

# Current Workforce Development Priorities For Training and Technical Assistance Concerning Health Services for Persons With Opiate Use Disorder



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## Abstract

**Aim:** Workforce perspectives are valuable in identifying priorities for training and technical assistance to promote health services, including those for persons with opiate use disorder (OUD). Herein, we describe results of an online needs assessment survey completed by addiction workforce members in Health and Human Services (HHS) Region 10. **Methods:** Eight survey items concerned OUD services, for which importance was rated on a five-point scale (1=Not At All, 5=Extremely). A lone inclusion criteria for survey respondents, recruited via Northwest Addiction Technology Transfer Center (Northwest ATTC) website, was current employment as a health professional in an HHS Region 10 state (i.e., AK, ID, OR, WA). **Results:** The three most highly-rated priorities were OUD services for: 1) persons with co-occurring disorders, 2) pregnant and parenting women, and 3) long-term recovery support. The least highly-rated priority was availability of waived prescribers of opiate agonist medications. A generalized linear model, with HHS Region 10 state as a lone predictor, confirmed this pattern to be robust across all states in the region. **Conclusions:** Findings specify targets perceived by this regional addiction workforce as priorities to combat the opioid epidemic. Greater focus is needed on prospective workforce development efforts on availing services for select populations as well as long-term recovery supports.

## Introduction

For 25+ years, the SAMHSA-funded national network of Addiction Technology Transfer Centers (ATTCs) has served as a vehicle for facilitating adoption and implementation of evidence-based practices. Increasingly, the ATTC network emphasizes the role of technical assistance, encompassing a rubric of educational and consultative services beyond initial training exposure. To support such efforts, it is critical that addiction workforce perspectives be gathered regarding the training and technical assistance targets seen as priorities.

Herein, the Northwest ATTC offers OUD-focused findings from an online needs assessment survey eliciting addiction workforce perspectives in HHS Region 10, the illustrated four-state catchment area encompassing **Alaska, Idaho, Oregon and Washington**. The findings note HHS Region 10 workforce development priorities for training and technical assistance in health services for persons with OUD.



## Methods

Survey content was iteratively refined by multidisciplinary Northwest ATTC staff, with input from its 15-member advisory board. In addition to respondent demography and professional background, survey items included a five-point scale (1 = Not At All, 5 = Extremely) to rate importance of training and technical assistance for health services specific to persons with OUD. The eight OUD service areas were: 1) assessment or early detection programs; 2) treatment of persons who have co-occurring disorders; 3) management of persons on medication-assisted therapies; 4) availability of waived prescribers of opioid medications; 5) long-term recovery support; 6) treatment/recovery services for youth; 7) treatment/recovery services for pregnant and parenting women; and 8) billing/incentive schemes for services.

In February 2018, a survey link was posted on a publicly-available Northwest ATTC website where it remained for eight months. The Survey Monkey data collector disallowed multiple responses, to prevent individuals from completing the survey multiple times. The survey was completed by 324 persons, of which 306 affirmed current employment as health professionals in an HHS Region 10 state. Table 1 summarizes their demography and professional background.

Table 1. Sample Demography and Professional Background

Age-Range	Primary Educational Discipline	Employment State
18-25 years	1%	Psychology/Mental Health
26-35 years	13%	Social Work
36-45 years	19%	Public Health
46-55 years	24%	Medicine
56-65 years	34%	Nursing
66-75 years	9%	Other
76+ years	1%	Chemical Dependency*
Gender		
Female	72%	Alaska
Male	27%	Idaho
Transgender	0%	Oregon
Nonconforming	1%	Washington
		49%

\*Chemical Dependency represented an independent survey item

## Results

A generalized linear model (GLM), with state of residence for individual workforce members included as the lone predictor, tested for geographic variability in ratings of the eight OUD service areas. No between-state effects were found, and consequently descriptive statistics for the full sample's ratings are depicted in Figure 2.

Figure 2. Mean Rating of Workforce Priorities for OUD Service Areas

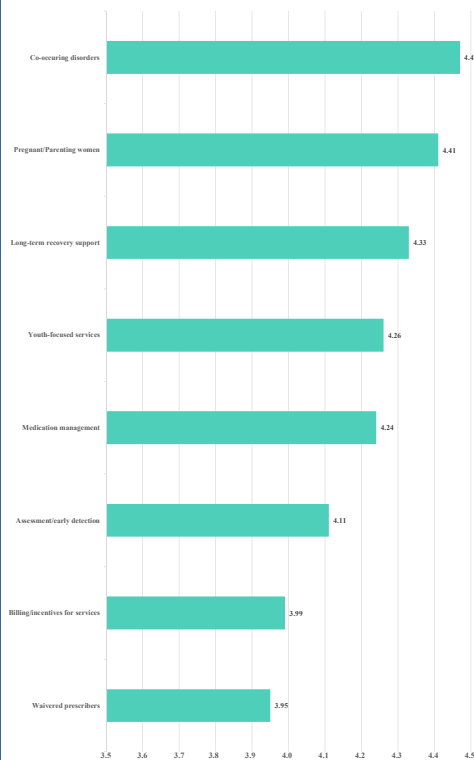


Figure Notes: Means computed from sample of 306 HHS Region 10 addiction workforce members; survey items rated on 5-point scale of perceived importance (5=Extremely, 1=Not at all) for training and technical assistance

## Discussion and Conclusions

On average, this sample of 306 HHS Region 10 addiction workforce members rated each of the eight noted OUD service areas as 'very' to 'extremely' important priorities for training and technical assistance. Among these OUD service areas, the three most highly-prioritized were for: 1) persons with co-occurring disorders, 2) pregnant and parenting women, and 3) long-term recovery support. The least-prioritized OUD service area was availability of waived prescribers of opiate agonist medications. Notably, examination of geographical variability in these priorities among addiction workforce members suggested the pattern was robust across four HHS Region 10 states.

Taken together, these needs assessment data identify key targets for future OUD-focused training and technical assistance efforts to be undertaken by Northwest ATTC and other intermediary/purveyor organizations in the region. To what extent the prioritized OUD service areas noted here generalize to the addiction workforce outside of HHS Region 10 awaits future study. To that end, we see great value in the prospect of inter-regional sharing of data within the national ATTC network, as is increasingly possible via coordinated efforts like the SAMHSA-funded Opioid Response Network (formerly the State-Targeted Response – Technical Assistance Consortium).

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**Conflict of Interest Statement.** The authors declare that no financial or nonfinancial conflict of interest exist.