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**EVALUATION OF THE TRAINING AND CERTIFICATION PROGRAM FOR DRUG ABUSE AND RELATED  
VIOLENCE (PROCCER) IN EL SALVADOR AND COSTA RICA**



# Evaluation of the Training and Certification Program for Drug Abuse and Related Violence (PROCCER) in El Salvador and Costa Rica

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  - *SAMHSA's National Survey on Drug Use and Health (NSDUH)*
  - *National Evaluation of SAMHSA's SBIRT Program*
  - *National Evaluation of SAMHSA's Homeless Program*
  - *INL El Salvador targeted communities project*
  - *USAID Honduras baseline crime, resident, trust, and police effectiveness study*
  - *USAID Guatemala Violence Prevention Project*
  - *USAID Dominican Republic delinquency and crime baseline community survey*

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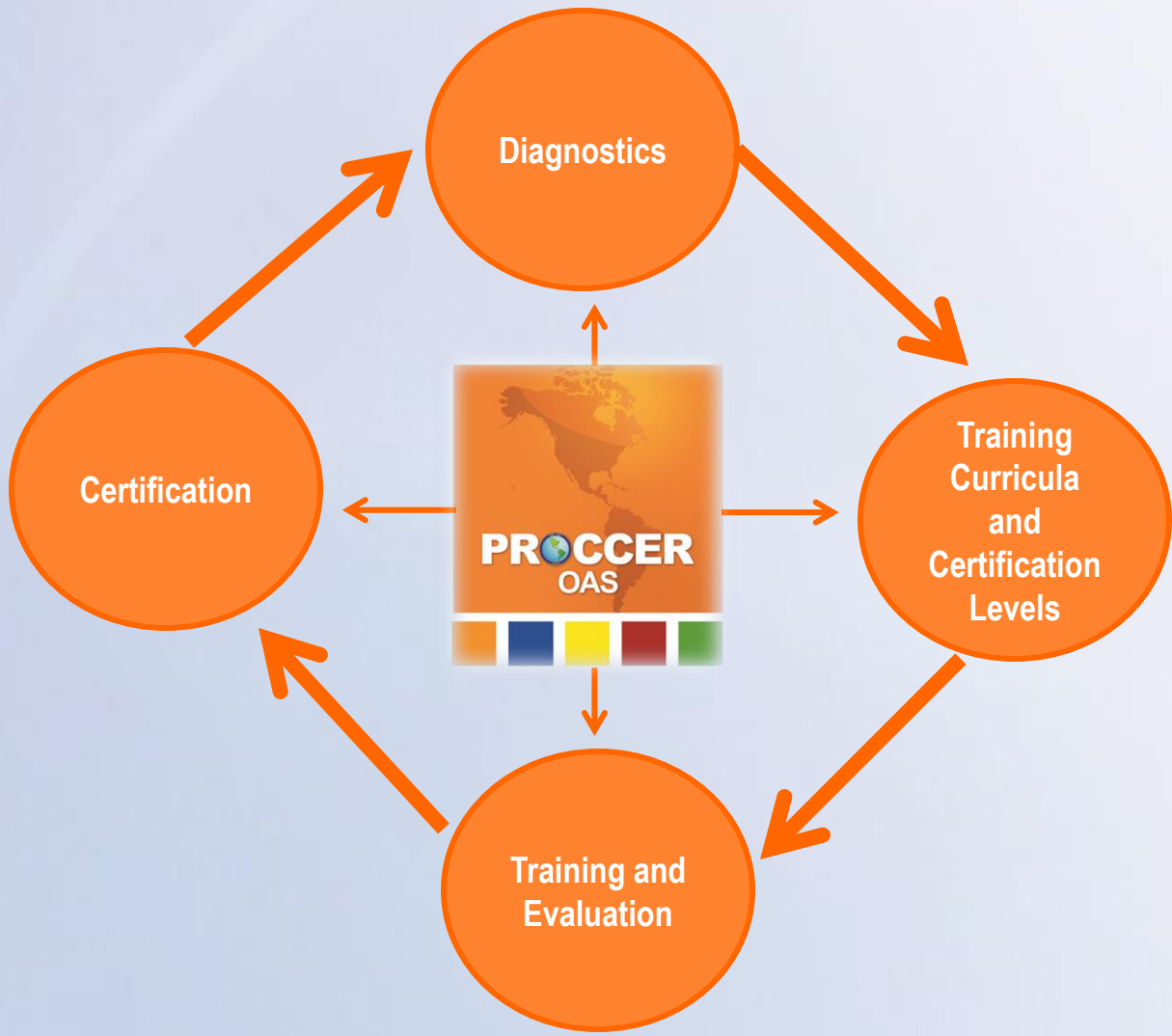
- ★ Headquarters
- Offices
- Project Locations

## Training and Certification Program for Drug Abuse and Related Violence (PROCCER)

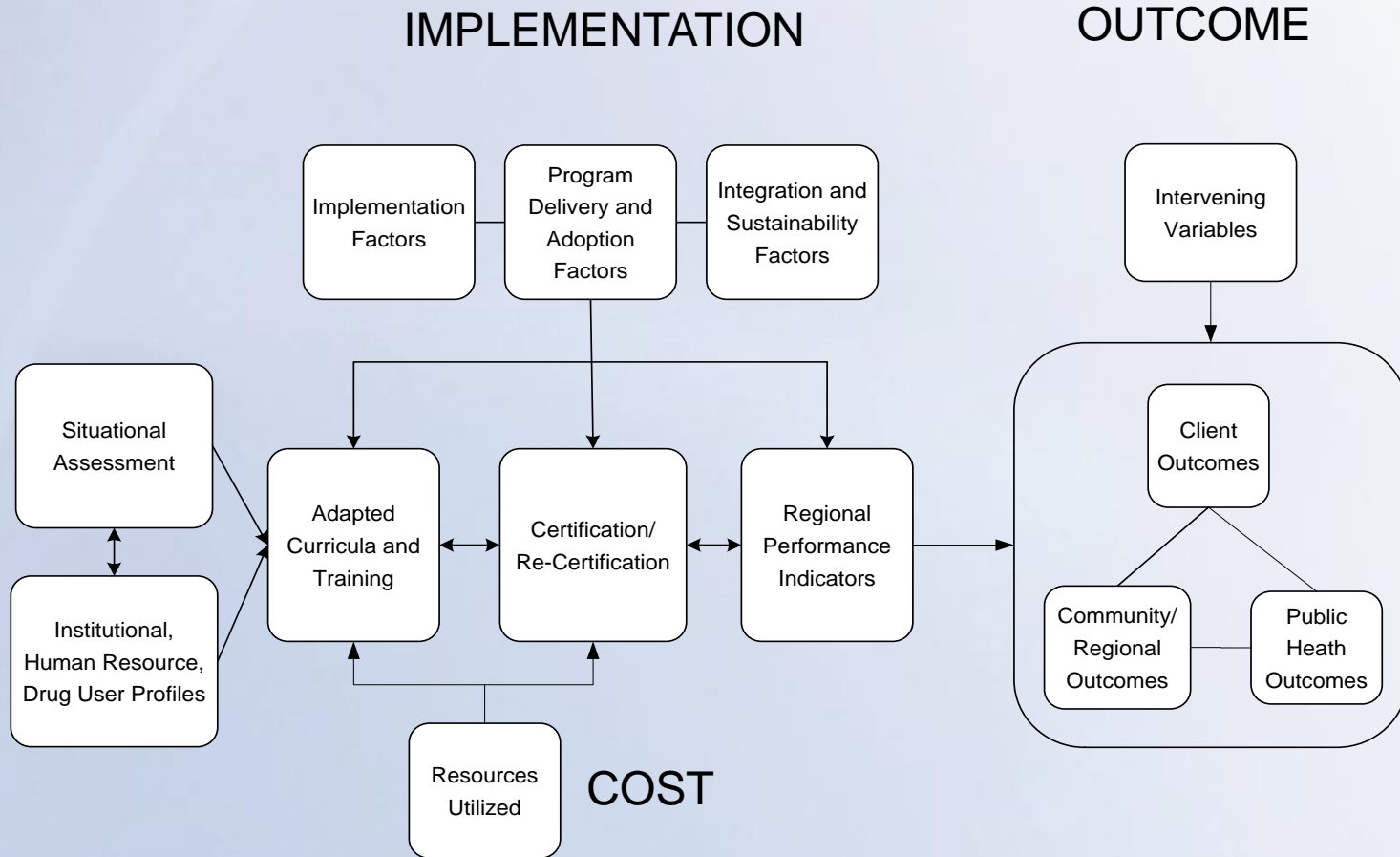
- The goal of **PROCCER** is to develop and strengthen the national and regional institutional and human resource capacities in intervention strategies. The increased capacity is intended to enhance the quality and efficacy of drug use and violence prevention programs, as well as programs for treating and rehabilitating drug dependency or violent criminal behaviors.
- The program's main objective is to optimize the quality of services in drug prevention programs and treatment facilities through training, technical assistance, and the application of technology; and to establish a certification process for drug prevention and treatment personnel in coordination with national authorities.
- **PROCCER** was designed by CICAD, under the SMS of OAS. Funding for **PROCCER** is provided by the Bureau of International Narcotics and Law Enforcement Affairs (INL) of the U.S. Department of State and the Anti-Crime Capacity Building Program (ACCBP) of Foreign Affairs and International Trade Canada.

- CICAD and SMS work with member state governments, governmental organizations, nongovernmental organizations, vocational and academic institutions, and regional political entities to develop national and regional mechanisms for the training and certification of prevention and treatment service providers.
- The **PROCCER** model emphasizes research and the need to understand the local sociocultural, economic, political, and legal context of substance abuse interventions at the national level before developing any training or intervention plans.
- **PROCCER** is a model that is adaptable to country-specific needs with an emphasis on institutionalization and sustainability.
- **PROCCER** was introduced in El Salvador in 2007
- **PROCCER** was introduced in Costa Rica in 2009

# Components of PROCCER



# PROCCER Program Evaluation Framework





# Qualitative Evaluation Methods

- Context Interviews (approx. 50) and focus groups conducted with PROCCER administrators and other government/academic/NGO stakeholder providers or NGO managers in Costa Rica and El Salvador
  
- Secondary printed resources include:
  - 4 reports on situational assessments
  - More than 50 other government documents
  - Curriculum materials and manuals from both countries
  - Scholarly articles and publications

# Implementation Findings

## PROCCER Institutionalization

- OAS has successfully implemented the main components of PROCCER in El Salvador and Costa Rica.
- PROCCER has been embraced by its host governments. Legal and regulatory authority are in place.
- Operational support, resources, and political will have been provided by relevant government departments
- PROCCER is key in government public health planning and policy



# Implementation Findings

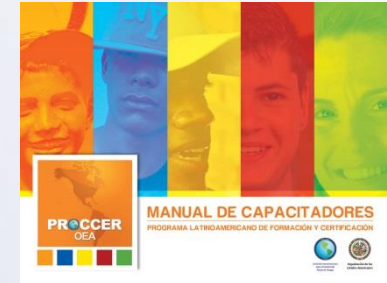
## PROCCER Program Delivery

- PROCCER has developed crucial partnerships with academic stakeholders and experts to adapt and formalize the curriculum and support training
- NGO's are of paramount importance to the service delivery system in both El Salvador and Costa Rica
- Substantial numbers of providers across multiple sequential cohorts have been through the PROCCER training with meaningful training outcomes
- Certification is crucial to PROCCER institutionalization by legitimizing and raising awareness of the addictions field



# Training Findings

- General agreement that the content of the **training is excellent**;
- Effective PROCCER participation screening processes in El Salvador and Costa Rica ensure that trainees are individuals who have direct contact with clients.
- PROCCER trained staff are **questioning the status quo** and encouraging system changes.
- Treatment providers have embraced the idea of addiction as a chronic relapsing disease requiring specialized techniques and services
- Nearly every respondent mentioned the practicum components of PROCCER as the most valuable aspect of the curriculum
- Successfully completing the PROCCER training is a major accomplishment for most participants and is a great source of professional and personal pride



# PROCCER Training Results

- Since 2011, PROCCER in both countries has trained **517 individuals**
- Each trainee received **170 to 220 hours of course and practicum time**
- The graduation rate from PROCCER training was over **85% in both countries**
- PROCCER has helped to **strengthen professional networks**. Many participants report that they maintain contacts with other PROCCER-trained individuals.
- The process of PROCCER training has led to a **homogenization of ideas and the language** used to describe addictions interventions.
- PROCCER has established of a **career path** for addiction professionals

## PROCCER-trained Providers in Centers

El Salvador (2011-2012)	Centers (N)	% Centers w/ at least 1	Average # per Center	Maximum in Center
NGOs	50	72.0%	1.8	14
Gov (Healthcare or Criminal Justice)	38	100%	1.7	11
All	88	84.1%	1.8	14
Costa Rica (2013-2014)				
Hogares Salvando al Alcohólico	13	76.9%	2.7	7
Hogares CREA	23	39.1%	1.8	8
Other Cristocentrico	28	67.9%	2.3	11
Therapeutic communities	4	100.0%	2.3	4
Other (IAFA-CAIDs and TX Centers)	23	56.5%	3.9	36
All	91	60.4%	2.6	36

## Persistence of PROCCER-trained Staff in Field

	El Salvador	Costa Rica
Responding to follow-up, N	86	78
Currently in same or similar role, N (%)	79 (91.8%)	75 (96.1%)
Same or similar role but at a different facility, N (%)	3 (3.4%)	1 (1.2%)

- Turnover or attrition does not appear to be an issue.
- PROCCER is targeting appropriate staff for training. Initial trainees may be systematically different than later ones (e.g., enthusiastic providers apply to PROCCER early).

## Programmatic Costs per Graduate of PROCER during Typical Year of Ongoing implementation (2012 \$US)

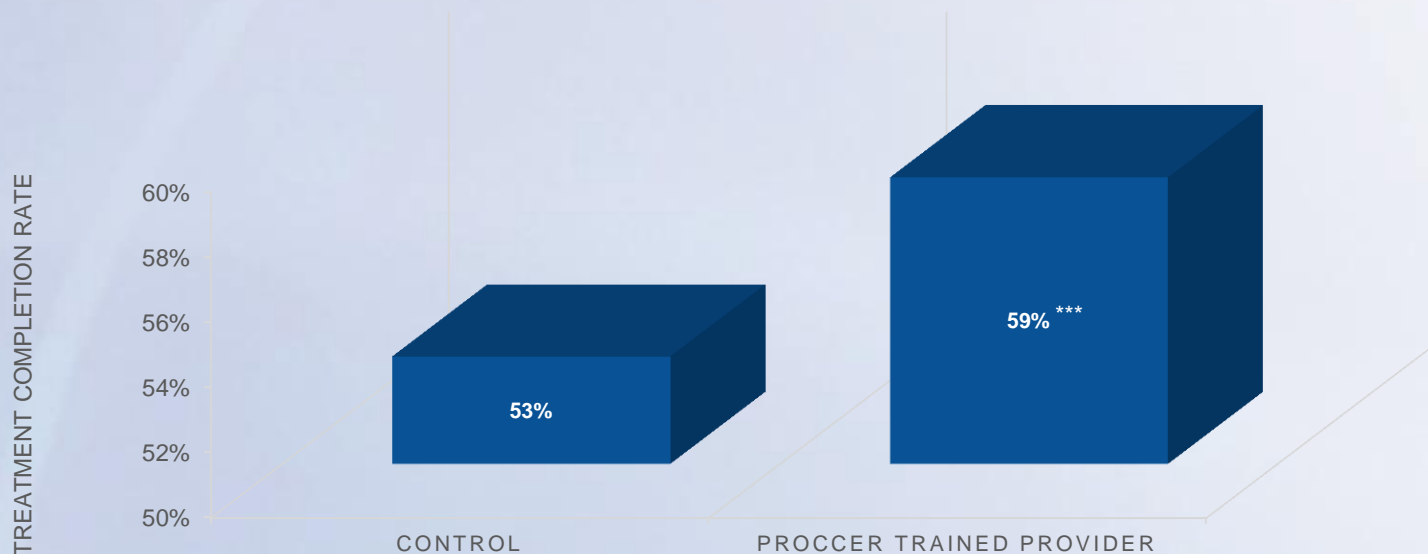
	El Salvador	Costa Rica	
	Actual	Actual	PPP-adjusted to El Salvador
Remunerated costs	553	764	432
In-kind costs	25	132	75
Total costs	578	896	507

- **Cost per hour per graduate** (approx. 200 course hrs.) ranges from \$2.62 to \$2.98
- In-kind includes governmental administration in both countries. In El Salvador it also includes University support.
- Purchasing power parity adjustment puts different currencies and country economies on the same scale in terms of what they could buy.
- CICAD's standardized protocols led to the consistent implementation of PROCER across both countries using the same amount of resources.



# PROCCER Impact on Treatment Outcomes

## TREATMENT COMPLETION ASSOCIATED WITH EXPOSURE TO PROCCER-TRAINED PROVIDERS



\*\*\* Result is statistically significant at the  $p < .01$  level

- Having a Level 1 provider in a center is associated with a 5.5 percentage point increase in the probability of treatment completion (1,149 more patients completing treatment in the PROCCER centers)

## Simulated impact of PROCCER on Crime

PROCCER Impact per 1 million people		
	% Reduction	Net economic value per citizen
Homicide	.01%	\$56.71
Robbery	2.3%	\$0.27
Theft	4.2%	\$0.04
Car Theft	1.7%	\$0.07

- Simulation parameters derived from extant literature, country-level rates, and statistical assumptions;
- Parameters calibrated to correspond to actual event rates
- Net economic value represents societal value for the level of reduction based on economic assumptions
- Assumes all providers in the treatment system are PROCCER trained;
- Adjustable to both El Salvador and Costa Rica

# Conclusions

- PROCCER has been successfully implemented in El Salvador and Costa Rica, with 22 cohorts and 517 trainees in the previous 5 years
- Practicums were a very effective part of training:
  - Hands-on, real world experience
  - Cross-pollination of ideas among providers and organizations
- PROCCER has improved the treatment experience and treatment outcomes in El Salvador and Costa Rica
- Program Delivery costs were less than \$3/ student course hour
- PROCCER has been embraced by its host governments with legal and regulatory authority in place to support its institutionalization

## Path Forward.....

- Institutionalization of PROCCER requires proactive involvement of
  - National governments (Boards and Ministries of Health, Behavioral Health, Criminal Justice, Education etc.)
  - Universities and experts
  - Non-governmental organizations representing the majority of the treatment system
  - Other healthcare and treatment system stakeholders.
- Political capital among collaborators lays the foundation for the ongoing economic support for PROCCER.
- Use of data and evaluation is a powerful tool for supporting PROCCER
  - Evidence on its impact strengthens support from stakeholders
  - Performance monitoring provides data for ongoing improvement in efficiency and impact

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