

An Evaluation of the RCORP-TA Psychostimulant Support Peer-to-Peer Calls: March – May 2023

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the Psychostimulant Support Peer-to-Peer Call technical assistance (TA) sessions held through the Rural Communities Opioid Response Program (RCORP) and facilitated by RCORP-TA provider JBS International. During the Psychostimulant Support Peer-to-Peer Calls, RCORP grantees were invited to listen to presentations and discuss topics related to psychostimulants, including overamping, digital supports for people who use/d stimulants, and primary prevention and stimulants. The RCORP-TA Evaluation Team at the WWAMI Rural Health Research Center (RHRC) collected and analyzed data after the three sessions held monthly from March to May 2023. The evaluation included online assessments of the April and May sessions and semi-structured interviews for the March, April, and May sessions.

Key Findings

- A total of 56 unique individuals, representing over three-quarters (77.3%, n=34) of the Psychostimulant Support I and II grantees, attended at least 1 of the 3 sessions, which were not required. Attendance ranged from 29 at the May session on prevention and stimulants to 37 at the March session on overamping.
- Participants not only learned about each of the sessions' major topics – overamping, digital supports, and prevention and stimulants – but also had other takeaways, such as learning about resources to address psychostimulant use, and appreciating that the psychostimulant peer-to-peer calls provided space to talk specifically about stimulants.
- Participants planned to share information and resources with others in their organization or consortium. Three-fourths (75.0%, n=33) of online assessment respondents from the April and May sessions reported planning to share information with others in their organization or consortium, and almost all (93.2%, n=41) agreed or strongly agreed that the information was valuable to them. Half (50.0%, n=22) of respondents reported that they would search for information on session topics, and less than one-third (29.5%, n=13) reported they planned to implement digital supports or use primary prevention methods in their RCORP work. Interviewees also said that they would train healthcare practitioners about overamping, share information with clients and their community, and use session learnings to apply for grant funds or further develop their RCORP work.
- Across sessions, barriers that participants faced to implementing what they learned included workforce issues, such as not enough prevention staff to implement prevention programming, and stigma, such as stigma around harm reduction.

- Participants responded positively to the sessions. More than 85% (86.4%, n=38) of online assessment respondents agreed or strongly agreed that meaningful discussion was encouraged in breakout groups, and insights shared by others enhanced learning in peer-to-peer call sessions. Similarly, interview participants appreciated the opportunity to discuss issues with other grantees. Interviewees also appreciated that sessions were well-organized and that presenters were personable.
- Participants provided a few suggestions for improvement, including having the peer-to-peer call sessions provide more actionable information, additional background information prior to the sessions, and additional structure in breakout sessions to ensure productivity.

Recommendations

- We recommend continuing the Psychostimulant Support Peer-to-Peer Calls.
- When relevant, we recommend explicitly inviting individuals in specific RCORP roles, such as project directors, healthcare practitioners, or peer support providers, to increase the likelihood of reaching the attendees who would most benefit from the sessions.
- We recommend ensuring that, in any TA presentation, the presenter specifies their relationship to any commercial product or service that they describe or promote (eg, whether they conduct research on the product or service or have a commercial interest in it).
- If a digital supports session is offered again, we recommend that the TA provider share more details, such as information on cost and efficacy data, to help participants evaluate the digital supports' usefulness and feasibility for their RCORP work.
- We recommend collecting qualitative and quantitative data about barriers and facilitators to acting on takeaways from sessions.
- Data collection should address why participants attended TA.

BACKGROUND

Technical assistance (TA) provider JBS International hosts monthly Psychostimulant Support Peer-to-Peer Call sessions by videoconference, for which attendance is not required. Grantees select topics by poll prior to calls; topics and discussion objectives for each call included in this evaluation are listed in Table 1. This report assesses the impact of these sessions on Rural Communities Opioid Response Program (RCORP) participants and offers recommendations for improvement.

Table 1. Psychostimulant Support Peer-to-Peer Call Objectives (March – May 2023)

Month	Session topic	Objectives
March 2023	Overamping*	<ul style="list-style-type: none"> • Describe overamping. • Describe the difference between overdose and stimulant-based overamping. • Describe what can cause an overamping event. • Describe some initiatives you can set up to address overamping in your community.
April 2023	Digital supports** for people who use/d stimulants	<ul style="list-style-type: none"> • Describe at least two examples of how digital supports can be used to help people who use/d stimulants. • Identify at least two challenges to implementing digital supports through discussion with your peers in breakout groups. • Describe several advantages to incorporating digital supports to help people who use/d stimulants improve their health status.
May 2023	Primary prevention and stimulants	<ul style="list-style-type: none"> • Describe at least two evidence-based interventions to prevent substance use disorder (SUD). • Describe two interventions that do not prevent SUD. • Describe the necessity of implementing primary prevention initiatives in your home communities.

*"Overamping" refers to a negative physical or psychological experience that can occur from taking stimulant drugs.

**"Digital supports" refers to computer/mobile phone applications that people who use substances can use to support harm reduction and recovery.

METHODS

Data Sources and Measures

The WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation team invited attendees of the April and May Psychostimulant Support Peer-to-Peer Call TA sessions to complete an online assessment at the end of each session. The online assessment focused on the quality of the sessions and expected outcomes. The assessment also included two open-ended questions asking respondents to share (1) what was most helpful about the peer-to-peer call session and (2) suggestions to improve future peer-to-peer calls.

We emailed attendees from the March session to invite them to participate in interviews. After the April and May sessions, respondents could volunteer to participate in interviews by providing their contact information in the online assessments. We conducted interviews lasting approximately 15 to 30 minutes. The interview questions focused on what participants took away from the sessions, how they used takeaways in their RCORP work, their satisfaction with sessions, and their suggested improvements for the sessions.

Analysis

We reviewed the attendance lists for each session to determine the frequency of individual attendance and grantee representation across sessions. We calculated frequencies and percentages for the online assessment data, and two analysts identified themes in open-ended responses. We performed a thematic analysis of the interview data. (See Technical Appendix for details.)

FINDINGS

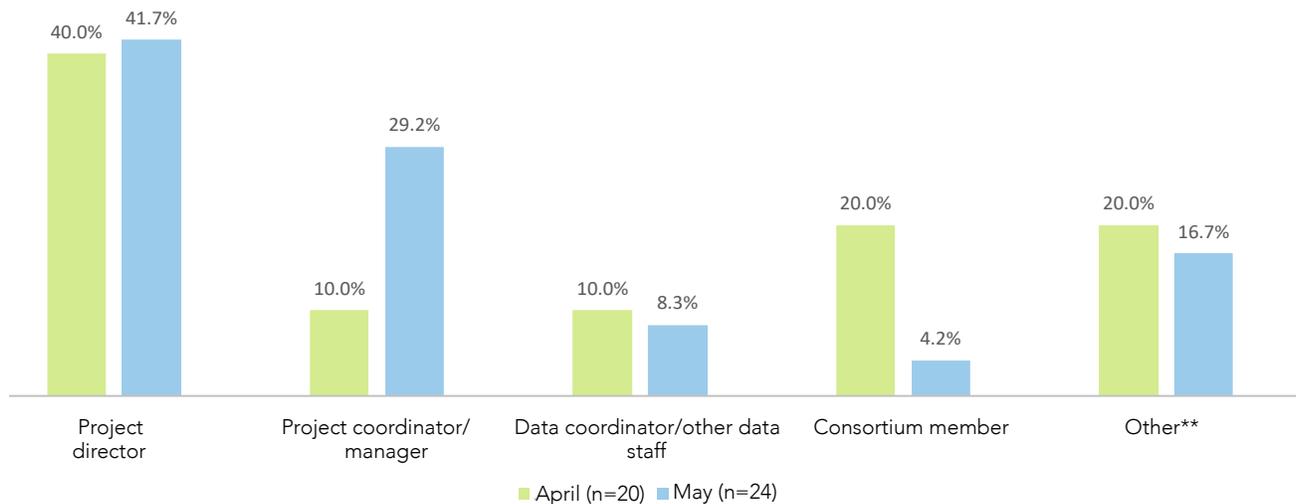
Call Attendance

A total of 56 unique individuals attended across the 3 Psychostimulant Support Peer-to-Peer Calls from March through May. Attendance at the March overamping session was 37; at the April session on digital supports for people who use/d substances, 30; and at the May session on prevention and stimulants, 29. Twenty-seven (48.2%) individuals attended 1 session, 18 (32.1%) attended 2 sessions, and 11 (19.6%) attended all 3 sessions. Attendees represented more than three-quarters (77.3%, n=34) of the 44 Psychostimulant Support I & II grantees, and perhaps more because 3 individuals could not be definitively linked to particular consortia.

Online Assessment Respondents

Twenty individuals completed the April online assessment (response rate: 66.7%), and 24 completed the May assessment (response rate: 82.8%). Figure 1 displays respondent roles, with project directors the most common type of respondent for both the April (40.0%, n=8) and May (41.7%, n=10) sessions.

Figure 1. Respondent Roles* RCORP Psychostimulant Support Peer-to-Peer Calls (April and May 2023)



*Online assessment respondents could choose only one role.

**"Other" includes a project/data coordinator and three peer support specialists in April; and a peer support specialist, community health navigator, consortium director, and a project/data coordinator in May.

Interviewees

Twelve attendees from 11 unique grantee consortia participated in interviews. Their project roles included project director, peer support specialist, trainer, project coordinator, data coordinator, and consortium member. Five interviewees attended the March session, two the April session, and five the May session.

What Online Assessment Respondents and Interviewees Took Away From the Psychostimulant Support Peer-to-Peer Calls

Online assessment respondents answered an open-ended question asking what they had found most helpful about the calls. In April, respondents appreciated learning about digital supports, such as hearing “product descriptions and ... [information] from those who have used ... [digital supports].” Respondents also appreciated discussion time that allowed them to share with each other.

In May, respondents appreciated discussion with each other during the breakout session, in which they got feedback on their own RCORP work, and they appreciated learning from the presenter, including “hearing about various tactics and challenges around engagement of different populations.”

Interviewees had several takeaways from the calls, shown in Table 2 and organized by themes with illustrative quotes. In addition to learning about the session-specific topics (overramping, digital supports, and prevention and stimulants), interviewees reported learning about resources to address psychostimulant use, the experiences of individuals who used substances, and how other grantees carried out their RCORP work. Interviewees also appreciated that the calls provided opportunities to address psychostimulants specifically, since such discussion otherwise “gets lost” in talk about the opioid crisis, as one participant put it. Along the way, interviewees experienced validation about their experiences, RCORP priorities, or RCORP work.

Table 2. What Interviewees Took Away From the RCORP Psychostimulant Support Peer-to-Peer Calls (March – May 2023)

Themes	Illustrative quotes
Themes specific to individual sessions	
Learned about overamping and how to address it with clients	<p>"I've never heard of ... [overamping] before."</p> <p>"It helped a lot to know how to talk to them [people experiencing overamping] in a very calm [way], [to] slow things down, don't agitate."</p>
Learned about digital supports for people who use/d stimulants, and how to use digital supports for contingency management*	<p>"I did not know anything about this work with digital technologies."</p> <p>"There's quite a few different contingency management options ... that allow folks to pay a little bit more mind to their recovery in a new way."</p>
Learned about prevention and psychostimulants, and how to fund prevention	"I learned the different strategies ... [other grantees] used to determine how they would fund or finance or prioritize prevention in their communities."
Appreciated that the session focused specifically on stimulants	"I feel like having these specific stimulant conversations [in the Psychostimulant Support Peer-to-Peer Calls] was really, really helpful. Because we can get that education and understanding of things that are specific to stimulant drugs."
Themes across sessions	
Learned about resources to address psychostimulant use	"He [the presenter] had given a lot of great resources out as far as just where to even find evidence-based prevention models and those sorts of things."
Learned about the experiences of people who use/d substances	"The guy who talked about his experience with stigma and his recovery ... there was some good moments in there that I got; I wrote down some things."
Learned how other grantees implemented their Rural Communities Opioid Response Program (RCORP) projects	"When you're in that small [breakout] group, you get to ... [learn about] different activities that the different RCORP grantees are doing that we could try that seemed feasible."
Felt validated about their experience or RCORP efforts	"It was ... an affirmation or validation that prevention is important."

* Contingency management involves providing incentives to individuals who use substances to engage in behaviors associated with recovery, such as attending clinical appointments.

Implementation of Takeaways From the Psychostimulant Support Peer-to-Peer Calls

Figures 2 and 3 highlight the expected outcomes from the April and May Peer-to-Peer Calls. Some expected outcomes were consistent across April and May, with a large majority of respondents in both April (80.0%, n=16) and May (70.8%, n=17) reporting that they planned to share information they learned with members of their organization or consortium. Half of respondents reported they intended to seek out additional information on the topic (50.0%, n=10 for April; 50%, n=12 for May). The next most common outcomes were networking with other individuals or organizations about the session topic (30.0%, n=6 in April; 45.8%, n=11 in May) and following

up with Technical Expert Leads (TELs) (20.0%, n=4 for April; 25.0%, n=6 for May). One-fifth of respondents reported planning to use digital supports to assist clients who use/d stimulants (20%, n=4). More than one-third of respondents (37.5%, n=9) reported planning to use information about primary prevention in their RCORP work.

Figure 2. Expected Outcomes From the April 2023 Psychostimulant Support Peer-to-Peer Call (n=20)

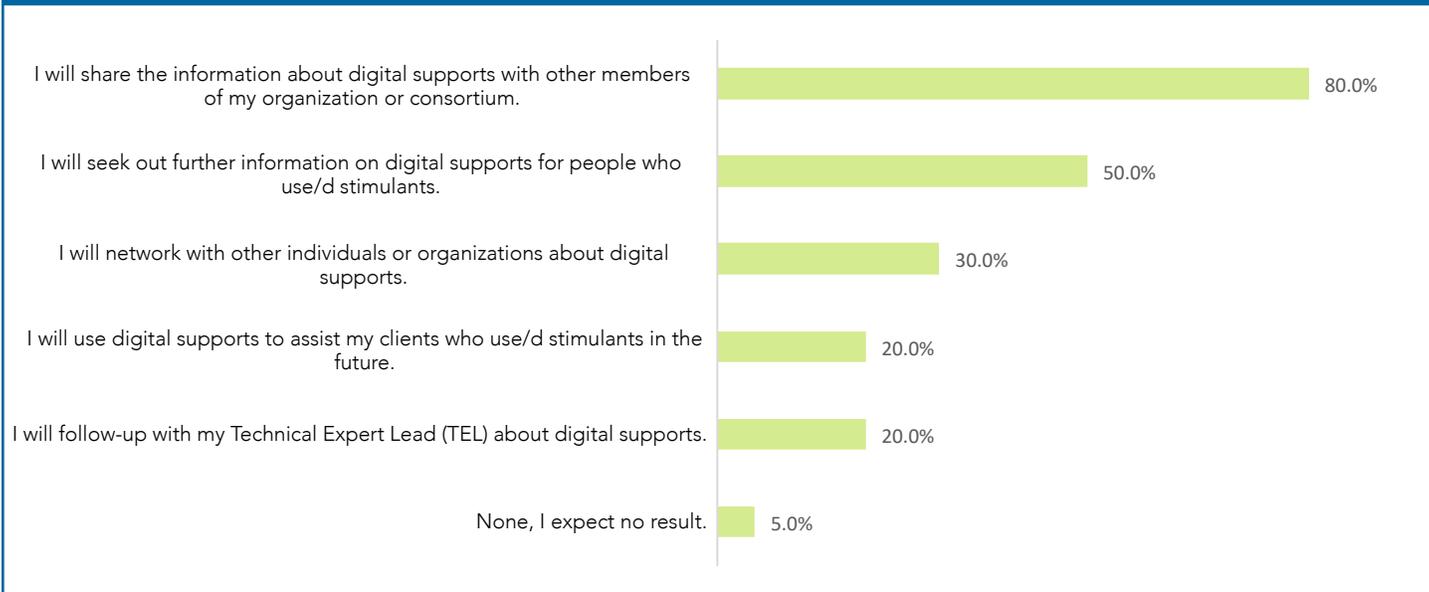
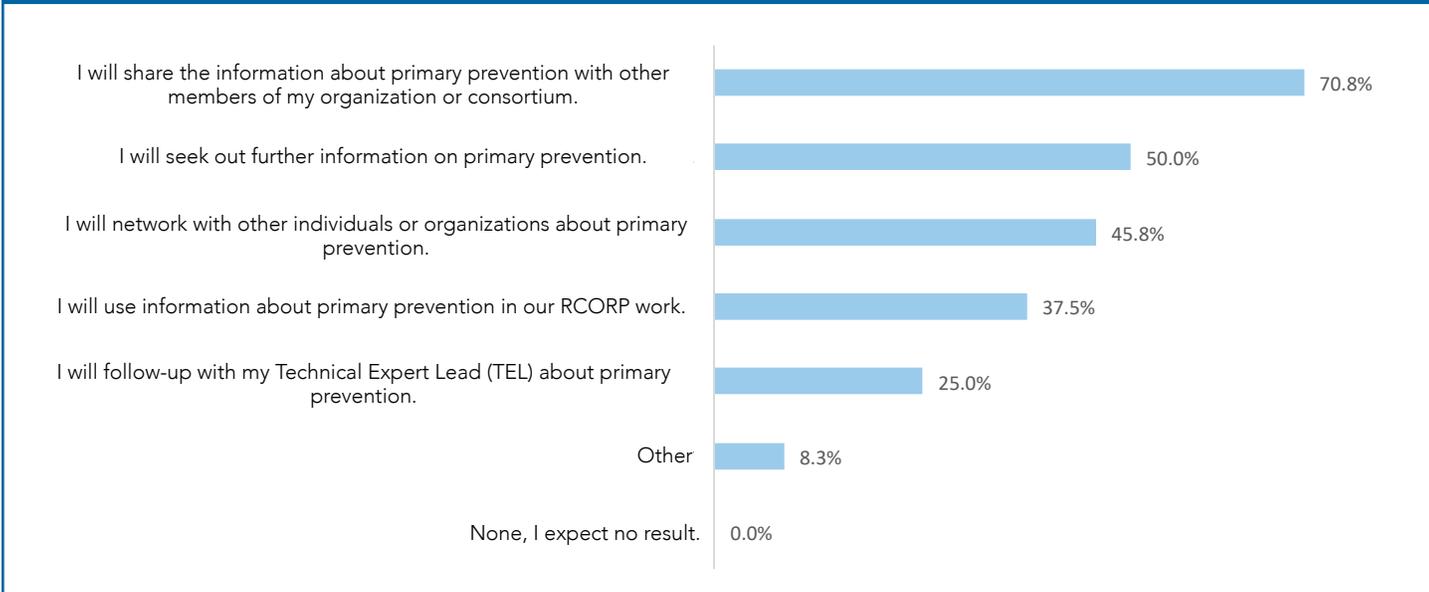


Figure 3. Expected Outcomes From the May 2023 Psychostimulant Support Peer-to-Peer Call (n=24)



Interviewees described how they used or planned to use what they took away from the sessions (Table3). This work included sharing information and resources related to overamping with clients; training healthcare practitioners to understand and address overamping; educating themselves further about session topics; sharing resources and information with their organization, consortium, or community; and using what they had learned to apply for funds or further develop their RCORP work. Examples of plans for developing RCORP work included assessing which contingency management tool might be best for their program, looking at what digital supports applications were available, ascertaining what research had been done on the effectiveness of digital supports, talking with consortium members about how to prioritize stimulant-specific prevention, or adopting prevention tactics specific to stimulants.

Table 3. How Interviewees Used or Planned to Use What They Took Away From the Psychostimulant Support Peer-to-Peer Calls (March – May 2023)

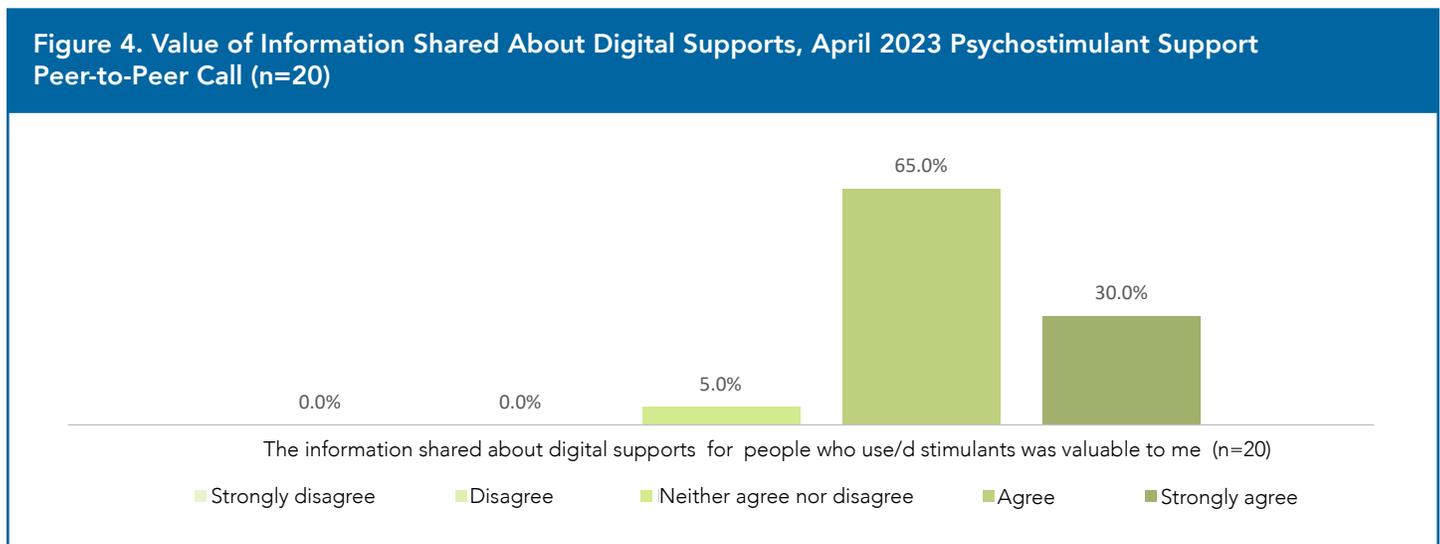
Themes	Illustrative quotes
Themes specific to individual sessions	
Sharing information and resources related to overamping with clients	<i>"I think the ... [clients] have been very receptive so far when I've talked to them about the overamping ... and I've actually mentioned to two people about the magnesium for grinding your teeth [a means of addressing overamping]."</i>
Training healthcare practitioners to understand and address overamping	<i>"I think it'll be nice to have the overamping as a section in one of our trainings [for healthcare practitioners] ... because I have a lot of information around opioids, but there's less information around psychostimulants."</i>
Themes across sessions	
Educating themselves further about session topics	<i>"I took some time to look it [overamping] up and find some education materials online about it."</i>
Sharing resources and information within their organization or with their consortium	<i>"It was good information for me to pass along to her [my provider] for sure." "We provide updates through ... our quarterly meetings with our full consortium."</i>
Sharing information and resources with the community	<i>"So hopefully [we'll use the information] for even the type of prevention presentations that we have, whether it be with youth, adults."</i>
Using information and resources to apply for grant funding	<i>"I would use this [information] in developing ... potentially a grant application."</i>
Using information and resources to develop Rural Communities Opioid Response Program (RCORP) work	<i>"I will be talking about ... [how to do contingency management] with my project manager ... Do we really want it to be a monetary reward? Would we prefer it to be something else, like in-kind?"</i>

Interviewees noted some barriers to acting on session takeaways, including workforce issues, such as not enough prevention staff to implement prevention programming, and stigma, such as stigma around harm reduction. Interviewees noted barriers to using digital supports including lack of internet access, difficulty finding the right population to use digital supports, and healthcare practitioners' reluctance to use telehealth. One interviewee also expressed discomfort with not knowing whether the session presenters had commercial interests in the digital support applications they presented.

Satisfaction With Psychostimulant Support Peer-to-Peer Calls

Current Use of Digital Supports and Quality of April Session

Four in 10 online assessment respondents (42.1%, n=8) reported currently using digital supports in their RCORP grant work. (Figure 4). Nearly all respondents (95.0%, n=19) agreed or strongly agreed that the information shared about digital supports for people who use or have used stimulants was useful to them.



Prior Knowledge of Primary Prevention and Quality of May Session

Three-fourths of grantees (75.0%, n=18) reported being at least somewhat knowledgeable about primary prevention before the May peer-to-peer call and one respondent (4.2%) reported being extremely knowledgeable about primary prevention of psychostimulant use before the call (Figure 5). More than 90% of respondents (91.7%, n=22) agreed or strongly agreed that information shared about primary prevention was useful to them (Figure 6). The two respondents (8.3%) who neither agreed nor disagreed that the information shared was useful both rated themselves as very knowledgeable on the topic of primary prevention prior to the TA event.

Figure 5. Prior Knowledge of Primary Prevention, May 2023 Psychostimulant Support Peer-to-Peer Call (n=24)

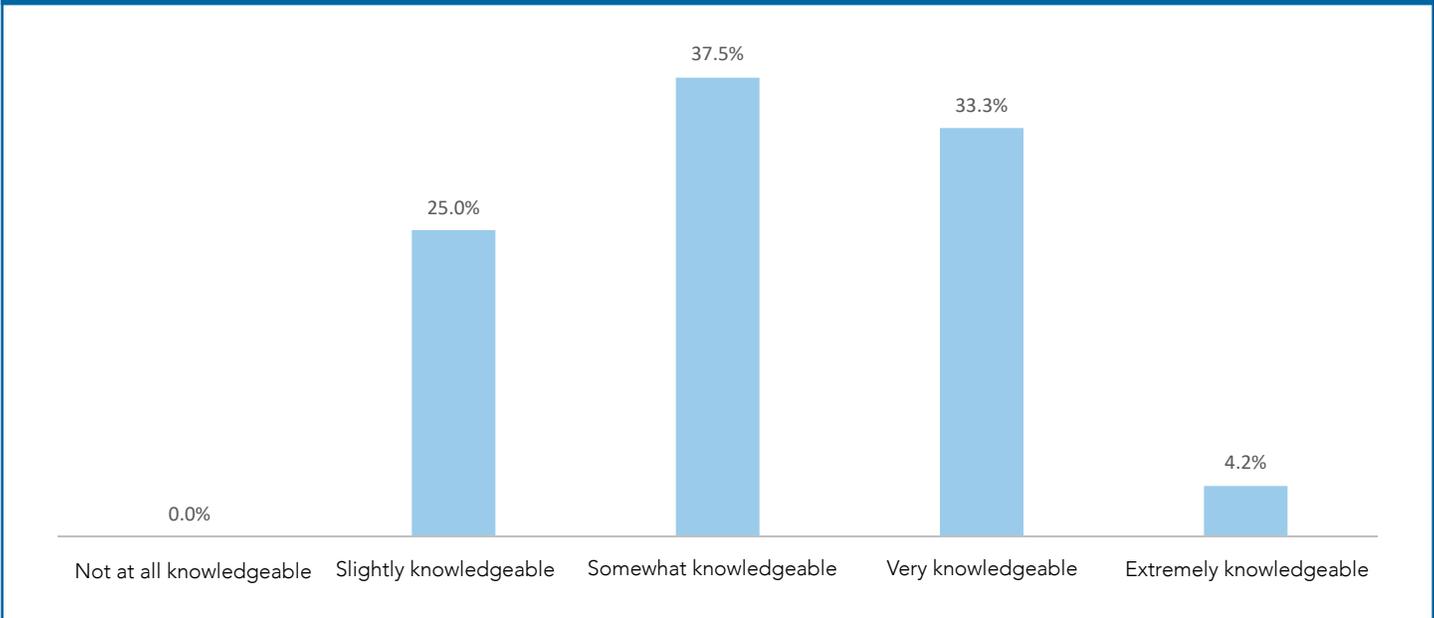
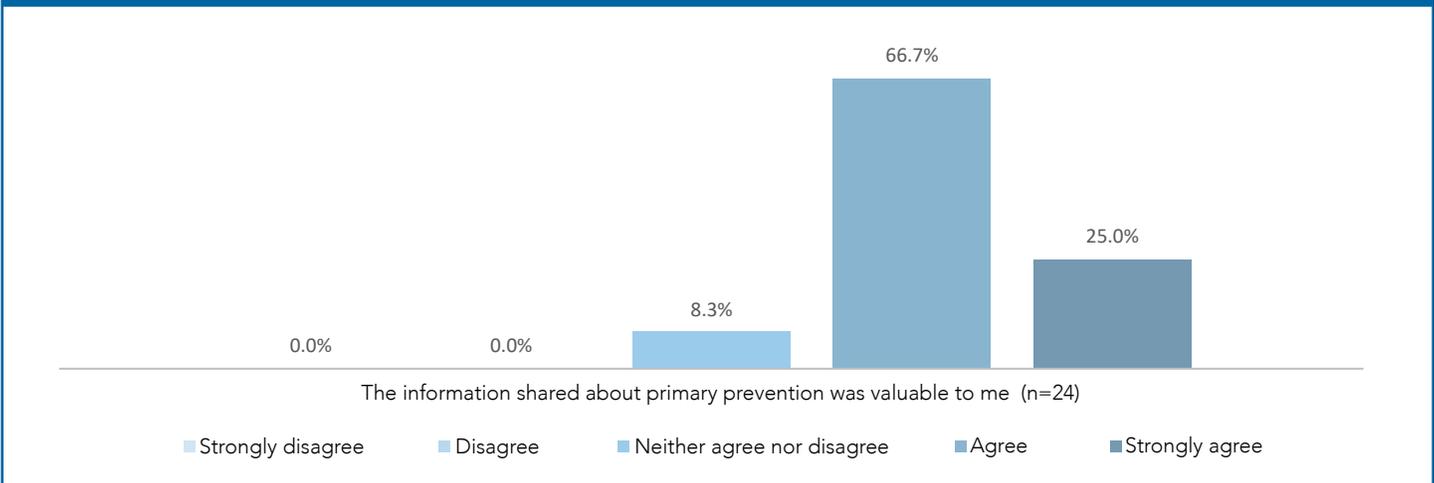


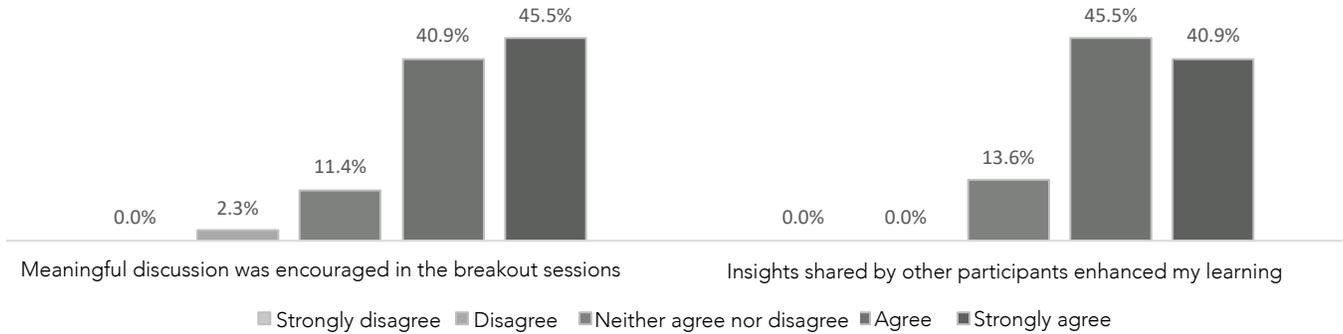
Figure 6. Value of Information Shared About Primary Prevention, May 2023 Psychostimulant Support Peer-to-Peer Call (n=24)



Satisfaction With Breakout Sessions and Peer Learning

Most online assessment respondents (86.4%, n=38) agreed or strongly agreed that meaningful discussion was encouraged in breakout groups and that insights shared by other participants enhanced their learning (Figure 7). These results aligned with open-ended responses from the online assessment, where several respondents reported that breakout sessions and learning from their peers were helpful aspects of both the April and May TA events.

Figure 7. Ratings of Breakout Sessions and Peer Learning, Psychostimulant Support Peer-to-Peer Calls (April and May 2023, n=44)



Satisfaction With the Format and Facilitation of the Sessions

Interviewees appreciated that the breakout sessions allowed them to communicate with other grantees, sessions were well-organized, facilitators were personable, and facilitators kept breakout conversations on track (Table 4).

Table 4. Satisfaction With the Format and Facilitation of the Psychostimulant Support Peer-to-Peer Calls (March – May 2023)

Themes	Illustrative quotes
Appreciated that breakout sessions allowed communication between grantees	<i>"I like the breakout sessions a lot. I feel like it gives us [grantees] a chance to really communicate a little bit."</i>
Appreciated that the session was well-organized	<i>"I thought it [the session] was very well-organized and very well-focused."</i>
Found the facilitators to be personable	<i>"The facilitators were great ... they're very approachable, they're very nice."</i>
Appreciated that the breakout session facilitator kept the conversation on track	<i>"The nice thing is that we do have other facilitators in those small groups, and they really keep us on target."</i>

Suggested Improvements to the Psychostimulant Support Peer-to-Peer Calls

Suggestions for future peer-to-peer calls from online assessments and interviews included:

- Provide more actionable information in the digital supports session:

“I would have liked more information about the apps, cost, and the actual research to support them to make it easier to present the ideas to consortium members and community stakeholders. This was a high-level overview, and I appreciate it, but would like more information to make this actionable.”

- Focus sessions on specific attendees, such as project directors, or healthcare or peer support providers.
- Provide information before the call so that participants know what the TA will cover. For example, one interviewee did not know what digital supports were prior to the meeting.
- Set expectations for breakout sessions to ensure their productivity. This could include informing participants ahead of the session about what questions would be asked during the breakouts, so that they have time to consider responses.

DISCUSSION AND RECOMMENDATIONS

Discussion

Participants rated the helpfulness of the Psychostimulant Support Peer-to-Peer Calls highly and described plans for using takeaways from the TA calls, which suggests that participants found the sessions valuable for moving their RCORP grant work forward.

The sessions were relatively well-attended. Individuals representing more than three-quarters of Psychostimulant Support I and II grantees attended at least one of the three sessions. These relatively high attendance rates may suggest that participants found the calls helpful. Further data collection could address participants' reasons for attending.

Both interviewees and online assessment respondents generally reported positive responses to the sessions. Call participants learned about and received resources on the topics of overamping, digital supports, and prevention of substance use disorder. They learned about the experiences of individuals who used substances, learned how other grantees implemented their RCORP projects, and experienced validation of their own RCORP efforts. Further, participants appreciated that the sessions provided space to talk about stimulants specifically. Breakout sessions facilitated meaningful discussion and mutual sharing of insights that enhanced learning, which indicates that Psychostimulant Support Peer-to-Peer Calls are effective at providing participants opportunities to connect with and learn from their peers. Several individuals commented specifically on the helpfulness of peer-to-peer interaction. Other positive comments included that sessions were well-organized and personable facilitators guided breakout conversations.

Participants planned to use what they took away from the calls by sharing the valuable information obtained in the sessions with other members of their organization or consortium. For example, participants reported that they would train healthcare practitioners about overamping and use what they had learned to apply for grant funds. Half of respondents to the online assessment reported that they would seek out additional information on the topics of the peer-to-peer call sessions. Fewer reported they planned to implement digital supports (20%) or use primary prevention methods (37%) in their RCORP work.

Since more participants planned to share information about digital supports or prevention than planned to use that information, further evaluation should continue to assess barriers to implementation. It is possible that some attendees of the peer-to-peer calls were not in the position to implement what they learned, since the calls topics included, for example, techniques to address overamping with patients, and there were no healthcare practitioners attending the April or May sessions. The need for continued data collection on barriers to implementation is also underscored by participants' reports of barriers: participants reported stigma, such as stigma around harm reduction, and an insufficient workforce as barriers to implementing learnings. These findings echo findings of barriers to acting on TA noted in other WWAMI RHRC reports.^{1, 2, 3}

Participants' suggestions to improve future peer-to-peer calls include providing more actionable information, such as details about cost or research supporting use of digital supports; designing sessions aimed at specific attendees, such as healthcare providers; providing more background information before sessions so that participants know what the TA will cover; and creating additional structure around breakout sessions to ensure productivity. The request for sessions customized for attendees with specific roles mirrors findings from the Medication-Assisted Treatment Access Learning Collaborative evaluation.¹

Limitations

This evaluation only includes online assessments for April and May, so there are no comparable data for the March 2023 session. Views of evaluation participants may not represent the views of all attendees.

Recommendations

Technical Assistance

We recommend continuing to offer this TA type to grantees based on high ratings of peer learning across multiple WWAMI RHRC evaluations.

We recommend ensuring that session presenters specify their relationships to any commercial product or service that they describe or promote (reporting, for example, whether they conduct research on the product or service or have a commercial interest in it). Such disclosure will help participants evaluate the TA and its feasibility for their RCORP work.

If a digital supports TA session is offered again, we recommend providing more details, such as cost and efficacy data, to help participants evaluate digital supports' usefulness and feasibility for implementation.

When relevant, we recommend providing information in advance of TA sessions to grantees about specific RCORP roles (eg, project directors, healthcare practitioners, or peer support providers), that would most likely benefit from the sessions. Sharing this information could increase the likelihood that the sessions would reach these individuals.

Data Collection

We recommend continuing to collect data about barriers and facilitators that participants face related to acting on what they took away from sessions. Future data collection should also address why participants attended specific TA events.

TECHNICAL APPENDIX

All interviews were audiorecorded and professionally transcribed. One analyst reviewed all transcripts to develop an initial codebook. The analyst assigned a code (a word or short phrase) to segments of text to summarize or interpret them. The analyst grouped codes into themes, or key features of the data, with one or more codes describing an aspect of each theme. Next, a second analyst coded a subset of transcripts using the initial codebook and noted where changes to the coding scheme could ensure that the analysis provided a consistent representation of data. Analysis team members then discussed cases in which there was disagreement and resolved them to ensure consistency and consensus. Finally, one analyst applied the final coding scheme to all the transcripts.

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