2022 Evaluation of the BeHERE Training Initiative
Executive Summary

Background: The BeHERE Training Initiative, formerly known as the Opioid Overdose Prevention Training Project (OOPTP), is funded through a State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Massachusetts Department of Public Health (MA DPH) Bureau of Substance Addiction Services (BSAS). Health Resources in Action (HRiA) manages the BeHERE Training Initiative and provides training and technical assistance to service providers in a range of health and human services organizations across the Commonwealth to improve their ability to recognize, respond to, and prevent opioid overdose among the populations these organizations serve. Under its new name, the Behavioral Health and Racial Equity (BeHERE) Initiative, the mission expanded: *To build capacity to transform policies and practices in prevention, treatment, harm reduction, and recovery*. The addition of six supplemental training modules, informed by a previous evaluation of the BeHERE Training Initiative, offers further support in the areas of drug-related stigma, secondary trauma, supervisory best practices, stimulant use, recovery pathways, and the historical context and racist origins of the U.S. War on Drugs. The onset of the COVID-19 pandemic in March 2020 forced the BeHERE Training Initiative to deliver trainings virtually. Trainings conducted via Zoom between April 2020 and June 2022 were open to the general public, but continued to target sectors and organizations who serve individuals who use drugs, including community correction centers, probation offices, homeless shelters, family shelters, public libraries, public housing, recovery centers, harm reduction agencies, and other social service organizations.

In 2022, HRiA engaged evaluation consultant Hope Worden Kenefick, MSW, PhD who worked with MPH candidate Alexis Wing to evaluate BeHERE trainings delivered between April 2020 and June 2022 (i.e., reporting period). This report details the methodology and findings from the evaluation and offers recommendations for further supporting organizations in their work with those who use substances through enhanced and expanded trainings and TA.

Methods: The evaluation of the BeHERE Training Initiative employed the Kirkpatrick Training Evaluation Model[1], which suggests that trainings should be evaluated on four levels: (1) Trainee satisfaction with and engagement in training, and perceived relevance of training to the trainee's job; (2) Trainee acquisition of intended knowledge, skills, and attitudes, as well as confidence about and commitment to use training content; (3) Trainee application of what was learned in training when the trainee is back on the job; and (4) The degree to which targeted outcomes or desired impacts occur as a result of critical on the job behaviors that result from training.

The data sources used to evaluate the trainings were as follows.

- ***1,272 self-administered post-training evaluations*** completed by 909 unduplicated trainees at the end of trainings provided data for evaluating the eight trainings at levels 1 and 2.
- ***62 online follow-up survey***s completed by individuals who took one or more trainings provided data to evaluate the trainings on all four Kirkpatrick training levels. Survey participants were eligible to enter a drawing for one of five $100 gift cards.

[1] Kirkpatrick Training Evaluation Model available at: http://www.kirkpatrickpartners.com/OurPhilosophy/TheNewWorldKirkpatrickModel/tabid/303/Default.aspx

- ***35 key informant interviews*** with individuals who completed one or more trainings (67 trainings in total). The key informants, who work at a range of public and non-profit organizations, provided data for all four Kirkpatrick levels via telephone interviews using a semi-structured interview tool. Participants were offered an incentive, a $50 gift card ($45 for state employees who are subject to a $49 limit).

Quantitative data were analyzed using Excel and SPSS and qualitative data were analyzed for common and divergent themes and illustrative quotations. The full report of findings summarizes evaluation results for the eight trainings. The appendices contain detailed training-specific reports for each of the eight trainings.

Summary of Findings: During the selected timeframe, there were 5,308 uses of the eight trainings. The Opioid Overdose Rescue Training (Part 1) and Opioid Overdose Prevention: Harm Reduction & Safety Planning with Clients and Rescue Training (Part 2) had the highest utilization at 23.3% and 20.5%, respectively.

The post-training evaluations, which provided data on trainees' age, race, ethnicity, place of work, and work roles, showed that:

- 52% were between the ages of 25 and 44.
- 66.7% identify as Non-Hispanic White or Euro-American, 15% as Latinx or Hispanic American, and 14% as Black, Afro-Caribbean, or African American.
- Trainees work in more than 290 different organizations across the Commonwealth, including higher education/academic institutions; state agencies; law enforcement, courts, and parole and probation services; housing/homeless services; substance use treatment and recovery supports and services; public libraries; healthcare organizations; mental health programs and centers; programs and services for people with special disabilities; multi-service centers; municipal services; faith-based organizations; and more. A small number came from other states or work for the federal government.
- Trainees hold a range of administrative positions (e.g., administrative assistants, program coordinators, managers, Executive Directors); outreach, navigation, and direct service positions (e.g., community health workers, recovery coaches, family support workers, social workers, advocates, case managers); health, mental health, substance use treatment/clinical positions (e.g., therapists, nurses, clinical supervisors); academic positions (e.g., Deans, professors, teachers, education specialists, students); librarians; and a range of other titles specific to various fields (e.g., housing, corrections, parole, probation, vocational services).

The evaluation findings indicate that the majority of participants found the trainings to be satisfying, engaging, and relevant to their work (level 1). Participants indicated that the trainings increased their skills, knowledge, and confidence, as well as their commitment and intention to use what they learned in their jobs (level 2). Participants from each of the trainings identified ways in which they applied what they learned in their work (level 3). Some data exist to suggest that a sub-set of the trainings may be effective at level 4. Level 4 effectiveness is generally the most difficult to evaluate because of possible confounding variables.

Several participants expressed the need for additional training, including training related to housing/homelessness and substance use disorders (SUDs), new/emerging drugs, supporting those with dual diagnoses (i.e., mental health and SUDs), additional training on motivational interviewing; and strategies for working with sex workers, seniors, and those who deny substance use, and to support

children of those experiencing SUDs. A few would like support beyond training to help traditionally disadvantaged populations (e.g., people of color, immigrants, non-English speaking people, members of the LGBTQ community) access and navigate systems. Some would also like ongoing, post-training follow-up support and facilitated discussions across sectors (e.g., healthcare, SUDs programs, housing, corrections) about collaborative harm reduction strategies.

Some participants recommended increased marketing of BeHERE trainings to ensure more people who may benefit know about them, including those in systems such as probation and health care.

Recommendations:

The BeHERE staff should:

1. Review each of the training-specific reports in the appendices and consider which of the recommendations are feasible and likely to improve the training for most participants.
2. Review the list of additional training needs shared by participants and determine which are feasible and prioritize those that are likely to have broad appeal and utility to those serving people experiencing SUDs.
3. Consider whether the capacity to extend training to more audiences exists and, if so, engage in additional marketing, particularly to audiences/sectors who may benefit from but who have had low utilization of the training to date.
4. Consider steps to improve future evaluation of trainings, including replacing open-ended questions with multiple choice options on the post-training evaluation; modifying questions on the follow-up survey to ensure respondents are clear that they are being asked to report outcomes attributable to the application of what was learned in training; and reducing the time period between training completion and level 3 and 4 evaluations to three or four months.