Great Lakes (HHS Region 5)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Training/Technical Assistance Needs: Findings from Providers of Mental Health and Other Behavioral Health Services in Region 5

Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region 5 Report

2019

Prepared by:

Todd Molfenter, PhD

Louis Kurtz, M.Ed.

Ann Schensky, BS

Great Lakes MHTTC

University of Wisconsin–Madison
Center for Health Enhancement Systems Studies (CHESS)
1513 University Avenue
Madison, WI 53706

EXECUTIVE SUMMARY

The purpose of the Great Lakes Mental Health Technology Transfer Center (MHTTC) is to support resource development and dissemination, training and technical assistance, and workforce development to the mental health treatment field in the Health and Human Services Region 5. The goals of the Great Lakes MHTTC are to:

- Accelerate the adoption and implementation of evidence-based practices.
- Heighten the awareness, knowledge, and skills of the workforce.
- Develop strategies for delivering culturally-informed care with diverse practitioners, researchers, policymakers, family members, and consumers of mental health services.
- Increase access to publicly available, free-of-charge training and technical assistance for the mental health field.

Funding for this project comes from a Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA), FOA No. SM-18-05. The project period is from 8/15/18 – 8/14/2023.

In an effort to better understand the needs of providers within Region 5, the Great Lakes MHTTC surveyed providers in the states of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Our partner subcontractors in each state (provider associations known as "nodes") assisted us in sending the survey link to providers within their association e-mail list as well as to other behavioral health providers in their state. This 22 -item survey asked respondents to rank the importance of various training and technical assistance topics from a list of commonly used mental health evidence-based practices. To view the survey, please contact Ann Schensky at ann.schensky@wisc.edu.

This report provides findings from respondents in Region 5 who completed the survey during the period November 15, 2018, through December 15, 2018. During the survey period, 769 responses were received. Results of this survey will help the Great Lakes MHTTC to better understand training and technical assistance needs for specific population groups as well as the need for training in specific mental health evidence-based practices.

Major Findings:

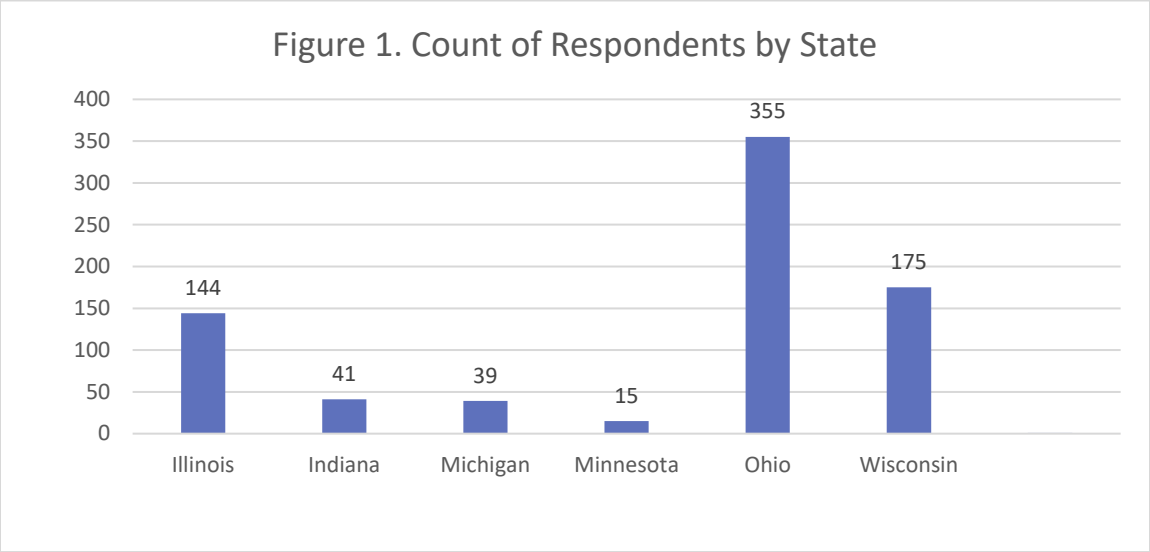
- The majority of respondents (56%) could be considered "management" within the organizations surveyed (CEO or Executive Director was the largest single category at 22%).
- A majority of respondents (40%) cited "mental health treatment" as their field of work however another 25% cited "co-occurring disorders" or "substance use disorder" as their primary field of work.
- There was no predominant population group that respondents stated that they needed assistance with, although the highest single percentage (12%) cited was children, along with co-

occurring mental health and substance use disorders (10%), and individuals with substance use disorder (8%).

- Training in trauma-informed care emerged as a top priority among cross-population evidence-based practices.
- For adults with serious mental illness, respondents cited Illness Management and Recovery (IMR) as the top training need.
- Coordinated specialty care (CSC) emerged as a top training priority for transition age youth.
- Mental Health First Aid for Youth and Cognitive Behavior Intervention for Trauma in Schools (CBITS) were rated equally as "most important" in the area of school-based mental health.
- Top priorities for training topics for individuals who are homeless included critical time intervention (CTI) and engagement/outreach strategies – they were ranked equally.
- Cognitive Behavior therapy (CBT) and Dialectical Behavior Therapy (DBT) were equally ranked as top training priorities for clinicians. Training in clinical assessment tools was also a top priority for individual clinicians.
- Crisis intervention training (CIT) emerged as the top-ranked crisis response practice.
- As a system-wide training priority, culturally competent service delivery was ranked as the top priority among respondents.
- Quality improvement training and technical assistance was also a focus of the needs assessment survey - Improved implementation of evidence-based practices (EBPs) was cited as the most important need along with improved care transitions.
- Finally, respondents were asked to weigh in on their most preferred training method – in-person workshop meetings or networking emerged as "most preferred" with on-line self-paced (e-learning, webinars, etc.) ranked a close second.

FINDINGS

The number of responses varies by state, as can be seen in the following table.



CHARACTERISTICS OF SURVEY RESPONDENTS IN REGION 5

A total of 769 individuals responded to the survey. All six states were represented in the total; however, one can see that participation was significantly higher in some states than others. As reflected in the chart below, the **position in the organization** of respondents varied from executive level positions to direct service and other types of positions. Provider agencies were instructed to ask individuals who could speak for agency-wide training and TA needs complete the survey (as opposed to individual training needs). Guidance was provided that CEOs, clinical directors, program directors, and quality improvement, and training coordinator staff would be ideal respondents.

Q 10: What is your position in the organization?

Position	Number of People	Percentage
CEO or Executive Director	182	22%
Clinical Director	140	17%
Other (Administration/Management)	136*	17%
Counselor / Clinician	128	16%
Case Manager	44	5%
Other (Various Responses)	34*	4%
Other (Non-Agency Role)	32*	4%
Administrative Support	26	3%

Other (Direct Service)	21*	3%
Other (Quality Improvement)	18*	2%
Peer Recovery Specialist	15	2%
Nurse	12	1%
Other (Training)	10*	1%
IT Support	7	1%
Other (Probation)	3*	0%
Physician	1	0%

**The original survey results provided 293 "Other" responses for Q10 (Position) and 152 "Other" responses for Q12 (Field of Work). Where possible, responses were categorized into existing survey categories with some number remaining. Of the number remaining "Other – Subject" categories were created where possible.*

Other (Administration/Management) includes responses such as "Coordinator", "Manager", "Director", "Supervisor", etc.

Other (Non-Agency Role) includes responses such as "Volunteer", "Advocate", "Consultant", "Student intern", "Judge", "Minister", etc.

Even though the MHTTC has been established to provide support to mental health providers, it is widely understood that most providers these days provide integrated mental health and substance abuse services. One can see from the following chart that a significant percentage (40%) of respondents reported providing mental health treatment while 14% reported providing co-occurring disorder services. Other responses represent some sector of behavioral health services, for example, residential treatment, mental health prevention, and recovery support services.

Q 12: What best describes your field of work?

Field of Work	Number of people	Percentage
Mental Health Treatment	273	40%
Co-Occurring Disorder	95	14%
Substance Use Disorder	76	11%
Other (Various Responses)	67*	10%
Social Services	58	8%
Education/Training	44	6%
Recovery Support Services	35	5%
Mental Health Prevention	17	2%

Residential Treatment	11	2%
Other (Administration)	11*	2%
Other (Advocacy)	4*	1%

**The original survey results provided 293 "Other" responses for Q10 (Position) and 152 "Other" responses for Q12 (Field of Work). Where possible, staff categorized as many of those responses into existing survey categories, with some number remaining. Of the number remaining an attempt was made to create "Other – Subject" categories where possible.*

Staff moved as many similar responses up into existing categories as possible with some "other" responses remaining. Lou created "Other – Administration" category and "Other – Advocacy" category however these might be better included in "Other – Various."

The mental health field is a varied landscape of providers and population groups to be served. Question 23 in the survey attempted to discover which **population groups** respondents needed the most assistance with. The responses demonstrate the wide range of population types that mental health providers are being asked to serve.

Need assistance working with:	**Frequency**	**Percentage**
Children	224	12%
Co-occurring (MH, SA)	201	10%
Individuals with Substance Use Disorder (SUD)	150	8%
Youth with serious emotional disability (SED) (6-18)	120	6%
Adults with serious mental illnesses (SMI) (18-60)	116	6%
Transition-aged youth (14-25)	110	6%
Young adults	110	6%
Youth	110	6%
Youth general mental health (6-18)	104	5%
Adults general mental health	82	4%
Homeless	78	4%
Justice-involved	78	4%
Co-occurring (MH	70	4%
Intellectual and Developmental Disabilities)	70	4%
Early childhood (0-5)	69	4%
LGBTQ	48	2%
Older Adult (60+) General Mental Health	45	2%
Minority Populations	39	2%
Veterans	32	2%
Chronic Medical Conditions	28	1%
Physical Disabilities	28	1%
Deaf or Hard of Hearing	17	1%

TRAINING AND TECHNICAL ASSISTANCE NEEDS

Survey respondents were provided with a series of topics and asked to indicate how important they believed it was for them to receive training and/or technical assistance on each of the topics listed. For these topics, respondents were asked to rank order from “most important” to “least important.” The number of training topics to be ranked varied by the category of evidence-based practice.

NOTE: Questions 18a, 19a, 15-29:

- *All rankings of 3 or more were scored as a 1 to get the top 3 most popular answers*
- *For questions 20 and 24 with only 3 possible options, only the ranking of 1 was counted*
- *For the ranking questions, participant responses were removed (of those who indicated they didn't respond by not moving any options). There were approximately 20 of those people per question.*

Some evidence-based practices are being used across population types even though they may have been developed for intervening with a specific population group. Question 18 addressed the importance of receiving training in **Cross Population EBPs**.

18. Cross-Population EBPs. Please rank order the following training topics from "most important" (1) to "least important" (8).

State	Response	Frequency
All	Trauma-informed care	393
	Suicide prevention	294
	Motivational interviewing	210
Illinois	Trauma-informed care	58
	Motivational interviewing	38
	Suicide prevention	34
Indiana	Suicide prevention	24
	Trauma-informed care	23
	Motivational interviewing	14
Michigan	Trauma-informed care	25
	Suicide prevention	15
	Recovery-Oriented Systems of Care	12
Minnesota	Trauma-informed care	8
	Suicide prevention	6
	Recovery-Oriented Systems of Care	6
Ohio	Trauma-informed care	184

	Suicide prevention	143
	Motivational interviewing	93
Wisconsin	Trauma-informed care	95
	Suicide prevention	72
	Motivational interviewing	53

One of the populations of focus for SAMHSA is **adults with serious mental illness (SMI)**. Respondents were asked to rank order a list of training topics from the list of common EBPs used with this population. The EBP list represents the original Toolkit topics espoused by SAMHSA for the past 10–15 years.

Q19 - Adults with SMI. Please rank order the following training topics from "most important" (1) to "least important" (5).

State	**Response**	**Frequency**
All	Illness Management and Recovery (IMR)	384
	Assertive Community Treatment (ACT)	315
	Family Psycho-Education	275
Illinois	Illness Management and Recovery (IMR)	61
	Assertive Community Treatment (ACT)	45
	Family Psycho-Education	44
Indiana	Illness Management and Recovery (IMR)	27
	Assertive Community Treatment (ACT)	22
	Family Psycho-Education	16
Michigan	Illness Management and Recovery (IMR)	23
	Assertive Community Treatment (ACT)	21
	Family Psycho-Education	19
Minnesota	Family Psycho-Education	9
	Illness Management and Recovery (IMR)	8
	Permanent Supportive Housing (PSH)	5
Ohio	Illness Management and Recovery (IMR)	170
	Assertive Community Treatment (ACT)	135
	Family Psycho-Education	123
Wisconsin	Illness Management and Recovery (IMR)	95
	Assertive Community Treatment (ACT)	91
	Family Psycho-Education	64

Another population of focus is young adults or "**transition age youth**" (TAY). Youth have unique treatment issues as they are leaving the child-serving system and entering the adult system. EBPs that are being promoted assist youth in seeking employment while also participating in higher education. SAMHSA has also required states to pay special attention to youth who experience First Episode

Psychosis (FEP). States have been required to target at least 10% of their Federal Mental Health Block Grant funding for evidence-based interventions for this population. Coordinated Specialty Care appears to be the currently accepted evidence-based practice for this population.

Q20 - Transition Age Youth. Please rank order the following training topics from "most important" (1) to "least important" (3). (First choice only.)

State	Response	Frequency
All	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	194
	Supported Education	156
	Supported Employment	30
Illinois	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	25
	Supported Education	25
	Supported Employment	6
Indiana	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	13
	Supported Education	9
	Supported Employment	4
Michigan	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	11
	Supported Education	9
	Supported Employment	6
Minnesota	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	4
	Supported Education	4
	Supported Employment	0
Ohio	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	85
	Supported Education	75
	Supported Employment	9
Wisconsin	Coordinated specialty care for individuals with First Episode Psychosis (FEP)	56
	Supported Education	34
	Supported Employment	5

As part of the MHTTC Cooperative Agreement with SAMHSA, awardees were asked to apply for additional supplemental funding to support **school-based mental health interventions**. The following chart addresses the most important evidence-based interventions as seen by providers in the six-state Great Lakes MHTTC region.

Q21 - School-Based Mental Health. Please rank order the following training topics from "most important" (1) to "least important" (8).

State	Response	Frequency
All	Mental Health First Aid for Youth	285
	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	282
	Positive Behavior Interventions and Supports (PBIS)	250
Illinois	Mental Health First Aid for Youth	48
	Brief Screening and Intervention (BSI)	47
	Positive Behavior Interventions and Supports (PBIS)	41
Indiana	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	19
	Positive Behavior Interventions and Supports (PBIS)	18
	Brief Screening and Intervention (BSI)	17
Michigan	Mental Health First Aid for Youth	24
	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	20
	Positive Behavior Interventions and Supports (PBIS)	15
Minnesota	Positive Behavior Interventions and Supports (PBIS)	5
	Managing and Adapting Practice (MAP)	5
	Brief Screening and Intervention (BSI)	4
Ohio	Mental Health First Aid for Youth	140
	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	125
	Brief Screening and Intervention (BSI)	107
Wisconsin	Cognitive Behavior Intervention for Trauma in Schools (CBITS)	77
	Positive Behavior Interventions and Supports (PBIS)	68
	Mental Health First Aid for Youth	59

NOTE: Respondents were also asked to list "other" best practices for school-based mental health. Other trauma-informed topics (e.g., Trauma-Focused CBT) were mentioned four times, along with suicide prevention (3). A number of other evidence-based practices were also listed including Circles of Support, DBT Step A, Strengthening Families and Botvin LifeSkills Training. Many of the responses could be considered prevention best practices.

Another special population of interest to SAMHSA and behavioral health providers is **older adults**. Older adults are faced with a variety of issues related to aging. Providers were asked to rank the importance of a few practices as well as to suggest others that might be important training topics. Depression best practices were seen as the most important among survey respondents.

Q22 - Older Adults. Please rank order the following training topics from "most important" (1) to "least important" (3). (first choice only reported)

State	Response	Frequency
All	EBPs for Depression	356
	Dementia Treatment	125
	Other	16
Illinois	EBPs for Depression	67
	Dementia Treatment	14
	Other	3
Indiana	EBPs for Depression	25
	Dementia Treatment	5
	Other	0
Michigan	EBPs for Depression	20
	Dementia Treatment	9
	Other	1
Minnesota	EBPs for Depression	7
	Dementia Treatment	2
	Other	0
Ohio	EBPs for Depression	165
	Dementia Treatment	49
	Other	7
Wisconsin	EBPs for Depression	72
	Dementia Treatment	46
	Other	5

NOTE: Respondents listed "other" responses including substance use disorders (7), opioid addiction (4), caregiver/family support (4), EBPs for anxiety (3), elder abuse (3), pain management (2), self-care support (2) and housing (2).

Behavioral health providers work with individuals who have many socio-economic barriers in the areas of income, housing, and employment. A significant number of individuals served in the public behavioral health system are homeless on any given day. Question 24 asked respondents to rank the importance of a number of evidence-based and best practices for serving **individuals who are homeless**. Results were strikingly even across the three training topics with no clear priority.

Q24 - Individuals Who Are Homeless. Please rank order the following training topics from "most important" (1) to "least important" (3).

State	Response	Frequency
All	Critical Time Intervention (CTI)	411
	Engagement/Outreach Strategies	410
	SOAR (SSI/SSDI Outreach)	408
Illinois	Critical Time Intervention (CTI)	71
	Engagement/Outreach Strategies	71
	SOAR (SSI/SSDI Outreach)	68
Indiana	SOAR (SSI/SSDI Outreach)	28
	Critical Time Intervention (CTI)	28
	Engagement/Outreach Strategies	28
Michigan	SOAR (SSI/SSDI Outreach)	23
	Engagement/Outreach Strategies	23
	Critical Time Intervention (CTI)	22
Minnesota	SOAR (SSI/SSDI Outreach)	9
	Critical Time Intervention (CTI)	9
	Engagement/Outreach Strategies	9
Ohio	Engagement/Outreach Strategies	179
	Critical Time Intervention (CTI)	178
	SOAR (SSI/SSDI Outreach)	176
Wisconsin	SOAR (SSI/SSDI Outreach)	104
	Critical Time Intervention (CTI)	103
	Engagement/Outreach Strategies	100

NOTE: Not surprisingly, housing was listed in the "other" category as important (7 responses) along with substance use disorder / co-occurring issues (7 responses).

Clinicians who provide one-on-one interventions are encouraged and sometimes required) to become skilled in certain evidence-based clinical practices, whether manualized or not. Survey respondents were asked to rank order five of the most common EBPs that clinicians typically receive training in. There was very little difference in the prioritization for training topics ranked in the top three.

Q26 - Clinician Focused EBPs. Please rank order the following training topics from "most important" (1) to "least important" (5).

State	Response	Frequency
All	Cognitive Behavioral Therapy	390
	Dialectical Behavior Therapy	386
	Motivational Interviewing	353

Illinois	Cognitive Behavioral Therapy	66
	Dialectical Behavior Therapy	64
	Motivational Interviewing	59
Indiana	Cognitive Behavioral Therapy	28
	Dialectical Behavior Therapy	25
	Motivational Interviewing	24
Michigan	Cognitive Behavioral Therapy	25
	Motivational Interviewing	25
	Dialectical Behavior Therapy	23
Minnesota	Cognitive Behavioral Therapy	7
	EMDR	7
	Motivational Interviewing	6
Ohio	Cognitive Behavioral Therapy	172
	Dialectical Behavior Therapy	166
	Motivational Interviewing	162
Wisconsin	Dialectical Behavior Therapy	105
	Cognitive Behavioral Therapy	92
	Motivational Interviewing	77

NOTE: In the "other" response category, trauma-focused CBT (8) and family system EBPs (4) were listed as important training topics.

Clinicians are also the ones responsible for using **clinical tools** to screen, assess and develop a treatment plan for individuals with mental health disorders. Respondents were asked to rank the most important types of tools that individuals may need to be trained in. Overall, respondents rated assessment tools as the most important topic.

Q27 - Clinical Tools. Please rank order the following training topics from "most important" (1) to "least important" (5).

State	**Response**	**Frequency**
All	Assessment Tools	322
	Screening Tools	305
	Level of Care Tools (e.g., ASAM, LOCUS, ANSA, etc.)	224
Illinois	Screening Tools	55
	Assessment Tools	54
	Level of Care Tools (e.g., ASAM, LOCUS, ANSA, etc.)	44
Indiana	Screening Tools	15
	Assessment Tools	14
	Analyzing/Synthesizing Aggregate Clinical Information	13

Michigan	Assessment Tools	23
	Screening Tools	22
	Level of Care Tools (e.g., ASAM, LOCUS, ANSA, etc.)	18
Minnesota	Assessment Tools	6
	Screening Tools	5
	Analyzing/Synthesizing Aggregate Clinical Information	5
Ohio	Assessment Tools	150
	Screening Tools	138
	Level of Care Tools (e.g., ASAM, LOCUS, ANSA, etc.)	99
Wisconsin	Assessment Tools	75
	Screening Tools	70
	Level of Care Tools (e.g., ASAM, LOCUS, ANSA, etc.)	50

Individuals with mental health disorders often present in crisis. Providers are expected to deal with crises both in individual practice as well as in typical mental health programs (e.g., crisis respite, crisis stabilization). **Mental health crises** also occur in the community where individuals come face to face with first responders (police, firefighters, EMTs, etc.). A number of crisis-related EBPs have been developed to assist individuals who engage in crisis work. Crisis intervention training (CIT) was rated the most important topic for training purposes by survey respondents.

Q29 - Crisis Response Practices. Please rank order the following training topics from "most important" (1) to "least important" (6).

State	**Response**	**Frequency**
All	Crisis Intervention Training (CIT)	386
	Crisis De-escalation Techniques	335
	Community Crisis Response	253
Illinois	Crisis Intervention Training (CIT)	66
	Crisis De-escalation Techniques	56
	Community Crisis Response	46
Indiana	Crisis Intervention Training (CIT)	22
	Community Crisis Response	18
	Crisis De-escalation Techniques	18
Michigan	Crisis De-escalation Techniques	27
	Crisis Intervention Training (CIT)	26
	Community Crisis Response	12
Minnesota	Community Crisis Response	7
	Crisis Intervention Training (CIT)	6
	Crisis De-escalation Techniques	6
Ohio	Crisis Intervention Training (CIT)	171

	Crisis De-escalation Techniques	144
	Community Crisis Response	112
Wisconsin	Crisis Intervention Training (CIT)	95
	Crisis De-escalation Techniques	84
	Community Crisis Response	58

Several questions were added to the survey to ascertain **training and TA needs of organizations in general.** Eight topics were presented with respondents asked to rank each from "most important" to "least important." Culturally competent service delivery was rated the most important training / TA need by respondents.

Q15a - Please rank order the following training topics from "most important" (1) to "least important" (8) based on your needs or the needs of your organization.

State	**Response**	**Frequency**
All	Culturally competent service delivery	221
	Integration of mental health treatment into other healthcare settings	200
	Integration of mental health into SUD settings	199
Illinois	Culturally competent service delivery	36
	Integration of mental health into SUD settings	34
	Integration of mental health treatment into other healthcare settings	28
Indiana	Workforce recruitment and retention	24
	Integration of mental health treatment into other healthcare settings	15
	Process improvement in behavioral health	11
Michigan	Workforce recruitment and retention	19
	Integration of mental health into SUD settings	14
	Integration of mental health treatment into other healthcare settings	14
Minnesota	Workforce recruitment and retention	6
	Technology tools that support mental health treatment and recovery	5
	Integration of mental health treatment into other healthcare settings	4
Ohio	Culturally competent service delivery	104
	Integration of mental health into SUD settings	99
	Integration of mental health treatment into other healthcare settings	85
Wisconsin	Culturally competent service delivery	58
	Integration of mental health treatment into other healthcare settings	54

	Workforce recruitment and retention	47

Respondents were also asked to identify preferences related to **training modalities**. We often hear that clinicians and other direct service staff cannot take time away from direct (billable) time to attend in-person training events. Results were somewhat surprising as “in-person meetings or networking” was rated as the most preferred method of delivery of training / TA with on-line self-paced rated a close second.

Q19a - Please rank the following topics from your "most preferred" (1) to "least preferred" (4) method of delivery of T/TA.

State	Response	Frequency
All	In-person workshop meetings or networking	331
	On-line self-paced (e-learning, webinars, etc.)	313
	On-line networking with peers (discussion boards, forums, etc.)	229
Illinois	In-person workshop meetings or networking	48
	On-line self-paced (e-learning, webinars, etc.)	46
	On-line networking with peers (discussion boards, forums, etc.)	42
Indiana	In-person workshop meetings or networking	20
	On-line self-paced (e-learning, webinars, etc.)	20
	On-line networking with peers (discussion boards, forums, etc.)	15
Michigan	In-person workshop meetings or networking	21
	On-line self-paced (e-learning, webinars, etc.)	21
	On-line networking with peers (discussion boards, forums, etc.)	15
Minnesota	In-person workshop meetings or networking	7
	On-line self-paced (e-learning, webinars, etc.)	7
	On-line networking with peers (discussion boards, forums, etc.)	4
Ohio	In-person workshop meetings or networking	149
	On-line self-paced (e-learning, webinars, etc.)	141
	On-line networking with peers (discussion boards, forums, etc.)	94
Wisconsin	In-person workshop meetings or networking	86
	On-line self-paced (e-learning, webinars, etc.)	78
	On-line networking with peers (discussion boards, forums, etc.)	59

The Great Lakes MHTTC intends to provide training and TA in **the area of process improvement or change management**. Respondents were asked to rank the importance of key provider issues that could be addressed by both formal process improvement training (e.g., NIATx Change Leader Academy that is provided by CHESS) and ongoing coaching. Two issues were rated most important: 1) Improved implementation of evidence-based practices and 2) improved care transitions.

Q18a - If you were to work on improving the following areas one at a time, which would you choose to work on:

State	Response	Frequency
All	Improved implementation of evidence-based practices (EBPs)	290
	Improved care transitions (moving clients from one level of care to another)	286
	Increase admissions (so that more people can get into treatment)	208
Illinois	Improved care transitions (moving clients from one level of care to another)	44
	Improved implementation of evidence-based practices (EBPs)	42
	Increase admissions (so that more people can get into treatment)	42
Indiana	Improved care transitions (moving clients from one level of care to another)	18
	Reduce no-shows	18
	Improved implementation of evidence-based practices (EBPs)	15
Michigan	Improved care transitions (moving clients from one level of care to another)	24
	Improved implementation of evidence-based practices (EBPs)	22
	Reduce no-shows	14
Minnesota	Reduce no-shows	7
	Improved care transitions (moving clients from one level of care to another)	6
	Improved implementation of evidence-based practices (EBPs)	5
Ohio	Improved care transitions (moving clients from one level of care to another)	122
	Improved implementation of evidence-based practices (EBPs)	121
	Increase continuation in treatment	103
Wisconsin	Improved implementation of evidence-based practices (EBPs)	85
	Improved care transitions (moving clients from one level of care to another)	72
	Increase continuation in treatment	55

One additional question was asked of respondents: "What is your biggest concern you face in addressing **workforce recruitment and retention**?" Common themes by frequency of response are provided below:

Question 22: Biggest Concern in Addressing Workforce Recruitment and Retention		
Rank	**Concern (Theme)**	**Frequency of Response**
#1	Wages/Salary – nonprofit not competitive, better wages elsewhere, housing costs or availability.	75

#2	Retention – due to burnout/disillusioned/ turnover rates also includes the specificity of requirements and time spent on paperwork not able to provide care and size of caseloads.	60
#3	Recruitment of Qualified Candidates – number and quality of applicants.	48

SUMMARY

In summary, Great Lakes MHTTC staff intend to use the results of this needs assessment to guide the delivery of training and TA events in the Great Lakes region. Since the results come from the entire six-state area, most of these topics might be best provided on a regional basis (i.e., a webinar on a particular topic that could be viewed by providers in all six states). In keeping with our initial approach to this project, we intend to use a "push-pull" approach to the choice of training /TA topics. The "pull" comes from requests from our provider associations (nodes) located in each state and individual providers. As a coordinating entity, the Great Lakes MHTTC intends to "push" specific training and TA topics that have universal applicability, as represented in the results of this survey.

The survey results are somewhat limited because it is unknown how representative this sample of providers is in relation to the entire population of mental health and other behavioral health providers in Region 5. Also, due to the low number of respondents in several states, it is difficult to say how representative results are for these states. Results may also be skewed by the selection of evidence-based practices to be ranked by respondents. It is not known how familiar respondents were with the practices chosen and/or if the placement of the item in the survey itself affected responses. Some respondents were confused by the need to move responses into position as part of the ranking process within the Qualtrics format.

Regardless of these limitations, the data provided by the survey presents an overall picture of the training and technical assistance needs within Region 5 as a whole and will help the Great Lakes MHTTC coordinate training and technical assistance efforts. We hope that each state "node" will also use the results to design training and TA events that meet the needs of the providers and staff within their states.

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- Community Mental Health Association of Michigan
- Indiana Council of CMHCs, Inc.
- Minnesota Association of Community Mental Health Programs
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