PTTC Common Needs Assessment Survey

Purpose

This document outlines a common set of survey questions for use in PTTC regional or population specific needs assessments. PTTCs are encouraged to use the standard survey as one part of the multifaceted effort to assess need. Existing PTTC needs assessments were considered for inclusion, and a working group composed of PTTC network representatives determined the item for inclusion.

Needs Assessment Categories

- Employment Details
- Training needs
- Training Preferences
- Perceptions of existing resources
- Demographics
- Open-ended

Suggested Survey Introduction

The [enter region or population] Prevention Technology Transfer Center is interested in learning about your training and resource needs related to your substance use and misuse prevention work. Your responses to this survey will help us determine what prevention related trainings to provide, and how best to provide them.

This assessment is intended for anyone interested in training in substance use prevention to help build knowledge about prevention science and skills to identify and implement evidence-based programs and strategies.

This survey is designed to take less than 15 minutes to complete. We recommend that you complete the survey in one sitting. [if applicable] Since the survey is anonymous and you are not required to log in, we can't restart the survey where you left off. However, if necessary, you may come back to a survey and pick up where you left off if the survey is still open.

Thank you for your participation.

Employment Details

- In what state or jurisdiction do you work?
 - [drop down all states and jurisdictions]
- How would you describe the community in which you work?
 - Urban
 - Suburban
 - Rural
 - Frontier
 - Other: (please specify) [OPEN TEXT BOX]
- In your prevention work, do you work with or for a tribal government, consortium, or organization?
 - o [yes/no]
 - If yes: (please specify) [OPEN TEXT BOX]
- Certifications: (current / past / none) (Include all applicable certifications in the PTTC Region)
 - Certified Health Education Specialist (CHES)
 - Prevention Specialist certification or credential, or equivalent in your state/jurisdiction
 - Substance Abuse Professional (SAP) through the Department of Transportation
 - Other (please specify) [OPEN TEXT BOX]
- What is your job responsibility? (check all that apply)
 - Program staff
 - Evaluation
 - Supervisor of program staff
 - Administrator
 - Educator
 - Student/Intern
 - Coalition Director/Coordinator
 - Volunteer (coalition member)
 - Other (please specify) [OPEN TEXT BOX]
- How many years have you worked in the field of substance misuse/abuse?
 - o 0 years
 - o 1-2 years
 - 3-5 years
 - 6-8 years
 - 9-10 years

- More than 10 years
- What is your **primary** profession (*select one*)?
 - Prevention Professional
 - SUD treatment professional
 - Social worker
 - Recovery specialist
 - Mental health professional
 - Criminal justice professional
 - Drug Demand Reduction Civil Operations Specialist
 - Community health worker
 - Public health professional
 - Educator
 - Researcher
 - Health care provider
 - First responder
 - Other (please specify) [OPEN TEXT BOX]
- Which best describes your **principal** employment setting (select one)?
 - Community health coalition
 - Substance misuse prevention coalition
 - Community or Faith-based service organization (CBO/FBO)
 - Government (federal, state or municipal)
 - State/local health department
 - School/university
 - Hospital/Hospital-affiliated clinic
 - HMO/managed care organization
 - SUD treatment program
 - Recovery support program
 - Probation/parole office
 - Local law enforcement department
 - Military/VA
 - Tribal/Indian Health Service
 - o Community health center
 - Not currently employed
 - Other (please specify) [OPEN TEXT BOX]
- What substance(s) do you and/or your agency focus on preventing? (check all that apply)
 - Alcohol
 - o Marijuana / Cannabis

- Opioids (prescription and/or illicit)
- Tobacco
- Stimulants (e.g., Methamphetamine)
- Other illegal substances (e.g., cocaine)
- Polysubstance use
- E-cigarettes/Electronic Nicotine Delivery Devices (ENDS)/Vaping
- Other (please specify) [OPEN TEXT BOX]
- What populations do you work with? (check all that apply)
 - Pregnant persons and parents
 - Under-resourced individuals and/or communities
 - System involved youth (Juvenile justice, child welfare)
 - o Infants and young children
 - Affected others (drug endangered children, families)
 - o Children
 - Adolescents
 - Young adults of transitional age
 - Adults
 - Older adults
 - Immigrants
 - Educators
 - First responders
 - Refugees/asylees
 - LGBTQIA+
 - Active-duty military and veterans
 - Rural/frontier residents
 - Black or African Americans
 - Native Americans/ Alaska Natives
 - Hispanic/Latino(a)s
 - Asians [OPEN TEXT BOX]
 - Pacific Islanders [OPEN TEXT BOX]
 - Other (please specify) [OPEN TEXT BOX]
- How many of the following professional development activities have you taken in the past 12 months?

	0	1-2	3-4	5-6	7+
Training/ workshop with Continuing Education Units (CEUs)	0	0	0	0	0



Training/ workshop without CEUs	0	0	0	0	0
Course with college credit	0	0	0	0	0
Informal activity	0	0	0	0	0



Training Needs

IC&RC State Requirements:

- 1. Planning and Evaluation
- 2. Prevention Education and Service Delivery
- 3. Communication
- 4. Community Organizing
- 5. Public Policy and Environmental Change
- 6. Professional Growth and Responsibility

For each topic below, indicate:

Core Topic for all Centers (# indicates IC&RC competencies)

	Received enough training	Received training, and need more	No training, and need training	No training, but not interested
Using Data to Make Decisions - 1				
Identifying and Selecting Evidence- based Programs, Policies, and Practices - 1				
Identifying and addressing health disparities to increase health equity - 1				
Evaluating your prevention Programs, Policies, and Practices - 1				
Shared Risk and Protective Factors Theory - 1				
Cultural competency, humility, and responsiveness in prevention -				
Implementing Evidence-based Programs, Policies, and Practices - 2				
Suicide prevention, mental health promotion - 2				



Issues of Fidelity, Adaptation, and Implementation for Evidence-Based Prevention Programs – 2		
Effectively Communicate about Prevention - 3		
Mobilization and engagement of community stakeholders - 4		
Advocacy for Policy and Environmental Change – 5		
Ethical principles relevant to prevention – 6		
Racial equity and inclusion - 6		
Knowledge of Current Issues of Substance Misuse - 6		

Additional Topics, included at discretion of PTTC

	Received enough training	Received training, and need more	No training, and need training	No training, but not interested
Public Awareness Campaign - 3				
Using Media Strategies - 3				
Implementing and evaluating environmental change strategies - 5				
Strategies to reduce SUD stigma - 2				
Identifying risk and protective factors that impact disparate populations - 1				



Engagement of priority populations in prevention Programs, Policies, and Practices - 2		
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programming - 4		
Identifying community assets and resources (human, fiscal, and organizational) - 1		
Recruitment and retention of prevention staff - 6		
Preventing burnout - 6		
Developing Strategic Alliances for Systems change - 4		
Mentoring or coaching of prevention staff - 6		
Development of measurable goals and objectives - 1		
Sustainability Strategies - 1		
Coalition Leadership - 4		
Strategic Prevention Framework - 1		
Writing a Comprehensive Community Prevention Plan - 4		
Foundations of Prevention Science - 1		
Strategies for promoting positive youth development - 2		



Including youth voice in community coalitions - 4		
Facilitating Coalition or Community Meeting - 3		
Knowledge of Adverse Childhood Experiences (ACES) - 6		
Prevention and Social Determinants of Health - 5, 6		
Virtual facilitation skills - 2		

Note: This list is not exhaustive, but bear in mind, do not exhaust your survey participants.



Training Preferences

	Not Preferred	Neutral	Preferred	I am not familiar with this technology
Lecture-based webinar				
Interactive webinar (breakout rooms, panel, chat, Q&A, polls)				
Recording of a live webinar				
Online peer networking or mentoring				
Self-paced on-line trainings with certificate				
Podcasts				
Electronic newsletter or factsheet				
Teleconference calls				
Learning Collaborative, Community of Practice				
Other (please indicate what technologies)				



- Think of your own level of safety regarding the Covid-19 pandemic, when will you feel comfortable to attend an in-person training?
 - o I feel comfortable to attend now
 - o I will feel comfortable after I receive a vaccine for the Coronavirus
 - I don't see the need for in-person trainings since on-line trainings fill my training needs
- How well does online training meet your needs?
 - Very well
 - Somewhat well
 - Not at all
 - Other (please specify) [OPEN TEXT BOX]
- What are the greatest challenges to accessing training and technical assistance or professional development activities for prevention? Please select all that apply.
 - Travel policy restrictions
 - Financial constraints to travel
 - Do not have reliable internet to access web-based events
 - Supervisor or workplace does not support or allow time to participate in training and technical assistance
 - o Don't know where to access training and technical assistance
 - No funding for training and technical assistance
 - o I cannot fit it into my schedule
 - Other (please specify) [OPEN TEXT BOX]

Perceptions of Existing Resources

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My state has adequate educational and training opportunities for new prevention professionals					
My state has adequate advanced training opportunities for experienced prevention professionals.					
Consider adding PTTC Regional Center specific satisfaction item (range, topics, etc.)					

- When you are seeking information regarding current prevention-related knowledge/skills/techniques, what is your go-to source? (select all that apply, include regional sources)
 - SAMHSA's website
 - PTTC Network or affiliates
 - NIH National Institute on Drug Abuse website
 - Center for Disease Control website
 - o CADCA website
 - State Training & Technical Assistance Provider
 - State Epidemiological Outcomes Workgroup
 - State prevention certification board website
 - State data warehouse [include regional examples]
 - National, State, or local conferences
 - Other (please specify) [OPEN TEXT BOX]



- Have you ever attended a training or webinar provided by the PTTC Network? (Select all that apply)
 - Yes, provided by my regional center
 - Yes, provided by another regional center
 - Yes, provided by the Network Coordination office of National Working Group
 - Yes, I don't know which center provided the training
 - o No
- How many PTTC trainings or webinars have you attended in the past year?
 - o none
 - 0 1
 - o **2-5**
 - o 6-9
 - 10+
- Have you downloaded and used any tools or resources developed by your region's PTTC?
 - No
 - Yes, please list the tools or resources you have used [open text box]

For the [INSERT NAME OF REGION] PTTC?	1	2	3	4	5
How satisfied are you with the:	Not at All		Satisfied		Very
quality of training you have received?					
quality of technical assistance you have received?					
quantity of training you have received?					
quantity of technical assistance you have received?					
content of training you have received?					
content of technical assistance you have received					

- What *training content area* would you like to see the [INSERT NAME OF REGION] PTTC provide?
 - [OPEN TEXT BOX]
- What technical assistance content area would you like to see the [INSERT NAME OF REGION] PTTC provide?
 - o [OPEN TEXT BOX]

Demographics

- Gender
 - o Female
 - Male
 - Transgender
 - Non-binary
 - Prefer to self-describe (please specify) [OPEN TEXT BOX]
 - Prefer not to say
- Age group
 - o 18-25
 - o 26-35
 - 0 36-49
 - o 50+
- Are you Hispanic or Latino/a?
 - Yes
 - No
 - Prefer not to say
- What is your race? (select one or more):
 - Alaska Native
 - American Indian
 - Native Hawaiian
 - o Other Pacific Islander
 - Asian
 - Black or African American
 - White
 - Other (please specify) [OPEN TEXT BOX]
- Are you fluent in a language other than English?
 - Yes (please specify) [OPEN TEXT BOX]
 - o No
- Do you provide services in a language OTHER than English?
 - Yes (please specify) [OPEN TEXT BOX]
 - o No
- What is the highest degree you have received (*select one*)?
 - Some high school, but no diploma or equivalent
 - o High school diploma or equivalent



- o Some college but no degree
- o Associate's degree
- o Bachelor's degree
- o Master's degree
- o Doctoral degree or equivalent
- o Other (please specify) [OPEN TEXT BOX]

Open Ended

- In your opinion, what area of training or technical assistance is *most important* to you to further your professional development? [OPEN TEXT BOX]
- Is there anything else you would like us to know? [OPEN TEXT BOX]