Webinar:

Welcome to the Great Lakes Mental Health Technology Transfer Center

ANN SCHENSKY: Good morning, everyone, and welcome to the Get to Know Your Great Lakes MHTTC webinar. This morning, just a couple of housekeeping notes. There is no call-in number, but you can put all of your questions in chat, and we will address them at the end of the webinar. Also, if you are listening through your computer, make sure that your speakers are on and up.

I'm just going to do a brief introduction of Lou, our speaker for today. Lou Kurtz is currently the co-director for the Great Lakes MHTTC. He's previously worked for the Kentucky Department of Behavioral Health, Departmental and Intellectual Disabilities, in a variety of roles, as well as the Eastern Kentucky University. Good morning, Lou.

LOU KURTZ: Hi, Ann. Are we ready to roll?

ANN SCHENSKY: We're ready to roll.

LOU KURTZ: OK. So welcome, everybody. As Ann said, we're going to introduce you today to what we call the Great Lakes Mental Health Technology Transfer Center. And actually, today I'll be the one presenter with Maureen, who's going to talk to us a little bit later about communications. Todd Molfenter is actually our project director for the MHTTC. We work for the Center for Health Enhancement System Studies at the University of Wisconsin Madison.

Before I talk about Great Lakes MHTTC, I want to talk a little bit about the overview of the Technology Transfer Center Program because you may not be familiar with that. It's really a new program from SAMHSA, otherwise known as the Substance Abuse and Mental Health Services Administration. The purpose of the Technology Transfer Center Program is four-fold.

First one is that they intend to accelerate the adoption and implementation of evidence-based practices. Everybody knows that it takes many, many years, some people have said 17 years, for a new innovation to actually get into practice in the field. And so, obviously, SAMHSA wants to speed that up. We want to get practices to the people who need them quicker.

We want to heighten the awareness, knowledge, and skills of the workforce. This is, first, for all of us, a workforce development grant. That's what we're here for. We also want to focus on delivering culturally competent services and practices and culturally-informed care. And what may be of most interest to you is that we want to increase

access to publicly available, not just SAMHSA grantees, but any provider in our region free-of-charge training and TA for the mental health field.

The TTC model is based on an old model, actually, from the Addiction Technology Transfer Center Network, which has been in operation for 25 years. And again, SAMHSA created that 25 years ago, and so they liked the model so much that they are basically replicating it with the Mental Health Technology Transfer Center and Prevention TTC.

Here's a graphic of the umbrella of the TTC program structure. Across the country, we have a series of ATTCs, MHTTCs, Prevention TTCs. And then we have a national center called the SMI Advisor, which is lovingly known as our cousin. And more about them later. So obviously, we're working on a national basis. Each of the TTC networks has 10 regional centers which are aligned with the Health and Human Services regions across the country. So, you're going to find 10 ATCs, 10 MHTTCs, 10 PTTCs.

We at the University of Wisconsin at Great Lakes are one of two locations in the country that have all three centers under our roof. There's also a network coordinating office for each of the TTCs. And then, there are national American Indian and Alaska Native Center and National Hispanic and Latino Center organizations that are there to help the rest of the network.

So, here's our lovely graphic. Before the snow comes, we would like to be sitting out in the sun on one of our beautiful Great Lakes. And each of the TTCs has a graphic like this, which you'll see later. So, the agenda for today. We're going to talk a little bit more about the structure of the MHTTC network, a little bit about our region, Region 5.

We're going to talk about a needs assessment that's already been done. Mental Health School-based supplement. We'll give you an idea of some of our current projects. Maureen then is going to come in and talk about some communications items. And then we're going to get to the most important part of all, how you can access our resources.

So here we have another graphic of our MHTTC network. As I said, there's a National American Indian and Alaska Native Center, National Hispanic and Latino Center, and then there's 10 other centers across the country. And there we are with a little check mark up on the upper left. So, here's the graphic of all 10 centers. And you can see us up in that burnt orange, the six states around the Great Lakes. Obviously, we cover Minnesota, Wisconsin, Illinois, Michigan, Indiana, and Ohio.

Each of the TTC networks has a coordinating office. So, our coordinating office is housed at Stanford University. Mark McGovern is the principal investigator, and Heather Gotham is the director. So, we work with them closely and try to share resources and ideas across the network. The network goals are pretty straightforward. Obviously, as we said before, we want to accelerate mental health EBP adoption and implementation, which is a primary focus.

We are focused on the workforce, as we said before. We want to develop strong strategic alliances among practitioners, researchers, policymakers, and consumers in order to meet the needs of our workforce and in our region. And again, most importantly, we are to provide free-of-charge training and TA to the mental health field.

And our specific mission at Great Lakes really is this, to provide high-value training and technical assistance targeted to local needs. And we're going to talk a little bit later about our needs assessment. We have established an advisory board for our region, and their role basically is to guide us in meeting our objectives.

We have a work plan that was submitted to SAMHSA has been approved. So, we have a number of goals that we're working on throughout the year. They help us, advise us on particular regional or state-level issues, and they are a good sounding board for us as we come up with some new ideas about how we can reach our audience.

So, who's on the advisory board? We have individuals who are with state provider associations in our six states, our NAMI organizations, Mental Health America chapters, some consumer-run organizations, and of course, we are trying to build linkages with our state behavioral health directors because they have their own, obviously, training and TA agendas.

I think what's unique about our Great Lakes and MHTTC is that we've established what we call a node structure. We have enacted subcontracts with provider associations in five of our six states. And so, we call them our state node leaders. And their role really is to help us in designing, coordinating, and implementing training and TA activities within local states.

They obviously have contacts with providers. They work with the state in their region. They know where good training venues are. They can oftentimes provide CEUs, and so they're a good fit for us as we try to roll out a number of new training and TA activities. And again, most importantly, they're building relationships that we can't necessarily build from our perch sitting here at the University.

So here is the list of who our subcontractors are in each of the states. The Illinois Association for Behavioral Health. The Ohio Association of County Behavioral Health Authorities, who basically represent the ADAM boards in Ohio. The Community Mental Health Association of Michigan. Minnesota Association of Community Mental Health Programs. And the Indiana Council of CMHCs.

In Wisconsin, we have a little bit different setup. We have a state project manager who works out of our office. And so, she is working with providers in Wisconsin to fill the same role as our subcontractors in the other five states. Again, a little bit more about our node activities and what we expect from them. We want them to continuously assess provider needs for training and TA. They are a conduit for us.

And for them, they have, obviously, their own training agendas, and we're here to help augment that as best we can. So, they can obviously do a lot of coordination that we can't do on the ground. And they can deliver their own training and presentations, as they have been for some time. And again, they help us with building continuity and linkages among state agencies and our advisory board members and other stakeholders.

And of course, they are the ones who will respond to most of the inquiries from providers in their particular states. And then, I think most importantly, they help provide feedback to us so that we've got a continuous improvement loop going on. And we want to always assess, did our training and TA actually have the desired results? Were people pleased with it? Is it actually resulting in change within organizations?

Here we go again with a graphic of our region. These are-- if you are on the phone today or on the webinar and are in one of these states, then you are able to access our resources. Back in the early winter of last year-- and we've not been in existence that long. We actually received grant funding back in August of 2018, and we are a five-year cooperative agreement with SAMHSA.

But one of the first things we did in our work plan was to do a needs assessment across the region. The survey was open for about a month, from November-- mid-November to mid-December. We had over 700 responses, and primarily they came from behavioral health agencies. And again, we used our nodes to get the word out and to get the link to the survey to providers in our six states.

And I would say that the majority of our respondents we would consider to be management. We deliberately wanted people who knew the training and technical assistance needs of the agency to respond to the survey as opposed to maybe individual clinicians who would tell us what they needed as an individual. So, it was probably more important for us in this survey to assess agency-wide needs for training and TA.

A little bit about the results of the needs assessment. We asked people early on in the survey which population groups they worked with. And so, the highest percentage cited was people who work with children. And of course, we had about 10 different population groups that people could have responded to, so beyond that, it was pretty evenly distributed among adults and young adults and older adults and different populations.

Not surprisingly, trauma-informed care was listed as the top priority as far as cross-population evidence-based practices. And so, we're already focusing a lot of effort in that area, trying to provide some more intensive trauma-informed care training and technical assistance. For adults with serious mental illness, an EBP called Illness Management Recovery was listed as a top priority. So, we're working with one of our centers of excellence right now based on that need that was told to us, that we're actually working on a training project whereby practitioners will be able to receive IMR training throughout the region.

SAMHSA, of course, is interested in a broad swath of populations. So, we ask folks about transition-aged youth, and the top priorities listed there was coordinated specialty care, which you may be familiar with, which is a team-based, Evidence-Based Practice for young adults who have first-episode psychosis.

In the area of school-based mental health, mental health first aid and cognitive behavioral interventions for trauma in schools, otherwise known as CBITS, was listed as the top priority. And then, for individuals who are homeless, critical time intervention and engagement and outreach strategies was a top priority.

For clinicians, CBT and DBT were pretty evenly matched as far as priorities listed. We also asked about crisis response practices, and crisis intervention training was listed as a top priority. If you're interested, the full results of the survey and the survey report from the needs assessment are available on our website.

Just a few other priorities that we asked about open-endedly in the survey. Obviously, there's a lot of interest in culturally-competent service delivery, and we already have some objectives in our work plan to address that. Improving implementation of evidence-based practices and improved care transitions were also listed among our provider respondents as important topics for technical assistance.

And then, the majority of people cited that they would like to receive training in in-person workshop meetings, which of course come with networking and online, self-paced coursework as the top priorities as far as our training methods go. Here's a list of the staffing for our MHTTC. As I mentioned before, Todd Molfenter is the PI, Project Director, for all three centers. I'm the co-director for the MHTTC, the Great Lakes MHTTC. I'm also the state program manager for Ohio. So, anything related to Addiction Technology Transfer Center, Prevention TTC, or MHTTC, I receive and work with people on needs that are addressed in the state of Ohio.

Ann Schensky, who was on the call earlier as our project coordinator. We have a full-time school-based subject matter expert named Sarah McMinn. Maureen, who is our communications manager, who you'll hear from him in just a few minutes. Scott Gatzke is our implementation manager. And then Dave Gustafson provides support in the area of technology.

I want to talk a little bit about what we call the school-based mental health supplement. Shortly after we received the award for the Mental Health Technology Transfer Center, we were notified by SAMHSA, I think it was two or three weeks after the award, that they also had the ability to provide an additional $500,000 to each of the MHTTCs for a one-year school-based mental health supplement.

So, we applied for that and were successful in receiving the award. And so then, we hit the ground running. The first thing, of course, we did was to post a position and hire our subject matter expert, Sarah McMinn. We also were able to enact an additional

subcontract with our nodes, so each of them are receiving an additional $50,000 to work on school-based mental health initiatives.

And really, the impetus for this whole school-based mental health supplement nationally was, of course, the school shootings and violence in schools. And there's a great drive to figure out, well, what can we do about this? And so, school-based mental health is really the focus of this and promoting evidence-based mental health practices in school settings.

So, one of the first activities obvious for us is to start to build relationships with key state agencies. And most of those folks that we are working with are in the departments of education or departments of mental health or behavioral health. Some of the focus areas, again. I think right now we're spending a lot of time on advancing what's called the Comprehensive School Mental Health Framework.

So, about a month ago, Sarah and I and about 30-some representatives from our six states went to a two-day training in Columbia, Maryland, put on by the National School-Based Mental Health Center of Excellence to learn about this curriculum which they had produced. It's a 600-page curriculum which is all about this sort of comprehensive school mental health framework.

Within that, of course, there are, obviously-- there's already a lot of things going on nationally around school-based mental health and has been for a number of years. But this is really an attempt to get everybody throughout the country on the same page, using a similar framework. So, all the initiatives, hopefully, will be aligned with this framework as we move forward.

Suicide prevention, of course, and trauma-informed care are a huge, huge focus areas within the area of school-based mental health. Other kinds of best practices and evidence-based practices you've heard about which are categorized under what we call Tier 1 or Universal Supports, things like youth mental health first aid and social emotional learning are priority topics that are being used in our school-based settings.

The Comprehensive School Mental Health Framework has eight modules, basically. And for some states who really haven't adopted a framework, they could use this model or this curriculum and basically teach and train and focus efforts all around the eight modules. In other states who are further down the road with us, they may only use a couple of these modules that fit their situation.

But here they are. Basically, it's modules that have been developed around the foundations of comprehensive school mental health, which includes definitions and philosophy and program areas. A module on teaming and staffing which is huge in trying to move the ball forward in this area. A whole module on assessing needs in schools. Techniques and tools for how to do resource mapping.

A module on mental health screening, obviously, which is hugely important for SAMHSA to identify individuals who have mental health needs or emerging needs. Mental health promotion is Module 5. Early intervention and treatment services. Obviously, we know about clinicians who may be working in schools and providing counseling and therapy.

And then, two modules that are probably most critical, and that's the whole issue of funding and sustainability. How do we actually fund and support all the necessary elements of a comprehensive school framework? And then, Module 8 is all about documenting and demonstrating impact. And there's a whole system called Shapes which actually help schools assess where they are in building this framework and assessing their impact and outcomes.

Sarah, our school-based mental health expert, is already on the road, and she's been out and visiting with people in our states. She will be in Ohio in April, the 23rd and the 24th. She'll also be visiting a conference in Minnesota. In June, she'll be in Michigan. And basically, she'll be exhibiting for our Mental Health Technology Transfer Center, networking, meeting people, providing resources, and trying to help out where she can, and working, again, through our nodes in those states to get some mental health initiatives around training and TA out there.

The national coordinating office has asked all of the TTCs to identify a priority focus area. So, our focus area at Great Lakes is on process improvement for mental health care. You can go to our website and see a page about that and what that entails. A little bit more about our focus area. Within the department that I work in, which is called CHESS, CHESS has a long history in providing training and consultation around change management and change projects. Years ago, they developed a process called NIATx, which used to stand for the Network for the Improvement of Addiction Treatment, but now, since we broadened scope from addiction to mental health, it's simply called NIATx.

And the way we typically teach and train around the NIATx model is to provide a Change Leader Academy. And so, we can we provide those in Madison, but we also go to other states and do Change Leader Academies. So that is a part of our work plan, and hopefully, you'll be seeing some of that promoted in your states. And hopefully, you'll be able to attend a Change Leader Academy at some point in your state.

Change Leader Academies, basically, is comprised of a day-long training where a team from an agency comes and learns about the different techniques and tools to use. One of the tools is actually conducting what we call a walkthrough. And then, the team goes back and decides, what are the aims that we're going to focus on? A lot of this is around process, so improving processes.

And so, the original NIATx aims were things like increasing retention in treatment or increasing admission rates to programs. So there has been a longstanding project in Wisconsin that has used this model, and the whole focus has been on reducing

readmission rates to state psychiatric hospitals. And so, I believe that project is now in its ninth year, with a number of new providers and some older providers.

Another big focus area of the national coordinating office and our own center is on implementation science. As many of us know, one of the goals is trying to speed up adoption of EBPs. And probably not enough attention has been paid to what are the elements of-- what did we learn from the implementation of science that can help us better implement the practice, get it rolling, and then sustain it over a period of years?

So, we are trying to align best practices in implementation science as we rollout our more intensive and longer-term TA projects that usually involve the development of a learning collaborative and provides coaching to the agencies as they move forward with their projects. We're also trying to identify, along with our needs assessment and priority areas, but which practices, for instance, in which states have had some perhaps difficulties in sustaining particular EBPs over time.

One of those that has come up so far and within our needs assessment is the whole coordinated specialty care that I mentioned earlier. It's a practice that, again, is very specialized and has, frankly, had some difficulties in sustaining some of the programs for a lot of different reasons. And so, we believe that promoting implementation, having an actual implementation plan, an implementation team, and potentially implementation advisors can help agencies as they install new practices and work through the kinks that all practices will have, but basically get to a sustainable stage.

I would say probably one of the biggest differences of our MHTTC and the TTC approach across the country, and a huge reason that SAMHSA changed their approach, is the understanding that one-and-done training doesn't really change much of anything. And so, we are trying our best to move beyond doing one-day trainings that really have no follow-up to providing a more intensive, thoughtful, structured, longer-term approach where especially we could use the example of motivational interviewing.

Sending people to a one-day motivational interviewing training and then sending them back to their workplace without any supervision, without any ongoing coaching, without any fidelity assessments doesn't really do anybody any good. So, we're trying to structure our technical assistance and training projects so there actually is some ongoing coaching, some additional consultation, and a map for how do we get people-- how do we get individual clinicians or other practitioners to the point of being competent in these particular practices?

And of course, we want to move beyond, basically, counting widgets to get to the point someday where we're actually measuring system-level outcomes-- even though we, as other TTCs, are on the hook for providing basic counts of how many people did we serve, how many people did we train, how many events, that sort of thing. That is part of our work plan and our agreement with SAMHSA to provide that sort of data.

I wanted to provide just maybe a few examples of the kinds of technical assistance that we have provided and can provide. We can, obviously, do clinical consultation if that's needed. As I said before, we're doing change leader projects, quality improvement projects. We have a number of intensive learning collaboratives going on right now that involve maybe a one- or two-day on-site training and then follow-up coaching over a period of four to six months.

We're also working with some states on workforce development recruitment and retention initiatives. And then, another area that I think we have been fortunate to hire a person named Alfredo Serrato who is our intensive technical assistance specialist. A big focus of SAMHSA, as you know, is on CLAS standards. And so, we are trying our best to develop some additional training and more focused trainings around that issue and trying to help providers to become more diverse and competent in this area.

So, one of the projects that we have already started is we've done a cultural elements training in Ohio, which is going to have a follow-up. CHESS has had a long-standing project in Milwaukee County here in Wisconsin with the Hmong community. And our IPA, Alfredo, is now working on assembling the master series for behavioral health practitioners who want to become more competent in serving individuals from diverse backgrounds.

And the bottom line, of course, is we're trying to improve access to services within states and within localities to what we would deem truly culturally competent services, which is hard to do, but we're going to work on it. A few examples of some initiatives that have already been provided or are already in the pipeline. Again, we're helping to fund and support youth mental health first aid training in Illinois. We've done a couple of co-occurring disorders trainings in the Chicago area.

We're hosting and promoting a big recruitment and retention learning collaborative in Ohio with a national expert. As I said before, we've already done a Hispanic and Latino cultural elements training in Ohio. And then, we have a couple of Change Leader Academies going on. One that's coming up is in Indiana. And now I'm going to turn it over to Maureen to talk a little bit about communications.

Communications:

MAUREEN FITZGERALD: Thanks, Lou. And thanks everyone for joining us today. I just have a couple of bits of information about our communications for the Great Lakes Mental Health Technology Transfer Center. Next slide. And we have a website that was launched in February. So, it's brand-new. And while it's new, we have-- we update our website with new content weekly. And you see that one of our featured items is the Ohio Workforce Recruitment and Retention Learning Collaborative. Just want to let anyone from Ohio know that the application deadline for that learning collaborative has been extended to April 19th, so spread the word.

Next slide, please. So, when you go to our website, at the bottom of the page there's an option for you to sign up to join our listserv. You can also follow us on Twitter and sign up to receive our quarterly newsletter. One thing that we stress is that we really like hearing from you. We'd like to know what you find particularly useful or engaging on our website. Or if you have topics for articles or other features that you'd like to see on our website, please let us know.

Next slide. You'll also find on our website information on how to access training or TA from our Great Lakes Mental Health TTC. And here's a list of the specific individuals you can contact in your state. And that's everything that I wanted to cover. Thanks.

LOU KURTZ: Thank you, Maureen. So, this is probably the most important slide for those of you who reside in one of our states. So, this is the list of the six individuals who are your contacts and for you to address your training and technical assistance needs with. They're also the people who are formulating and sponsoring and co-producing events with us. And so, I encourage you to email these folks and check their websites and find out what's going on in addition to looking at our website.

So, we're to the point of our webinar where we will take any questions and hopefully provide some answers if anybody has any questions for us. So, if anybody has any questions, you can type them into the chat box. So, it looks like we have one comment and question about MI, Motivational Interviewing, and online training.

One thing I probably should have mentioned is that because we have all three TTCs, you really should be checking maybe all three of our websites because there are valuable resources on all of them. Motivational Interviewing probably falls within our-- and does fall into our Addiction Technology Transfer Center bucket. And we do have a net trainer, Laura Saunders, who does a lot of training for us and you may have seen out in the field. So that would be the place to check. I know there are some MI resources online on the ATTC network.

We do have a question about Change Leader Academies and whether they're going to be scheduled soon or not. Again, those are things that you can go to our website and check for upcoming dates. I would say-- let's see. If I'm looking at my sheet right here, actually, the one in Indiana is coming up soon. And I'm blanking on the day. But again, the best bet would be to email me or email your node in your state or check our website.

But those Change Leader Academies should be open to just about any provider in the state. It looks like the one in Indiana is going to be on July 24, and I believe it's going to be in South Bend, Indiana. We have any other questions? So, do we have-- I don't believe we have a link yet up for that particular Change Leader Academy in Indiana, but hopefully we will soon. Let's see. Oh yes, the web address. Maureen, would you like to give us the web address? We kind of forgot that one.

Question-Answer:

MAUREEN FITZGERALD: Sure. Our website address is www.mhtttc.org/greatlakes. And I'll also type that. And I see that our web admin has already added that to our chat area.

LOU KURTZ: Very good.

MAUREEN FITZGERALD: Ben has a question. Does the MHTTC fund other implementation science practices? Indiana is looking for a statewide participant in LOCI over the next few years.

LOU KURTZ: Yeah. I'm not familiar with LOC or LOCL. So, Ben, if you want to type what that is, maybe I could answer that. I would say that, in the area of implementation science, we have a work group that is meeting monthly with the national coordinating office. And Todd Molfenter, our PI, is actually co-chairing that. And so, there is a plan afoot to put together some online modules around implementation science and to actually get that out into the field.

I know that some of the MHTTCs, for instance, are working on the angle that with some of these practices, it would help to have what we call an implementation advisor so there'd actually be a person who can help agencies install and implement the practices so they have better uptake to say.

So, I think there's going to be more coming about that and more-- the other focus of that is on, for agencies who are looking to add new practices, there's a whole area of how you select Evidence-Based Practices. And so, I think that there will be some online training and some other resources coming out pretty soon about that.

So implementationleadership.com. I'll have to look into that, Ben, and get back with you after the call. Or maybe we can talk about it this afternoon. We're going to give it another minute or so and see if we get a few more questions, and we'll go from there.

Oh, that's good question. So, can we get a copy of the presentation? I'm assuming we can send the slides out. How would you like to handle that, Ann? What do we usually do? I'll host the file somewhere.

ANN SCHENSKY: Yes. We'll send a copy of the PowerPoint out to. Everyone on our list.

LOU KURTZ: OK. Very good. And certainly, yes, please post the webinar on the state node websites. Again, I would-- there are a number of websites that you would probably want to be looking at. And again, the first step might be in the state that you're in to go ahead and go to the provider association that we've listed here and check their website for events. And then check ours. And you may see some of the events listed in both places.

I'm always available if you have questions. Please email me. My email address is kurtzjr@wisc.edu. I think that we are done for the day. And I appreciate everybody who joined us today, and I hope you will be contacting us in some form or fashion. So, thank you very much, and have a good day.