

TTCs: Transitioning Training & TA to Virtual

In response to the COVID-19 pandemic, TTCs have had to shift all of their training and technical assistance fully virtual. We are looking to document the various ways that TTCs have shifted to fully virtual training and technical assistance. Please answer the following brief questions.

We are especially interested in novel approaches that might be unique to your TTC!

* Required

1. On behalf of which type of Center(s) are you responding? *

Mark only one oval.

- National (AI/AN, H/L, NCO) *Skip to question 2*
- Regional *Skip to question 3*
- International *Skip to question 4*

National Center Selection

2. On behalf of which national center(s) are you responding? Please select all that apply.

Check all that apply.

- National American Indian and Alaska Native ATTC
- National American Indian and Alaska Native MHTTC
- National American Indian and Alaska Native PTTC
- National Hispanic and Latino ATTC
- National Hispanic and Latino MHTTC
- National Hispanic and Latino PTTC
- ATTC Network Coordinating Office
- MHTTC Network Coordinating Office
- PTTC Network Coordinating Office

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Regional Center Selection

3. On behalf of which Regional Center(s) are you responding? Please select all that apply.

Check all that apply.

- Region 1 New England ATTC
- Region 1 New England MHTTC
- Region 1 New England PTTC
- Region 2 Northeast and Caribbean ATTC
- Region 2 Northeast and Caribbean MHTTC
- Region 2 Northeast and Caribbean PTTC
- Region 3 Central East ATTC
- Region 3 Central East MHTTC
- Region 3 Central East PTTC
- Region 4 Southeast ATTC
- Region 4 Southeast MHTTC
- Region 4 Southeast PTTC
- Region 5 Great Lakes ATTC
- Region 5 Great Lakes MHTTC
- Region 5 Great Lakes PTTC
- Region 6 South Southwest ATTC
- Region 6 South Southwest MHTTC
- Region 6 South Southwest PTTC
- Region 7 Mid America ATTC
- Region 7 Mid America MHTTC
- Region 7 Mid America PTTC
- Region 8 Mountain Plains ATTC
- Region 8 Mountain Plains MHTTC
- Region 8 Mountain Plains PTTC
- Region 9 Pacific Southwest ATTC
- Region 9 Pacific Southwest MHTTC
- Region 9 Pacific Southwest PTTC
- Region 10 Northwest ATTC
- Region 10 Northwest MHTTC
- Region 10 Northwest PTTC

Skip to question 5

International Center Selection

4. On behalf of which International HIV TTC(s) are you responding? Please select all that apply.

Check all that apply.

- South Africa HIV ATTC
- Southeast Asia HIV ATTC
- Ukraine and Central Asia HIV ATTC
- Vietnam HIV ATTC - HMU
- Vietnam HIV ATTC - ULSA
- Vietnam HIV ATTC - UMP

Skip to question 5

**Universal/Basic
TA**

Information dissemination or brief consultation provided to customers, especially large audiences. Examples include brochures, newsletters, tabling at a conference, web-based lectures (i.e., webinars) with unrestricted access, etc.

5. Prior to the COVID-19 pandemic, approximately what percent of your TTC's activities was Universal/Basic TA? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

6. Prior to the COVID-19 pandemic, approximately what percent of your Universal/Basic TA activities was provided virtually? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

7. Please share examples of any ways that your TTC has shifted Universal/Basic TA from in-person to virtual since the COVID-19 pandemic began. We are also interested in any novel Universal/Basic TA strategies you have started using. (Please write N/A if this does not apply to your TTC).

**Targeted
TA**

A series of services targeted to specific types of groups (e.g., clinical supervisors, emergency departments) to enhance readiness and build capacity to implement a particular practice, focus area, or innovation. Targeted TA is not entirely customized to a site. Examples include a learning series cohort, community of practice, or Project ECHO-type clinic, etc.

8. Prior to the COVID-19 pandemic, approximately what percent of your TTC's activities was Targeted TA? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

9. Prior to the COVID-19 pandemic, approximately what percent of your Targeted TA activities was provided virtually? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

10. Please share examples of any ways that your TTC has shifted Targeted TA from in-person to virtual since the COVID-19 pandemic began. We are also interested in any novel Targeted TA strategies you have started using. (Please write N/A if this does not apply to your TTC).

**Intensive
TA**

Ongoing, customized consultation in specific sites, communities or systems. Intensive TA supports full incorporation of a new practice or innovation into real world settings (including changes in policies, practices, and system functioning), and is ultimately guided/driven by a collaboratively developed plan with specified goals, objectives, and measurable outcomes. An example would working with stakeholders in a city to transform systems that touch the lives of individuals with SUDs to operate collectively as a recovery oriented system of care.

11. Prior to the COVID-19 pandemic, approximately what percent of your TTC's activities was Intensive TA? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

12. Prior to the COVID-19 pandemic, approximately what percent of your Intensive TA activities was provided virtually? Please enter a number (e.g., 10, 25, 50) to indicate the percentage.

13. Please share examples of any ways that your TTC has shifted Intensive TA from in-person to virtual since the COVID-19 pandemic began. We are also interested in any novel Intensive TA strategies you have started using. (Please write N/A if this does not apply to your TTC).

Other Questions About All Forms of TA

14. Since the COVID-19 pandemic began, which technological platforms have you used to deliver your TA interventions and why?

15. How have you adapted your TA approaches to accommodate these platforms? (e.g., consider content, presentation style, length of intervention, number of attendees, audiences targeted, etc)

16. What do you see as the BENEFITS of the shift to fully virtual TA *for your TTC* (taking into account day-to-day operations, development of materials, delivery of interventions, etc.)?

17. What do you see as the CHALLENGES of the shift to fully virtual TA *for your TTC* (taking into account day-to-day operations, development of materials, delivery of interventions, etc.)?

18. What do you see as the BENEFITS of this shift to fully virtual TA *for participants* (taking into account access to services, engagement in interventions, competing demands, etc.)?

19. What do you see as the BARRIERS of this shift to fully virtual TA *for participants* (taking into account access to services, engagement in interventions, competing demands, etc.)?

20. How has your TTC addressed barriers/challenges in transitioning TA activities from in-person to virtual (e.g., live transcriptions for online events, new software platforms, new formats, etc.)?

21. What innovations has your TTC made to your TA offerings that you plan to continue to use post COVID-19?

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