



## Northwest MHTTC Advisory Board Meeting Summary July 14, 2023

### SAMHSA / Regional Updates

1. Program officer transition from Lois Gillmore to Kim Reynolds.
2. David Dickinson, Regional Administrator, Region 10:
  - a. Response to polysubstance use issues continues with regional meetings each quarter with leadership from Medicaid, public health, tribal health entities, and behavioral health in attendance.
  - b. Fentanyl and the introduction of xylazine present new challenges to addressing substance use in the region and across the country.
  - c. The 2023 [Region 10 Opioid Summit](#), July 19-20, will be the first time this summit is convening in person. About 400 have registered.
  - d. Tribal leadership in the Northwest will convene at the [National Tribal Opioid Summit](#), August 22-24, to meet with state and national partners and discuss the impact of opioids on tribal communities.
3. John Roll, Washington State University College of Medicine: The Centers for Medicare & Medicaid Services (CMS) approved a renewal for Washington state's Section 1115 Medicaid demonstration waiver.

### Region 10 TTC Updates

1. John Roll, Washington State University College of Medicine: [regional Rural Opioid Technical Assistance \(ROTA\) center](#) has been refunded. To increase collaboration and impact, consider inviting Dr. Wavebright, Dr. Keeley, Lisa Ray Thomas or others to a future meeting.

### Changes to Northwest MHTTC Advisory Board

1. Adam Panitch has transitioned off the board.

### Cross-TTC Addressing Stigma Leadership Learning Collaborative

1. This 2-day Learning Collaborative, held July 11-12, brought together key leaders in Skagit County, WA to explore strategies to rethink behavioral health to reduce stigma.
  - a. Offered in partnership with the Northwest ATTC, Northwest PTTC, and Skagit County Public Health.
2. Denna Vandersloot, Northwest Addiction Technology Transfer Center:
  - a. People understand what stigma is, but it is important to look at it from a systems change perspective to address the larger picture.



- b. The goal of this collaborative is to create actionable steps to take at the individual, organizational, and system level.
  - c. About 27 leaders from diverse disciplines attended.
  - d. The group re-convenes in September to share and collaborate on one or two systems change initiatives.
  - e. Feedback from attendees indicated interest in holding stigma reduction training with employees at their own organizations.
3. Kevin Haggerty, Northwest Prevention Technology Transfer Center: Exceeded our goal for attendees. Felt like the right people were in the room.
4. David Dickinson, Regional Administrator, Region 10: How can we use this as a model that can be shared and recreated more broadly across the country?

## Current Projects Check-In

1. Webinar topics including crisis work, 988, trauma informed systems, stigma, queer and trans youth mental health, and de-escalation skills.
2. Learning community topics including resilience, trauma-informed supervision, examining bias, challenging stigma, essentials of care for SMI, and cultural adaptations of EBPs.
3. Northwest MHTTC attended the [Washington Behavioral Healthcare Conference](#) and held three sessions:
  - a. Hidden in Plain Sight: How Racism and Bias Demand Effective Training
  - b. Empowering Wellness: Implementing STRIDE from Research to Real Life
  - c. Virtual Learning Works! Building Resilience, Supporting Leadership & Connecting Our Field
4. EDI Topics:
  - a. Data from Mental Health Institute Fall 2022 tracks: Diverse speakers and topics attracted more diverse participants, reflecting demand for these topics and their ability to reach different parts of the workforce.
  - b. Northwest MHTTC is working on a new HealthKnowledge course on equity issues in partnership with other MHTTCs and is aiming to launch it before the end of the fiscal year.
5. Brief Narrative Therapy:
  - a. Brief Narrative Therapy (BNT) is a low-barrier accessible method of integrating BH services in walk-in medical settings.
  - b. Northwest MHTTC held a virtual training mid-April to early May 2023:
    - i. About 30 therapists from Region 10.
    - ii. 12 Hours of training
    - iii. Ongoing supervision calls from May to December
  - c. Akansha Vaswani-Bye is starting a BNT pilot at the Harborview Madison Clinic.
  - d. Sandy Bumpus, Oregon Family Support Network: Similar need exists in Oregon.
    - i. Heather Jefferis, Oregon Council of Behavioral Health: Some projects using this Same Day Model have had success in Oregon. [Same Day Access — MTM Services](#)
6. Working with Tribal/Native Organizations:



- a. Northwest MHTTC in the process of planning additional indigenized MI trainings with the [Northwest Portland Area Indian Health Board](#) and continuing to look for ways to support tribal expertise.

## State Focus Group Meetings

1. Findings and feedback:
  - a. Northwest MHTTC held state-specific focus group meetings this spring to reach out to other key stakeholders across MH, BH, peer groups and Native/tribal communities to discuss:
    - i. Who should we train?
    - ii. What should we train?
    - iii. How should we train?
    - iv. Where should we focus?
2. Does this resonate? Other ideas for collaboration?
  - a. Northwest MHTTC should prioritize making more connections outside of Washington state to facilitate dissemination.
    - i. Davis Patterson, [WWAMI Rural Health Research Center](#): Partnering with other MHTTCs and working through a national organization or national professional association, such as the [National Association for Rural Mental Health](#).
  - b. Stephanie Hoffman, Family Support Partners & Training: The MHTTC is not well known in Idaho, so how do we get the word out more effectively?
    - i. Northwest MHTTC is considering potential avenues, such as partnering with colleagues in Region 8 to expand rural MH efforts into Idaho.
  - c. David Dickinson, Regional Administrator, Region 10: Consider asking state Behavioral Health Division Directors if they can include a link to Northwest MHTTC on their website.
  - d. Heather Jefferis, Oregon Council of Behavioral Health: Continuing other promotional opportunities such as tabling at events.
  - e. John Roll, Washington State University College of Medicine: Strong interest from [National Governors Association](#) for Behavioral Therapies for SUDs.

## Upcoming Opportunities

1. Integrated Care Conference
  - a. [2023 Conference](#)
  - b. [Past sessions from ongoing psychiatric learning collaborative](#)
  - c. Northwest MHTTC partnered with the AIMS Center to create online modules for case managers working with those experiencing SMI: <https://mhttcnetwork.org/centers/northwest-mhttc/product/supporting-medical-care-people-living-serious-mental-illness-course>
  - d. The Integrated Care Conference began as the Integrated Care Training Program at the University of Washington. Exploring whether this can become a national conference.





- e. About 200 attended this year.
  - f. Convening next May to look forward and would like to bring in attendees from Alaska, Oregon, and Idaho.
    - i. Heather Jefferis, Oregon Council of Behavioral Health: OHSU Hospital has been running ECHOs for some time, could be a great pool of people to talk to. <https://www.oregonechonetwork.org/>
    - ii. Stephanie Hoffman, Family Support Partners & Training: Idaho also has a robust ECHO program. <https://www.uidaho.edu/academics/wwami/echo/current-series>
  - g. Lance Johnson: Alaska is also siloed. Having decision-makers with the ability to change some of our billing structures there would be helpful. Involving our Division Director for BH and the Deputy Commissioner.
2. Looking forward to Year 6
- a. Following up on successes
  - b. Packaging resources/marketing
  - c. Hope to prepare for a new cycle
  - d. ACT and CBTp Best and Promising Practices (BPP) Fact Sheets are in process.
    - i. Fact Sheet Library: <https://mhttcnetwork.org/centers/global-mhttc/best-and-promising-practices-bpp-fact-sheet-library>

## Conclusion

1. Wrap-up and next steps
2. GPRA evaluation
3. Farewell