

NATIONAL TTC EVALUATION:
FINAL PRESENTATION TO TTCs
JUNE 17, 2022



“States and providers and people want to practice in an evidenced-based way. Their ability to do that is dependent on a couple of factors, one of which is having resources to get a trainer and have people get trained and get fidelity in an evidenced-based way. That is a huge heavy lift. SAMHSA has created a tool kit to help entities do those things. What the TTC brings to that equation is, ‘Hey large section of the state, you want to do evidence-based training of supported employment for your severely mentally ill folks? Let us come and do that training for you. Let us help you implement that at an agency-wide level or do the training for you or train staff on how to do that. Let’s help get you connected to a university that could help you with fidelity.’ That is a huge value.”

– Regional Administrator

TODAY'S PRESENTATION

- Brief background on the national evaluation of the Technology Transfer Center (TTC) program
- Overview of select findings & recommendations
 - Full evaluation report of all findings and recommendations is pending
- Q&A
 - You are welcome to submit questions in the chat throughout the presentation
 - Questions will be addressed at the end of the presentation
 - Opportunity to provide feedback after the presentation
- Handouts
 - Technology Transfer Key Definitions
 - TTC National Evaluation Goals and Objectives
 - Data Sources
 - Acronym List
- Presentation will be recorded, and link to the recording will be provided to TTCs
 - A handout of the slides will be provided after the presentation



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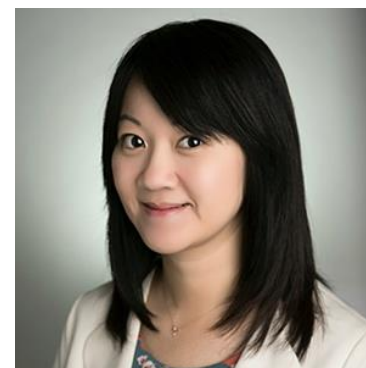
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Advancing Evidence.
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NATIONAL EVALUATION OF THE TECHNOLOGY TRANSFER CENTER (TTC) PROGRAM

■ Background

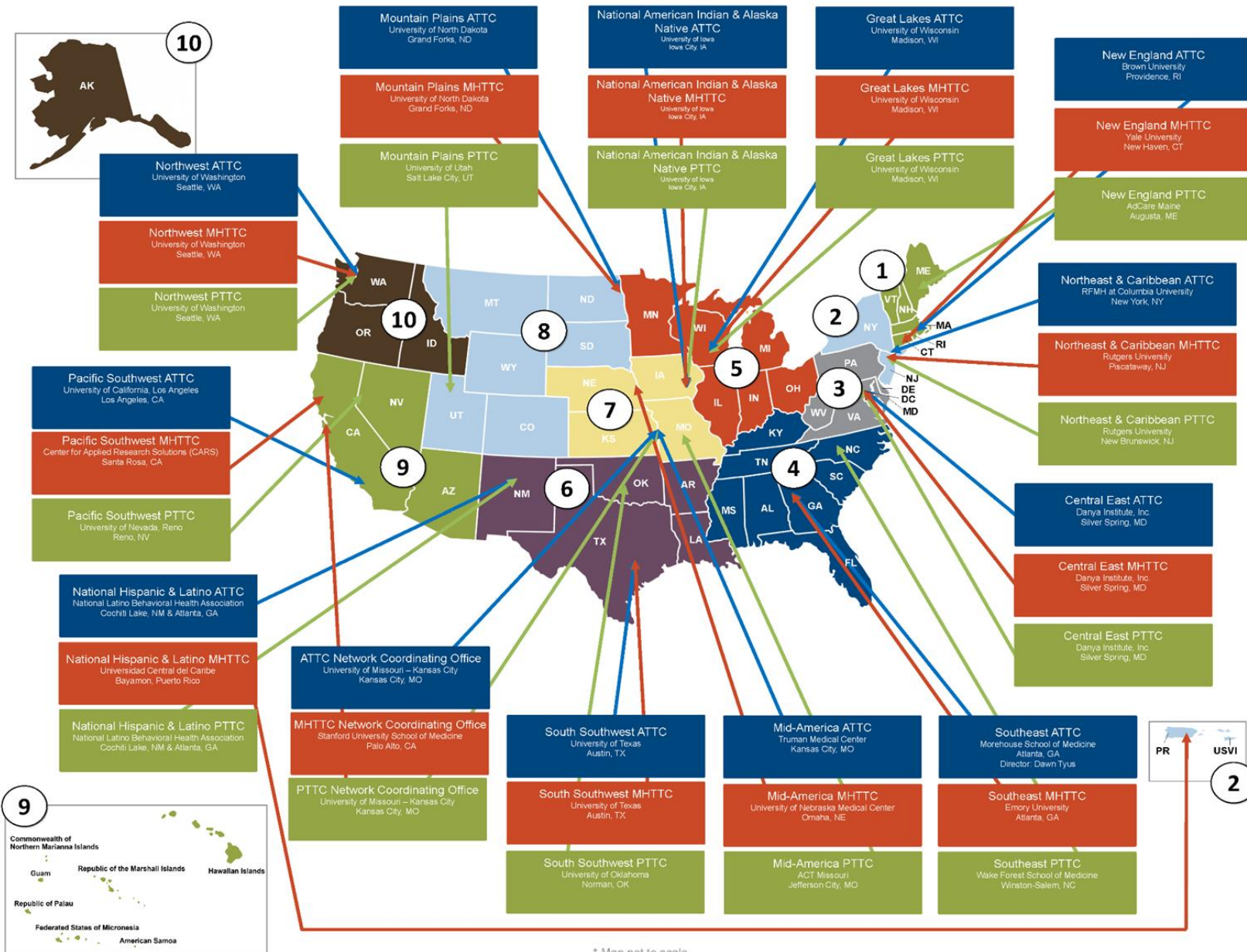
- TTC network expanded in 2018 to include MHTTCs and PTTCs

■ Purpose

- Preliminary study of the network after its expansion
- Provide real-world, practical data that SAMHSA can use to inform future directions of the TTC program
 - Strengths
 - Potential Gaps
 - Recommendations

■ Scope and Funding

- \$1.5 million grant awarded to Prevention Insights, School of Public Health, Indiana University-Bloomington
- Sub-recipient: American Institutes for Research
- Project Period: 2 years (9/30/2019 – 9/29/2021)
 - Project end date extended to 6/30/22 due to a 9-month no-cost extension
- Government Project Officer: Humberto Carvalho



COMMON AND UNIQUE ORGANIZATIONAL LEADERSHIP OF TTCs BY REGION AND NATIONAL FOCUS AREA

Region or National Focus Area	Different Organization Leads Each TTC	Single Organization Leads Two TTCs	Single Organization Leads Three TTCs
Region 1	●		
Region 2		●	
Region 3			●
Region 4	●		
Region 5			●
Region 6		●	
Region 7	●		
Region 8		●	
Region 9	●		
Region 10			●
NAI/AN			●
Hispanic/Latino		●	

OVERVIEW OF TECHNOLOGY TRANSFER

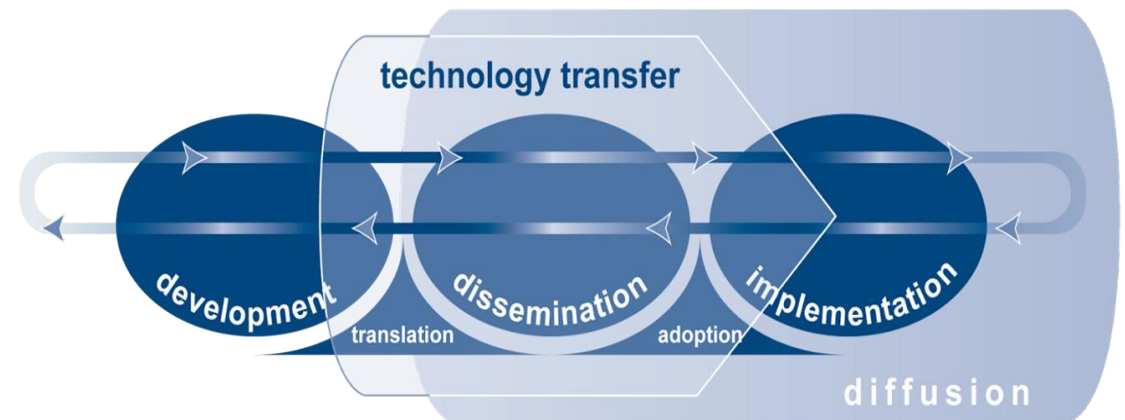
Technology: “The science of the application of knowledge to practical purposes; the application of scientific knowledge to practical purposes in a particular field”¹

Transfer: “To cause to pass from one person to another”¹

Scope of Technology Transfer:

- “Creating a mechanism by which a desired change is accepted, incorporated, and reinforced at all levels of an organization or system”¹
- “To produce behavior change, technology transfer strategies must not only develop the cognitive skills needed to implement a new treatment component, but may also have to induce or increase motivation for behavior change, reduce concerns about change generally, and/or about the innovation specifically, and explore organizational issues in adopting new strategies.”^{1,2}

Technology Transfer in the Innovation Process



1. Addiction Technology Transfer Center (ATTC) National Office. (2010). *The change book: A blueprint for technology transfer* (2nd ed.).

2. Brown, B. S. (2000). From research to practice - The bridge is out and the water's rising. In J. A. Levy, R. C. Stephens, & D. C. McBride (Eds.), *Emergent issues in the field of drug abuse: Advances in medical sociology* (Vol. 7, pp. 345-365). Stanford, CT: JAI Press.

EVALUATION PLAN

Shift in focus/orientation based on an early meeting with SAMHSA and the NCOs

- **From:** Idealistic/academic, highly quantitative
- **To:** Realistic and grounded in understanding of TTC Network history, structures, operations

Approach

- Primarily formative
- Five goals and 16 measurable objectives (*see handout*)
- Mixed methods (i.e., quantitative and qualitative)
- Utilized primary and secondary data (*see data sources handout*)
- Triangulation and integrated approach

Considerations

- New addition of MHTTCs and PTTCs
- Different funding cycles of TTCs
- COVID-19 pandemic
- Two-year project period
 - Many activities looked at a one-year study/data collection review

A comprehensive and informed evaluation to produce findings that are relevant and useful to SAMHSA, TTCs, and NCOs

OVERVIEW/SUMMARY OF EVALUATION GOALS

Characterize the TTC Network to Understand:

- Structure, operations, priorities, populations served, communication and feedback loops
- Network activities and relative time allocations for conducting them

Assess the TTC Network's:

- Services and products offered
 - Alignment with goals and identified needs
 - Quality, e.g., empirical/conceptual basis, cultural competence
- Selection of and outreach to specified priority populations
- Effectiveness, facilitators, and challenges of communications and collaborations
- Selection and transfer of evidence-based and promising practices and programs (EBPs)
- Continuous quality improvement activities
 - Strategies
 - Facilitators and challenges
- Reach
- Recipient satisfaction with services
- Recipient intent to change practice after receiving services

“The challenges that we faced early on were some... organizations...wanting us to provide standalone training events....Trying to shift people's thinking to understand that the services that we...offer might include some workshops, but that our goal was really to change practice... That... was a challenge to...have [others] think about what we offer in a different way.

– Regional ATTC

DATA SOURCES (*SEE HANDOUT*)

Timeframe of data used in the evaluation ranged from 2017-2021

Reviews:

- Document Review
- Product Quality Review

GPRA data:

- Geographic Information System (GIS) and spatial analysis
- Summary statistics, propensity score matching, transition analysis, qualitative analysis

Interviews:

- TTC leaders
- SAMHSA Regional Administrators

Surveys:

- Organizational Networking Survey
- Determinants of Technology Transfer Survey
- Time Utilization Survey
- Continuous Quality Improvement Survey

Goal 1: Establish an informed understanding of each TTC's operations, strategies, technology transfer activities, and goals

Primary Data Sources:

Document review, key informant interviews, product review, organizational networking survey, determinants of technology transfer survey, time utilization survey

Key Analyses: Thematic and other qualitative analyses, networking analysis, and various other quantitative analyses

GOAL 1: SUMMARY OF SELECT FINDINGS

Background:

- Data collection activities conducted primarily to gain a better understanding of:
 - **Who TTCs serve:** Priority populations and needs of the workforce serving them
 - **What TTCs do:** Functional duties and relative time spent on them; technology transfer activities, services, products produced
 - Alignment of TTC activities with grant goals and plans
 - Quality of TTC outputs
 - **What guides TTC strategies and decisions:** Selection of EBPs to promote and strategies for technology transfer
 - **TTC Network communication and collaboration**

“I think a continuing challenge is just [that] the population that we are expected to serve by SAMHSA is immense...we've got, like, the whole world who has mental health issues, which is at least 20% of the population... It wasn't as if we could focus just on one population.”

–Regional MHTTC

Key Findings: Reported by topic in subsequent slides



PRIORITY POPULATIONS AND WORKFORCE NEEDS



GOAL 1: PRIORITY POPULATIONS AND WORKFORCE NEEDS

SUMMARY OF SELECT FINDINGS

Background:

- Based on document review and interviews

Key findings:

- **Priority populations:** Included populations from the African diaspora/Caribbean, people of American Indian and Alaska Native descent, Latino populations, Asian and Pacific Islander populations, tribal and rural populations, LGBTQIA individuals
- **Strategies to engage priority populations included:**
 - Building relationships with stakeholders
 - Sharing newsletters/listservs to expand TTCs' reach
 - Inviting individuals from the community of interest to serve on advisory councils
 - Collaborating with consultants/liaisons from the community of interest
 - For rural/frontier populations, engaging stakeholders in person and through digital technologies
- **Strategies to identify TTA needs included:**
 - Formal needs assessments, surveys, interviews
 - Input from advisory council, state leaders, SAMHSA Regional Administrators (RAs), stakeholders
 - Reviewing existing data, reports, GPRA form comments, and TTA requests from the field
 - Informal processes, e.g., engaging stakeholders at conferences
- **Challenges and facilitators facing TTCs**

SUMMARY: WORKFORCE CHALLENGES FACING TTCs

■ Common Workforce Issues that Affect TTCs' Work:

- Ongoing need to address stigma and help providers and practitioners address stigma
- Needs in the field for greater workforce availability, capacity, and diversity
- Needs in the field for cultural and linguistically competent services and staff

■ TTC-Specific Workforce Needs

- **ATTCs:** Need for specific training, such as opioid overdose response, trauma-informed care, or promoting increased use and integration of MAT/MOUD into health settings
- **MHTTCs:** Need to provide populations served with more access to mental health treatment services; disparities in prevalence, access, and outcomes
- **PTTCs:** Need to address specific substances (e.g., synthetic opioids, nicotine), populations, and processes (e.g., partnering on prevention issues); need for improved technology infrastructure

FACILITATORS OF TTCs' PROVISION OF TECHNOLOGY TRANSFER

- Collaboration with experts, states, and other network TTCs
 - **ATTCs:** Strong partnerships with subject matter experts allowed them to expand their capacity
 - **MHTTCs and PTTCs:** RAs helped TTCs establish contacts with individuals, groups, and other network TTCs for collaboration
- Support of advisory councils
 - **ATTCs:** Noted that their advisory councils are very dedicated and had an important role in helping disseminate information and increase the uptake of TTC services
- Combination of provider interest in resources **and** organizational readiness for change
 - **MHTTCs:** Reported there is provider interest in resources, information, and skills training but organizational readiness for system change was a true facilitator for the MHTTCs' work; they see strong commitment to change in their TTA projects

GOAL 1 RECOMMENDATIONS RELATED TO PRIORITY POPULATIONS AND RELATED WORKFORCE NEEDS

SAMHSA should consider additional funding to expand the behavioral health workforce, and its capacity and diversity. For the TTCs, specifically:

- Expand current TTC efforts to support workforce recruitment, retention, and training among priority populations.

For regions where this is not already in place, SAMHSA and TTCs should consider establishing one joint advisory board per region

- Support opportunities for professionals from different fields to network with TTCs and foster a sense of “whole person” needs of the populations served in the region.

SAMHSA should support TTCs in specific projects identified through the evaluation as ongoing gaps in the linguistic and cultural competence of the workforce. For example:

- Encourage and promote development of tribal-focused CLAS standards and tribal data sets.
- Support delivery of culturally responsive, evidence-based prevention and treatment services for LGBTQIA populations with co-occurring substance use and mental health disorders.



TTCs' ACTIVITIES, SERVICES, AND PRODUCTS



GOAL 1: ACTIVITIES, SERVICES, AND PRODUCTS

SUMMARY OF SELECT FINDINGS

Background:

- Based on document review and interviews

Key Findings:

■ **TTCs' approaches in providing technology transfer**

- Providing evidence-based TTA
- Promoting and encouraging the use of EBPs
- Promoting the use of innovative technology

■ **TTCs' activities, services, and products**

- Focused on translation and dissemination
- TTA included general capacity building; specific skills and methods; services around conditions, settings, or populations
- National Focus Area Centers provided education and TTA to providers
- NCOs provided leadership and coordination support to TTCs
- Alignment between planned and observed activities
- High-quality products

■ **Time allocation analysis**

- Reported by topic in subsequent slides

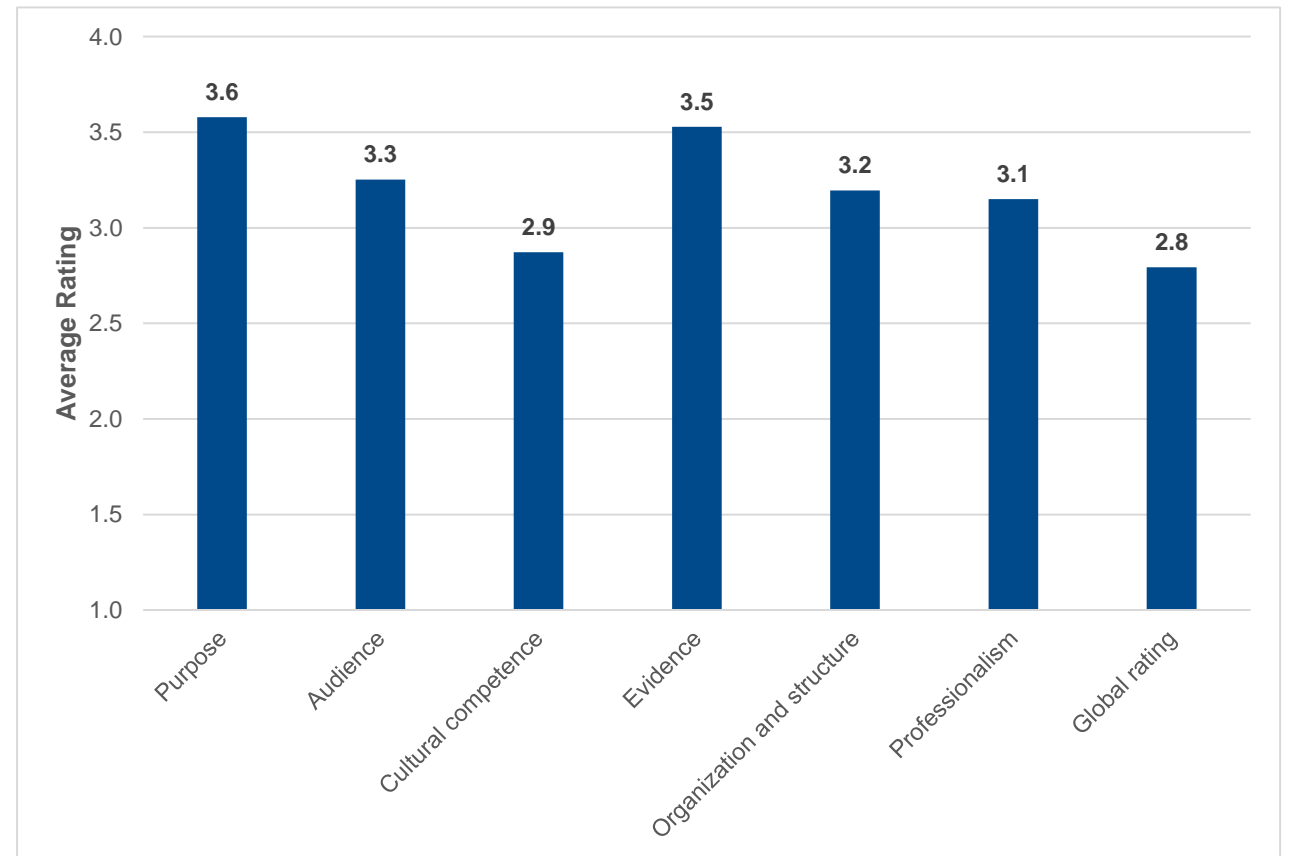
ALIGNMENT OF TECHNOLOGY TRANSFER ACTIVITIES WITH GRANT GOALS AND PLANS

Mapping the TTCs' planned vs. actual activities, **the observed activities reflected achievement of TTC goals:**

- **ATTCs:** 55% of the network's goals mapped to at least one activity in the observation year for regional ATTCs
- **MHTTCs:** 73% of the network's goals mapped to at least one activity in the observation year for regional MHTTCs
- **PTTCs:** 62% of the network's goals mapped to at least one activity in the observation year for regional PTTCs
- Nearly all goals mapped to at least one activity for the National Focus Area Centers and NCOs.

QUALITY OF SERVICES AND PRODUCTS OFFERED

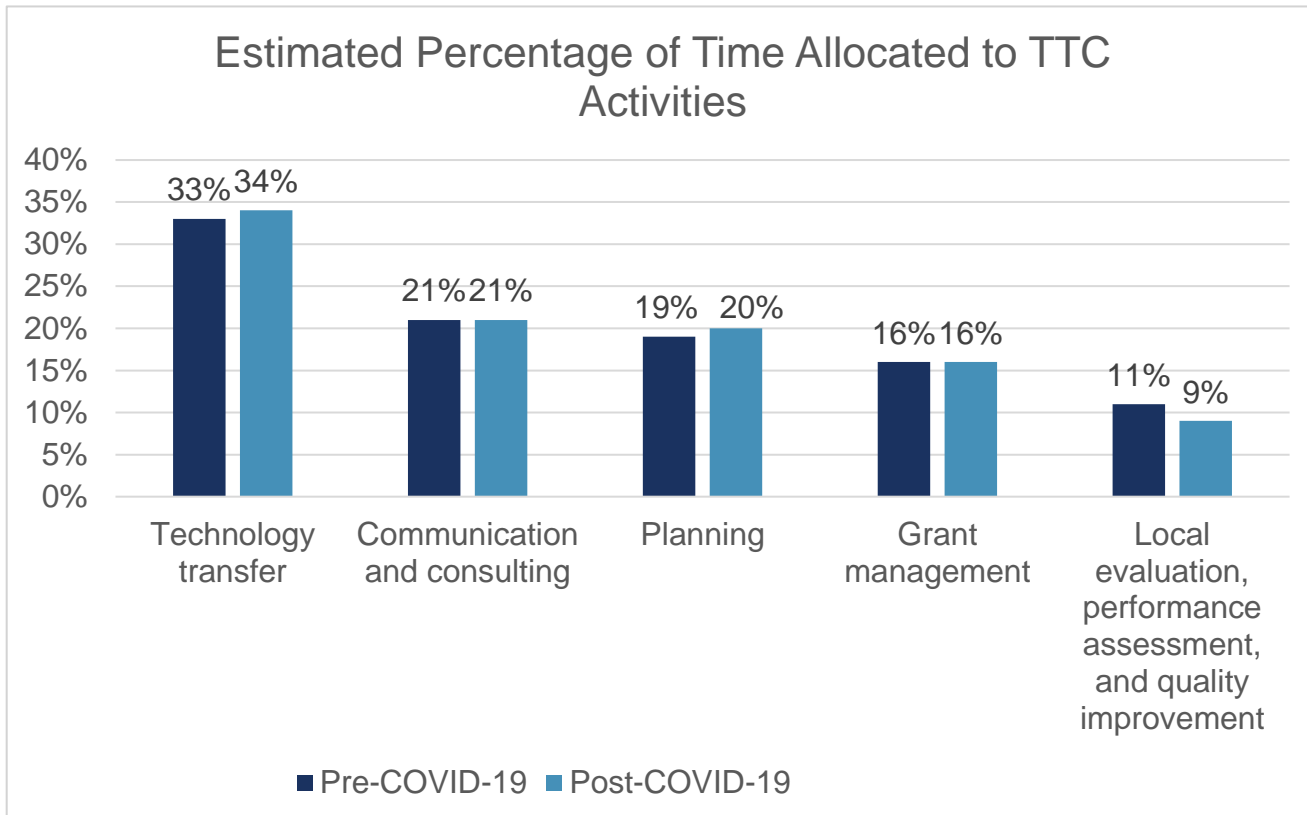
- AIR conducted a product review using a quality rating rubric based on previous work
- Measured six dimensions and global quality
- Scale for each dimension: 1 = lowest rating and 4 = highest rating
- 75 products were assessed: 25 randomly selected products for each Network
- Across all six individual dimensions, an average product quality rating was **3.2**
- **Strengths:** clear purpose; use of evidence
- **Area for improvement:** cultural competence



HOW TTCs SPENT THEIR TIME

- The evaluation team conducted a time allocation analysis to understand how much time TTCs spend on the most common activities required to successfully operate a technology transfer center. List of activities:
 - Was informed by the Network
 - Included activities crucial to effective technology transfer and can require a significant portion of the TTCs' time
 - May not be captured by typical reporting procedures
 - Included activities that are potentially overlooked in reviewing the scope of what TTCs do
- Time allocations were compared for periods before and after the arrival of COVID-19 in the U.S.

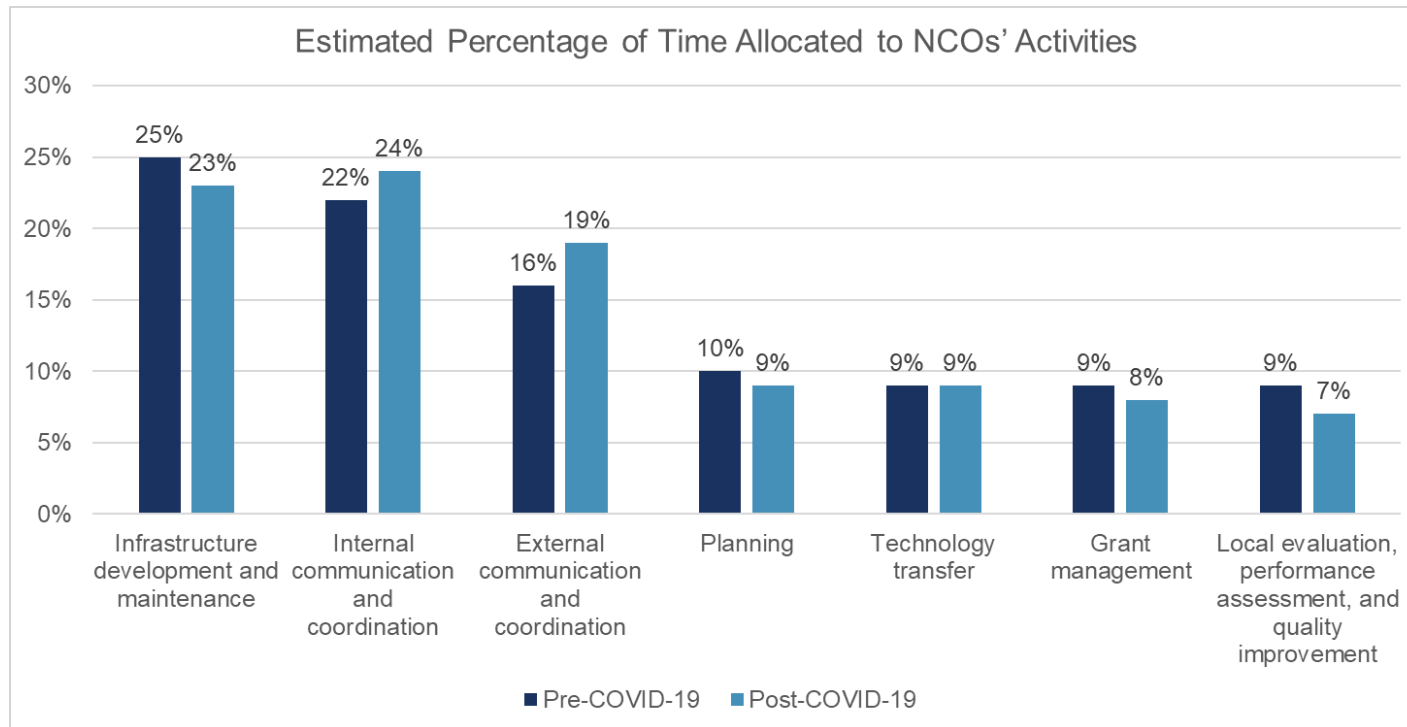
HOW TTCs SPENT THEIR TIME: REGIONAL AND NATIONAL FOCUS AREA CENTERS



Note: Percentages have been rounded up or down to the nearest whole number.

- Both pre/post COVID, approximately 1/3 of TTCs' time in observation year was spent on technology transfer activities:
 - Providing, modifying, and/or updating TTA services
 - Developing, modifying, and/or updating products
 - Attending/presenting/exhibiting at conferences or other professional events
- Significant difference pre/post COVID for CQI/evaluation-related activities, which already received the least time, on average.

HOW TTCs SPENT THEIR TIME: NCOs



- Nearly half of NCOs time in the observation year was spent on activities spanning infrastructure development/maintenance and internal communications and coordination
- Heavier emphasis on internal and external communications, as well as technology transfer uptick post-COVID-19

GOAL 1 RECOMMENDATIONS: ACTIVITIES, SERVICES, AND PRODUCTS OFFERED

Devote additional resources and attention to evaluation and quality improvement activities.

- **Actual demands of technology transfer activities may be underestimated.** The practice of technology transfer occupied about a third of TTCs' time; an additional 40 percent was spent in communication, consulting, and planning. When something must “give,” it has been evaluation/ CQI.
- **Administrative burdens are high.** TTCs spent 16 percent of their time on grant management activities, more than evaluation and CQI efforts (9-11%). SAMHSA should assess relative priorities for reporting.
- **Planned versus actual activities, services.** Most goals for which no specific activities could be mapped were related to evaluation and quality improvement.

Encourage TTCs to conduct additional needs assessments to determine if TTA and products meet stakeholder needs.

- Apply quality rubric to materials tailored for specific priority populations or materials in other languages.

GOAL 1 RECOMMENDATIONS: ACTIVITIES, SERVICES, AND PRODUCTS OFFERED

Provide TTCs additional guidance about cultural competence and the need to address cultural factors and differing needs based on culture, language, and demographic diversity.

- Support the use of population-specific goals and objectives. Consider objectives slightly more specific and limited to a narrower group of target audiences. This will facilitate more accurate tracking of the activities/products that meet established objectives for specific intended audiences.

Encourage a balance between work plans and emerging needs and priorities.

- Promote building flexibility into work plans; encourage partnerships with experts.

Provide additional guidance in product development.

- Share examples of how TTCs can incorporate the six dimensions of quality in their products. Such exemplars could form the basis of targeted quality improvement work in the TTC Networks.

Evaluate the benefits of digital technologies.

- Preparing the workforce for rapid digital change during COVID affords an emergent opportunity to evaluate lessons learned, best practices, effectiveness across different audiences, and cost effectiveness.



TTC DECISION-MAKING: SELECTION OF EBPs AND
APPROACHES TO TECHNOLOGY TRANSFER



GOAL 1: DECISION-MAKING: SELECTION OF EBPs AND APPROACHES TO TECHNOLOGY TRANSFER, SUMMARY OF SELECT FINDINGS

Background:

- Findings drawn from survey assessing how TTCs determine which EBPs/practices to promote and factors considered when determining methods of transfer (e.g., TTA activities, implementation strategies)
- Assessed these determinants pre- and post-COVID 19's U.S. arrival
- Assessed TTCs' needs related to the process of selecting practices

Key Findings:

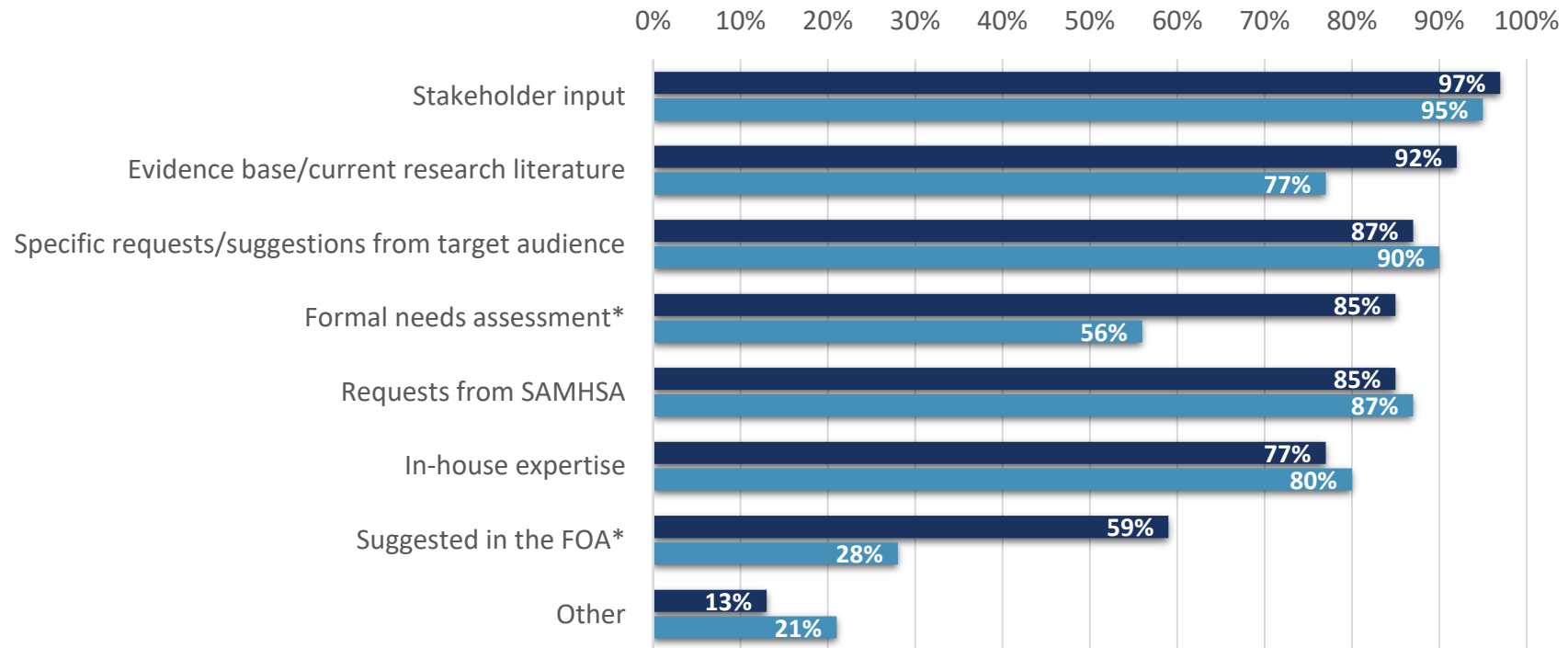
- TTCs were highly responsive to stakeholder input in choosing practices/EBPs to promote; TTCs prioritized meeting stakeholder needs when selecting a TT approach
- The influence of specific stakeholders, other practice/EBP selection methods, and inputs into TT approaches shifted with COVID-19
- Common themes cited pre/post-COVID-19 included resource limitations as a barrier, and stakeholder input as a facilitator, to selecting practices and TT methods

“The overall timing and urgency of needs has overwritten our typical approach of selecting [technology transfer] methods. Under ‘normal’ circumstances, theories of learning/consultation and intended outcomes would be much higher priorities.”

–Regional PTTC

METHODS TO SELECT AND IDENTIFY PRACTICES TO PROMOTE

Methods Used to Identify and Select Practices: Pre/Post-COVID-19 (All TTCs)



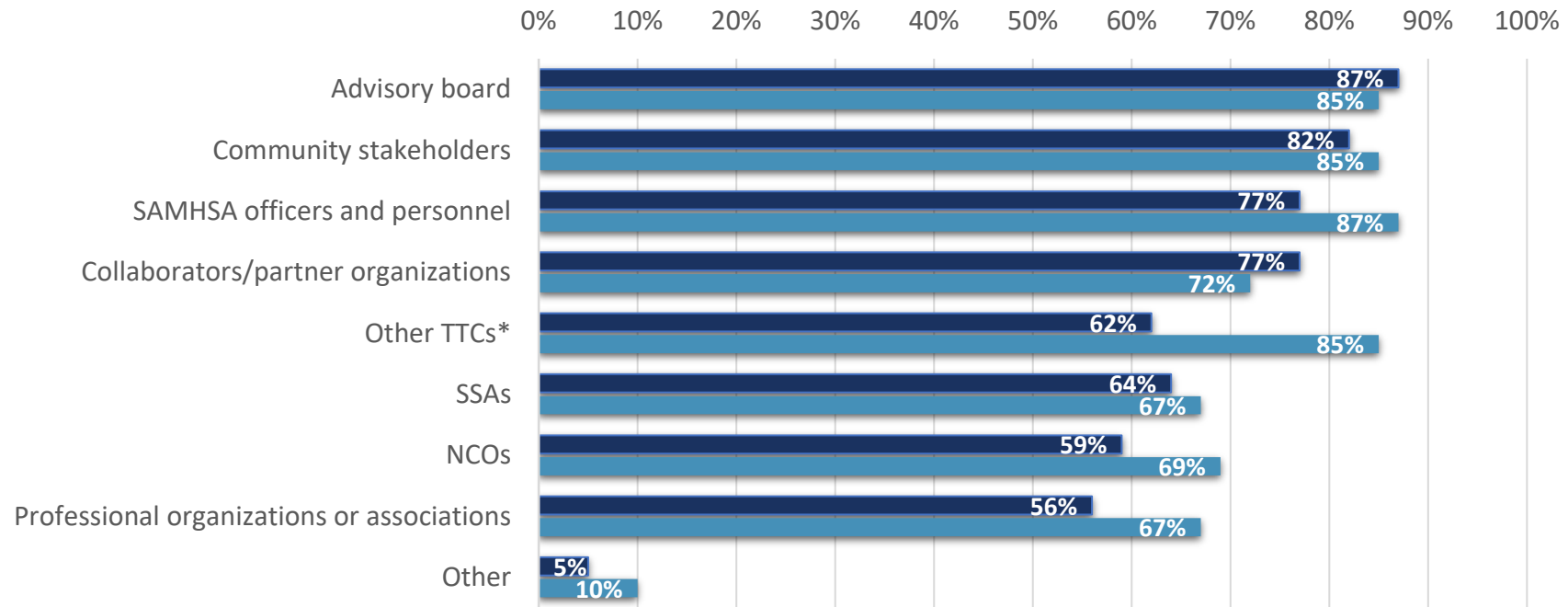
Note: Percentages have been rounded up or down to the nearest whole number.

■ Pre-COVID-19 ■ Post-COVID-19

*Indicates significant finding

STAKEHOLDERS WHO INFLUENCE SELECTION OF PRACTICES TO PROMOTE

Stakeholders Who Influence the Selection of Practices: Pre/Post-COVID-19 (All TTCs)



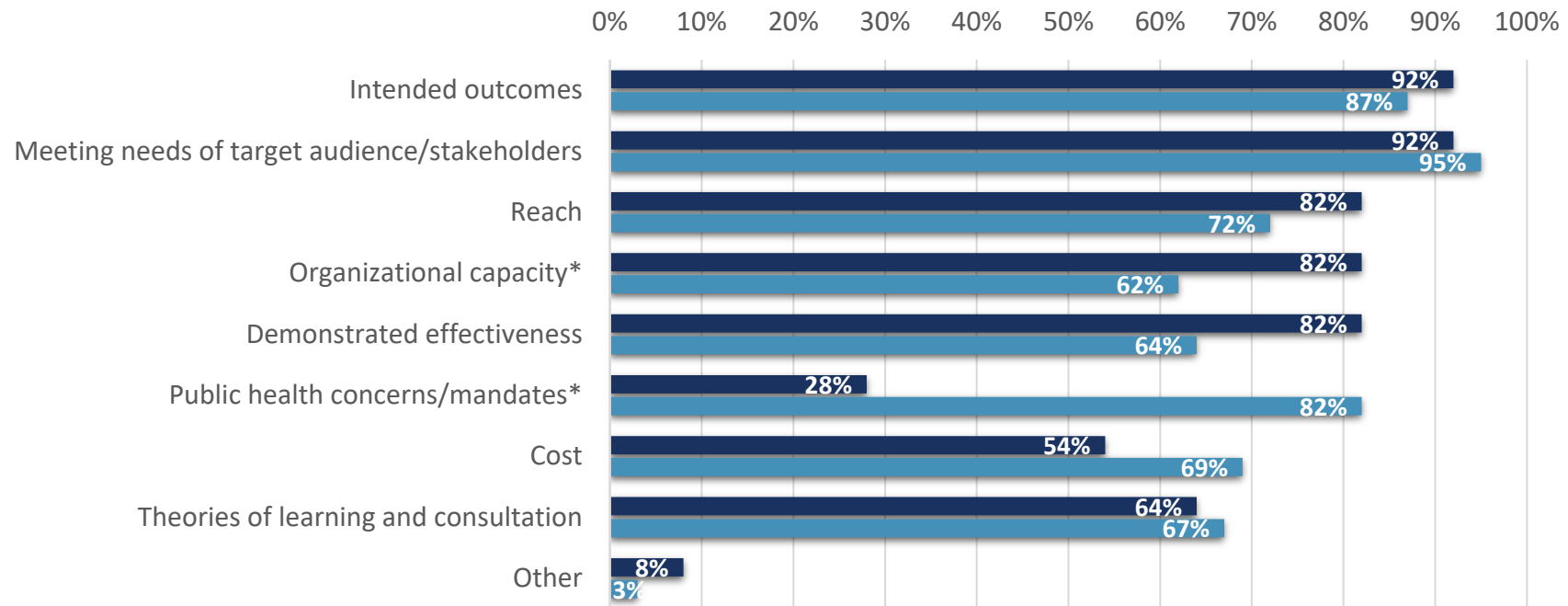
Note: Percentages have been rounded up or down to the nearest whole number.

■ Pre-COVID-19 ■ Post-COVID-19

*Indicates significant finding

HOW TTCs DETERMINED WHICH METHODS OF TRANSFER TO PROMOTE

Approaches Used to Determine Methods of Transfer: Pre/Post-COVID-19
(All TTCs)



Note: Percentages have been rounded up or down to the nearest whole number.

■ Pre-COVID-19 ■ Post-COVID-19

*Indicates significant finding

FINDINGS: MAKING SELECTION OF PRACTICES EASIER

Pre-COVID

Resources

- Access to additional funding to expand products/services
- A mechanism to understand others' expertise
- A list of providers in their region

Assessment of Needs and Capacity

- Obtain input from target audience and stakeholders
- Assessment is a primary driver

Post-COVID

Resources

- Additional funding to provide products/services
- List or clearinghouse of EBPs adapted for specific populations or available online
- National or network-wide needs assessment to identify which practices to prioritize

Cross-Network Collaboration

- Formal system to facilitate

Assessment of Needs and Capacity

- Input from experts in field (e.g., telehealth)
- Input from stakeholders (e.g., SAMHSA, SSA)

FINDINGS: MAKING PROCESS OF SELECTING TECHNOLOGY TRANSFER METHODS EASIER

Pre-COVID

Resources and Capacity

- Need to equitably serve all areas within region
- Necessary budget to deliver intensive TA services

Meeting Stakeholder Needs and Preferences

- Preferences of tribal or rural communities
- Level of organizational readiness
- Influence of key stakeholders who have conducted needs assessments

Best Practices for Intended Outcomes

- Selection based on content and outcome requirements

Post-COVID

Resources and Funding

- Selection was limited by funding and resources
- Single source of best practices and information on effectiveness of virtual learning

Stakeholder Needs and Preferences

- Develop new products to help providers adapt to changes (e.g., online methods)

Best Practices and Learning Outcomes

- To facilitate selection of appropriate methods
- Need stronger evidence of e-learning approaches

Public Health Mandates

- Restrictive influence on selection

GOAL 1 RECOMMENDATIONS RELATED TO SELECTION AND PROMOTION OF EBPs

Formally engage SAMHSA RAs in selecting EBPs or topics for TTA.

- A priori approaches to decision-making may have been less salient once COVID-19 arrived in the U.S.
- TTCs relied on input from providers in the field, key stakeholders, and cross-network collaboration.

Provide TTCs with additional resources to facilitate the task of selecting practices.

- Allow for hiring external consultants when expertise within a TTC is not available, provide resources such as lists or sources of EBPs and help to adapt practices for various populations.

SAMHSA's oversight of TTCs during public health crises should accommodate needed flexibility.

- TTCs remained highly responsive to the needs of the target audience and other stakeholders through COVID-19. SAMHSA can be assured that it can be flexible about alterations to TTCs' workplans and approaches when circumstances demand; TTCs' devotion to stakeholder needs is top priority.



INTER- AND INTRA-NETWORK COMMUNICATION AND COLLABORATION



GOAL 1: INTER- AND INTRA-NETWORK COMMUNICATION AND COLLABORATION, SUMMARY OF SELECT FINDINGS

Background:

- FOAs for TTCs varied in the specific expectations set by SAMHSA around coordination/collaboration and Network-wide communication
- Organizational network analysis assessed TTCs' collaborative interrelationships (product development, trainings, workgroups)
- TTCs and RAs were interviewed about communication and collaboration successes and challenges

Key Findings:

- No difference in interconnectedness of single-TTC and multi-TTC grantees except when collaborating to develop products
- TTCs incoming to an established Network seek integration support
- The recently formalized role of the Regional Administrator's Office is supported by the data collection
- Regional TTCs and National Focus Area TTCs each shared that their collaborations have had both successes and challenges

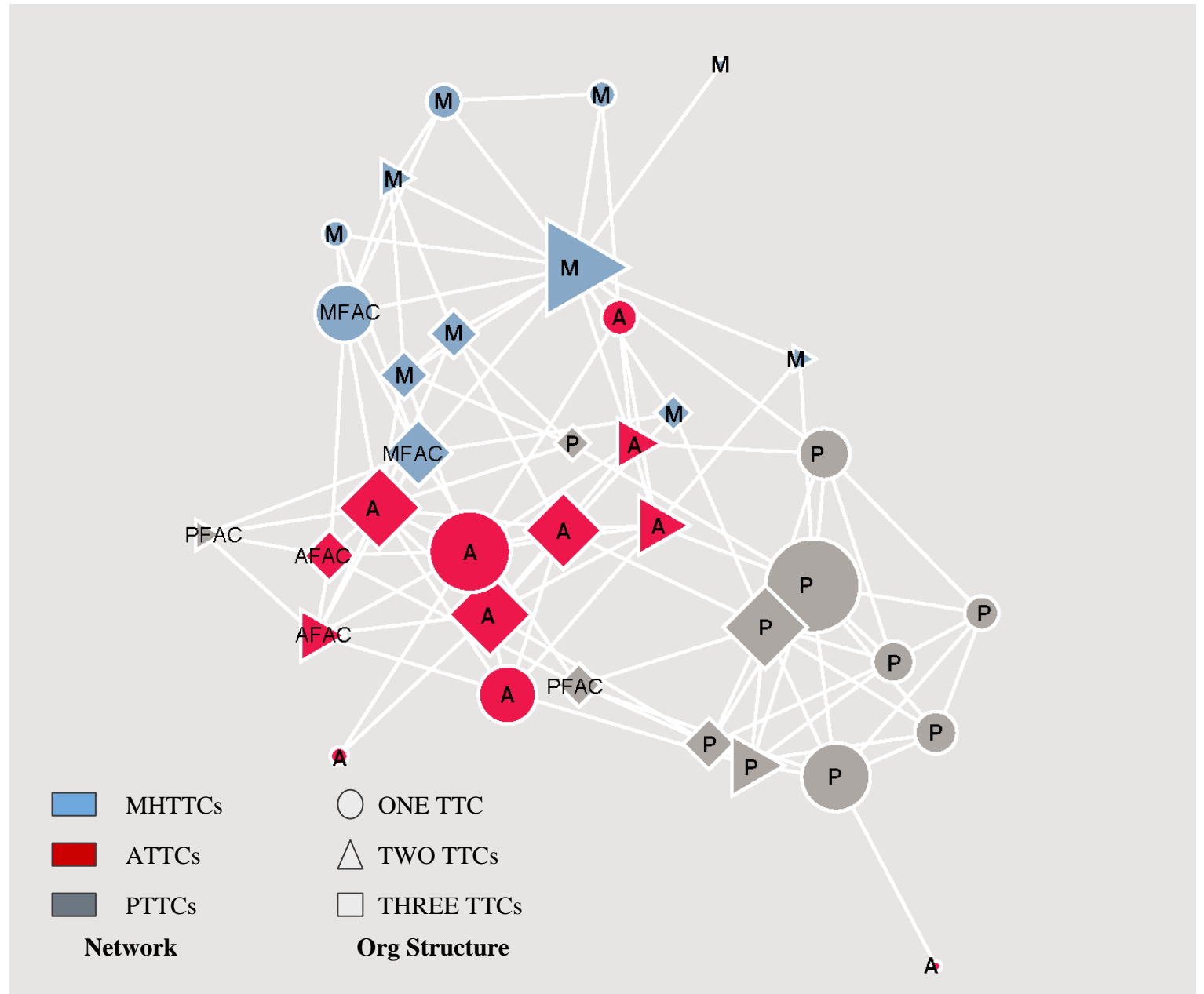
“I think we have a challenge when it comes to our [Network] colleagues...in the beginning, we got a lot of TA requests. Some regional centers...worked with us on this..some decided, ‘This is too huge. We need to hire somebody to help us with this.’ So, we've seen those approaches, and both I think are great ways of trying to learn what it means to work with [these] communities.”

– National Focus Area TTC

Organizational Network Analysis

Map: Collaboration on Product Development

- TTCs generally clustered with their own Network on collaboration interactions
- Across maps, a few TTCs consistently had more or fewer connections to other TTCs
- For each interaction type, we tested for significant differences in “closeness” by organizational structure
- For collaborations on products: significant difference ($p < .01$) between standalone TTCs and other TTCs, with multi-TTC grantees more interconnected



COMMUNICATION AND COLLABORATION: RAs and TTCs

- Several MHTTCs and PTTCs described their RA as a catalyst for collaboration among TTCs in their regions, e.g., through:
 - Cross-TTC meetings (i.e., all TTCs in region); inclusion in regional convenings of state leaders
 - For some regions, ensuring that TTCs share a common advisory council
- All interviewed RAs reported having regular and/or ad hoc meetings with the TTCs in their regions (with one exception)
 - At the time of the interviews, RAs office was not in an oversight role, but received regular information (e.g., work plans, bimonthly progress reports) from SAMHSA and/or TTCs
 - TTC engagement with RAs varied by region and type of center
- TTCs and RAs alike noted the importance of engaging with each other
 - Ensures an appropriately skilled workforce is prepared to meet region- and population-specific behavioral health prevention, treatment, and recovery needs

COMMUNICATION AND COLLABORATION: CHALLENGES

- National focus area centers and regional TTCs alike described challenges that provide opportunities for better collaboration with each other, for example:
 - Inconsistent use of national focus area centers as a resource for regional MHTTCs
 - Wide spectrum of viewpoints within regional PTTCs regarding cultural adaptation of EBPs
 - Some regional TTCs and national focus area centers experienced hiccups in working together
- Need for stronger communication efforts within each network, particularly to integrate newer TTCs and connect from the start within the respective regional networks

“That I think is one of the most challenging things, that ramping up. We noticed when we [had a meeting] there wasn't really the opportunity for us to connect with [TTCs in our own Network] and kind of have that relationship building from that start. And I heard that a lot [from the other TTC's in my Network] . . . when we went to [a National professional meeting]. So that's another place, I feel like we definitely connected more [at the professional meeting] with our [Network's TTC colleagues] than any other time.

– Regional TTC

GOAL 1 RECOMMENDATIONS RELATED TO COMMUNICATION AND COLLABORATION

Already formalized through SAMHSA's recent change to have Assistant Regional Administrators (ARAs) become the GPOs for the TTCs, the KII findings suggested the positive value of more concrete and formalized opportunities for RA/TTC communication and collaboration.

- For regions not already doing so, hold joint regional TTC meetings at least quarterly to facilitate collaboration and information sharing.
- Provide opportunities and guidance for RAs and TTCs to build collaborative relationships, e.g., in person grantee meetings, when feasible; “best practices” for RA/TTC collaboration.

To ensure TTCs are integrated into the Network and explore why some TTCs are less interconnected with others, SAMHSA may want ARAs, NCOs, or an independent party to follow up with identified TTCs.

Create guidance to support positive collaborations between regional and national focus area TTCs.

Goal 2: Describe the extent to which the target population is exposed to TTC services

Primary Data Sources:

GPR data (event, post-event, and follow-up)

Key Analyses: Thematic and other qualitative analyses, various quantitative analyses, geographical and spatial analysis

GOAL 2: SUMMARY OF SELECT FINDINGS

Background:

- GPRA data were the only specific data required to be collected/reported

Key Findings

- GPRA data had limited utility for evaluating impact
- TTCs reached a wide range of professions (majority classified as allied health professionals), as well as diverse racial/ethnic populations (higher proportion of racial/ethnic minorities than proportionally estimated by the US Census)
- Some rural areas were difficult to reach (see next slide)
- ZIP code data from GPRA were highly valuable in showing the relative density and reach of TTC events by county over the one-year period of review

Challenges to Reaching Target Audience and Expanding Geographic Reach:

“[Limited funding and resources] make(s) it challenging to provide services equitably across the regions.”

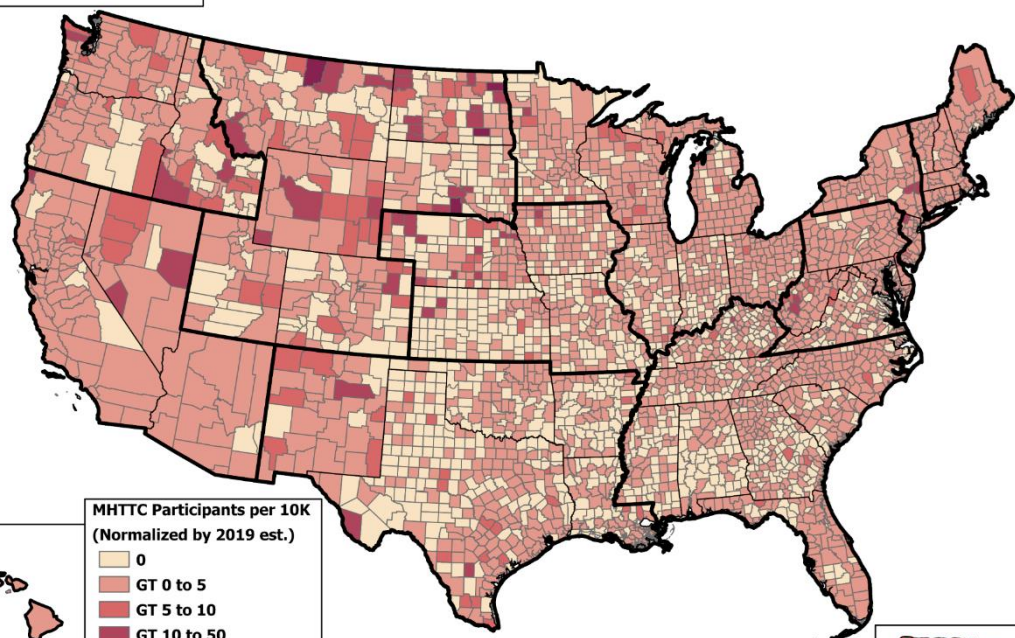
–Regional ATTC

“A lot of studies don’t have a significant quantity of Hispanic and Latinos in their studies, and it is challenging to us to identify EBPs that are effective to our community. We need to be very cautious or careful in how we translate this information to our service providers.”

–National Focus Area TTC

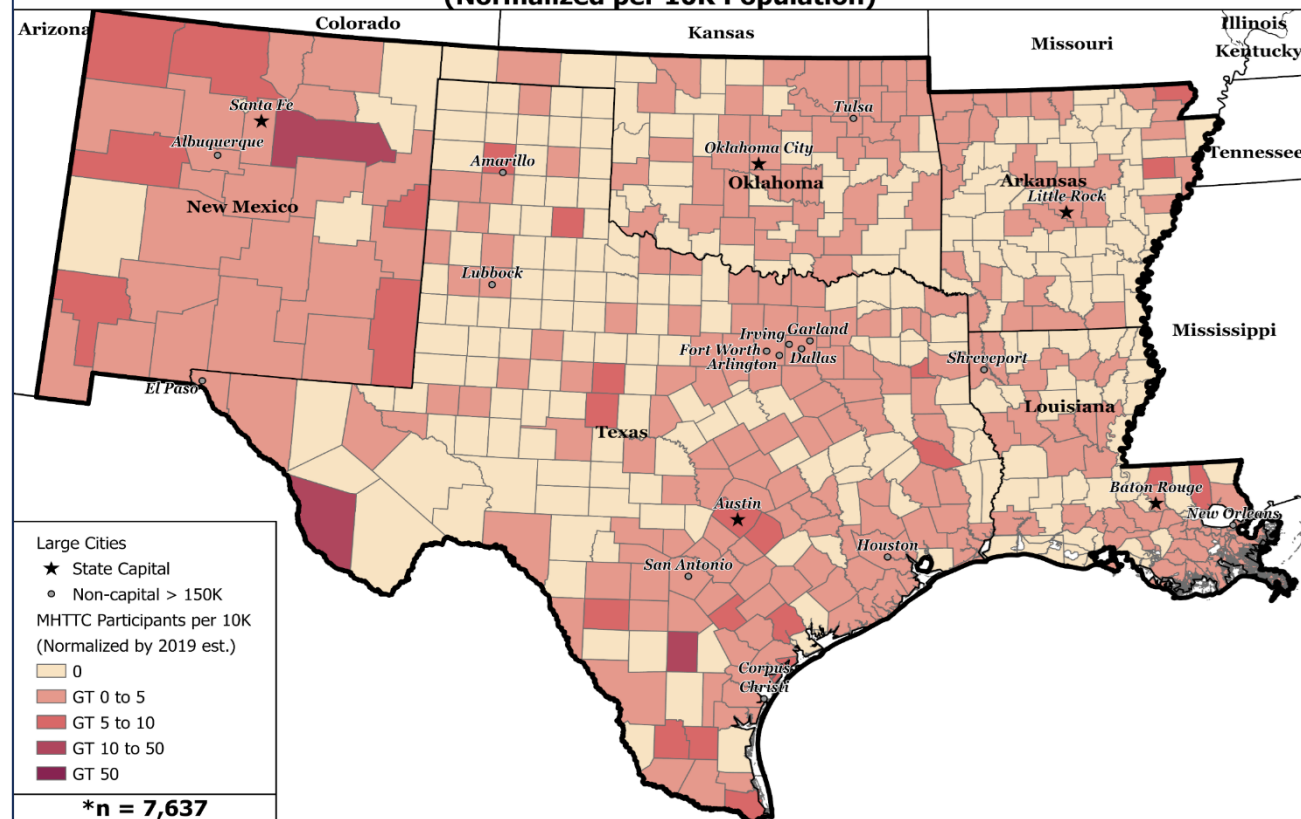
SAMPLE GIS MAPS*

Distribution of MHTTC Participants' Primary Place of Employment* (Normalized per 10K Population)



*n = 45,936

Region 6: Distribution of MHTTC Participants' Primary Place of Employment* (Normalized per 10K Population)



*n = 7,637

*A total of 36 maps were generated, including 30 regional maps, three US territory maps, and three national maps (i.e., one regional, one territory, and one national map for each type of TTC).

GOAL 2: KEY RECOMMENDATIONS

SAMHSA should clearly define intended purposes and uses of GPRA.

- GPRA ≠ Evaluation (will discuss during Recommendations for Goal 3).
- Consider funding and time/FTE required and the intended purpose of GPRA.
- Ensure reliability and validity of GPRA items.

Consider expanding the use of TTCs' data dashboards (potential system/resource to track and visualize valuable data).

- Consistent use by each type of TTC (support/harmonize products in use).
- Clear guidance on parameters so cross-comparison is possible.

GIS mapping is useful to visually assess service coverage and to identify gaps.

- Consider adding a built-in feature in SPARS or the TTC data dashboards to allow visualization of geographic reach.

Goal 3: Identify the methods used to manage, monitor, & ensure continuous quality improvement (CQI) of TTCs' products and services

Primary Data Sources: CQI survey, document review, key informant interviews, determinants of technology transfer survey

Key Analyses: Thematic and other qualitative analyses, various quantitative analyses

GOAL 3: SUMMARY OF SELECT FINDINGS

Background:

- SAMHSA expected TTCs to use GPRA data as basis for CQI addressing behavioral health disparities

Key Findings:

- Some findings derived from GPRA data in our cross-site evaluation, but...
- To a large extent, TTCs did not use GPRA data for CQI; data not viewed as appropriate for those purposes
- Facilitators of CQI included having a flexible CQI plan in place early on, internal capacity, and resources/tracking systems for efficiency
- Barriers to conducting CQI included lack of funds/resources, unforeseen occurrence of COVID-19, and limitations of GPRA data

“GPRA measures are not the most relevant for measuring if our training or resources lead to long-term implementation or change in behavior among attendees or users. The rigidity of the GPRA makes it difficult to add additional questions or measures of our reach.”

-Regional MHTTC

GOAL 3: SUMMARY OF SELECT FINDINGS – PARTICIPANT SATISFACTION

- Overall, participants (> 90%) reported being highly satisfied with the quality of TTC events
- Differences in satisfaction associated with education/profession
 - Pre-service individuals (students) may perceive events differently than those working in the field
 - Those working in specialty substance use employment settings tended to be less satisfied but more frequently reported that they would recommend the event to colleagues
- Participant Feedback: How can TTCs improve their events:
 - Most common theme was “aspects not directly related to the event/content” (e.g., venue/location, CEUs)
 - Content: Customize for target audience; ensure content is up to date
 - Participants tended to enjoy experiential learning and opportunities to apply knowledge/skills to real-life scenarios
 - Access to ongoing training/support

Ongoing Support for Participants:

“I thought this was a very strong event. Would be useful to have a follow-up [event] for participants who have done the introductory one.”

-Participant of TTC Event

“Perhaps another day of discussion on how to use the information and how to move forward with communities”

-Participant of TTC Event

GOAL 3: KEY RECOMMENDATIONS

Divorce GPRA and CQI evaluation activities, and instead allocate and permit funding for strong evaluation.

- GPRA is a federal reporting mechanism.
- There is little overlap between the “goals” of the GPRA and CQI/evaluation.
- Not clear there is a value in modifying GPRA to facilitate evaluation vs separating the two.

One possible alternative approach:

- Require inclusion of evaluation staff in TTC proposals at a reasonable FTE;
- Allocate time and funding in the start-up period for development of an evaluation plan/protocol;
- All TTCs conduct evaluation/CQI, but the focus can be determined site-by-site;
- Additional funding would be needed to ensure results are useful (e.g., sufficient investment to guarantee return)

Goal 4: Identify the facilitators & barriers experienced in the dissemination, adoption, and implementation of evidence-based/promising practices

Primary Data Sources: Document review, key informant interviews, CQI survey, determinants of technology transfer survey, post-event and follow-up GPRA data

Key Analyses: Thematic and other qualitative analyses, various quantitative analyses

GOAL 4: SUMMARY OF SELECT FINDINGS – PRACTICE CHANGE

Background:

- Intention is theorized to be a key antecedent of behavior change (Theory of Planned Behavior/Reasoned Action)

Key Findings

- 90% indicated perceived professional benefit
- 80% indicated they **intended** to use information gained from event to change current practice
 - At follow-up, 75% indicated that they **had used**, and expect to continue using, information gained from the event
- More likely to report intent and use of information:
 - Those with graduate/professional degrees (compared with lower levels of education)
 - Those in educational and community-based outpatient settings

Types of Changes Reported by TTA Recipients:

- Protocol/procedures/skills (e.g., interactions with consumers, screening/assessments, EPBs)
- Shift in awareness/understanding (e.g., ethical considerations, cultural competence, working with special populations)
- Collaboration/communication/sharing resources (e.g., patient/client education, networking outside of organization)
- Shift in attitudes (e.g., empathy/compassion, self-care, confidence)

GOAL 4: SUMMARY OF SELECT FINDINGS – ORGANIZATIONAL FACTORS

Background:

- Requirements in the FOA to provide “intensive TA” - not traditionally the role of the network, and not explicitly defined

Key Findings

- TTCs’ assessment of organizational factors in selecting intensive TA approaches/practices was sophisticated and broadly aligned with standard implementation science concepts
- Facilitators of TA delivery included expertise and capacity, working with member organizations, and use of respectful communication
- Barriers to TA delivery included lack of organizational capacity to provide intensive TA, time required to develop credibility and trust with stakeholders, additional effort required and burnout as a result of COVID-19 pandemic, and staff turnover
- TTCs sought out organizational resources to fill in perceived gaps in their ability to provide intensive TA

“Trying to meet the unique needs of organizations in large TA meetings can be difficult. Our previous experience typically focuses on intensive TA efforts with individual organizations in which we could tailor the support to individual organizational needs. Moving this to a large scale is challenging.”

-Regional MHTTC

GOAL 4: KEY RECOMMENDATIONS

Clearly define core requirements in FOAs (e.g., what is meant by intensive TA).

- Where requirements might be interpreted differently, consider providing a unifying definition.
- When requirements are added to FOAs, ensure resources required to meet expectations are made available to TTCs (e.g., avoid unfunded mandates).

Encourage evaluation studies of dissemination.

- As described previously, not necessarily as part of the GPRA, and not without commensurate funding.

To assess outcomes, such as actual change in practice, consider funding a longer-term, rigorous cross-site evaluation project.

- Overarching questions about the network are separate from region/site-specific questions.

Goal 5: Provide recommendations for optimizing the transfer of addiction, mental health, and prevention technology

Primary Data Sources: All data sources

Key Analyses: Thematic and other qualitative analyses, various quantitative analyses

TOP 3 SUCCESSES OF THE TTC NETWORK

1. TTCs are highly competent and responsive to the needs of the workforce

- Use of evidence-based practices to address identified needs
- Selection of appropriate technology transfer methods to meet desired outcome, as indicated by adult learning principles and other best practices; TTC activities were consistent with identified needs and priorities
- Rely heavily on insight from the workforce and other stakeholders to adequately understand needs
- Responsive and nimble in addressing changing needs (e.g., COVID-19 pandemic)

“[In responding to the COVID-19 pandemic], I think the [TTCs] really pulled together as a network to respond to the needs of SAMHSA and the provider communities. I am very proud of our work.”

- Regional MHTTC

TOP 3 SUCCESSES OF THE TTC NETWORK

2. TTCs are adept at maximizing their use of the limited resources available

- Development of infrastructure to improve efficiency: GPRA upload and data dashboards
- Collaboration and sharing of resources among TTCs to maximize reach and impact
- Initiation of cross-TTC workgroups and other committees to connect and collaborate on similar interests and address various topics/issues that arise
- Evaluation revealed the scope of activities necessary for successfully operating a TTC (as demonstrated by the TTCs), including many more activities than are represented by traditional reporting requirements (e.g., GPRA and annual reports)

3. TTCs provide high-quality services and products to the workforce

- Focus on addressing needs through evidence-based practices and technology transfer methods
- Participants highly satisfied with TTC events
- Product review revealed high-quality products developed by TTCs

TOP 3 RECOMMENDATIONS FOR SAMHSA

Define priorities and clarify expectations for the TTC Network

- Review of FOAs revealed inconsistency and lack of clarity about expectations for intensive TA and CQI

Provide appropriate funding and resources for TTCs to meet expectations

- Intensive TA
- Evaluation/CQI/Performance Assessment
- Attempt to maintain funding parity between network types (same directives = same compensation)

Divorce CQI/evaluation processes from the GPRA

- Provide funding for TTCs to conduct local level CQI/evaluation that is separate from the GPRA
- Engage a contractor or grantee for third-party cross-site evaluation.
- Provide funding for third-party cross-site evaluation

PERCEIVED VALUE AND BENEFITS OF THE TTC MODEL

Interviews with both TTCs and RAs supported the region-based, expanded TTC model as a “value added” to addressing the needs of the workforce and supporting systems change.

TTCs self-reported examples of intensive TA that were transformative for recipients/ participants, e.g.:

- Motivational interviewing (MI) intensive TA led to adoption of MI principles into the recipient organization’s supervision practices and policies
- Other intensive TA events were associated with:
 - Attitudinal changes in participating states related to suicide prevention practices
 - Recipients’ adoption of recovery-oriented systems of care
 - Acceptance of MAT/MOUD

RAs reflected positively that TTCs:

- Serve as a valuable and readily available resource for promoting and disseminating EBPs at the local, state, and regional level
- Enable states to address workforce training needs with fidelity when states otherwise might not have the resources for this
- Enabled equal access to EBPs and clinical trainings among key players in the areas of mental health and substance use

PERCEIVED VALUE AND BENEFITS OF THE TTC MODEL

For RAs, TTCs helped SAMHSA to achieve mission

- Built workforce capacity/capability and responded to the changing needs of the field, differentiating SAMHSA from other federal agencies
- Expanded SAMHSA's TTA presence beyond that of SSAs, SMHAs, and sub-grantees
- Advanced the coordination among substance use, prevention, and mental health promotion
- Positioned SAMHSA to have regional centers of excellence for serious mental illness
- Gave SAMHSA greater "street value" as the lead authority on mental health and substance use issues

“There is a cultural aspect in terms of how people relate to this asset in your community Regional now makes a difference, pulling people from the field who are respected, and shows [more] a bottom-up than a top-down approach.”

-Regional Administrator

QUESTIONS?



THANK YOU!



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