69%
Prescription drug-use prevention	84%	73%
Tobacco/e-cigarette prevention	84%	67%

Public policy & environmental change	83%	80%
Eliminating health disparities	81%	79%
Risk and protective factors	79%	85%
Selective and indicated prevention programming	79%	82%
Universal prevention programming	79%	80%
Culturally informed prevention	75%	77%
Conducting local needs assessment	74%	63%
Prevention ethics	73%	76%
Trauma-informed care	71%	80%
Parenting programs	69%	65%
Strategic prevention framework (SPF)	64%	65%
Screening, brief intervention and referral to treatment (SBIRT)	62%	61%
Preventive interventions for LGBTQ communities	61%	77%
Preventive interventions for college students	59%	66%
Storytelling	59%	52%
Telehealth	45%	53%
Cultural and linguistic competence	44%	58%
Promotora model (Hispanic Health Educator)	21%	29%

## Training Modality Preferences

The Mountain Plains PTTC provides education, training, and technical assistance through a variety of modalities including videoconferences, asynchronous and synchronous webinars, in-person intensives, conference presentations, and more. To identify the preferred mode(s) to attend trainings, respondents were asked to identify whether they preferred webinars, self-paced e-learning courses, or face-to-face trainings.

**Figure 14. Respondents' Training Modality Preference**



## State Specific Training and Technical Assistance Needs

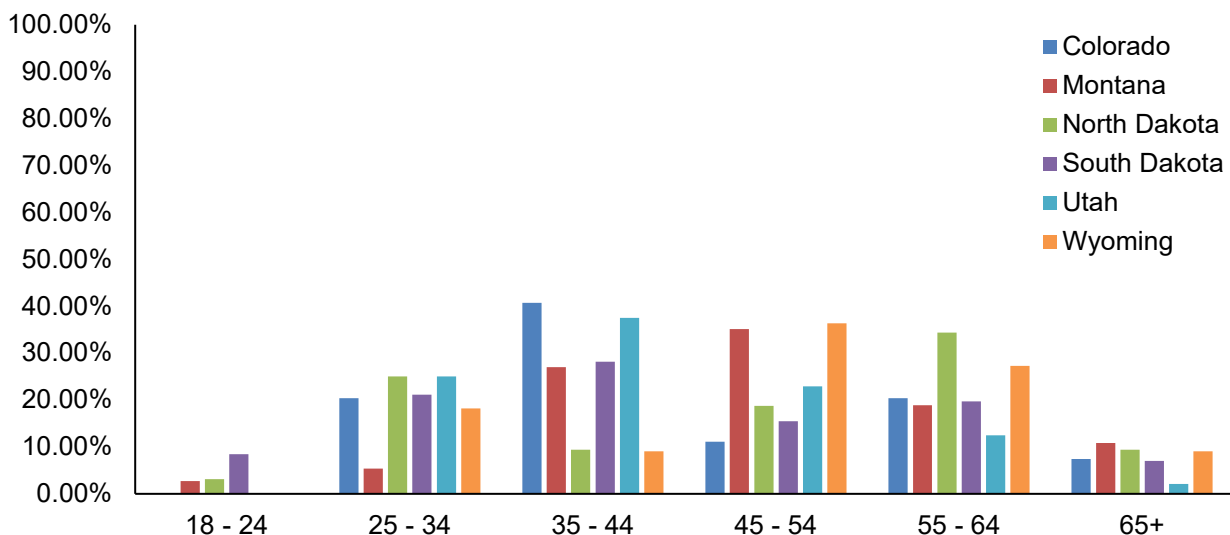
**Table 6: Number of Respondents by State**

The Mountain Plains PTTC serves Colorado, Montana, N. Dakota, S. Dakota, Utah, and Wyoming. While these state populations share similar attributes and borders, their priority training topics, as well as preferred modalities, may vary. Below is the number of respondents for each state who provided both their age and employment state:

State	Number of Respondents	2018 Population
Colorado	54	5,696,000
Montana	35	1,062,000
North Dakota	32	760,077
South Dakota	67	882,235
Utah	48	3,161,000
Wyoming	12	577,737

The participants' demographics varied by state. For example, 40.74% of participants from Colorado were between the ages of 35-44 (the largest age group response for Colorado) compared to Wyoming where only 9.09% of respondents were between the ages of 35-44. See Figure 8.

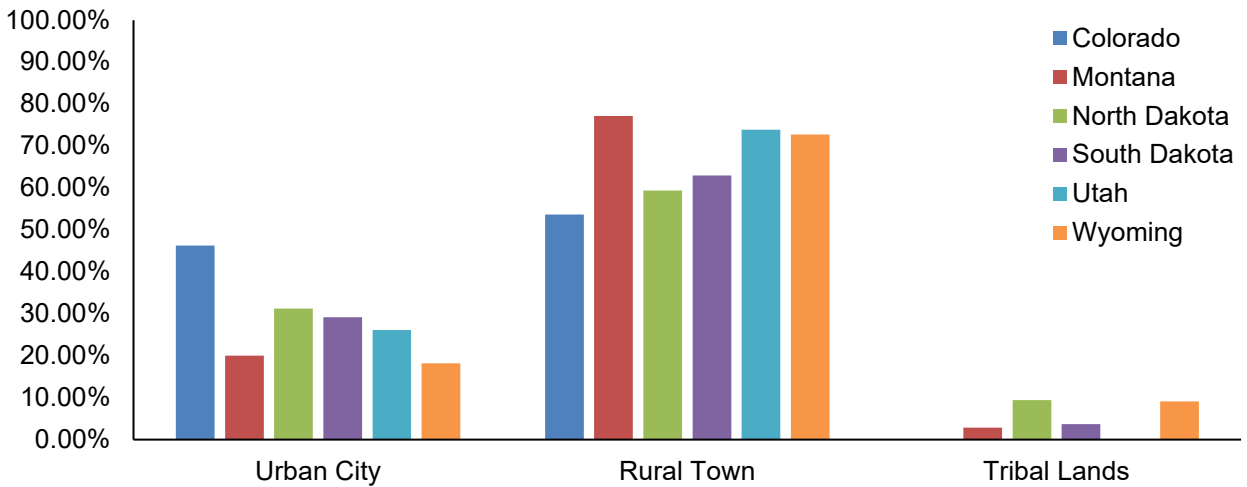
**Figure 15. Percentage of Participants' Age Categories by State**



A larger percentage of respondents worked in rural settings in Montana (77.14%) than any other state; for example, only 53.70% of respondents in Colorado and 50.00% in North Dakota worked in rural settings. See Figure 9.



**Figure 16. Participants' Primary Workplace Residence by State**



**Top Five Priority Training Topics by State**

The top five priority training topics were determined for each state based on the percentage of respondents who indicated they would be “Very Interested” in a training in these topic areas.

**Colorado**

- 1. Eliminating health disparities 61%
- 2. Adolescent brain development 59%
- 3. Stigma reduction 57%
- 4. Adolescent substance use prevention 57%
- 5. Connecting adolescent development with prevention 56%

**Montana**

- 1. Marijuana prevention 80%
- 2. Adolescent substance use prevention 80%
- 3. Changing social norms 77%
- 4. Alcohol prevention 74%
- 5. Identifying and selecting evidence-based programs 69%

**North Dakota**

- 1. Alcohol Prevention 79%
- 2. Adolescent substance use prevention 75%
- 3. Using social media in prevention 72%
- 4. Methamphetamine prevention 72%
- 5. Identifying and selecting evidence-based programs 69%

**South Dakota**

1. Methamphetamine prevention	64%
2. Adolescent substance use prevention	64%
3. Coping skills preventive interventions	64%
4. Marijuana prevention	61%
5. Tobacco/e-cigarette prevention	61%
<b>Utah</b>	
1. Stigma reduction	75%
2. Changing social norms	71%
3. Coping skills preventive interventions	67%
4. Adolescent substance use prevention	65%
5. Marijuana prevention	63%
<b>Wyoming</b>	
1. Stigma reduction	83%
2. Changing social norms	83%
3. Using social media in prevention	75%
4. Alcohol prevention	75%
5. Tobacco/e-cigarette prevention	66%

## Summary and Implications

The findings from this survey will guide future activities of Mountain Plains PTTC to ensure responsiveness to individuals in Region 8 who are providing services in substance use prevention. Noteworthy is the consistency in training and technical assistance needs across the six states located in the region.

While myriad of needs was identified, the greatest needs by topic area are: (1) adolescent substance-use prevention, (2) alcohol prevention, (3) marijuana prevention, (4) changing social norms, and (5) connecting adolescent development with prevention programming. As a result, the Mountain Plains PTTC will focus on these topics with products, training, and technical assistance supports, and states in our region should consider these topics while developing these training needs.

The MP-PTTC provided feedback during face-to-face meetings in each of the six states, which were held in the summer of 2019. The Mountain Plains PTTC advisory board met on May 23, 2019, and identified many of these same barriers regarding support for workforce.

Not surprising, the majority of participants indicated they serve clientele from rural communities. This was anticipated, given that Region 8 consists largely of remote and rural areas. As a result, these findings provide data to assist Mountain Plains PTTC staff to address topics that were requested by rural respondents, rank ordered as follows:(1) adolescent substance use prevention, (2) alcohol prevention, (3) connecting adolescent

development with prevention programming, (4) marijuana prevention, and (5) changing school-based preventive interventions.

In summary, these findings provide guidance to the Mountain Plains PTTC in next steps relative to addressing needs in topical areas, format of training, and structure of the trainings. A second Prevention Technology Transfer Center needs survey will be conducted in spring of 2021.

## **Acknowledgements**

We would like to thank all those who responded to, and disseminated, the survey. The time that you took will help the Mountain Plains PTTC better serve the needs of all of the individuals in Region 8 who are providing evidence-based prevention efforts to promote mental health and well-being of individuals.