MHTTCs provide technical assistance across mental health prevention, treatment, and recovery supports. In addition, each Center has an Area of Focus for which they serve as experts, develop national products, and host a webpage. This summary highlights our Area of Focus throughout this grant cycle.

The New England MHTTC's mission is to support the dissemination of evidence-based mental health practices across Health and Human Services (HHS) Region 1, which includes the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Our team is led by the Yale Program for Recovery and Community Health, in partnership with the Harvard Department of Psychiatry, and C4 Innovations. Our area of focus is recovery oriented practices, supports, and systems of care. Our activities are guided by a robust advisory team consisting of people with lived experience, direct care practitioners, family advocates, and organizational and state leaders. Collectively, these partnerships support efforts to address mental health priorities across the lifespan in a manner that is responsive to the needs of all stakeholders.

**RECOVERY-ORIENTED PRACTICES, SUPPORTS, AND SYSTEMS OF CARE**

The New England MHTTC promotes the recovery, self-determination, and community inclusion of people experiencing mental health challenges and their loved ones. The content and process of our work is grounded in our Guiding Principles on Resilience and Recovery. Consistent with these principles, we take an equity-minded approach to recovery-oriented care which recognizes that even the most progressive treatment systems exist within a social context where people of color and other historically marginalized groups often experience—both individually and collectively—an additional layer of trauma that has devastating consequences on their health and well-being. We are committed to proactively advancing social justice and racial equity as an essential component of recovery-oriented systems transformation across the New England region. We garner feedback on our programs, products, and services through a variety of evaluative mechanisms, including surveys, focus groups, listening sessions, and participatory conversations.

**WHAT WE'VE DONE**

We provide training and technical assistance and develop and disseminate tools to promote the adoption of recovery-oriented practices across the behavioral health workforce. We also curate resources to meet the needs of a broader audience of critical partners including educators and school leaders, individuals and families, community-based organizations, nonprofits, governmental agencies, and faith-based institutions. Here is just a sample of the initiatives, products, and supports we developed over the past four years to promote recovery and equity across the New England region.

*Recovery-Oriented Systems of Care*

Recovery-oriented transformation must occur at all levels of an organization while authentically engaging all stakeholders in the process. Transformation starts with, and must be driven by, the active involvement of people with lived experience. We have advanced lived experience leadership across New England through our Lived Experience Transformational Leadership Academy—LET(s)Lead. We support direct care providers and agency administrators in translating recovery principles from theory to practice in our intensive Person-Centered Recovery Planning Learning Collaboratives. And we foster welcoming and equitable communities in which people can recover and thrive through our diverse Citizenship trainings and products.

*Better Together: BIPOC Strategic Outreach Initiative*

The New England MHTTC prioritizes outreach to Black, Indigenous, and People of Color (BIPOC) to strengthen our efforts to support historically under-served communities in culturally responsive ways. This strategy extends to our specialized mental health and well-being supports to collegiate students, our Racial Equity and Cultural Humility (REACH) initiative, our Wellness and Mental Health Among Hispanic/Latinx Communities activities, our Diversity and Inclusion Project Showcase events, and our Tribal Behavioral Health Initiative.
WHAT WE’VE DONE (CONTINUED)

Providing Culturally Responsive Care and Addressing Cross-Cultural Barriers in Early Psychosis
This online series addresses topics of cultural diversity in the context of early psychosis among individuals at risk for poor clinical and recovery outcomes. Designed and delivered in partnership with people with lived experience of psychosis, the series offers strategies for providing culturally competent care to diverse populations, including appreciating the complexities of stigma around mental health across various cultures.

Cultivating Compassionate School Practices That Respond to Trauma Effectively
This 12-hour online course offers strategies to cultivate a compassionate school community that buffers against the negative effects of trauma, builds resilience for all students, and provides stress relief and enhanced well-being for students as well as teachers and other school personnel.

Resource Recovery Walk
The New England Federal Collaborative on Recovery for People with Serious Mental Illness/Serious Emotional Disturbance developed this platform to provide the federal government workforce with access to a range of resources around recovery-oriented care and supports. Explore the gallery for information on national, state, and local programs designed to foster more holistic recovery-oriented systems of care. Such systems develop and maximize partnerships between mental health organizations and diverse government and community agencies, e.g., faith-based, housing, educational/vocational, recreational, etc., to optimize wellness and community inclusion for people in recovery and their families.

OUTCOMES
Evaluative data on our programs, products, and services indicate:

- Our constituents were satisfied or very satisfied with the overall quality of our events (90.5%).
- Over ninety percent of our respondents expected the event they attended to benefit their professional development or practice and 93.9% of them would recommend these activities to a colleague.
- In addition to the overall satisfaction and perceived professional benefit, 84.2% of the respondents expected to use the information presented to change their current practice.
- Over 82% of respondents shared the information with their colleagues, supporting the dissemination of evidence-based practices.

VOICES FROM THE FIELD

“The Diversity and Inclusion Project Showcase (DIPS) was an exceptional opportunity to connect recovery oriented organizations that serve historically marginalized populations with training and technical assistance purveyors, policy makers and funders, and state leaders. Participation in DIPS linked us to new partner organizations and challenged us to expand our training and technical assistance offerings to meet their needs.”
Sara Becker, Director
New England Addiction Technology Transfer Center

“Being part of LET(s)Lead has been absolutely transformative for me, personally and professionally... To go through this program and to really become more confident in seeing myself as a peer leader has been amazing. I’m already having more opportunities coming to me to be in a leadership role and I’m excited to see where things go.”
Erin Goodman, Certified Peer Support Services
Wood River Health Services

“Nothing has been as helpful as the LET(s)Lead.”
Person-Centered Recovery Planning Learning Collaborative Team Leader

QUESTIONS?
The Yale Program for Recovery & Community Health (PRCH)
319 Peck Street, New Haven, CT 06513
617.467.6014 | newengland@mhttcnetwork.org
https://mhttcnetwork.org/centers/new-england-mhttc/area-focus-recovery-oriented-practices

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