MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

RESULTS FROM 2021 NEEDS ASSESSMENT

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MHTTC Network

The Mental Health Technology Transfer Center (MHTTC) Network assists systems, organizations, and practitioners to strengthen their capacity to deliver evidence-based mental health prevention, treatment, and recovery support services. Comprised of 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office, our collaborative network provides free technical assistance, creates resources, and supports workforce development.

INTRODUCTION TO THE 2021 NEEDS ASSESSMENT

- During FY 2021, the 10 MHTTC Regional Centers conducted a needs assessment survey of key stakeholders, mental health organizations and practitioners, and others in their regions
- Questions focused on technical assistance and training needs, telehealth services, and culturally responsive care specific to Hispanic and Latino and American Indian and Alaska Native populations (based on the MHTTC Network's two national focus area centers)
- This report focuses on key findings from the 2,321 participants across the US states and territories

KEY FINDINGS

TOP 5 TECHNICAL ASSISTANCE NEEDS

- Equitable and culturally responsive services
- Co-occurring mental health and substance use disorders
- Mental health awareness and literacy
- Trauma treatment and trauma informed care
- Crisis services

CULTURALLY REPONSIVE CARE

- Trauma was the most often reported service need and technical assistance need for Hispanic and Latinx clients
- About one-fifth of respondents reported adapting assessments or treatment/programming for American Indian and Alaska Native clients

PRIORITY POPULATIONS

- Respondents identified a number of priority populations for whom they would like tailored technical assistance and resource development

TA PREFERENCES

- Despite workforce difficulties and stresses of the ongoing pandemic, respondents expressed strong commitment to practice change
- Respondents prefer in-depth, curated strategies to receive information about evidence-based practices, such as interactive toolkits, videos, electronic libraries, and podcasts, rather than brief, text-based or social media strategies

TECHNICAL ASSISTANCE NEEDS

Respondents chose their five most important technical assistance needs from a list of 25 core topics, plus additional topics that varied by Center, related to specific evidence-based practices, workforce development, and mental health services management.
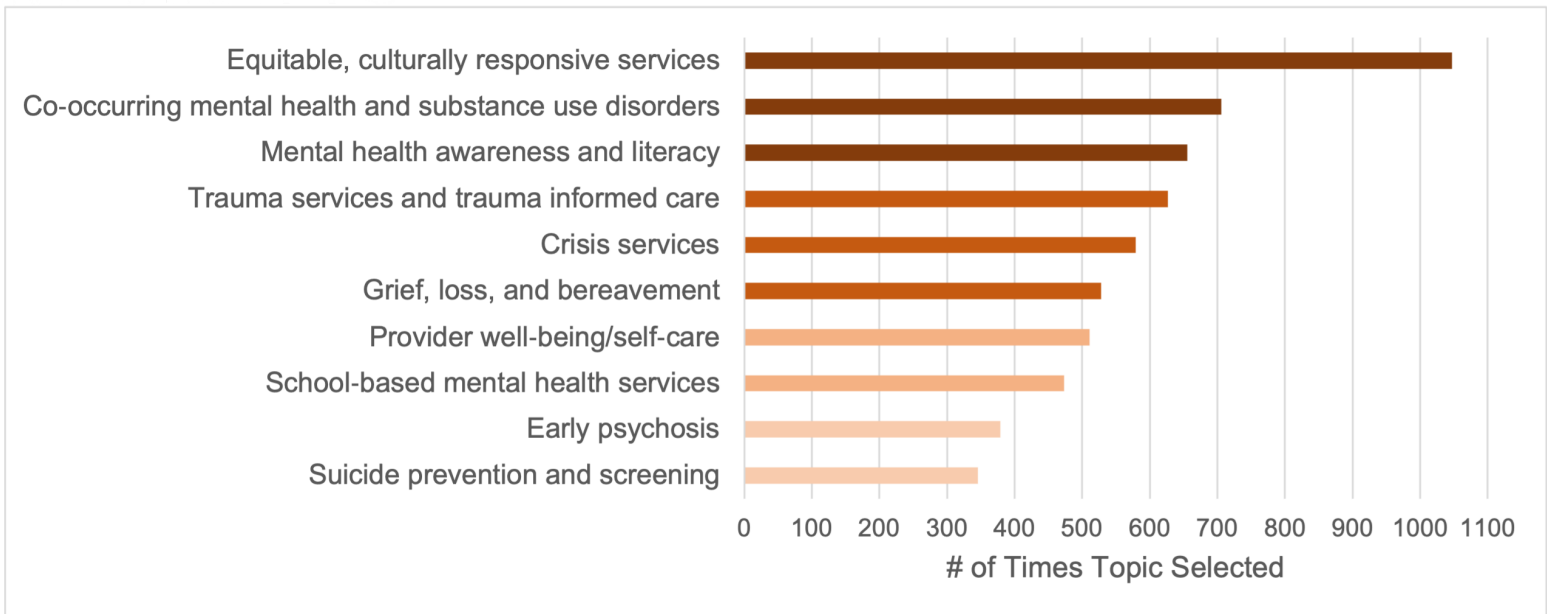

PRIORITY POPULATIONS

Respondents ranked the priority of need for TA and resource development around different populations. These received the highest rankings:

- **Location:** Rural, urban, and tribal
- **Children/adolescents:** Youth/transition-aged youth (ages 14-25)
- **Adults:** Adults (18-64) with serious mental illness, adults (18-64) general mental health
- **Race/ethnicity:** African American/Black, Hispanic/Latino, Indigenous persons including American Indian and Alaska Native
- **Gender orientation/sexual identity:** Women, LGBTQ+
- **Mental health needs of service providers:** Mental health and healthcare workers, educators (K-12), family and other caregivers
- **Other populations:** Individuals who have low incomes and/or are living in poverty, individuals experiencing homelessness or unstable housing
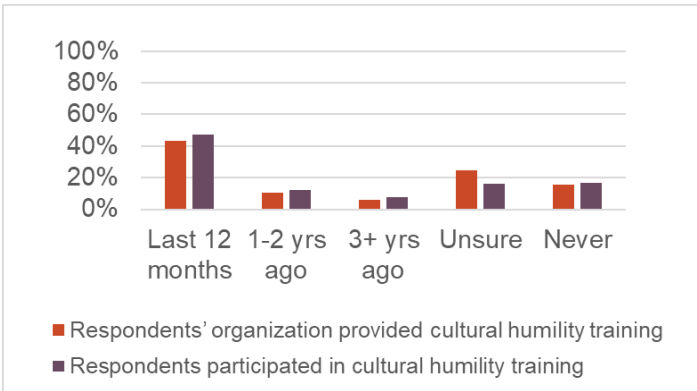
CULTURAL HUMILITY TRAINING

About half of respondents reported that their organization provided (decision-maker respondents) or they participated (non-decision maker respondents) in cultural humility training in the previous two years.

- Respondents' organization provided cultural humility training
- Respondents participated in cultural humility training

CULTURALLY RESPONSIVE CARE FOR THE HISPANIC AND LATINX COMMUNITY

TOP 5 SERVICE NEEDS

1. Traumatic/stressful event (66%)
2. Depression (31%)
3. Substance use disorder (30%)
4. Anxiety (29%)
5. Racism/discrimination (26%)

TOP 5 BARRIERS IN SERVICE PROVISION

1. Stigma about mental health (40%)
2. Language (33%)
3. Lack of health insurance (29%)
4. Lack of transportation (20%)
5. Difficulties understanding culture (20%)

TOP 5 TECHNICAL ASSISTANCE NEEDS

1. Traumatic/adverse experiences and trauma informed care (43%)
2. Cultural elements (27%)
3. Mental health awareness and promotion (22%)
4. Managing substance use (17%)
5. Racism/discrimination (17%)

CULTURALLY RESPONSIVE CARE FOR THE AMERICAN INDIAN AND ALASKA NATIVE COMMUNITY

CULTURAL ADAPTATION OF ASSESSMENTS

Do you culturally adapt assessments when working with Native clients?

Yes	10%
Unsure	61%
No	29%

- Examples: Integrate cultural healing activities; hire individuals with lived experiences, similar cultural identity, and language; adapt Westernized material to fit cultural and traditional practices of the indigenous population

USING CULTURALLY INFORMED PROGRAMMING

Do you use culturally informed programs (or programming) to support Native clients?

Yes	13%
Unsure	54%
No	33%

- Examples: Use Native-specific curriculum integrated into other evidenced-based curriculum; include trauma experienced from microaggression, racism and profiling; include cultural considerations, such as spirituality; employ Native American Traditional practitioners

PREFERENCES FOR TECHNICAL ASSISTANCE AND INFORMATION DISSEMINATION

PREFERENCES FOR RECEIVING TECHNICAL ASSISTANCE

- Respondents had a strong commitment to practice change for the topics they chose as significant needs, with three-quarters reporting they were 'Very Committed" to change in these areas.
- Technical assistance activities should be based on:
  - Project goals and desired outcomes (e.g., awareness raising, skill building, practice change)
  - Requirements for the evidence-based practice
  - Effectiveness of the technical assistance activity (implementation strategy). For example, passive or less intensive strategies such as training/workshops increase awareness but do not often change practice; more intensive, multi-component strategies such as training plus coaching or facilitation more likely lead to practice change).
- With those caveats in mind:

63%

Respondents preferred TA activities occur in late morning or early afternoon, when possible
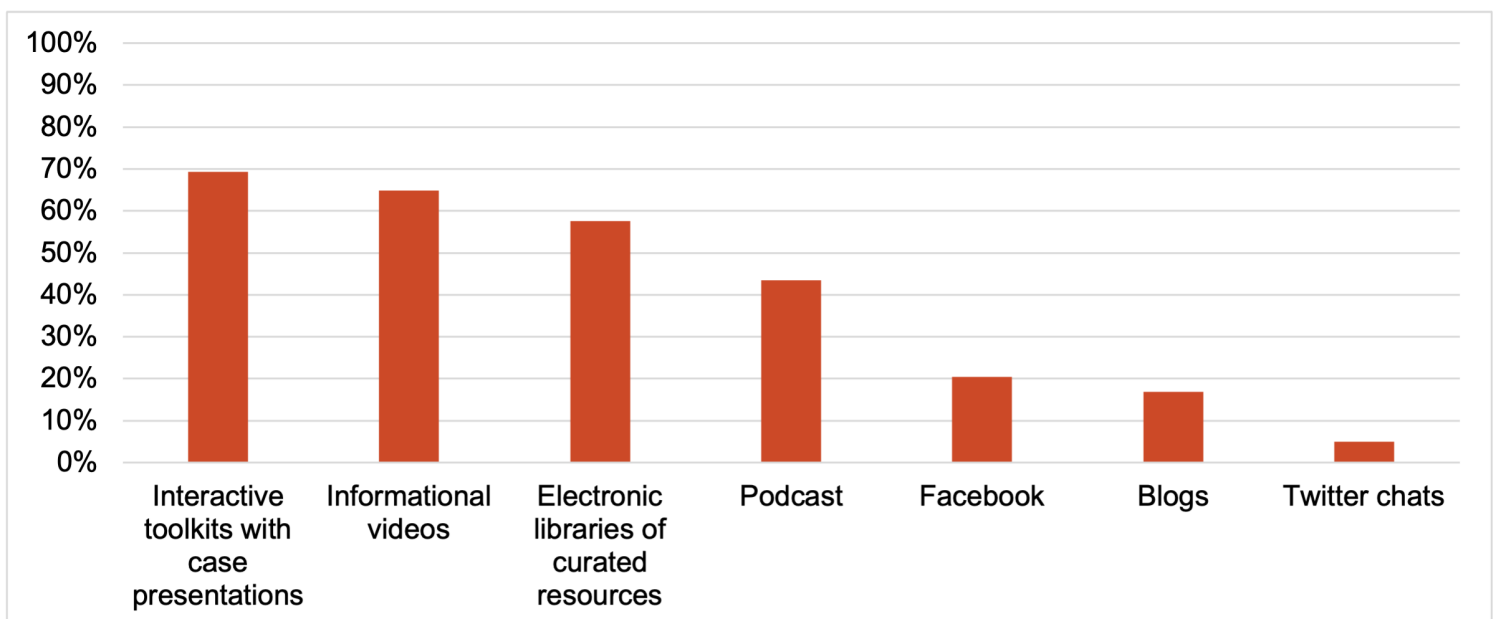
49%

Respondents preferred 60-90 minute sessions when TA is virtual

70%

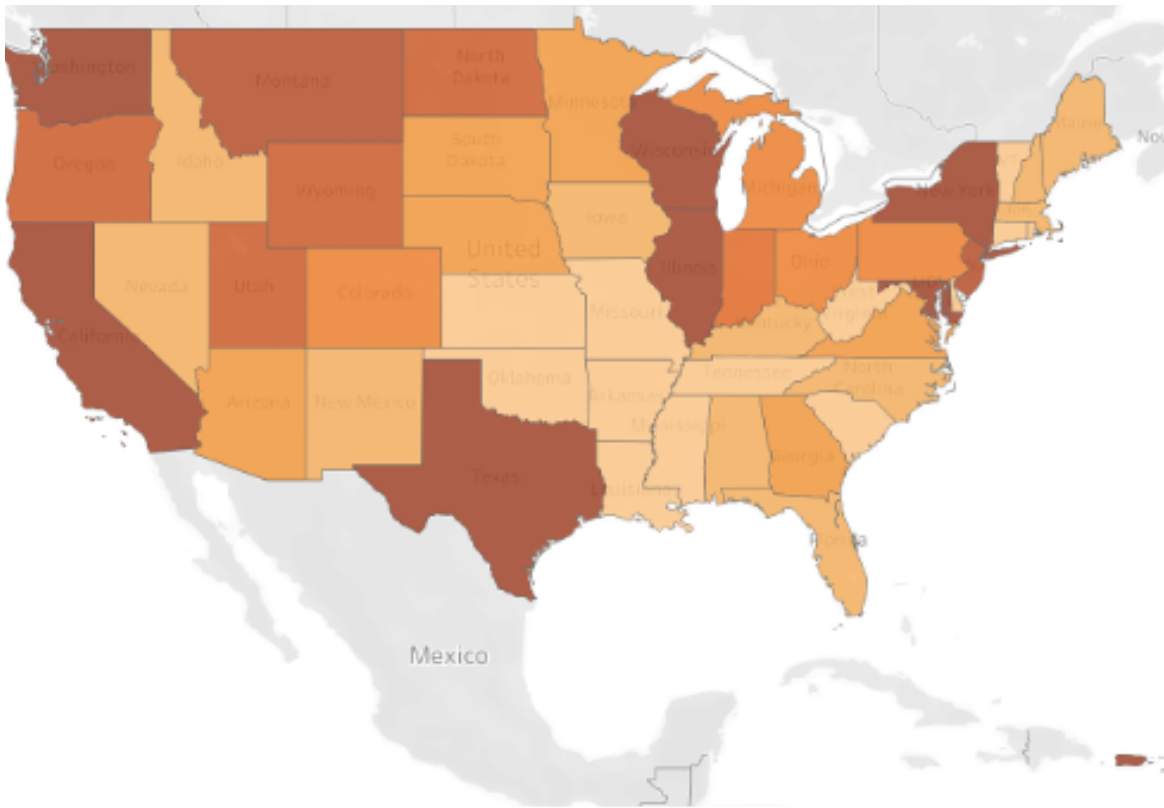Respondents preferred full-day or half-day sessions when TA is in-person

DISSEMINATING INFORMATION ABOUT EVIDENCE-BASED PRACTICES

Respondents selected their preferred methods to receive information
about evidence-based practices

Bar chart showing preferred methods (approximate values):
- Interactive toolkits with case presentations: ~70%
- Informational videos: ~65%
- Electronic libraries of curated resources: ~58%
- Podcast: ~44%
- Facebook: ~21%
- Blogs: ~17%
- Twitter chats: ~5%

WHO COMPLETED THE MHTTC NEEDS ASSESSMENT?

RESPONDENTS' LOCATION

Hawaii and Pacific Jurisdictions (American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, and Palau)

Number of Responses
- 0-19
- 20-39
- 40-59
- 60-79
- 80-99
- 100-119
- 120-139
- >140
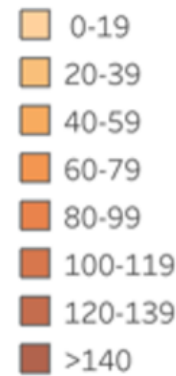
DEMOGRAPHICS

2321 respondents

Female	80.4%
Male	16.7%
Non-binary/ Genderqueer	0.9%
Prefer not to answer	2.0%

Transgender	2.1%
Cisgender	97.3%
Prefer not to answer	0.7%

White	67.7%
Hispanic/Latinx	14.8%
Black or African American	13.4%
American Indian	3.9%
Asian	3.8%
Other Pacific Islander	2.7%
Alaska Native	0.6%
Native Hawaiian	0.4%
Other	1.3%

18-29	5.8%
30-39	18.2%
40-49	27.5%
50-59	27.8%
60+	20.6%

ROLE IN TA DECISION-MAKING

Decision-making authority	22.4%
Significant influence on decisions	31.2%
Limited influence in decision-making	46.4%

FIELD OF WORK

Behavioral health	54.2%
Education	14.4%
Social services	10.9%
Peer/recovery support	7.3%
Medical care	3.0%
Other	10.2%

WORK LOCATION*

Urban	47.0%
Rural	46.5%
Suburban	34.4%
Frontier	9.7%
Tribal	12.4%

*Percents do not round to 100. Item was check all that apply.

MENTAL HEALTH

SUMMARY & IMPLICATIONS

- **Technical assistance needs**
  - Our results reflect the:
    - National focus on culturally responsive care, racism and discrimination, and health equity.
    - Continued need for integrated care for co-occurring disorders.
    - Effect of the ongoing pandemic on the nation's mental health (e.g., mental health awareness and literacy, trauma treatment and trauma informed care, crisis services, grief/loss/bereavement), including well-being supports and services for mental health and health care workers, educators, and family and other caregivers.
  - MHTTCs already provide technical assistance on all of the identified topics - see our searchable Training and Events Calendar - but may want to increase efforts in these areas and consider national projects that could then be tailored for more intensive technical assistance at the regional or population specific levels.
  - SAMHSA may want to consider developing or increasing funding for technical assistance on the most endorsed topics, and develop services grant programs targeting these areas.

- **Technical assistance and information dissemination preferences**
  - Despite the continuing pandemic, organizations remain committed to participating in technical assistance and increasing use of evidence-based practices.
  - MHTTCs should continue to design technical assistance based on project goals, research on the evidence-based practice, and effective technical assistance/implementation strategies, while considering recipients' resource and workforce constraints and preferences (e.g., timing and length of services).
  - Dissemination of information about evidence-based practices is a necessary but not sufficient step toward practice change. MHTTCs already develop in-depth products and resources - see our searchable Products & Resources Catalog and our MHTTC Podcasts page - but may want to further focus efforts on these strategies.

QUESTIONS?

Contact your Regional Center or National Focus Area Center
Visit www.MHTTCnetwork.org and click on 'Your MHTTC'

You may also contact the MHTTC Network Coordinating Office
at networkoffice@mhttcnetwork.org

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