**Title**: Virtual Access to Training and Technical Assistance

**Authorship**: TTC Virtual Workgroup

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**Purpose**: In the wake of the COVID-19 pandemic, TTC network grantees had to rapidly adapt to ensure that the behavioral health workforce had continuous access to remote training and technical assistance (TTA). Although TTCs have historically relied in part upon virtual methods for delivering TTA, the shift to a strictly virtual approach necessitated by the COVID-19 pandemic has resulted in lessons learned and new questions for how to best proceed with TTA provision when social distancing guidelines are relaxed. Initial impressions among TTC grantees reveal a perception that TTA delivered virtually offers significant advantages, particularly with regard to its ability to expand access to our TTA services and activities. Using GPRA data, this paper will compare TTA provision in the six-month period prior to (9/1/19 thru 2/28/20) and since (4/1/20 thru 9/30/20) the pandemic to explore the extent to which TTC services delivered virtually has impacted provider access to TTA and perceptions of TTA satisfaction and utility.

**Hypotheses**:

1. Virtual delivery of TTA will result in improved provider access; specifically:
	1. More providers (total N) will have accessed TTA in the six-months following COVID-19 compared to the six-months prior to COVID-19;
	2. Geographic reach (determined by TTA participant zip codes) will be greater in the six-months following COVID-19 compared to the six-months prior to COVID-19 (expecting increased access especially in more rural areas);
	3. A shift in access to TTA may be evident regarding participant demographics (age, race/ethnicity, education), discipline, and employment setting.
2. Virtual delivery of TTA will not result in significant changes to participant perceptions; specifically:
	1. Providers who accessed TTA in the 6-months following COVID-19 will express similar levels of satisfaction with services to those who accessed TTA in the 6-months prior to COVID-19;
	2. Providers who accessed TTA in the 6-months following COVID-19 will perceive the services received to be as useful as those who accessed TTA in the 6-months prior to COVID-19:
		1. Expectations that event will benefit professional development;
		2. Intent to use the information gained to change current practice;
		3. Willingness to recommend the services to a colleague

**Note:** Analyses will examine network trends with regard to TTA access (hypothesis 1) where appropriate to explore any notable differences among the prevention, mental health, and substance use workforce. If differences exist, data presented will focus on the magnitude of change (e.g., % increase) rather than a comparison of raw numbers to avoid any inclination on the part of the reviewers or readers to interpret results in terms of the relative productivity of these respective TTC networks. However, at no time will individual grantees be highlighted or distinguishable; all data will be reported aggregately.

**Data Available:**

* 1. Post Event GPRA forms
	2. Event Description Forms

**Journal**: To be Determined (TBD)

**Timeline**: Analyses will begin immediately upon receipt of data from SPARS. Ideal timeline for completion of analysis and submission of initial draft for peer review would be by December 31, 2020.