



Year Three *Annual Report*



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The New England Mental Health Technology Transfer Center (New England MHTTC) provides training and technical assistance for the mental health workforce and promotes recovery-oriented care, services, supports, and systems for people with mental health needs and their families. Led by Yale University's Program for Recovery and Community Health, our team includes faculty and staff from Harvard University's Department of Psychiatry, C4 Innovations, and the Center for Educational Improvement.

Throughout Year Three, the New England MHTTC continued to provide training and technical assistance focused on moving behavioral health providers and systems “beyond an acute care model to better meet the needs of persons with prolonged mental illness and /or substance use disorder (SUD)” (Davidson et al., 2021). We engaged leaders with lived experience and convened experts in peer support and crisis services to share promising practices. With our partners, we deepened our focus on equity and improving services and supports for Black, Indigenous, and People of Color (BIPOC) across our region. We explored the roles that faith, spirituality, and culture play in mental health, recovery, and resilience. We examined workforce needs and compiled resources to support worker well-being through the COVID-19 pandemic and beyond. This report describes these efforts and more.

Wellness Initiative

Supporting One Another During the COVID-19 Pandemic

The COVID-19 pandemic continues to take a terrible toll on individuals and communities across New England. Our Center prioritized opportunities to connect individuals and organizations with resources to support resilience throughout the year. We created a series of [podcasts](#) focusing on topics such as cultivating intentional resilience for Native children and families; parenting in recovery; and learning how people in recovery from mental illness can support others coping with the isolation, stress, and mental challenges of COVID-19. We continued our *Let's Talk About Resilience* virtual conversation series, and hosted events centered on different aspects of mental health and COVID-19, including:

- *Yoga for Stress-Related Mental Health Consequences of the COVID-19 Pandemic* (2 parts)
- *Sharing Our Wisdom: Lived Experience and COVID-19*
- *Music and Wellness: Benefits of Engaging with Music and Promotion of Positive Mental Health*

These events and more are available on the [New England MHTTC website](#).

Supporting Our Workforce

People working in behavioral health strive to meet the ever-increasing needs of others while also caring for themselves and their families. As the behavioral health workforce shortage in our region worsens, many workers who remain find themselves overburdened and overwhelmed. Self-care is essential, especially during periods of heightened stress. The New England MHTTC developed and distributed resources promoting self-care strategies such as meditation and mindfulness, and hosted webinars on sustaining hope and practicing self-compassion. We also recognized the need to educate employers about how they can promote worker well-being by eliminating unnecessary tasks, improving communication, offering scheduling flexibility, and responding to workers' needs. The New England MHTTC launched its Organizational Well-being Initiative to help organizational leaders learn how to support their workers, especially BIPOC workers who experience persistent racial inequities within the workplace and larger society, and whose communities have been disproportionately affected by the pandemic.

We conducted an environmental scan to identify concrete actions employers could take to support employee well-being. Through multiple searches, our team gathered extensive resources and reviewed them for relevancy and usefulness.

We curated a list of the most relevant, useful publications and multimedia products. These resources offer information, practices, and policies that workplaces can adopt to better support employee well-being. We organized these resources into four categories:

- Understanding the effects of COVID-19 on employees and organizations
- Organizational strategies for all employers
- Resources specific to employers in the behavioral health sector
- Frameworks and lessons learned from the healthcare sector

Our team completed the scan in spring of 2021 and disseminated our findings in these ways:

- Running an article in our monthly [eNewsletter](#), *MHTTC Pathways*
- Presenting “*Beyond Self-Care: Organizational Strategies and Practices for Supporting Employee Well-Being*” at the 52nd Annual New England Summer School of Addiction and Prevention Studies, hosted by AdCare Educational Institute
- Hosting a two-part webinar series
 - » [Workplace Wellness: Improving the Quality of Providing Care](#)
 - » [Organizational Restructure to Promote BIPOC Employees’ Well-Being](#)

Honoring Spirituality as a Pathway Toward Healing and Wellness

During the COVID-19 pandemic, many individuals and communities explored more personal and collective connections with spiritual, faith, and religious resources as coping mechanisms. Our Center conducted a three-part series entitled *Spirituality, Faith, and Religion: Creating a Time and*



Supporting Tribal Healthcare Providers and Practitioners

The COVID-19 pandemic brought enormous anxiety and fear into many tribal communities. Tribal healthcare providers needed to assume expanded and urgent responsibilities. The physical isolation of many tribal community members meant that they were unable to take part in their traditional gatherings, dances, and ceremonies. Many tribal families lost relatives and friends to COVID-19 or other tragedies, bringing new levels of grief to their communities. Participants deemed the New England MHTTC’s *Spirituality, Faith, and Religion* series session focused on Native spirituality to be so valuable that they requested an ongoing convening so that they could continue learning and sharing with one another. In response, our Center launched a new series for tribal healthcare providers and practitioners: *Creating Time and Space for Trauma Recovery and Wellness*.

“For many of us, it was hard for us to see ourselves as leaders at the beginning of this. Through the process, we cultivated that confidence in ourselves; I know I have. I’ve been able to see how my story and my lived experience is able to impact others in the work that I do.” — *Fellow Char’Dornne Bussue*

Space for Connection, Wellness, and Hope. Our intention was to acknowledge and support spiritual practices as a tool for healthcare professionals, patients, family, and communities to reconnect with themselves, provide the most comprehensive care possible, benefit from spiritual practice, build social support, and share stories of hope and resilience. Panelists across multiple faith traditions and backgrounds gathered to discuss these and other issues. For example, in an [online panel discussion](#) facilitated by New England MHTTC team member Holly Echo-Hawk (Pawnee), we brought together Native spiritual and cultural leaders to honor the bravery of Indigenous healthcare providers and community members, and to discuss how Native spirituality can support Native people’s ability to regain health and balance.

Empowering Emerging Leaders with Lived Experience Throughout New England

Yale LET(s)Lead Academy Learning Community

Leaders with lived experience are an integral part of recovery-oriented systems. In Year Three, the New England MHTTC supported emerging leaders with lived experience of recovery through our regional [LET\(s\)Lead Academy Learning Community](#).

In partnership with the Yale Program for Recovery and Community Health and led by Chyrell Bellamy

and Maria E. Restrepo-Toro, our Center’s LET(s) Lead Academy engaged emerging leaders with lived experience of recovery across New England in an intensive fellowship. Fellows spent 10 weeks engaged in weekly seminars that explored topics such as developing a personal vision and learning about transformational change; appreciative inquiry and leadership strategy; and change management. In the words of Fellow Char’Dornne Bussue:

“LET(s)Lead has been an amazing journey over the past few months . . . it built somewhat of a community for me. For many of us, it was hard for us to see ourselves as leaders at the beginning of this. Through the process, we cultivated that confidence in ourselves; I know I have. I’ve been able to see how my story and my lived experience is able to impact others in the work that I do.”

We matched each Fellow with a mentor who had national or international experience, lived experience, and sector-specific knowledge. In addition to attending weekly seminars, for six months, Fellows met regularly with mentors, and convened as a full learning community once monthly to discuss the progress they were making on their projects. Mentors joined New England MHTTC staff and Fellows’ family and friends for a graduation ceremony in April 2021. The New England MHTTC continues to support the [transformational change projects](#) these Fellows designed to bring about systems change in the behavioral health field.

Expanding Access to Peer Support for People Experiencing Crisis

SAMHSA's 2020 [National Guidelines for Behavioral Health Crisis Care](#) describes the value of peer supports in each core element of crisis systems: crisis call centers, mobile crisis response, and crisis receiving and stabilization services. The New England MHTTC engaged in a series of activities in Year Three focused on spreading knowledge about peer support for people experiencing crisis and building organizational capacity to deliver peer support within the crisis continuum. We helped state leaders learn about promising approaches to integrating family peer support within crisis systems, and promoted resources through our monthly eNewsletter.

We developed three webinars on this topic, including one delivered in partnership with the Pacific Southwest and Northwest MHTTCs. These sessions included presentations from peer specialists on various models and approaches, including peer-run warm lines as part of a comprehensive crisis support system, Intentional Peer Support, and making connections between peer support services and traditional, medically oriented crisis services.

Our Center also engaged experts from across the country in identifying roles and competencies for peer workers supporting people during crisis. We convened an expert panel titled *Peer Roles in Crisis Services*. The panel's objectives were to:

- Describe the roles that peer support workers perform or could perform in supporting people experiencing crisis
- Describe the critical competencies that peer workers use to support people experiencing crisis
- Identify current barriers to integrating peer support as an essential service for people experiencing crisis

Lessons learned from this panel will shape our Center's continued work to identify core competencies for peer support practitioners who work within the crisis care continuum.

Better Together: Engaging BIPOC communities across New England

During Year Three, the New England MHTTC prioritized outreach to BIPOC individuals and communities to strengthen our efforts to engage and serve communities of color in a consistent, practical way. This outreach initiative included these features:

- Feedback opportunities, including listening sessions, surveys, and interviews, to help us gather and distill the needs and perspectives of diverse individuals and communities in New England.
- A landscape scan to identify active organizations in recovery-oriented practice with specific initiatives that support individuals and communities of color.
- Development of the [Racial Equity and Advancing Cultural Humility \(REACH\) for Organizational Change Learning Collaborative](#).

The New England MHTTC also offered learning opportunities that focused on supporting BIPOC and Latinx communities.

Wellness and Mental Health Among Hispanic/Latinx Communities

In partnership with the National Hispanic and Latino MHTTC and others, we hosted numerous webinars and compassionate conversations that focused on promoting culturally relevant and recovery-oriented services to Latinx/Hispanic people while addressing the stigma of having a diagnosis of a mental disorder. These events

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A Portuguese-language card.

included positive wellness practices for families; opportunities for exchanging both positive and negative experiences; and time to ask questions about how to discuss mental health and well-being with their partners, children, parents, and other family members. We translated products from these webinars into Spanish and Portuguese.

In addition, our Center and the National Hispanic and Latino MHTTC created a campaign about recovery for the Latinx community and mental health workers. We developed a series of cards featuring a culturally inspired message of encouragement and hope. These cards included an explanation of the importance of culture in the recovery process and overall wellness. You can [download](#) the cards, which are available in English, Spanish, and Portuguese, from our website.

Supporting the Mental Health and Well-being of BIPOC Students at Community Colleges

Our region is home to more than 250 colleges, serving more than 800,000 undergraduate students. A sizable and growing number of these students have mental health needs, and students of color are less likely than their peers to seek help from professionals when they are struggling. As students, faculty, and staff across the region grapple with unprecedented stressors and demands related to the pandemic, meeting the challenge of supporting students most in need on campuses with the most limited resources is more critical than ever before. In February and May 2021, we brought together stakeholders from around the region to:

- Explore strategies for supporting BIPOC community college students in meeting their survival needs and accessing mental health care and support;
- Identify shared challenges and priorities for supporting students;
- Establish or deepen connections with others in similar roles; and
- Help the New England MHTTC develop training and technical assistance activities that will address priority needs.

During these two gatherings, we explored key challenges in supporting BIPOC community college students. We also brainstormed ideas, identified best practices, and compiled [resources](#) to foster ongoing learning.



Four clinical briefs, based on the needs of EPLC members, from left to right: Cognitive Remediation Therapy in Early Psychosis, Interventions for Youth at Risk for Psychosis, Supporting Young People at Risk for Psychosis Through Telehealth, and Screening for Psychosis Spectrum Symptoms.

Building Capacity to Support People Experiencing Early Psychosis

Early Psychosis Learning Collaborative (EPLC)

Our Year Three EPLC efforts focused on various aspects of cultural competence, hosting events and creating resources on understanding and treating mental illness from various perspectives (e.g., Indigenous, Hispanic/Latinx, Asian). We also continued supporting the region’s workforce in understanding aspects of early psychosis assessment, treatment, and support. These efforts brought together clinicians, administrators, and

others interested in collaborating and building workforce capacity to understand psychosis.

In addition, our Center developed these clinical briefs:

- Cognitive Remediation Therapy in Early Psychosis
- Interventions for Youth at Risk for Psychosis
- Supporting Young People at Risk for Psychosis through Telehealth
- Screening for Psychosis Spectrum Symptoms

These print resources offer accessible, on-demand information for clinicians and others working to support people at risk for or experiencing early psychosis.

School Mental Health Initiative

School Mental Health Initiative: Childhood-Trauma Learning Collaborative (C-TLC)

Through our C-TLC, the New England MHTTC offered numerous professional development opportunities for school staff and mental health professionals, including:

- Our *Compassionate Conversations in Schools* series;
- Affinity groups;
- A *Compassionate School Practices* book study; and
- Our C-TLC webinar series

We focused on helping families navigate therapy, optimizing child-serving systems, spotlighting the development and implementation of children’s mobile crisis teams, and creating resources for the field. We also hosted the third annual meeting of Fellows. The Compassionate School Mental Health (CSMH) Model for schools addresses prevention, implementing supports for children, building student resiliency, and developing protective factors.

In Year Three, the C-TLC created a video training library to provide school staff and agency and nonprofit leaders with the opportunity to self-select what they wanted to learn from our extensive directory of resources. In addition to helping individual learners achieve personal and professional goals, our virtual training library offers free and flexible professional development opportunities for schools, agencies, nonprofit organizations, and individual practitioners supporting student and staff mental health and well-being in New England.

Resources from the C-TLC video training library



Equity in Education: Learn more about innovative programs, practical recommendations, and whole-community resources to help you vision and plan for equitable and inclusive learning communities.



Parenting with Compassion: Access information on helping families understand how trauma impacts children and how families can help alleviate trauma through increased interactions between schools and families.



Leadership & Compassionate Schools: Help your school/district vision for and create a compassionate culture using practical strategies for engaging parents and communities, by gaining a deeper understanding of trauma and mental health concerns, and learning ways to support student and staff well-being.

During the 2020–2021 school year, we expanded our program to include a class of Junior Fellows—more district and school staff members, as well as mental health and community organization-based members—committed to advancing compassionate school practices that address and reduce childhood trauma.

C–TLC Fellows

The C–TLC Fellows are a diverse group of educational leaders and mental health professionals who disseminate trauma-skilled, child-centered resources that improve resilience, learning, and achievement for children who have experienced or are at risk of experiencing trauma. As local ambassadors, C–TLC Fellows help school staff to vision, plan, and monitor implementation of compassionate practices. C–TLC welcomed its inaugural class of Fellows in the spring of 2019 with initial community-building and knowledge-dissemination sessions, virtually and in-person. Training and collaborative learning activities with these 24 district and school administrators, psychologists, social workers, and other educators continued through that summer and into the 2019–2020 school year.

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Year Three Fellowship implementation activities centered on:

- Visioning for the future of education and mental health support services for children and youth

- Alleviating trauma and addressing racial disparities and injustice
- Building leadership capacity to further a compassionate response to mental health concerns
- Fostering self-care and community care
- Implementing Heart Centered Learning with a CSMH Model

Starting in Year four of C–TLC, Senior Fellows will become C–TLC Ambassadors, helping staff to present at conferences, disseminating resources, and meeting with state leaders to bring trauma-informed, compassionate school practices to the region’s districts. Junior Fellows are graduating to become Senior Fellows who will continue to engage in training and technical assistance opportunities. We expanded our C–TLC Membership opportunity to include any school personnel in New England, as well as behavioral health and community-based organization staff who work with youth. We will invite these members to participate in training and technical assistance opportunities alongside Senior Fellows; we will invite Senior Fellows to offer guidance and advice.

Healthcare workers and Educators Addressing and Reducing Trauma Collective

The HEART Collective was developed as part of a technical assistance request to the New England MHTTC from the Health Resources and Services Administration and SAMHSA to enhance collaborations between community health centers

and schools to support positive mental health and well-being for youth in a school-based setting.

From September 2020 to January 2021, the HEART Committee—a group of New England leaders in community health care, education, and with lived experience of mental health challenges—met regularly to discuss the barriers to collaboration and brainstorm ways to better support the staff involved in these collaborations.

Through conversation and feedback cycles, our regional effort to help school communities and Federally Qualified Health Centers collaborate intentionally and concretely around best practices that enhance and improve youth mental health supports, evolved into the HEART Collective. The HEART Collective will develop a host of resources in the coming years, including tip sheets, a learning community for schools and healthcare centers, a public health campaign—including a website—to promote best practices, and a self-directed online course available to schools and health centers around the United States.

Implementing Person-Centered Recovery Planning

Person-centered care is a strengths-based process that prioritizes the needs, goals, resources, and experiences of the person receiving care throughout all aspects of care. Person-centered recovery planning (PCRP) is an ongoing process of collaboration between an individual and their professional providers and natural supporters that aligns with the individual’s preferences and results in the co-creation of a recovery-oriented care plan.

The New England MHTTC convened a Person-Centered Recovery Planning Learning Collaborative from December 2019 until April

2021. Through a formal application process, the team selected five behavioral health organizations representing the states of Maine, New Hampshire, and Rhode Island to be part of the Collaborative. Each agency convened a change team to attend a series of knowledge-dissemination webinars, a 2-day in-person training, individual agency and small group technical assistance sessions, and whole group learning and discussion sessions over the course of the learning collaborative.

We encouraged participating agencies to recruit four to six individuals for their change team who would represent the following roles:

- clinical supervisor or team lead
- direct support practitioner
- quality monitoring representative
- person in recovery
- peer supporter
- rehabilitation specialist
- cultural competence representative
- agency executive leadership
- project-specific personnel (e.g., information technology specialists if an agency was interested in redesigning assessment and planning templates within their electronic health record).

The number and type of active participants from each learning collaborative agency varied. This was especially evident once the COVID-19 pandemic required agencies to quickly pivot service delivery to an online telehealth model. Agencies entered and left the learning collaborative with varying degrees of change in their use of PCRP practice due to a variety of factors discussed in our [report](#), *Promoting Person-Centered Planning within New England Through Learning Collaborative Supports: From Theory to Practice*.

The implementation of a complex recovery-oriented practice such as PCRP requires attention to multiple aspects of the change process, including overall agency culture, stakeholder competencies in PCRP, and organizational business practices. Attention to all areas is necessary to get traction and to advance the practice of PCRP. This learning collaborative has been an opportunity to demonstrate how these factors come together and demonstrate to the mental health field potential best practices for similar implementation programs.

Join Our Network

Throughout Year Three, the efforts of our New England MHTTC expanded and deepened. We hosted a combined 82 meetings, trainings, and technical assistance events, reaching more than 4,000 people. We granted 113 CEU certificates, representing 233.5 contact hours of learning activity. Participants in our TA events shared very positive feedback with us through surveys this year. More than 94% of the people who completed satisfaction surveys reported that they were either satisfied or very satisfied, and 96% reported that they would recommend our events to their colleagues.

We look forward to continuing our work in the years to come, and we welcome opportunities to strengthen existing partnerships and develop new ones. Please email us at newengland@mhttcnetwork.org to tell us about your work, learn more about ours, and explore opportunities to support the mental health workforce and advance recovery-oriented services and supports throughout New England. We look forward to hearing from you!

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OUR TA EVENTS



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To learn more about the initiatives and resources highlighted here, visit the [New England MHTTC website](#).

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Endnotes

1. Davidson, L.; Rowe, M.; DiLeo, P.; Bellamy, C.; & Delphin-Rittmon, M.: Recovery-oriented systems of care: A perspective on the past, present, and future. *Alcohol Research: Current Reviews*, 2021, 41(1): 9.