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The Role of an Intermediary Purveyor Organization in Identifying and Responding to Workforce Priorities to Combat the Opioid Epidemic

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Abstract

Technical assistance (TA) priorities related to the opioid epidemic were identified via a needs assessment survey of 306 addiction workforce members in HHS Region 10. The Northwest Addiction Technology Transfer Center (Northwest ATTC) then initiated responsive TA efforts. Ongoing work of this intermediary purveyor organization encompasses universal, targeted, and intensive TA. This includes Northwest ATTC sponsorship of products and activities for local, regional, and national audiences.

Needs Assessment Survey Methods and Results

Iteratively developed by a multidisciplinary team, survey content included eight items on prevention, treatment, and recovery practices for opioid use disorder (OUD), all rated on a five-point scale (1=Not At All, 5=Extremely) A lone inclusion criterion for survey respondents, who were recruited via the Northwest ATTC website, was employment as a health professional in HHS Region 10.

In this workforce sample, the greatest TA priorities were:

- 1) treatment of OUD and co-occurring disorders (\underline{M} =4.5, \underline{SD} =.7)
- 2) OUD services for pregnant/parenting women (M=4.4, SD=.9)
- 3) community-based OUD recovery support (M=4.3, SD=.9)

Generalized linear models confirmed the pattern of TA priorities to be robust across the four HHS Region 10 states of Alaska, Idaho, Oregon, and Washington.



Responsive Northwest ATTC Products and Activities

For the identified TA priorities, Northwest ATTC has sponsored: 1) expositions and exhibits at state and regional conferences, 2) webinar presentations for regional and national audiences, 3) trainings for local workforce groups, 4) online educational products, and 5) intensive technical assistance to support partnering health agencies' implementation of useful OUD-focused practices.

Universal TA

Monthly Webinar Series (select titles)

Healing Two Generations: Providing Comprehensive Care for Pregnant and Parenting Women with Opioid Use Disorder

Treating Co-Occurring Trauma and Addiction: Intervening on Opioid, Alcohol, and Other Public Health Challenges

Peers - What Lived Experience Can Do to Help the Pain and Opioid Crisis

All webinar recordings available at:

<u>https://attcnetwork.org/centers/northwes</u> attc/northwest-attc-webinar-series



Sponsored Presentations (select titles)

Recovery Housing: An Evidence-Based Practice
Peer Support Services in Varied Settings

Creating a Recovery-Oriented System of Care

Targeted TA



Available at: https://healtheknowledge.org

A skills-based training intended to prepare opioid treatment programs to customize and implement contingency management programming.



Sample ORN Targeted TA Services

Training workshop for 100 WA state nurses:

The Science and Practice of Treating Pregnant Women with Opioid Use Disorder

Intensive TA

Northwest ATTC Intensive TA Project

Formal assessment (Dual Diagnosis Capability in Addiction Treatment; DDCAT) and systems change consultation to improve the capacity for provision of co-occurring OUD/MH services at a set of behavioral health organizations in Oregon



Sample ORN Intensive TA Services

Enhancement of case management services for OUD patients via an asset mapping process at a behavioral health clinic in Alaska

Implementation support for medication-assisted treatment at federally-qualified health centers in Alaska, Oregon, and Washington

Support in the community-based development of recovery housing options for persons enrolled in medication-assisted treatment in Oregon

Implications

An initial, survey-based needs assessment of regional addiction workforce members informed subsequent Northwest ATTC provision of universal, targeted, and intensive TA to combat the opioid epidemic. This simple, data-informed process may be informative to other intermediary purveyor organizations seeking to similarly address focal TA priorities in their locales.

While listed Northwest ATTC products and activities reflect a sampling rather than full compendium of our opioid-focused work to date, they encompass a breadth of work on the three identified priority TA topics. This sampling also represents efforts to provide TA that promotes awareness (universal TA), culls knowledge and skills of individual clinicians (targeted TA), and supports systems-level implementation (intensive TA).

To what extent the identified priority topics generalize to the broader addiction workforce awaits future study. To that end, we see value in inter-regional data-sharing in the national ATTC network, as is possible via coordinated efforts like the Opioid Response Network.

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