

# Rural Communities Opioid Response Program (RCORP) Technical Assistance (TA): 2023 Grantee Survey

### **KEY FINDINGS AND RECOMMENDATIONS**

The following key evaluation findings and recommendations are based on an analysis of data from a survey on technical assistance (TA) grantees received through the Rural Communities Opioid Response Program (RCORP). The survey, conducted by the WWAMI Rural Health Research Center (RHRC) from January to March 2023, queried grantees about their experiences with TA "in the past year," corresponding to January to December 2022. Grantees included in this evaluation were from Implementation II, Implementation III, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support I cohorts.

#### **Key Findings**

- Out of 196 unique grantees invited to participate in the survey, we received 137 responses (69.9% response rate).
- Responding grantees reported utilizing a variety of types of TA in the past year, most frequently coaching calls (91.2%, n=125), resource dissemination (83.9%, n=115), deliverable review (80.3%, n=110), and webinars (74.5%, n=102). The least frequently utilized TA types included regional/state meetings (26.3%, n=36), site visits (19.7%, n=27), and Office Hours with Dr. C (14.6%, n=20).
  - While less utilized, the more individualized TA types, including subject matter expert (SME) referrals and site visits, were rated as extremely or very helpful by the most respondents for gaining new knowledge or skills, making changes to operations when things were not working, and making progress towards grant objectives
  - Coaching calls and resource dissemination were both highly utilized and rated by the most respondents as extremely or very helpful across the three domains.
  - Regional/state meetings were utilized by one-fourth of respondents, but over one-half of those who did attend these meetings reported they were extremely or very helpful for gaining new knowledge (60.6%, n=20), making changes to operations (51.5%, n=17), and making progress toward grant objectives (51.4%, n=18).
     Open-ended responses suggested grantees wanted more opportunities to connect with other grantees locally.
- About one-fifth of respondents reported wanting more TA on the topic of workforce recruitment/retention (21.9%, n=25). These findings align with those from prior WWAMI RHRC reports on the RFI in March and September 2022 demonstrating a need for more TA on workforce topics.<sup>1,2</sup>
  - About one-third of respondents also reported that the TA they received on workforce was only somewhat relevant (workforce: 32.7%, n=36).
- About one-fifth of respondents reported wanting more TA on prison/jail populations (18.7%, n=17).
  - About one-quarter of responding grantees reported that the TA they received on prison/jail populations was only somewhat relevant (prison/jail populations: 23.8%, n=20).
  - Half of Psychostimulant Support I respondents (50.0%, n=4) reported receiving too little TA on contingency management.

- Grantee respondents were especially satisfied with the expertise, connections, and follow-up their technical expert leads (TELs) provided. Open-ended comments also cited TELs as a key factor in assisting grantees make progress towards their grant objectives in the past year.
- The majority of respondents were very satisfied or satisfied with how TA was tailored to their region/state (85.4%, n=111) and how TA made connections with other grantees locally (77.5%, n=100); a small proportion of grantees were neutral or unsatisfied. A few of these respondents reported wanting to work with TELs who were more familiar with the issues of their region/state.
- Respondents also reported being very satisfied or satisfied with the collaborative learning opportunities with other grantees offered through TA (81.4%, n=105). Open-ended responses suggested offering more frequent peer connections through TA, particularly more in-person networking opportunities. Grantees also suggested that they would like more connections with subject matter experts, in particular, the Rural Centers of Excellence on Substance Use Disorders.

#### Recommendations

- Continue to offer grantees opportunities to connect with their peers. We recommend exploring additional opportunities for peer connections between grantees, especially with peers in the same state and/or region. Attendance at currently existing peer-to-peer TA types could be further encouraged and expanded to more grantees. Regional/state peer-to-peer calls could be offered for grantees in more regions/states. Additional formats for networking, including additional in-person opportunities, were suggested by respondents.
- Devote more TA offerings to high-demand topics. About one-fifth of respondents reported wanting more TA on two key topics: (1) workforce recruitment and retention and (2) prison/jail populations. TA on these topics should also be tailored to be more relevant to grantees. The JBS TA team should query grantees on these two topics to ensure the offered TA on these topics is relevant to grantees. Request for Information (RFI) data could be used to help tailor TA on these topics to address grantees' needs. Additionally, Psychostimulant Support I grantees reported wanting more TA on contingency management.
- Conduct further exploration on TA needs and formats. Further evaluation is needed to understand additional types and topics of TA that would be most beneficial for grantees. In particular, future evaluation could explore how TA on workforce recruitment/retention and prison/jail populations could be more helpful to grantees.

### PURPOSE AND METHODS

This report summarizes findings from a survey of Rural Communities Opioid Response Program (RCORP) grantees, developed and conducted by the WWAMI Rural Health Research Center (RHRC), about technical assistance (TA). The goal of this survey was to gain an understanding of grantees' perspectives on the TA they had received in the past year (corresponding to January - December 2022).

The questionnaire included items about the types of TA grantees received, helpfulness of each type of TA received, amount and relevance of TA received on key topics, satisfaction with various aspects of TA delivery, and success meeting their grant objectives. We also asked two open-ended questions about how TA helped grantees achieve their grant objectives in the past year and suggestions for improving future TA. No questions were required.



We collected data from January to early March 2023 from grantees in the following RCORP cohorts: Implementation II, Implementation III, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support (PS) I cohorts. Additional details about the data collection methods and analysis are available in the Technical Appendix (page 48).

### **FINDINGS**

#### **Response Rate and Characteristics of Respondents**

We invited a total of 196 individual grantees to complete a questionnaire and 137 responded (69.9%). Table 1 summarizes the response rates overall and by cohort. The 13 grantees who received multiple RCORP grants only responded once, and they were asked to report on TA received for any of their grants. Seventeen responses were completed anonymously, so it is unknown which or how many grants they received.

|                              | Number of responses | Number of grantees<br>surveyed | Response rate |  |
|------------------------------|---------------------|--------------------------------|---------------|--|
| Total Grantees               | 137                 | 196                            | 69.9%         |  |
| Implementation II            | 58                  | 91                             | 63.7%         |  |
| Implementation III           | 48                  | 78                             | 61.5%         |  |
| Neonatal Abstinence Syndrome | 20                  | 29                             | 69.0%         |  |
| Psychostimulant Support I    | 9                   | 16                             | 56.3%         |  |
| Unknown Cohort               | 17                  |                                |               |  |

\*Grant cohorts are non-exclusive as some grantees received more than one grant.

Most respondents had only received one RCORP grant (78.1%, n=107), 9.5% (n=13) had two or three grants (n=13), and 12.4% (n=17) had an unknown number of grants. Most responses came from program directors (82.4%). However, 9.6% were project coordinators/managers, 5.9% were data coordinators, and 2.2% reported another role. Other responses included a grant analyst and a patient navigator.



#### Utilization and Helpfulness of Types of Technical Assistance (TA)

The survey questionnaire asked grantees to report which types of TA they had utilized in the past year (Figure 1). The most frequently reported types of TA utilized by respondents were coaching calls (91.2%, n=125), resource dissemination (83.9%, n=115), deliverable review (80.3%, n=110), and webinars (74.5%, n=102). The least frequently reported TA types included regional/state meetings (26.3%, n=36), site visits (19.7%, n=27), and Office Hours with Dr. C (14.6%, n=20).

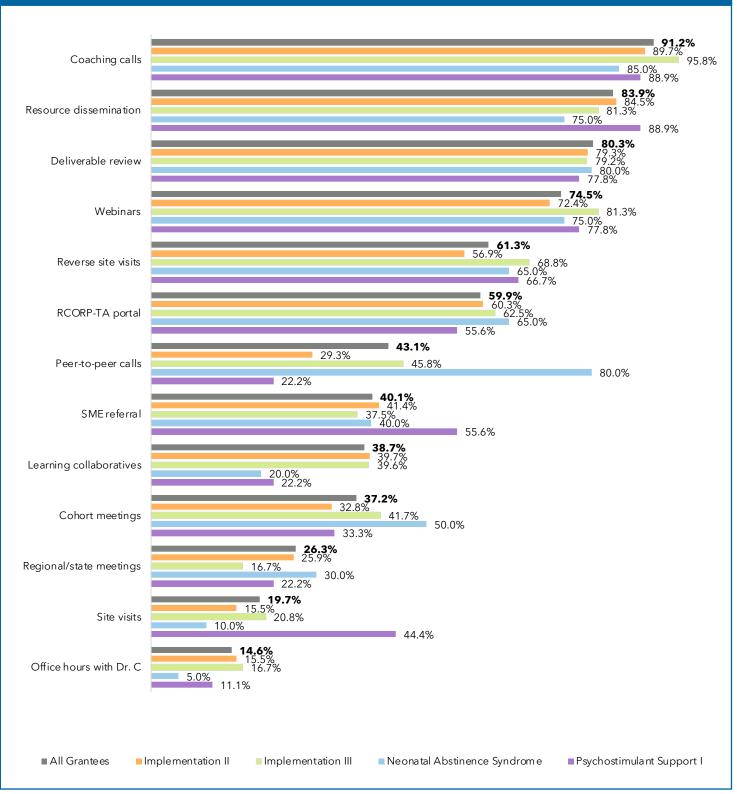
A similar proportion of respondents in each cohort reported utilizing most TA types, with some exceptions. A greater proportion of NAS respondents reported attending peer-to-peer calls (80.0% of NAS grantees versus 43.1% overall), and cohort meetings (50.0% of NAS versus 37.2% overall), than other cohorts. A greater proportion of Psychostimulant Support I (PS) respondents reported getting subject matter expert referrals (55.6% of PS versus 40.1% overall), and site visits (44.4% of PS versus 19.7% overall) than other cohorts.

For each type of TA reported, we asked grantees three follow-up questions to rate the helpfulness of that type of TA for:

- gaining new knowledge or skills,
- making changes to their operations when things were not working, and
- making progress towards achieving their grant objectives.

Grantees rated the helpfulness of each TA type on a 1-5 scale: (1) not at all helpful, (2) slightly helpful, (3) somewhat helpful, (4) very helpful, and (5) extremely helpful. We summarize findings overall and by cohort in Figures 2-14.





# Figure 1. Types of Technical Assistance (TA) Grantee Respondents Reported Utilizing in the Past Year, Overall and by Grant Cohort, 2023 RCORP-TA Grantee Survey



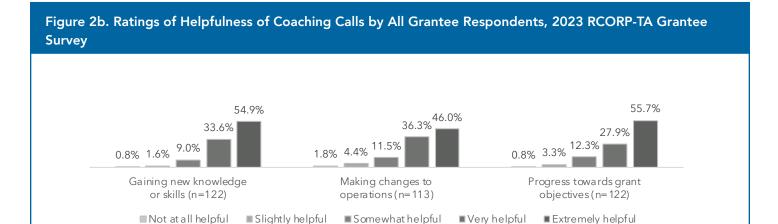
### **COACHING CALLS**

- About 9 in 10 of all respondents (91.2%, n=125) reported receiving coaching calls with their TEL in the past year, which
  included monthly and additional as needed calls.
- Over 8 in 10 of respondents reported coaching calls were extremely or very helpful for gaining new knowledge or skills (88.5%, n=108), making changes to operations (82.3%, n=93), and making progress towards grant objectives (83.6%, n=102).

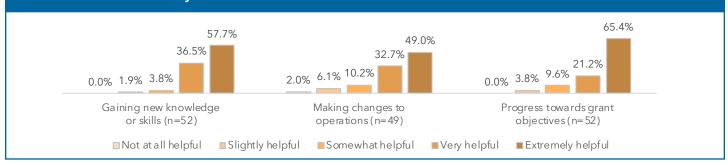
"Each monthly call and email helped answer questions, bring clarification, and introduce new information that was helpful as we worked through our work plan." – Implementation III Grantee

#### Figure 2a. Percent of RCORP Grantee Respondents Reporting Utilizing Coaching Calls in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey





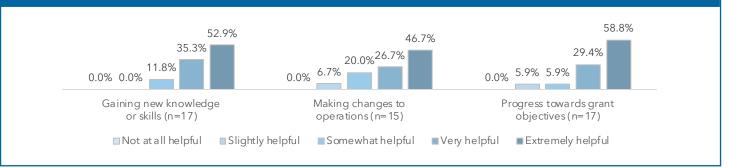
#### Figure 2c. Ratings of Helpfulness of Coaching Calls by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



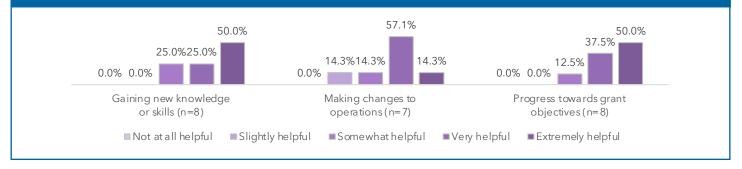
#### Figure 2d. Ratings of Helpfulness of Coaching Calls by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



## Figure 2e. Ratings of Helpfulness of Coaching Calls by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



#### Figure 2f. Ratings of Helpfulness of Coaching Calls by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





### **RESOURCE DISSEMINATION**

- More than 8 of 10 respondents in all cohorts (83.9%, n=115) reported receiving resources from their TEL in the past year. A greater proportion of Psychostimulant Support I grantees reported receiving resources than other cohorts (88.9%, n=8).
- Over 7 in 10 respondents reported resources from their TEL were extremely or very helpful for gaining new knowledge or skills (85.0%, n=96), making changes to operations (77.1%, n=81), and making progress towards grant objectives (79.6%, n=90).
- Over 80% of Psychostimulant Support I respondents reported resources were extremely or very helpful for gaining new knowledge or skills (87.5%, n=7) and making progress toward grant objectives (87.5%, n=7), while just over half (57.1%, n=4) reported resources were extremely or very helpful for making changes to operations.

#### Figure 3a. Percent of RCORP Grantee Respondents Reporting Utilizing Resource Dissemination in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey



# Figure 3b. Ratings of Helpfulness of Resource Dissemination by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

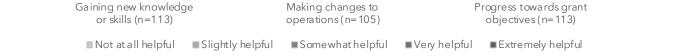
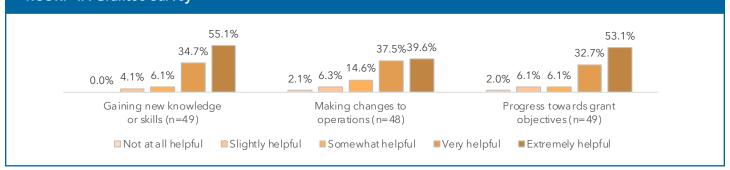
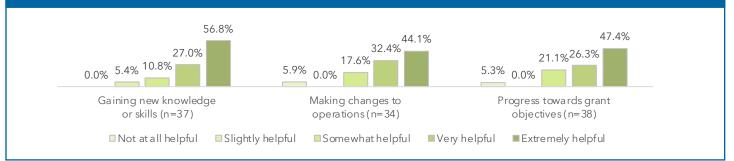




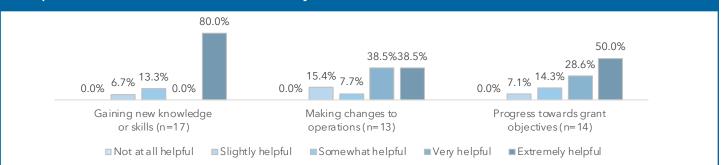
Figure 3c. Ratings of Helpfulness of Resource Dissemination by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



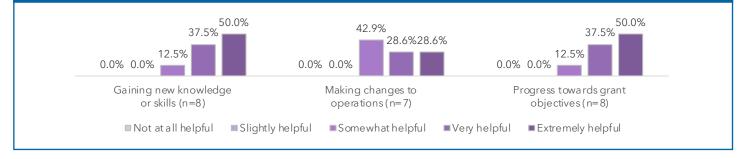
#### Figure 3d. Ratings of Helpfulness of Resource Dissemination by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 3e. Ratings of Helpfulness of Resource Dissemination by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 3f. Ratings of Helpfulness of Resource Dissemination by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





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### **DELIVERABLE REVIEW**

- Four of five (80.3%, n=110) respondents reported having their grant deliverable documents reviewed by their TEL in the past year.
- About four of five respondents in all cohorts reported deliverable review as being extremely or very helpful across all three domains.

"[Our TEL] is quite knowledgeable and shares very relevant insights and information. He also reviews our grant deliverables and offers exceptionally valuable feedback." – NAS Grantee

# Figure 4a. Percent of RCORP Grantee Respondents Reporting Utilizing Deliverable Review in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey



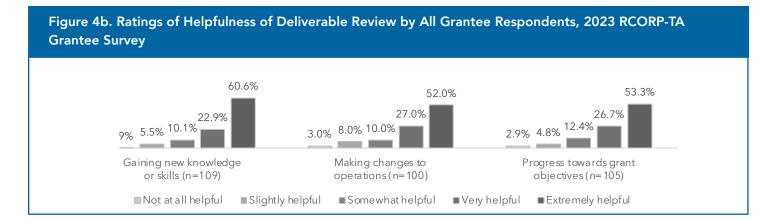
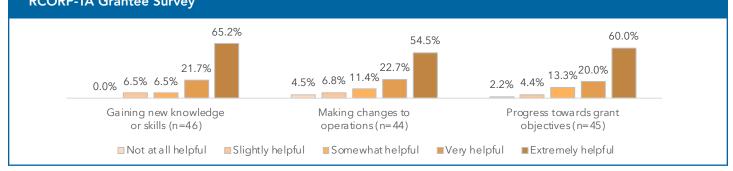
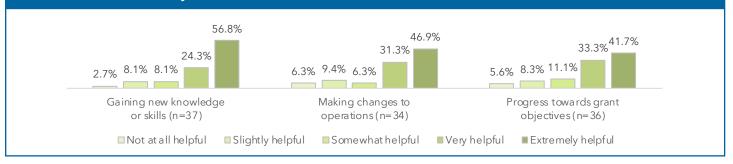




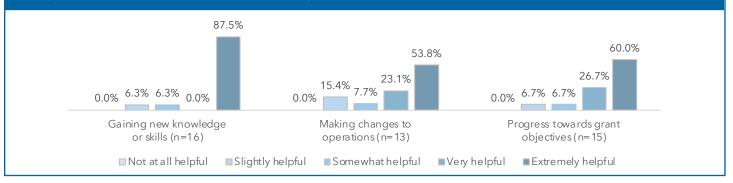
Figure 4c. Ratings of Helpfulness of Deliverable Review by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



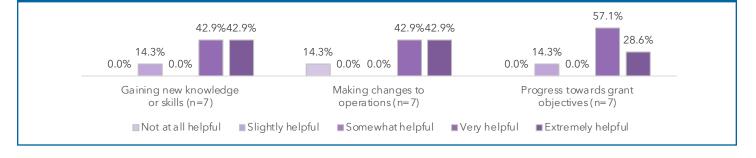
#### Figure 4d. Ratings of Helpfulness of Deliverable Review by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 4e. Ratings of Helpfulness of Deliverable Review by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 4f. Ratings of Helpfulness of Deliverable Review by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





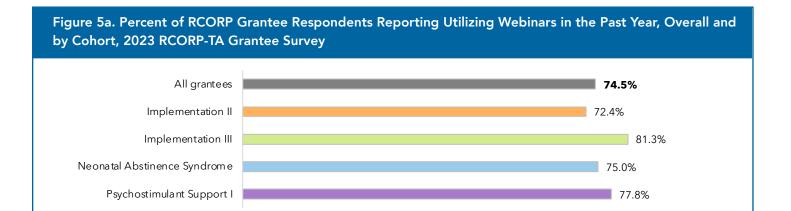
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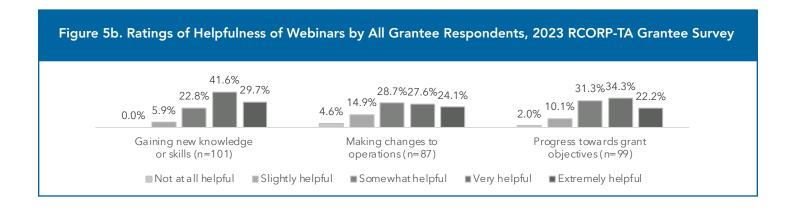
### **WEBINARS**

- Three-fourths (74.5%, n=102) of respondents reported attending a webinar in the past year.
- Webinars were rated as extremely or very helpful for gaining knowledge or skills by about 70 percent of respondents overall (71.3%, n=72).
- About half of respondents overall (56.5%, n=56) reported webinars as being extremely or very helpful for making progress toward grant objectives or making changes to operations (51.7%, n=45), with similar responses across all cohorts.

"I was the data coordinator for 1.5 years and the webinars about that were extremely helpful in building understanding." – Implementation II Grantee

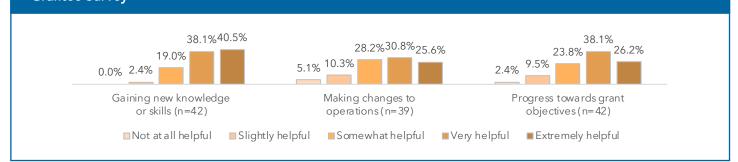
"... some of the webinars seem like they could be a little more diverse to meet the needs of the most rural communities." – Implementation II Grantee



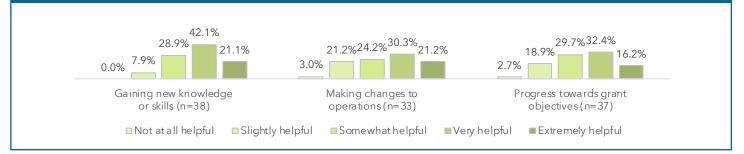




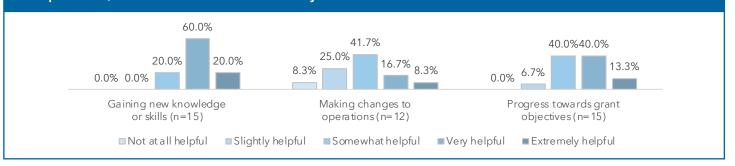
### Figure 5c. Ratings of Helpfulness of Webinars by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



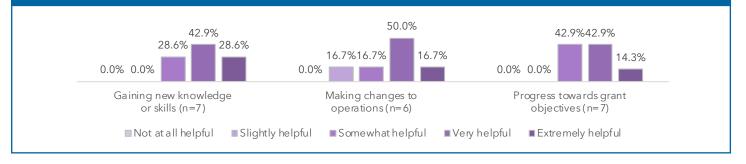
# Figure 5d. Ratings of Helpfulness of Webinars by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



## Figure 5e. Ratings of Helpfulness of Webinars by Neonatal Abstinence Syndrome (NAS) Grantee <u>Respondents, 2023 RCO</u>RP-TA Grantee Survey



#### Figure 5f. Ratings of Helpfulness of Webinars by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





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### **REVERSE SITE VISITS**

- About three out of five (61.3%, n=84) respondents overall reported attending the reverse site visit (RSV) in the past year.
- About three-fourths (74.7%, n=62) of respondents overall found the RSV extremely or very helpful for gaining new knowledge or skills while about half found the RSV to be extremely or very helpful for making progress towards grant objectives (58.0%, n=47) and making changes to operations (47.2%, n=34).

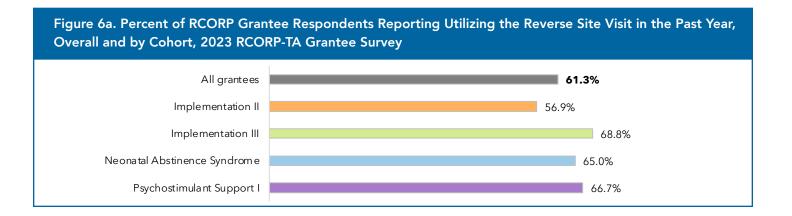
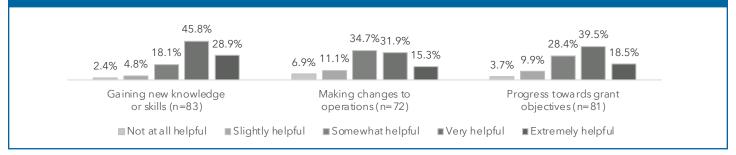


Figure 6b. Ratings of Helpfulness of Reverse Site Visits by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

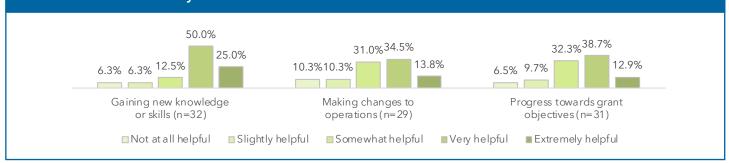


#### Figure 6c. Ratings of Helpfulness of Reverse Site Visits by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey





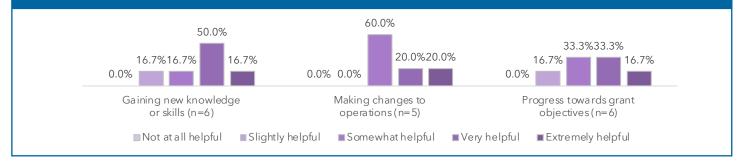
#### Figure 6d. Ratings of Helpfulness of Reverse Site Visits by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 6e. Ratings of Helpfulness of Reverse Site Visits by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



## Figure 6f. Ratings of Helpfulness of Reverse Site Visits by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





### **RCORP-TA PORTAL**

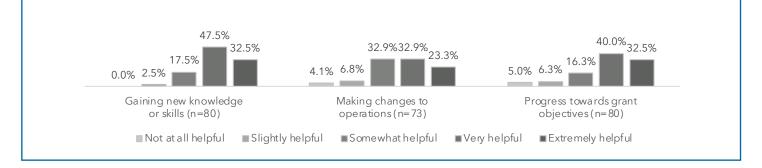
- Three out of five (59.9%) grantees reported using the RCORP-TA portal in the last year.
- About three-fourths of respondents reported that the Portal was extremely or very helpful for gaining new knowledge or skills (80.0%, n=64) and making progress towards grant objectives (72.5%, n=58). Over half of grantees reported the Portal was extremely or very helpful for making changes to operations (56.2%, n=41).

"The portal can be overwhelming." - NAS Grantee

Figure 7a. Percent of RCORP Grantee Respondents Reporting Utilizing the RCORP-TA Portal in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey

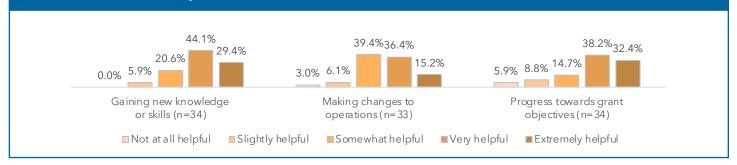


# Figure 7b. Ratings of Helpfulness of the RCORP-TA Portal by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

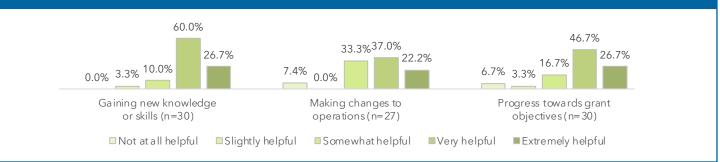




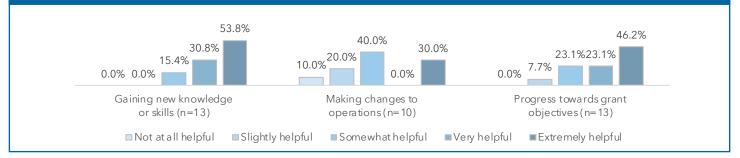
#### Figure 7c. Ratings of Helpfulness of the RCORP-TA Portal by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



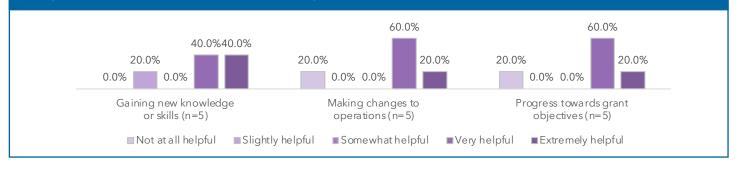
#### Figure 7d. Ratings of Helpfulness of the RCORP-TA Portal by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 7e. Ratings of Helpfulness of the RCORP-TA Portal by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 7f. Ratings of Helpfulness of the RCORP-TA Portal by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey





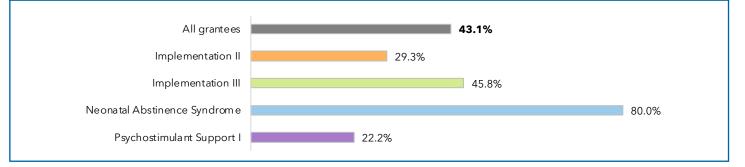
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### PEER-TO-PEER CALLS

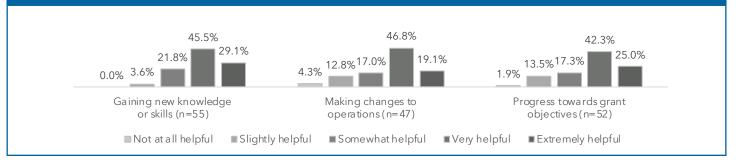
- About 4 in 10 (43.1%, n=59) grantee respondents overall reported participating in a peer-to-peer call in the past year. A higher proportion of NAS grantees (80.0%, n=16) reported participating in peer-to-peer calls than grantees from other cohorts (22.2% to 45.8%).
- About three-fourths of respondents overall (74.5%, n=41) found peer-to-peer calls extremely or very helpful for gaining new knowledge or skills. About two-thirds of respondents found peer-to-peer calls to be extremely or very helpful for making progress toward grant objectives (67.3%, n=35) and making changes to operations (66.0%, n=31). Less than one-third (30.8%, n=4) of NAS respondents found peer-to-peer calls to be extremely or very helpful for making changes to operations.
- Only one Psychostimulant Support I respondent reported on the helpfulness of peer-to-peer calls. Their individual cohort data is omitted but presented in Figure 8b with all grantees.



#### Figure 8a. Percent of RCORP Grantee Respondents Reporting Utilizing Peer-to-Peer Calls in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey

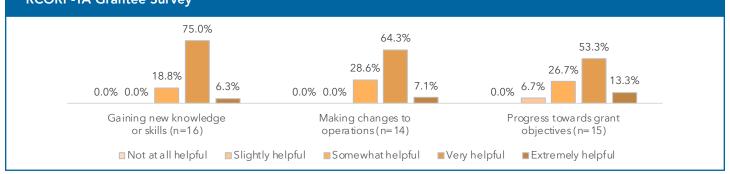


# Figure 8b. Ratings of Helpfulness of Peer-to-Peer Calls by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

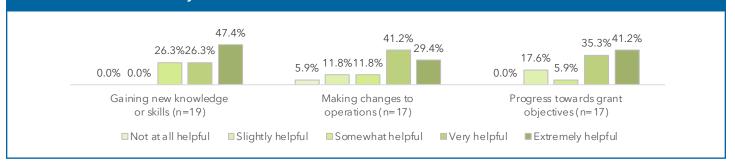




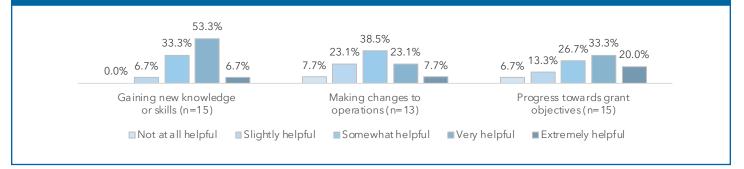
#### Figure 8c. Ratings of Helpfulness of Peer-to-Peer Calls by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



#### Figure 8d. Ratings of Helpfulness of Peer-to-Peer Calls by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



# Figure 8e. Ratings of Helpfulness of Peer-to-Peer Calls by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey





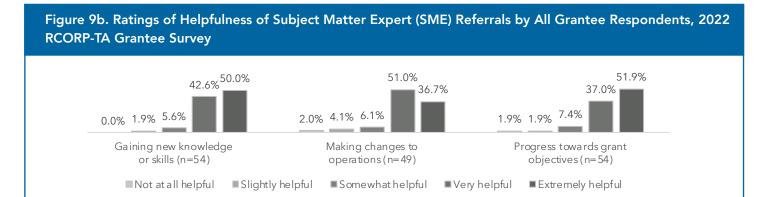
### SUBJECT MATTER EXPERT (SME) REFERRAL

- About 4 in 10 grantee respondents reported receiving an SME referral in the past year (40.1%, n=55). A greater proportion of Psychostimulant Support I respondents reported receiving SME referrals (55.6%, n=5) compared to respondents from other grantee cohorts.
- A large majority of respondents, about 9 in 10, reported referrals to SMEs to be extremely or very helpful across all for gaining new knowledge or skills (92.6%, n=50), making changes to operations (87.8%, n=43), and making progress towards grant objectives (88.9%, n=48).

"The greatest help we received was from weekly meetings with the Fletcher group as we were working to plan for the recovery house we are planning on opening... Our progress was greatly enhanced by this and their sharing potential intake documents with us." – Implementation II Grantee

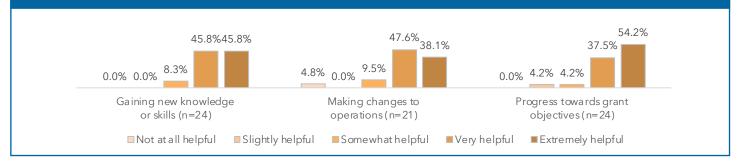
# Figure 9a. Percent of RCORP Grantee Respondents Reporting Utilizing Subject Matter Expert (SME) Referrals in the Past Year, Overall and by Cohort, 2022 RCORP-TA Grantee Survey



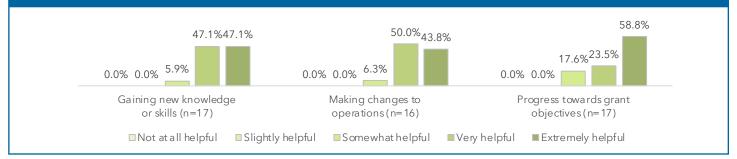




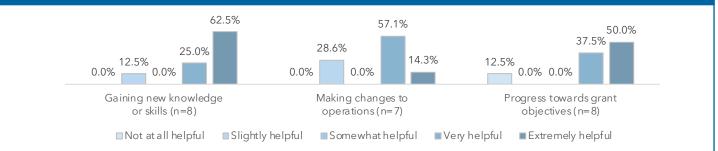
# Figure 9c. Ratings of Helpfulness of Subject Matter Expert (SME) Referrals by Implementation II Grantee Respondents, 2022 RCORP-TA Grantee Survey



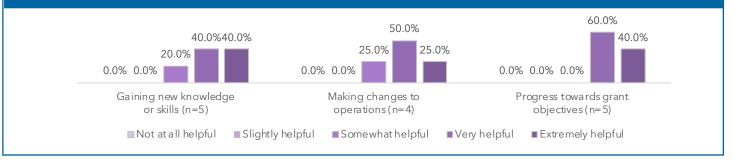
# Figure 9d. Ratings of Helpfulness of Subject Matter Expert (SME) Referrals by Implementation III Grantee Respondents, 2022 RCORP-TA Grantee Survey



# Figure 9e. Ratings of Helpfulness of Subject Matter Expert (SME) Referrals by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2022 RCORP-TA Grantee Survey



### Figure 9f. Ratings of Helpfulness of Subject Matter Expert (SME) Referrals by Psychostimulant Support I Grantee Respondents, 2022 RCORP-TA Grantee Survey



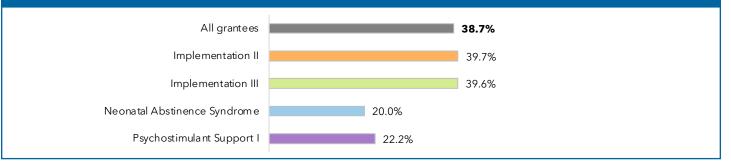


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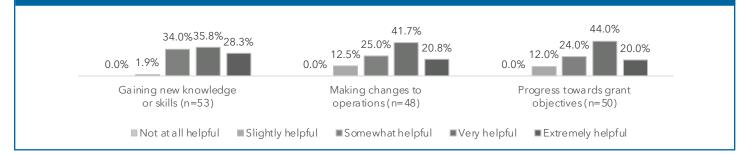
### LEARNING COLLABORATIVES

- About two in five responding grantees reported attending learning collaboratives (38.7%, n=53) compared to about one in five grantees from the NAS (20.0%, n=4) and Psychostimulant Support I cohorts (22.2%, n=2).
- About two-thirds of respondents reported learning collaboratives were extremely or very helpful for gaining new knowledge or skills (64.2%, n=34), making changes to operations (62.5%, n=30), and making progress towards grant objectives (64.0%, n=32).
- Only two Psychostimulant Support I respondents rated the helpfulness of learning collaboratives. Their individual cohort data is omitted but presented in Figure 10b with all grantees.

#### Figure 10a. Percent of RCORP Grantee Respondents Reporting Utilizing Learning Collaboratives in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey

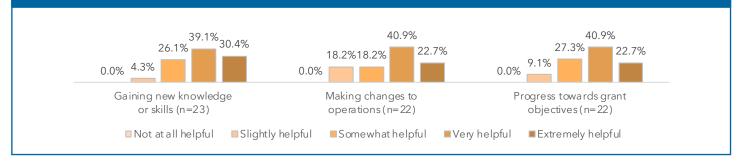


### Figure 10b. Ratings of Helpfulness of Learning Collaboratives by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

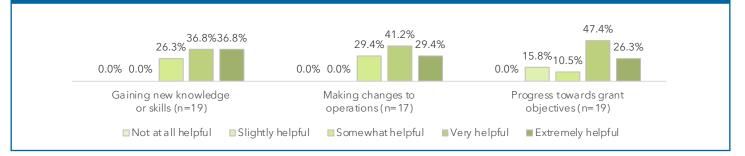




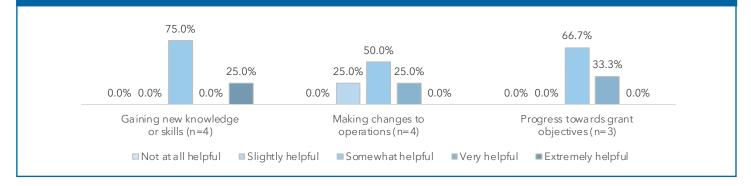
## Figure 10c. Ratings of Helpfulness of Learning Collaboratives by Implementation II Grantee Respondents, 2023 RCORP-TA Annual Grantee Survey



## Figure 10d. Ratings of Helpfulness of Learning Collaboratives by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



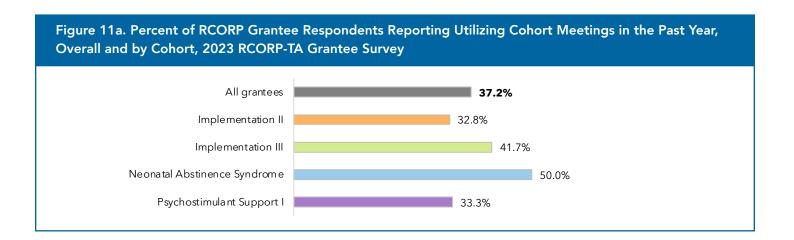
#### Figure 10e. Ratings of Helpfulness of Learning Collaboratives by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



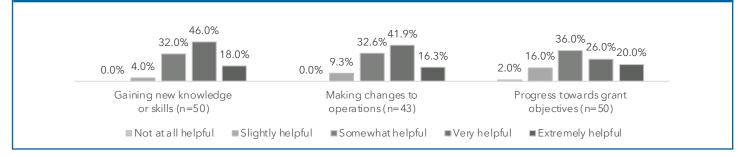


### **COHORT MEETINGS**

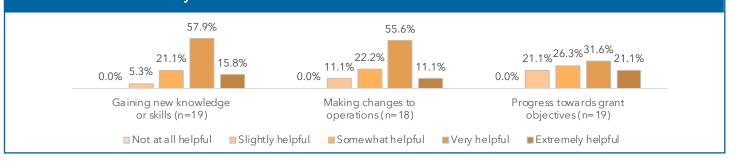
- Over one-third of respondents overall (37.2%, n=51) reported participating in a cohort meeting in the past year.
- About three in five respondents found cohort meetings extremely or very helpful for gaining new knowledge or skills (64.0%, n=32) and making changes to operations (58.2%, n=25). About half of grantees (46.0%, n=23) rated cohort meetings as extremely or very helpful for making progress towards grant objectives.



## Figure 11b. Ratings of Helpfulness of Cohort Meetings by All Grantee Respondents, 2023 RCORP-TA Grantee Survey



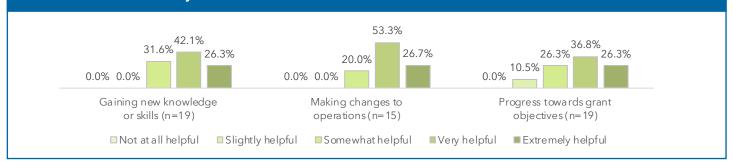
#### Figure 11c. Ratings of Helpfulness of Cohort Meetings by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey





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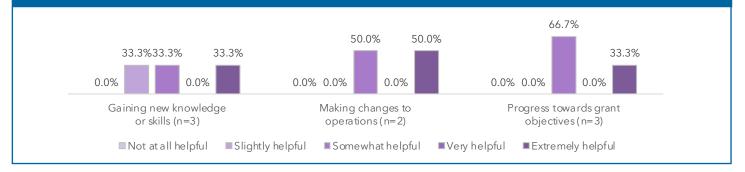
#### Figure 11d. Ratings of Helpfulness of Cohort Meetings by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



# Figure 11e. Ratings of Helpfulness of Cohort Meetings by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



# Figure 11f. Ratings of Helpfulness of Cohort Meetings by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey

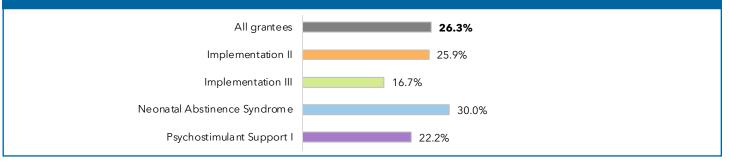




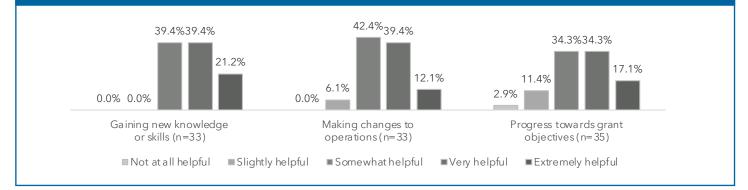
### **REGIONAL/STATE MEETINGS**

- About one-fourth of respondents (26.3%, n=36) reported participating in a regional/state meeting in the past year.
- Over half of respondents reported regional/state meetings were extremely or very helpful for gaining new knowledge or skills (60.6%, n=20), making changes to operations (51.5%, n=17), and making progress towards grant objectives (51.4%, n=18).
- Because only two Psychostimulant Support I respondents rated the helpfulness of regional/state meetings, their individual cohort data is omitted but presented in Figure 12b with all grantees.

#### Figure 12a. Percent of RCORP Grantee Respondents Reporting Utilizing Regional/State Meetings in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey



# Figure 12b. Ratings of Helpfulness of Regional/State Meetings by All Grantee Respondents, 2023 RCORP-TA Grantee Survey





#### Figure 12c. Ratings of Helpfulness of Regional/State Meetings by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey 42.9% 50.0% 50.0% 40.0%46.7% 35.7% 13.3% 14.3% 7.1% 0.0% 0.0% 0.0% 0.0% 0.0% 0.0% Gaining new knowledge Making changes to Progress towards grant or skills (n=14) operations (n=14)objectives(n=15)Not at all helpful Slightly helpful Somewhat helpful Very helpful Extremely helpful

# Figure 12d. Ratings of Helpfulness of Regional/State Meetings by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey

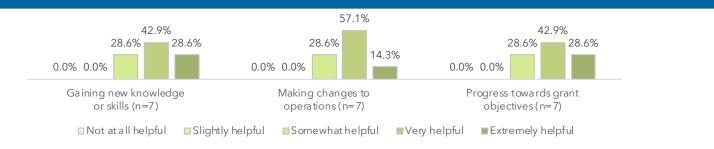
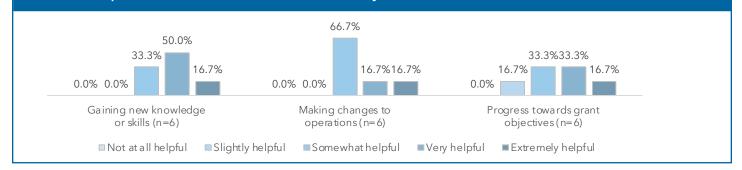


Figure 12e. Ratings of Helpfulness of Regional/State Meetings by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey

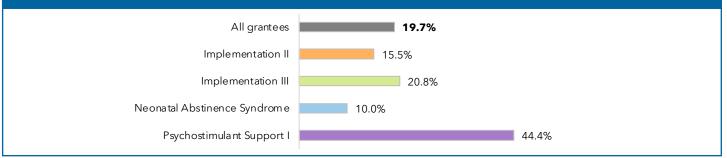




### SITE VISITS

- About one-fifth (19.7%, n=27) of responding grantees reported having a site visit in the past year.
- A greater proportion of Psychostimulant Support I grantees had a site visit in the past year (44.4%, n=4) compared to other cohorts.
- Over 85% of respondents reported site visits were extremely or very helpful for gaining new knowledge or skills (91.7%, n=22), making changes to operations (86.4%, n=19), and making progress towards grant objectives (95.8%, n=23).
- Because only two NAS respondents rated the helpfulness of site visits, their individual cohort data is omitted but presented in Figure 13b with all grantees.
  - "The site visit helped in introducing us to the members of the Consortium and in formulating collaborative ideas to achieve our grant objectives." Implementation II Grantee
  - "I think the best TA was the site visit. We learned so much having 3 days one on one with the project officer." RCORP Grantee [cohort unknown]

# Figure 13a. Percent of RCORP Grantees Reporting Having a Site Visit in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey



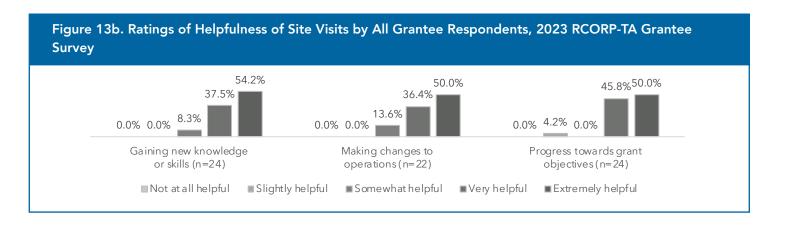
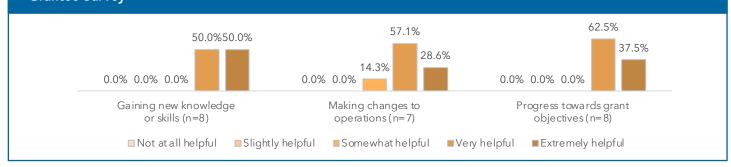
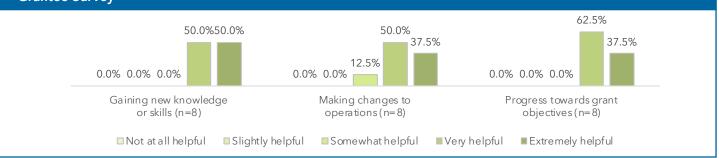




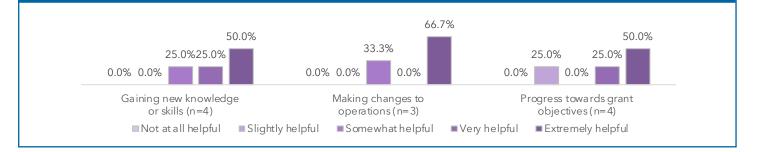
Figure 13c. Ratings of Helpfulness of Site Visits by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 13d. Ratings of Helpfulness of Site Visits by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey



#### Figure 13e. Ratings of Helpfulness of Site Visits by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey

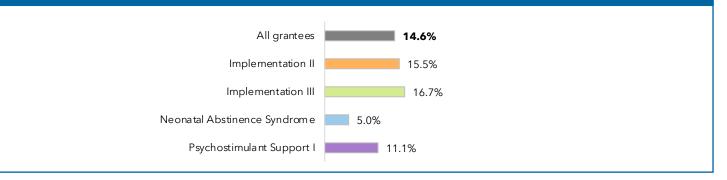




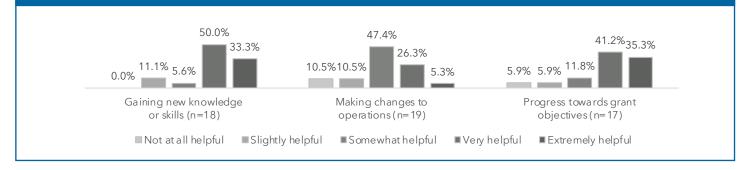
### OFFICE HOURS WITH DR. C

- About one in seven (14.6%, n=20) respondents from all cohorts reported attending Office Hours with Dr. C.
- Over three-fourths of respondents reported that Office Hours with Dr. C were extremely or very helpful for gaining new knowledge or skills (83.3%, n=15) and making progress towards grant objectives (76.5%, n=13). About one-third of grantees (31.6%, n=6) found Office Hours with Dr. C to be extremely or very helpful for making changes to operations.
- Because only one NAS respondent rated Office Hours with Dr. C, their individual cohort data is omitted but presented in Figure 14b with all grantees. No Psychostimulant Support I respondents rated Office Hours with Dr. C.

#### Figure 14a. Percent of RCORP Grantee Respondents Reporting Utilizing Office Hours With Dr. C in the Past Year, Overall and by Cohort, 2023 RCORP-TA Grantee Survey

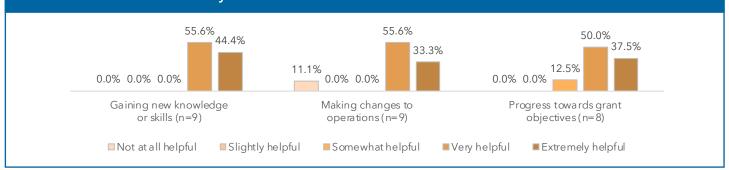


### Figure 14b. Ratings of Helpfulness of Office Hours With Dr. C by All Grantee Respondents, 2023 RCORP-TA Grantee Survey

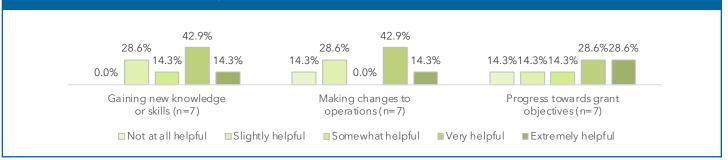




### Figure 14c. Ratings of Helpfulness of Office Hours With Dr. C by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



# Figure 14d. Ratings of Helpfulness of Office Hours With Dr. C by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey





### **KEY TOPICS OF TECHNICAL ASSISTANCE**

Grantees receive TA on a wide variety of topics, such as prevention, access to treatment services, stigma, and workforce. We asked grantees to report on the amount and relevance of TA that they had received on key topics. The survey queried key topics for each grant cohort based on the top challenges and successes grantees reported on the March 2022 Request for Information (RFI).<sup>1</sup>

- For most key topics of TA, at least three-fourths of responding grantees reported the amount of TA they received was about right, and the TA they received was extremely or very relevant.
- More than 20% of respondents reported that they received too little TA on the topic of workforce recruitment and retention (21.9%, n=25). This need is consistent with the finding that workforce recruitment was a major or minor challenge for nearly 90% of grantees on the September 2022 RFI.<sup>2</sup> About 6 in 10 grantees (60.9%, n=67) reported the TA they received on workforce recruitment and retention was extremely or very relevant.
- About one in five respondents reported they received too little TA on the topic of prison/jail populations (18.7%, n=17).
   Seven in 10 grantees reported that the TA they received on prison/jail populations was extremely or very relevant (70.2%, n=59).
- Half of Psychostimulant Support I respondents reported they received too little TA on contingency management (50.0%, n=4), but most reported this TA was extremely or very relevant (85.7%, n=6).



|   | Cohorts     | Too little | About right | Too much |  |
|---|-------------|------------|-------------|----------|--|
| Working with other service systems<br>(n=17)                | NAS         | 5.9%       | 94.1%       | 0.0%     |  |
| Overdose prevention and naloxone<br>distribution (n=99)     | 12, 13, NAS | 4.0%       | 92.9%       | 3.0%     |  |
| Access to treatment services<br>(n=110)                     | All         | 8.2%       | 90.9%       | 0.9%     |  |
| Stigma (n=125)  | All         | 6.4%       | 90.4%       | 3.2%     |  |
| Engaging populations directly<br>impacted by SUD/OUD (n=71) | I2, NAS, PS | 7.0%       | 90.1%       | 2.8%     |  |
| Care coordination (n=48)                                    | I3, NAS, PS | 10.4%      | 89.6%       | 0.0%     |  |
| Medication-Assisted Treatment<br>(n=54)                     | 13 and NAS  | 7.4%       | 88.9%       | 3.7%     |  |
| Prevention (n=54)   | 12          | 7.4%       | 88.9%       | 3.7%     |  |
| Recovery (n=51)   | 12          | 11.8%      | 88.2%       | 0.0%     |  |
| Data and reporting (n=128)                                  | All         | 7.8%       | 87.5%       | 4.7%     |  |
| Harm reduction (n=89)                                       | I2 and I3   | 10.1%      | 86.5%       | 3.4%     |  |
| Consortium growth and<br>engagement (n=119)                 | All         | 10.1%      | 85.7%       | 4.2%     |  |
| COVID-19 pandemic (n=87)                                    | All         | 1.1%       | 82.8%       | 16.1%    |  |
| Prison/jail populations (n=91)                              | All         | 18.7%      | 81.3%       | 0.0%     |  |
| Service capacity (n=5)                                      | PS          | 20.0%      | 80.0%       | 0.0%     |  |
| Workforce recruitment and<br>retention (n=114)              | All         | 21.9%      | 77.2%       | 0.9%     |  |
| Funding availability (n=8)                                  | PS          | 25.0%      | 75.0%       | 0.0%     |  |
| Contingency management (n=8)                                | PS          | 50.0%      | 50.0%       | 0.0%     |  |

Abbreviations: I2 – Implementation II; I3 – Implementation III; NAS – Neonatal Abstinence Syndrome; PS – Psychostimulant Support I.



### Relevance of TA on Key Topics

| Table 3. Rating of the Relevance of TA Provided on Various Key Topics by All Grantee Respondents, |
|---|
| 2023 RCORP-TA Grantee Survey  |

| Topic areas  | Cohorts      | Not at all<br>relevant | Slightly<br>relevant | Somewhat<br>relevant | Very<br>relevant | Extremely<br>relevant |
|--|--------------|------------------------|----------------------|----------------------|------------------|-----------------------|
| Overdose prevention and naloxone distribution (n=96)     | 12, 13, NAS  | 1.0%                   | 1.0%                 | 19.8%                | 31.3%            | 46.9%                 |
| Stigma (n=122)   | All          | 0.8%                   | 2.5%                 | 14.8%                | 37.7%            | 44.3%                 |
| Recovery (n=51)  | 12           | 0.0%                   | 0.0%                 | 21.6%                | 35.3%            | 43.1%                 |
| Harm reduction (n=85)                                    | 12 and 13    | 1.2%                   | 2.4%                 | 15.3%                | 38.8%            | 42.4%                 |
| Medication-Assisted Treatment (n=50)                     | 13 and NAS   | 0.0%                   | 2.0%                 | 20.0%                | 36.0%            | 42.0%                 |
| Prevention (n=54)  | 12           | 0.0%                   | 0.0%                 | 20.4%                | 38.9%            | 40.7%                 |
| Prison/jail populations (n=84)                           | All          | 1.2%                   | 4.8%                 | 23.8%                | 32.1%            | 38.1%                 |
| Engaging populations directly impacted by SUD/OUD (n=71) | I2, NAS, PS1 | 0.0%                   | 2.8%                 | 16.9%                | 42.3%            | 38.0%                 |
| Working with other service<br>systems (n=16)             | NAS          | 0.0%                   | 0.0%                 | 6.3%                 | 56.3%            | 37.5%                 |
| Data and reporting (n=124)                               | All          | 0.0%                   | 1.6%                 | 13.7%                | 48.4%            | 36.3%                 |
| Consortium growth and engagement (n=113)                 | All          | 0.9%                   | 4.4%                 | 19.5%                | 41.6%            | 33.6%                 |
| Care coordination (n=45)                                 | 13, NAS, PS1 | 2.2%                   | 2.2%                 | 20.0%                | 44.4%            | 31.1%                 |
| Access to treatment<br>services (n=106)                  | All          | 0.9%                   | 4.7%                 | 25.5%                | 39.6%            | 29.2%                 |
| Contingency management (n=7)                             | PS1          | 0.0%                   | 0.0%                 | 14.3%                | 57.1%            | 28.6%                 |
| Funding availability (n=8)                               | PS1          | 0.0%                   | 0.0%                 | 12.5%                | 62.5%            | 25.0%                 |
| COVID-19 pandemic (n=85)                                 | All          | 3.6%                   | 9.5%                 | 31.0%                | 32.1%            | 23.8%                 |
| Workforce recruitment<br>and retention (n=110)           | All          | 1.8%                   | 4.5%                 | 32.7%                | 39.1%            | 21.8%                 |
| Service capacity (n=5)                                   | PS1          | 0.0%                   | 0.0%                 | 20.0%                | 60.0%            | 20.0%                 |

Abbreviations: I2 – Implementation II; I3 – Implementation III; NAS – Neonatal Abstinence Syndrome; PS1 – Psychostimulant Support I.



### SATISFACTION WITH TA

We also asked grantee respondents to rate their overall satisfaction with the TA they received in the past year. We asked respondents to rate their level of satisfaction on a few aspects of TA delivery, including tailoring TA to their needs, connections made through TA with other grantees facing similar situations or working in the same state/region, and their TEL.

#### **Key Findings**

- Nearly all respondents (96.1%, n=124) reported that overall, they were very satisfied or satisfied with the TA they received in the past year, and satisfaction levels were similar across cohorts. Just one grantee reported being very unsatisfied.
- The majority of respondents overall were very satisfied or satisfied with the extent to which TA was tailored to their needs (89.3%, n=117) and connected them to other grantees (77.5%, n=100).
- Responding grantees were especially satisfied with their TELs overall and within each cohort. Over 90% of respondents were very satisfied or satisfied with the expertise of their TEL (93.1%, n=122), the resources their TEL shared with them (94.5%, n=121), and the follow-up their TEL provided after providing TA on an issue (90.8%, n=119).

#### **Overall Satisfaction**

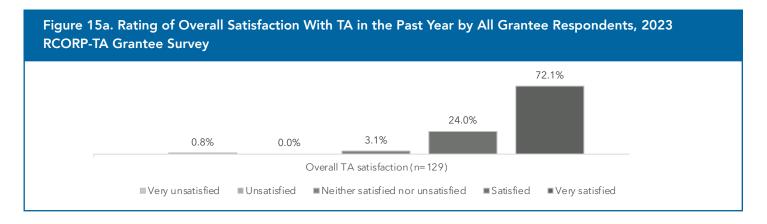
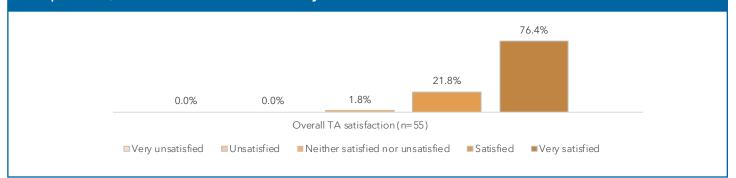
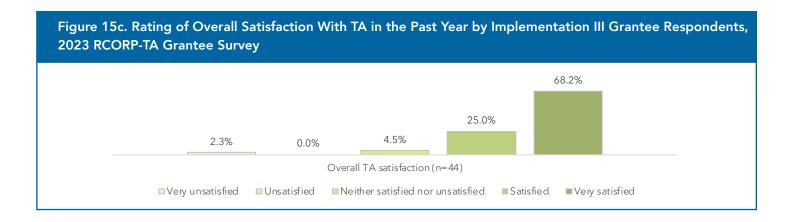


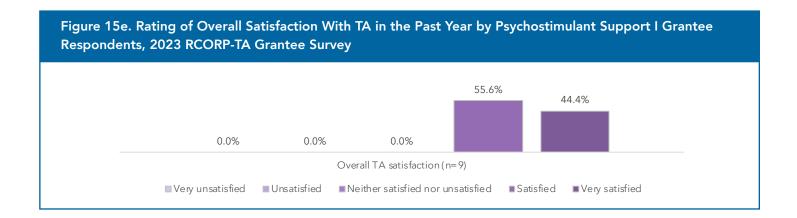
Figure 15b. Rating of Overall Satisfaction With TA in the Past Year by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey







# Figure 15d. Rating of Overall Satisfaction With TA in the Past Year by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey

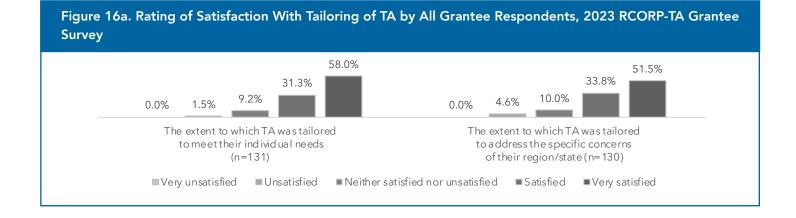


"We all really enjoy working with [our TEL] and all of the resources that JBS as a whole has been able to connect us to. It has made an impact in our rural community." – Implementation II Grantee

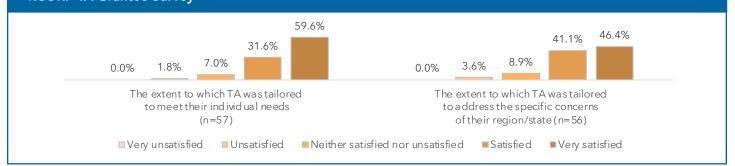
"Our TEL lead providing TA and HRSA officer have always welcomed questions and our team sharing needs and areas where assistance is needed. Having access to resources and experts has been invaluable, as is the experiences and wisdom shared by our TEL support and HRSA officer as well as peers. Without this village and TA, we would not likely have the success we have had with our grant." – Implementation II Grantee



#### Satisfaction: Tailoring of TA to Grantee's Specific Needs



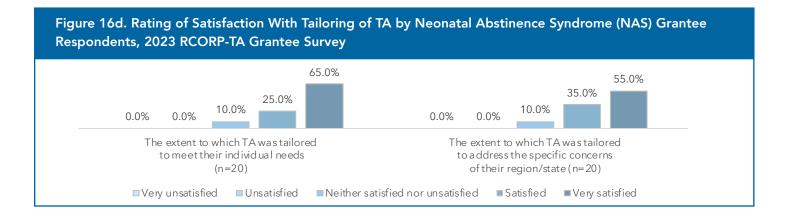
#### Figure 16b. Rating of Satisfaction With Tailoring of TA by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



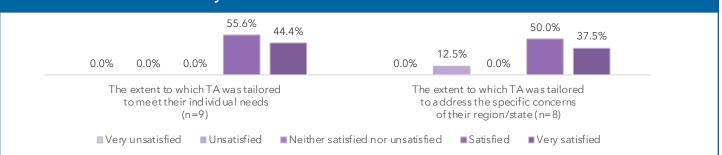






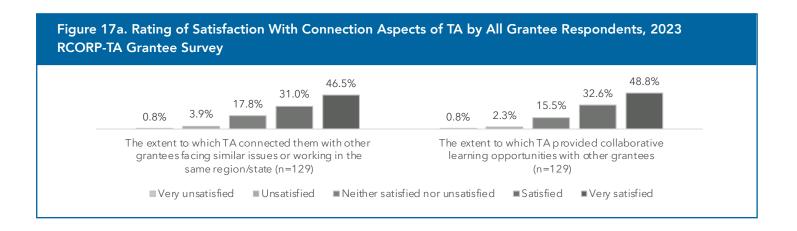


### Figure 16e. Rating of Satisfaction With Tailoring of TA by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey

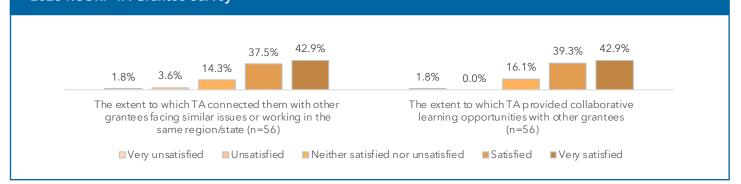




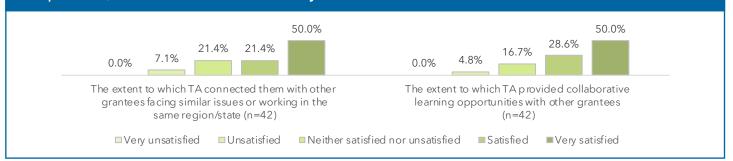
#### Satisfaction: Connecting with Other Grantees



### Figure 17b. Rating of Satisfaction With Connection Aspects of TA by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 17c. Rating of Satisfaction With Connection Aspects of TA by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey





#### Figure 17d. Rating of Satisfaction With Connection Aspects of TA by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey 60.0% 40.0% 40.0% 25.0% 20.0% 15.0% 0.0% 0.0% 0.0% 0.0% The extent to which TA connected them with other The extent to which TA provided collaborative grantees facing similar issues or working in the learning opportunities with other grantees same region/state (n=20) (n=20) Very unsatisfied Unsatisfied Neither satisfied nor unsatisfied Satisfied Very satisfied

# Figure 17e. Rating of Satisfaction With Connection Aspects of TA by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey



"It's great to get ideas of how other people have overcome obstacles and challenges and make connections through TA that can help us reach our goals." – Implementation II Grantee



#### Satisfaction: Technical Expert Leads (TELs)

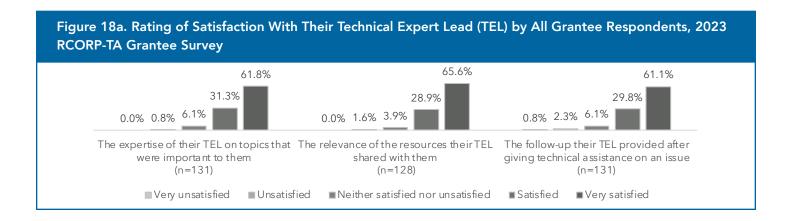
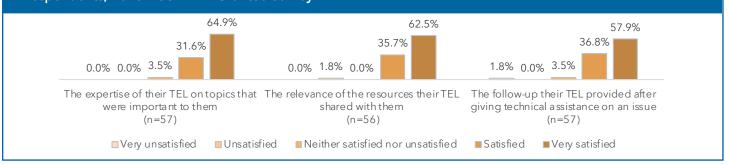
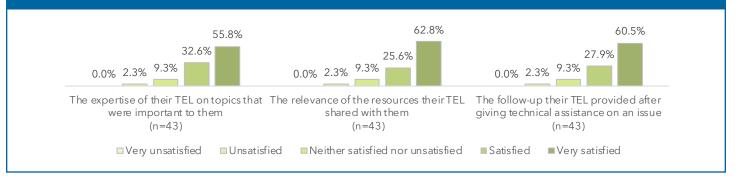


Figure 18b. Rating of Satisfaction With Their Technical Expert Lead (TEL) by Implementation II Grantee Respondents, 2023 RCORP-TA Grantee Survey

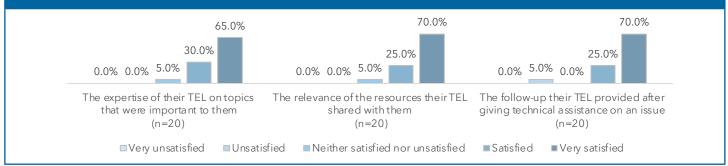


# Figure 18c. Rating of Satisfaction With Their Technical Expert Lead (TEL) by Implementation III Grantee Respondents, 2023 RCORP-TA Grantee Survey





# Figure 18d. Rating of Satisfaction With Their Technical Expert Lead (TEL) by Neonatal Abstinence Syndrome (NAS) Grantee Respondents, 2023 RCORP-TA Grantee Survey



### Figure 18e. Rating of Satisfaction With Their Technical Expert Lead (TEL) by Psychostimulant Support I Grantee Respondents, 2023 RCORP-TA Grantee Survey



""[TEL] is a wealth of knowledge. What he doesn't know - he finds out. He is great at connecting people to one another and making suggestions that always help. Simply the best TEL we have ever had in our 30 plus years of grant work." – Implementation II Grantee



#### GRANTEES' RATING OF SUCCESSFULNESS MEETING THEIR GRANT OBJECTIVES

We also asked grantees to rate how successful they felt they had been in meeting their grant objectives in the past year. The vast majority of respondents rated themselves as very successful or successful. No respondents felt they had been unsuccessful in meeting their grant objectives in the past year.

### Table 4. Rating of Success Meeting Grant Goals in the Past Year by All Grantee Respondents andEach Cohort, 2023 RCORP-TA Grantee Survey

|  | Very<br>unsuccessful | Unsuccessful | Neither<br>successful nor<br>unsuccessful | Successful | Very<br>successful |
|--|----------------------|--------------|---|------------|--------------------|
| All grantees (n=132)                   | 0.0%                 | 0.0%         | 3.8%                                      | 50.8%      | 45.5%              |
| Implementation II (n=57)               | 0.0%                 | 0.0%         | 3.5%                                      | 52.6%      | 43.9%              |
| Implementation III (n=44)              | 0.0%                 | 0.0%         | 6.8%                                      | 54.5%      | 38.6%              |
| Neonatal Abstinence Syndrome<br>(n=20) | 0.0%                 | 0.0%         | 0.0%                                      | 40.0%      | 60.0%              |
| Psychostimulant Support I (n=9)        | 0.0%                 | 0.0%         | 0.0%                                      | 55.6%      | 44.4%              |

#### **Qualitative Responses**

Respondents provided written comments to two open-ended questions:

- 1. Please describe how the TA you received helped you make progress towards your grant objectives.
- 2. What suggestions do you have to improve future TA provided to RCORP grantees?

### How TA helped Grantees Make Progress Towards Their Grant Objectives

We received 78 comments to this question (56.9% of all respondents). Table 5 summarizes major themes and select participant comments, where grantees described how TELs, materials/resources, connections, availability/promptness of TA, follow-up, peer-to-peer learning, tailoring of TA, and support helped them make progress towards their grant objectives. Grantee respondents appreciated how knowledgeable and helpful their TELs were, and a handful of respondents identified their TEL by name in sharing their appreciation. Grantees also commented that materials/resources were particularly useful. Respondents valued the connections that the RCORP-TA program provided, whether to peers, other organizations, SMEs, or the Rural Centers of Excellence. Grantees' particularly valued peer-to-peer learning opportunities. Respondents liked that the RCORP-TA team was prompt, and that TA was readily available when they needed it. They also reported that follow-up was helpful and appreciated when TELs followed up with grantees when an issue needed further attention. Grantees also appreciated when their TA was tailored to their specific needs and community.



# Table 5. How TA Helped Grantees Make Progress Towards Their Grant Objectives: Themes andIllustrative Comments, 2023 RCORP-TA Grantee Survey

| Theme                         | Illustrative respondent comments  |  |  |
|-------------------------------|---|--|--|
|                               | "[TEL] is awesome. Honestly. Every single time we need a resource, he finds it and connects us as soon<br>[as] possible. He finds the right experts and peer grantees to help us [TEL] approaches work with our<br>team with a positive, willing attitude."   |  |  |
| Technical Expert Leads (TELs) | "Our TEL was very knowledgeable about substance use in childbearing women and a great out of<br>the box thinker. She encouraged us to be creative, supported our creativity when we encountered<br>obstacles or wanted to address the issues from new angles, and always had resources to direct us to."                            |  |  |
|                               | "[Our TEL] is always available and goes above and beyond to help us with resources."  |  |  |
|                               | "My TEL was always able to provide information and resources that helped me overcome barriers and adapt approaches."  |  |  |
| Materials/resources           | "They [the RCORP-TA team] have provided exceptional materials and links to materials to help us"  |  |  |
|                               | "Our [TEL] was extremely helpful with providing background information and resources that were tailored to the specific challenges we are facing in our community."   |  |  |
| Connections                   | "When we had questions, [TEL] promptly connected us with either other grantees or other TA partners<br>which was very helpful."   |  |  |
|                               | "TA provided connections to other organizations to learn about best practices that increased efficiency."   |  |  |
| Availability/promptness of TA | "Very prompt in finding and sending us resources that we discuss on TA calls. Our [TEL] has provided us with lots of information and linked us with contacts in order to be able to complete RCORP grant duties."   |  |  |
|                               | "[TEL] always made up to date announcements, asked relevant questions & always responded asap w/<br>resources if we needed any. He was outstanding for our entire group."   |  |  |
|                               | "If [TEL] doesn't have a resource [TEL] researches it and gets back [to] us on information that would be helpful to us meeting our grant objectives."   |  |  |
| Follow-up                     | "We appreciated that after any concerns or questions during our monthly calls, we always got emails<br>with the support we needed as discussed during our meetings. They were so helpful and wanted us<br>to be successful."  |  |  |
| Peer-to-peer learning         | "It's great to get ideas of how other people have overcome obstacles and challenges and make<br>connections through TA that can help us reach our goals."   |  |  |
| Tailoring of TA               | "Our [TELs] have been very good listeners in an effort to have a clear picture about the uniquenes<br>our rural culture, consortium makeup, and identified workplan. They've been very complimentar<br>the work we're doing, while also complementing our effort with solid resources, helpful counsel,<br>positive encouragement." |  |  |
| Support from RCORP-TA team    | "The support helped us ensure that we were on track with our workplan and budget. If there [were] any hurdles we needed to work through it was great to have a fresh set of eyes to help talk it out and even get advice on what they had seen similar from other grantees."  |  |  |



#### Suggestions for Improving Future TA

We received 39 comments to this question (28.5% of all respondents). Table 6 summarizes the major themes and select participant comments.

Some respondents reported a desire for in-person networking and more tailored TA, specifically with representation from someone who understands local culture and challenges in a grantee's service area. Respondents also mentioned that they would appreciate more timely follow-up with resources and connections. Consistent with findings that respondents found connections to be helpful, respondents desired more connections to other grantees and the RCORP Rural Centers of Excellence on Substance Use Disorders. Some respondents reported that they would appreciate more structured TA, including more assistance navigating resources and more thorough examples of deliverable expectations. Some respondents noted that they would like more focused contact, with the option to receive fewer but more targeted RCORP-related emails based on their interests.

While the majority of open-ended responses were overwhelmingly positive about their TELs, grantees had a few suggestions for improvement for TELs (Table 7). Grantees' comments of suggestions for improvements included concerns with changing TELs, tailoring of TA to their specific region, and communication of expectations with grantees.

| Theme  | Illustrative respondent comments   |  |  |
|--|--|--|--|
| More in-person networking  | "The peer-to-peer Zoom meetings are not as helpful as the in-person peer networking. Networking doesn't flow well in Zooms."   |  |  |
|  | "Back to face to face meetings."   |  |  |
| More tailored TA   | "Having representation from our part of the [country] who understands the culture here, would have been helpful in understanding the issues and challenges we face."   |  |  |
| More connections   | "More connections to the three centers for rural excellence. I feel they are an untapped resource and didn't really get connected until I attended a Fletcher Group Conference."   |  |  |
|  | "I recommend scheduling more local calls for grantees in the same state."  |  |  |
| More follow-up   | "TA should be focused on meeting the needs of the grantee and that includes timely follow up on resources and connections that were promised with the ability to follow through."  |  |  |
| More assistance with navigating resources and grant expectations | "Providing a list of TA or topics you would be able to provide, staff were unable to identify the TA they would like to see so having a menu of options would allow them to choose from the predetermined list or help them think about other topics by association."        |  |  |
|  | "Perhaps more thorough examples of each deliverable and what the expectation is."  |  |  |
| More focused contact with grantees                               | "Information from RCORP in the form of emails could be more focused, to include fewer emails directe<br>to topics with which we are concerned. If there is a way for us to choose which categories of emails w<br>would like to receive, please let us know how to do that." |  |  |
| More peer-to-peer opportunities                                  | "I loved the shared resource table at the last in-person meeting and hope we will be invited to have a show-and-tell again this year now that an in-person meet is scheduled."   |  |  |
|  | "I'd love to hear how other grantees are spending or meet other grantees."   |  |  |

# Table 6. Suggested Improvements for Future Technical Assistance: Themes and IllustrativeComments, 2023 RCORP-TA Grantee Survey



Table 7. Grantees' Suggestions for Improvements for Technical Expert Leads (TELs): Themes andIllustrative Comments, 2023 RCORP-TA Grantee Survey

| Theme                         | Illustrative respondent comments  |  |  |
|-------------------------------|---|--|--|
| Concerns with TEL consistency | "We changed TELs over the past year. The new person really doesn't know much about where we are<br>located and so makes basic errors in recommendations (eg, suggests accessing resources that we<br>don't have access to)."  |  |  |
|                               | "We have had 3 [TELs] so far. It would be nice to have the same one throughout the grant."  |  |  |
| Tailoring of TA               | "I sometimes felt that our TEL underestimated the level of knowledge and experience of our coalitio<br>and its leadership, treating us as if we were 'newbies.' It might be helpful for grantees to give som<br>kind of self-rating of experience and TA needs then assign a TEL considering that information." |  |  |
| Communication with grantees   | "Structured interview/focus on workplan or specific topics at times. More advanced notice if the T wants to talk about a specific thing that all grantees are being asked about."   |  |  |

### **DISCUSSION AND RECOMMENDATIONS**

#### Discussion

Similar proportions of grantee respondents from each cohort reported receiving various types of TA, with some exceptions (eg, a greater proportion of Psychostimulant Support I grantees reported receiving SME referrals and site visits than grantees from other cohorts). The majority of grantees found most TA types to be extremely or very helpful for gaining new knowledge or skills, making changes to operations when things were not working, and making progress towards grant objectives. Respondents especially found the more individualized types of TA, such as coaching calls, deliverable review, SME referrals, and site visits, the most helpful for all three domains. Only about half of respondents found the less individualized types of TA helpful for making changes to operations and making progress towards grant objectives, such as webinars, cohort meetings, the RCORP-TA Portal, and the Reverse Site Visit. Open-ended responses suggested that grantees may require additional assistance navigating stand-alone resources, such as the RCORP-TA portal.

We asked grantees about the amount and relevance of TA they received on key topics based on the top challenges and successes that grantees reported in the March 2022 RFI.<sup>1</sup> Most grantees reported that the amount of TA they received on most key topics was about right and that TA on these topics was extremely or very relevant. About one-fifth of respondents reported that they would like to receive more TA and more relevant TA on two topics: workforce recruitment/retention and prison/jail populations. These findings align with those from prior WWAMI RHRC reports on the RFI in March and September 2022 demonstrating a need for more TA on workforce topics.<sup>1,2</sup> However, about 40% of respondents in this evaluation reported that the TA they had received on workforce was somewhat, slightly, or not at all relevant. Similarly, about one-fifth of respondents reported receiving too little TA on prison/jail populations, and about 30% of respondents reported the TA on this topic was somewhat, slightly, or not at all relevant. Additionally, half of Psychostimulant Support I respondents reported wanting more TA on contingency management, a topic specific to their target population. Thus, a subset of grantee respondents in each of these areas want additional and more targeted TA.

Nearly all respondents reported being very satisfied or satisfied with the TA they had received in the past year. The majority of respondents were also very satisfied or satisfied with various aspects of TA delivery. In particular, the majority of respondents



in all cohorts were very satisfied with their technical expert leads (TELs). Respondents were overwhelmingly satisfied with the expertise, resources, and the follow-up their TELs provided them on issues they were experiencing. In open-ended responses, grantees credited TELs with providing TA that resulted in progress towards their grant objectives. Respondents described the TA resources shared, connections made through TA, availability/promptness of TA, follow-up provided on issues, peer-to-peer learning opportunities, tailoring of TA to their individual concerns, and the support of the RCORP-TA team as integral to grantees' progress.

Responding grantees cited great value from making connections to other grantees and desired additional networking opportunities, including with grantees in their local area. Only about one-fourth of respondents reported participating in regional/state meetings in the past year. Of the respondents who did, over one-half reported these types of meetings were extremely or very helpful for gaining new knowledge, making changes to operations, and making progress toward grant objectives. In-person formats for regional grantee networking may be preferable. Consistent with findings from the Kentucky Regional Site Visit and 2022 Reverse Site Visit, grantee comments from this assessment suggested that offering additional in-person networking opportunities could be beneficial.<sup>3</sup>

This analysis had some limitations, including the potential for bias in the results if the respondents differed from the nonrespondents in their views about TA. The robust response rate may somewhat mitigate this limitation. As with all surveys, the data are self-reported and therefore potentially subject to recall bias. Results for the four grant cohorts that were active at the time of data collection may not reflect the perspectives of other grant cohorts (eg, Behavioral Health Care Support and MAT Access).

#### Recommendations

- Continue to offer grantees opportunities to connect with their peers. We recommend exploring additional opportunities for peer connections between grantees, especially with peers in the same state and/or region. Attendance at currently existing peer-to-peer TA types could be further encouraged and expanded to more grantees. Regional/state peer-to-peer calls could be offered for grantees in more regions/states. Additional formats for networking, including additional in-person opportunities, were suggested by respondents.
- Devote more TA offerings to high-demand topics. About one-fifth of respondents reported wanting more TA on two key topics: (1) workforce recruitment and retention and (2) prison/jail populations. TA on these topics should also be tailored to be more relevant to grantees. JBS TA team should query grantees on these two topics to ensure the offered TA on these topics is relevant to grantees. Request for Information (RFI) data could be used to help tailor TA on these topics to address grantees' needs. Additionally, Psychostimulant Support I grantees reported wanting more TA on contingency management.
- **Conduct further evaluation on TA needs and formats.** Further evaluation is needed to understand additional types and topics of TA that would be most beneficial for grantees. In particular, future evaluation could explore how TA on workforce recruitment/retention and prison/jail populations could be more helpful to grantees.



### **TECHNICAL APPENDIX: METHODS**

WWAMI RHRC evaluators developed an online questionnaire to gain RCORP grantees' perspectives on the TA they received in the year prior to data collection. The questionnaire included questions about the types of TA grantees received, helpfulness of each type of TA received, amount and relevance of TA received on key topics, satisfaction with various aspects of TA delivery, and rating of success meeting their grant objectives. The questionnaire queried key topics of TA for each grant cohort based on the top challenges and successes grantees reported in the March 2022 Request for Information (RFI).<sup>1</sup> The questionnaire also included two open-ended questions about how TA helped grantees achieve their grant objectives in the past year and suggestions for improving future TA. The questionnaire also asked more questions specifically about the topic of stigma, TA received about stigma, and how that TA helped them address stigma in their community (results from this section will be published in a subsequent topic-specific report).

We queried all grantees from the cohorts that had received RCORP funding in the entirety of the 2022 calendar year, including Implementation II, Implementation III, Neonatal Abstinence Syndrome (NAS), and Psychostimulant Support (PS) I. We collected and managed data using REDCap electronic data capture software hosted at the Institute of Translational Health Sciences at the University of Washington.

We sent the questionnaire to grantees in two groups. The first group included grantees who had received an Implementation II grant, and the second group were those who had not received an Implementation II and had received Implementation III, NAS, or PS I grant. Online data collection opened for the first group on January 10, 2023, and for the second group on January 18, 2023. We emailed invitations to the Project Director for each grantee using a list provided by JBS International, Inc. The questionnaire was open for responses to all participants for seven weeks. We emailed weekly reminders to non-respondents up to six times. The week before data collection closed for each group, HRSA project officers emailed nonrespondents to further encourage participation with an anonymous link to the questionnaire. Data collection ended March 3, 2023.

We received 137 complete or partial responses and calculated frequencies using SAS version 9.4.

To analyze responses to the open-ended questions, two members of the WWAMI RHRC RCORP-TA evaluation team (SW and SB) reviewed responses and independently identified emergent themes. The two reviewers then met to consolidate the themes and find agreement on discrepancies in coding.



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