



Northwest MHTTC Advisory Board Meeting Summary September 21, 2022

SAMHSA / Regional Updates

1. Lois Gillmore, Assistant Regional Administrator & Grant Officer, Region 10: SAMHSA is currently examining all TTC work plans for Year 5 and addressing questions about grants. No updates yet about SAMHSA's TTC listening sessions this fall. SAMHSA recently released some confusing info on grants, and they will be addressing that soon.
2. Eric Boyer, Alaska Mental Health Trust Authority: currently conducting a study in Alaska to evaluate the utilization of ERs by youth and children, their presenting BH issue, and length of stay.
3. Davis Patterson, WWAMI Rural Health Research Center: [Access to and Provision of Child and Youth Behavioral Health Services in the Rural and Urban U.S.](#) Anticipated completion date: August 2023.

MHTTC Network Updates

1. SAMHSA will be hosting listening sessions for the TTCs this fall.
 - a. All three of the TTCs are up for renewal next year.
 - b. SAMHSA is offering these listening sessions to get feedback on what your experience has been like and how helpful the products have been across the TTC network.
2. Our year 5 workplan is due next week.
3. The number of products and resources we have produced and acquired is starting to get overwhelming. We are beginning to filter and organize these items so they are easier to find and use.
4. Changes in Northwest MHTTC staff and faculty:
 - a. Dr. Sarah Kopelovich has rejoined our center as faculty at 10% FTE.
 - b. Dr. Akansha Vaswani-Bye has joined our center as faculty.
 - c. Kristen Hiatt, our program coordinator, is moving to full time on October 1, 2022.
 - d. We will be hiring a new data coordinator soon.

Year 4 Northwest MHTTC Highlights

1. Data
 - a. We had 41,026 participants in total for Year 4.
 - b. We continue to see primarily female participants. The ethnicity and racial makeup of participants diversified in comparison to previous years. This is likely due to the topics we have covered and the accessibility of online trainings.
 - c. Suggestion from Jessica Swain-Bradway: Avoid using the term "non-white" in our data because that still centers whiteness.



- d. We are starting to train a slightly larger proportion of participants with a bachelor's degree or below as compared to providers with Masters or above.
 - e. 95.7% of participants say they are satisfied or very satisfied with the overall quality of our events.
 - f. Question about how we control the duplication factor in collecting these data - Our data includes demographic information for the same people multiple times if they attend multiple events. How could we control for this?
 - g. This is something we should continue to think about. We could potentially run this sort of inquiry using TDB rather than our GPRA data.
 - h. We could also re-frame how we think about our data and view it as a measure of engagement rather than discrete participants.
 - i. We are no longer collecting demographic data at registration.
2. Key Year Four Activities
 - a. Northwest MHTTC collaborated with the National Hispanic & Latino MHTTC to produce a webinar series and the National American Indian and Alaska Native MHTTC to host region-wide listening sessions.
 - b. 6 Learning Communities
 - c. Data on reception of learning communities which assessed overall quality and connectedness
 - d. People often said seeing others on camera was important to them
 - e. Launch of new e-course: Intro to Assertive Community Treatment
 - f. Podcast

Year 5 Training Plan

1. Integrated Care with UW BIRCH, AIMS Center
 - a. Supporting development of a nursing role on first episode psychosis care teams
 - b. Possible community training on Certified Community Behavioral Health Clinics
2. Assertive Community Treatment (ACT) technical assistance and e-course with Dr. Maria Monroe-DeVita and Dr. Lorna Moser of the Institute for Best Practices at the University of North Carolina
3. Serious Mental Illness Learning Community with Dr. Sarah Kopelovich and the UW SPIRIT Lab (Supporting Psychosis Innovation through Research, Implementation, & Training)
 - a. Eight sessions, October - December
 - b. Topic: Essentials of Care for Supporting Individuals with Serious Mental Illness
 - c. This learning community is for direct service providers working with individuals with SMI. We specifically hope to reach providers who are newer to the field. Participants will attend as a team with their supervisors.
4. General Cognitive Behavioral Therapy E-Course with Dr. Sarah Kopelovich and the UW SPIRIT Lab
 - a. This will be paired with our existing e-courses on CBT for Psychosis to create a sequence for providers using CBT with SMI populations
5. Mental Health Institute for Washington State Providers





- a. This institute (October – December) will offer à la carte trainings in three tracks: Co-occurring Disorders, Intellectual and Developmental Disabilities, and Social Justice & Inclusion.
- b. One goal of the institute is to determine what is needed to rejuvenate the mental health specialist credential in Washington State.
- c. Collaborators: WA INCLUDE Collaborative, Center on Human Development & Disability; SPIRIT Lab, University of Washington Department of Psychiatry and Behavioral Sciences; and the Washington State Health Care Authority

Year 5 and Beyond

1. Our official area of focus is Evidence-based Practices for Psychosis.
2. Fulfilling our mission and making an impact
3. Disseminating EBPs and responsive practices
4. Serving the workforce and field
5. Preparing for renewal
6. Needs Assessment: Regional and national data
 - a. [2021 MHTTC Needs Assessment Findings](#). Top-ranked topics include trauma, co-occurring disorders, SUD, school-based mental and behavioral health, motivational interviewing, crisis management. Priority populations include children/adolescents, adults, communities of color. Preferred training modalities include interactive toolkits and videos; preferred length depends on whether training is conducted in-person or online.

State Updates

1. Oregon
 - a. Jessica Swain-Bradway - OR has seen a large increase in youth suicides in several of their school districts. While the postvention and crisis lines are great, OR also needs to implement prevention resources within systems that don't usually think about prevention.
 - b. OR is trying to increase its mobile crisis teams, but workforce attrition and determining where the funding will come from are making this a challenge.
2. Washington
 - a. John Roll - WSU has a new crisis line for students. The university also continues to focus on suicide prevention efforts through a partnership with extension team services.
 - b. Lucilla Mendoza - The WA Health Care Authority Office of Tribal Affairs is collaborating with several other entities to get the Native and Strong Lifeline fully up and running. This lifeline is a 988 Tribal Crisis Line that will be staffed by native crisis counselors for native communities.
3. Idaho
 - a. Adam Panitch - ID has seven crisis stabilization centers for adults and zero for youth at this time. It hopes to establish four youth stabilization centers in the next month. ID is beginning a new Recovery Coach Academy this fall. The state has partnered with ID libraries to implement telehealth pods in the libraries for people to use to attend virtual behavioral health appointments.



4. Alaska

Eric Boyer – AK currently has no crisis stabilization centers, but there are groups within the state working to establish some. AK is dealing with an issue of how to fund more robust crisis services beyond just the mobile crisis teams and 988, particularly in more rural areas.

Discussion

1. Discussion: Are there opportunities for collaborations and events?
 - a. Danie Eagleton may be interested in collaborating on some offering about developing and bolstering a recovery-based understanding of care. She recommended the textbook: *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care* by Larry Davidson.
 - b. Cheryl Ramirez - Conduct a “mobile crisis 101” training. It may be beneficial to hold state-specific trainings as protocol and resources vary so much from state to state. Cheryl is interested in collaborating on this for an Oregon training. Oregon is trying to establish mobile crisis teams by 2023.
 - c. Eric Boyer - Provide technical assistance and/or trainings to help with adapting crisis teams to rural regions. One configuration these teams may take could include pairing an existing health provider in that region (e.g. an EMT) with a behavioral health aid to provide the crisis services. A focus should be on how to respond and engage people in the community, knowing there is no crisis center to take them to, and being super creative to keep them in community.
 - d. Adam Panitch – Offer training and/or technical assistance on leadership or supervision. Pay and benefits are part of why people leave the field, but poor quality of supervision is also a major factor in this.

Conclusion

Farewell, GPRA evaluation. Next advisory board meeting will be on December 2, 2022.

