



# Year One *Annual Report*



New England (HHS Region 1)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**D**uring Year One (August 2018 to August 2019), we have focused on building relationships with key stakeholders in the New England region (Region 1), deepening our understanding of the region's needs, and developing high-quality training and technical assistance products to promote the dissemination of evidence-based practices.

## **Our Focus: Recovery-Oriented Practices**

To inaugurate this Center, with its core focus on the provision of recovery-oriented practices within the context of recovery-oriented systems of care, we developed a set of principles to guide our work. This set of principles was based on an integration of the core characteristics of wrap-around services for children/youth and families, as defined by the National Wraparound Initiative,<sup>1</sup> and recovery-oriented care, as defined by the U.S. Substance Abuse and Mental Health Services Administration.<sup>2</sup>

## Our Principles



## Beginnings

To establish the New England MHTTC, we focused on key start-up activities that included:

**Convening the New England Advisory Team (NEAT):** We established the New England Advisory Team (NEAT) to guide and give feedback on our work, provide input into the future direction of the New England MHTTC, and to enable our Center to benefit from the collective lived and learned expertise of our stakeholders.

**Creating a Website:** With support from the MHTTC National Coordinating Office we created a New England MHTTC website and have posted numerous articles, resources, events, and other information over the course of Year 1.

**Establishing Online Communication Tools:** We sent six newsletters and have grown our email list from zero to approximately 300 people in that time period, with a newsletter open rate of 39%. We are growing our social media presence on Twitter and LinkedIn, in addition to creating supporting materials (e.g., brochures, flyers, templates) for the team to use in their outreach.

### Follow New England MHTTC on Social Media



@NE\_MHTTC



[linkedin.com/company/new-england-mhttc/](https://www.linkedin.com/company/new-england-mhttc/)



## Regional Strengths and Challenges

To deepen our understanding of the strengths, needs, opportunities, and challenges facing mental health providers in the region, we conducted a strengths inventory and needs assessment. We interviewed 40 people across the region about the current status of mental health services, mental health workforce development resources and needs, and the prevalence of evidence-based practices and barriers to their implementation in New England. Stakeholders included people in recovery, family members, mental health providers (including peer providers), program and agency administrators, and state agency leaders. These findings have helped us set priorities and have guided our activities.

### Existing Strengths for the New England Region

- Most states have Assertive Community Treatment Teams, and this is one of the few evidence-based practices for which they can maintain an acceptable degree of fidelity.
- The region has several sources of training and technical assistance already in place, including multiple medical schools, national technical assistance center for youth, centers of excellence, and managed care companies that already offer some forms of training and technical assistance. New England MHTTC efforts should not duplicate these existing resources but should rather complement them. In addition, development and dissemination of training and technical assistance need to be carried out in partnership with the communities who will be using them, so that they will be relevant, responsive, and effective.

**Forming Partnerships:** During our first year we established collaborations with project partners, travelling to each New England state to build relationships across the region with local stakeholders. We contacted each of the Behavioral Health authorities within the region to find out about each state's needs, priorities, and ways in which we can be most supportive, and our trainings and technical assistance most responsive, to the needs of the region. To promote coordination and avoid duplication, the New England MHTTC has established active collaborations with the New England ATTC and the New England PTTC.

**Engaging Communities of Color:** One of our priorities has been to engage and outreach to communities of color in the New England region. To that end, we have partnered with the Latino/Hispanic MHTTC on adapting person-centered recovery planning for monolingual Spanish speakers. We also co-sponsored a one-day conference on Mental Health and Millennials of Color at the University of Massachusetts Boston.

- There has been a significant increase in the training and hiring of peer staff over the last several years. More attention could be paid to supervision, retention, and integration of these staff to maximize their effectiveness.
- Significant attention has been given to increasing suicide rates, especially among youth. Actual suicide prevention efforts are uneven across the region, however, and should be strengthened, including focusing more on adults as well as youth.
- There are additional impediments to workforce development efforts, including high staff turnover due, in part, to low pay; difficulties agencies face in freeing up direct care staff to attend what in-person trainings are offered; and a heavy reliance on webinars which are insufficient to building provider competencies. While webinars and other online trainings can address certain basic educational needs, they typically need to be followed-up by face-to-face training for the development of advanced skills.

## Priority Needs for the New England Region

- There appears to be a mismatch between how providers are being trained in graduate and professional schools and the realities and demands they face upon graduation. This lack of preparation for community-based practice puts pressure on states to do more initial, basic training, but such resources have dwindled through state budget cuts, leaving little financial support for training, supervision, or maintaining fidelity to EBPs. There is thus a pressing need for equipping new hires, along with veteran staff, with the clinical and rehabilitative skills required for working with persons with serious mental illnesses on community-based teams (as opposed to office-based practice with people who have less severe conditions). These are best fostered through hands-on role modeling in the field and regular supervision.
- More work needs to be done in engendering cultural humility and increasing the cultural responsiveness of services to address enduring disparities in access, quality of care, and outcomes for communities of color, including Native American tribal communities.
- Despite a decade of efforts to incorporate a recovery orientation, systems remain heavily oriented to hospital-based, symptom-focused, and clinically-oriented practices, with little focus on strengths, recovery supports, or person- and family-centered care planning.
- Systems need more alternatives to emergency departments and hospitals, including peer-run respite programs. Early intervention programs need better marketing and increased engaged with youth and families to enable connections with people prior to their requiring hospitalization.

## Targeted Focus: Suicide Prevention

In addition to the broad strengths inventory and needs assessment described above, we also conducted outreach to over 40 suicide prevention organizations in the region. Our goals were to understand the scope of services provided, the roles peers played in those services, and where New England MHTTC might be of support. As part of this effort, we convened an in-person symposium entitled *Defining the Peer Workforce in New England and Exploring their Roles in Transitions of Care*. The face-to-face kick off meeting took place in June 2019 and was open to communities in New England who are committed to the work of suicide prevention.



## Training and Technical Assistance

We offered universal, targeted, and intensive T/TA in the following areas during Year 1:

**Early Psychosis:** The Early Psychosis Learning Collaborative (EPLC) is a group of practitioners dedicated to learning about and implementing evidence-based practices for working with people in the early stages of psychosis. The collaborative engages members by providing webinars, consultation calls, clinical briefs and in-person trainings, as well as through regular e-mail communications and updates, networking, surveying the group on T/TA needs (regarding both topics and methods for T/TA), assessing learning, and by facilitating discussion between programs and agencies across New England in order to disseminate knowledge of evidence-based practice for early psychosis. In Y1, we recruited 35 members, and 23 of these members represent the six New England states. Members include a mix of clinicians and administrators who are interested in increasing knowledge and expertise with evidence-based practice for early psychosis. The learning collaborative was launched with the conference titled: *“First Episode Psychosis — the Why, What, and How of Implementing Evidence-Based Practice.”* This conference was designed to foster alliances among culturally diverse practitioners and users of mental health services through the Early Psychosis Learning Collaborative. The EPLC has hosted multiple online events, including:

- Acceptance and Commitment Therapy for Early Psychosis (webinar)
- Affirming Gender Identity in Clinical Practice (webinar)
- Psychopharmacology Consultation Line (online event)

The team has also developed *School and Work Coaching for Youth at Clinical High Risk for Psychosis*, a clinical brief that is available for download on our website.

### Evidence-Based, Recovery-Oriented Practices:

We hosted webcasts focused on evidence-based and recovery-oriented practices, including:

- EBP webcast series:
  - » SBIRT for Youth
  - » Motivational Interviewing to Support Recovery
  - » What Is Trauma-Informed Care and Why Does It Matter?
  - » Trauma-Informed Care in the Context of Recovery-Oriented Approaches
  - » How to Implement Trauma-informed Care
- Person-centered Recovery Planning: Implementation Series (two parts)
- Financial Health & Mental Health: Making the Connection

We also co-sponsored the International Recovery and Citizenship Collective (IRCC) 2019 Symposium: *Recovering Citizenship III: Boundary Crossings: Systems, Communities, and Expertise in New Haven, CT.*

All of the online events described above are archived on our website.

## School Mental Health Initiative

To support mental health in school-based settings, we established the **Childhood-Trauma Learning Collaborative (C-TLC)** and selected 24 educators to serve as C-TLC Fellows. The Fellows are a diverse group of educational leaders—including assistant superintendents, principals and assistant principals, school psychologists and counselors, social workers, and teachers. C-TLC Fellows serve as local champions who support the dissemination of trauma-informed, child-centered interventions that improve resilience, learning and achievement for children who have experienced trauma. Additionally, the C-TLC provided technical assistance and support to 101 schools in New England. Technical assistance is provided to the 24 Fellows and their home schools and schools that independently joined the C-TLC. The C-TLC hosted a Kick-off Meeting in April 2019, which highlighted the complexities behind the effects of trauma on child development and learning. Presenters delivered high quality professional development, provided an overview of the effect of trauma in schools on both students and educators, and introduced the most recent research about trauma and child development.

**Promoting Social Emotional Learning.** A signature component of the C-TLC is the S-CCATE (School Compassionate Culture Analytic Tool for Educators), a nationally-validated tool to enhance social emotional learning. To date, 1,112 S-CCATE responses from districts/schools in the New England area have been recorded and analyzed. Each school whose staff completes the S-CCATE receives their scores on five factors related to their school climate, with comparisons to the New England group norm and/or national norm. In the reports, schools received graphics and recommendations for professional

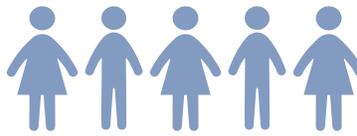
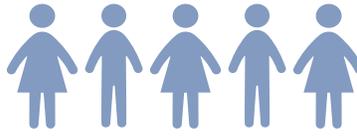
development opportunities, programs, interventions, etc. to address their areas of growth.

**Webcast Series.** The C-TLC webinar series has focused on mental health support in educational settings and offers an opportunity for educators to engage with nationally recognized speakers highlighting evidence-based, trauma-informed practices and interventions that strengthen mental health supports that address the needs of at-risk children, including the neurobiology of trauma, mindfulness and heart centered learning to facilitate compassionate school cultures, understanding inequity and justice, the importance of community building, and early interventions for vulnerable and at-risk students.

**Online Community.** The C-TLC has developed a robust online community that has become the “go-to” hub for Fellows, educators, school staff, and mental health professionals at all levels using the web-based project management tool, Basecamp. The hub features curated, evidence-based resources on school mental health and school culture. Topic-based Basecamp Teams focus on a range of interventions and solutions, for example – building confidence and positivity, how to approach and develop collaborations with state Departments of Education around mental health support, equity in education, mindfulness practices, and teen suicide prevention – just to name a few. We are pleased with the growth and development of this pivotal platform in that it supports our information dissemination efforts, provides an online forum for peer networking and sharing, and allows us to respond quickly to questions about childhood trauma, youth mental health, and building compassionate school communities. Our Basecamp platform also promotes relevant events where C-TLC members can access online and in person learning and networking opportunities on a variety of topics.

## By the Numbers

Hosted  
**23** EVENTS  
 with  
**772**  
 PEOPLE


 17 online and  

 6 face-to-face

Granted  
**441**  
 CEU CREDITS  
 representing  
**77** contact hours



Selected  
**24** C-TLC  
 FELLOWS  
 to serve as local  
**CHAMPIONS**  
 in their school systems

Convened  
**35** PEOPLE  
 in the **EARLY PSYCHOSIS  
 LEARNING COMMUNITY  
 (EPLC)**

Reached  
**10,000+**  
**EDUCATORS  
 VIA THE C-TLC**  
 online newsletter

## Future Directions

Over the course of the next year, we will continue to deepen our efforts on the initiatives described above. We will also launch our children’s mental health initiative, conduct a needs assessment that focuses on the needs of Native American/ tribal communities, expand our work in Hispanic and Latino communities, and host Yale’s LET(s) Lead: Lived Experience Transformational Leadership Virtual Academy.

If you are interested in collaborating with the New England MHTTC, please reach out to us by email: [newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org).

### Endnotes

1. Bruns, E. J., Walker, J. S., & The National Wraparound Initiative Advisory Group. (2008). Ten principles of the wraparound process. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children’s Mental Health.
2. Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA’s 10 guiding principles of recovery*. Rockville, MD: Substance Abuse and Mental Health Services Administration.