

# **Culturally Responsive, Trauma Informed and Evidence-Based approaches for supporting adolescents with substance use disorders (SUD) in schools**

Lisa R. Fortuna, MD, MPH

Professor and Vice-Chair of Psychiatry and Behavioral Sciences

University of California San Francisco

## Acknowledgment

Presented in 2022 by the National Hispanic and Latino MHTTC

This presentation was prepared for the National Hispanic and Latino MHTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from National Hispanic and Latino MHTTC. For more information on obtaining copies of this publication, call 787-798-3001.

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 6H79SM081788 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# About the presenter



**Lisa R. Fortuna, MD, MPH**, is a board-certified child and adolescent psychiatrist with over twenty years of clinical experience with children, adolescents, and families. She is Professor and Vice-Chair of Psychiatry and Behavioral Sciences at University of California, San Francisco. Dr. Fortuna has published highly cited articles in the areas of post-traumatic stress disorder (PTSD), adolescent substance abuse, and Latino and immigrant mental health. She received a K23 Patient Oriented Career Development Award from the National Institute on Drug Abuse (NIDA) to develop a cognitive behavioral therapy intervention for adolescents with co-occurring trauma and addictions, which formed the basis for a book: *Treating co-occurring adolescent PTSD and addiction: Mindfulness-based cognitive therapy for adolescents with trauma and substance-abuse disorders*, New Harbinger Publishing (2015). She continues to conduct research in post-traumatic stress, depression, and substance use disorders, and to develop mental health services programs for adolescents and their families facing these problem

# Disclosures

---

I have no conflicts of interest to disclose

---

I am an employee of the University of California San Francisco

# Learning Objectives

- Implement evidence based clinical approaches for addressing adolescent substance use
- Consider the impact of school policies and practices for substance use problems and student outcomes
- Describe school-based prevention programs that are evidence based, are culturally responsive and trauma informed
- Implement best practices for identifying, referring and engaging adolescents in interventions

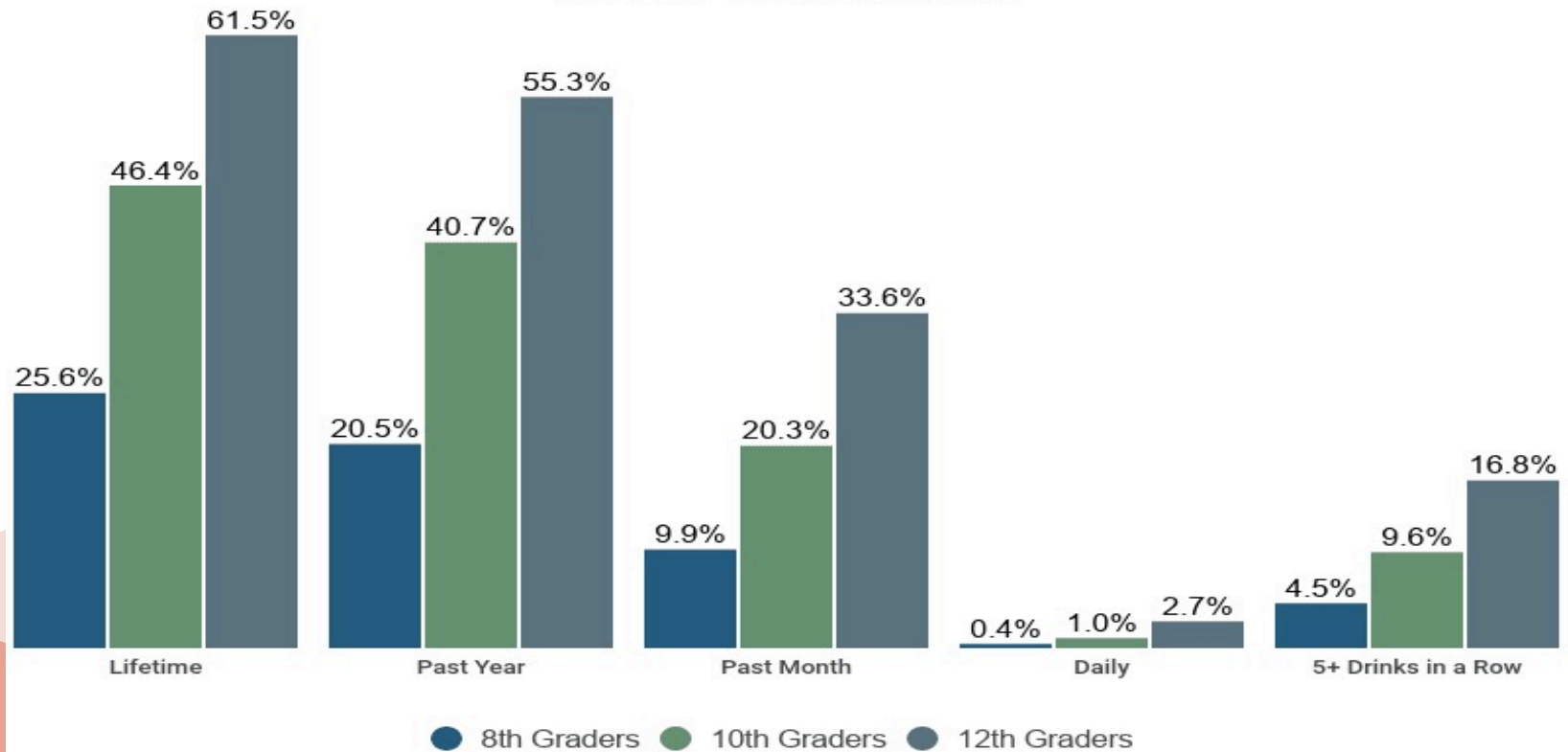
# Adolescents with SUD...



- Are largely undiagnosed
- At risk of disrupted education and poor mental health outcomes
- Can be served by schools through prevention and clinical interventions

# Epidemiology

## Youth Alcohol Abuse

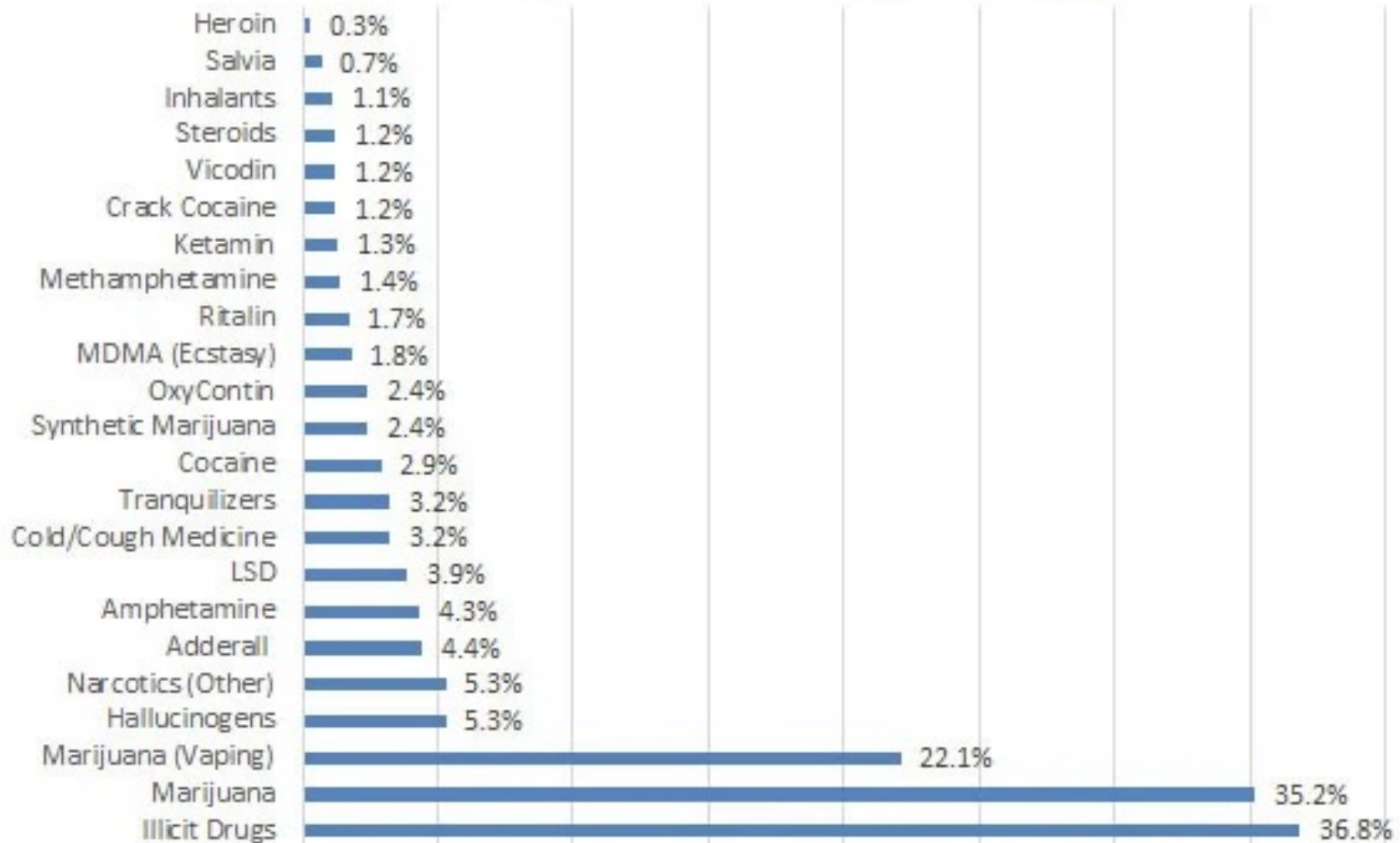


\*Reported usage at any point throughout 2020.

National Center for  
Drug Abuse Statistics, 2020



## Past-Year Use of Various Drugs by 12th Graders (Percent) 2020

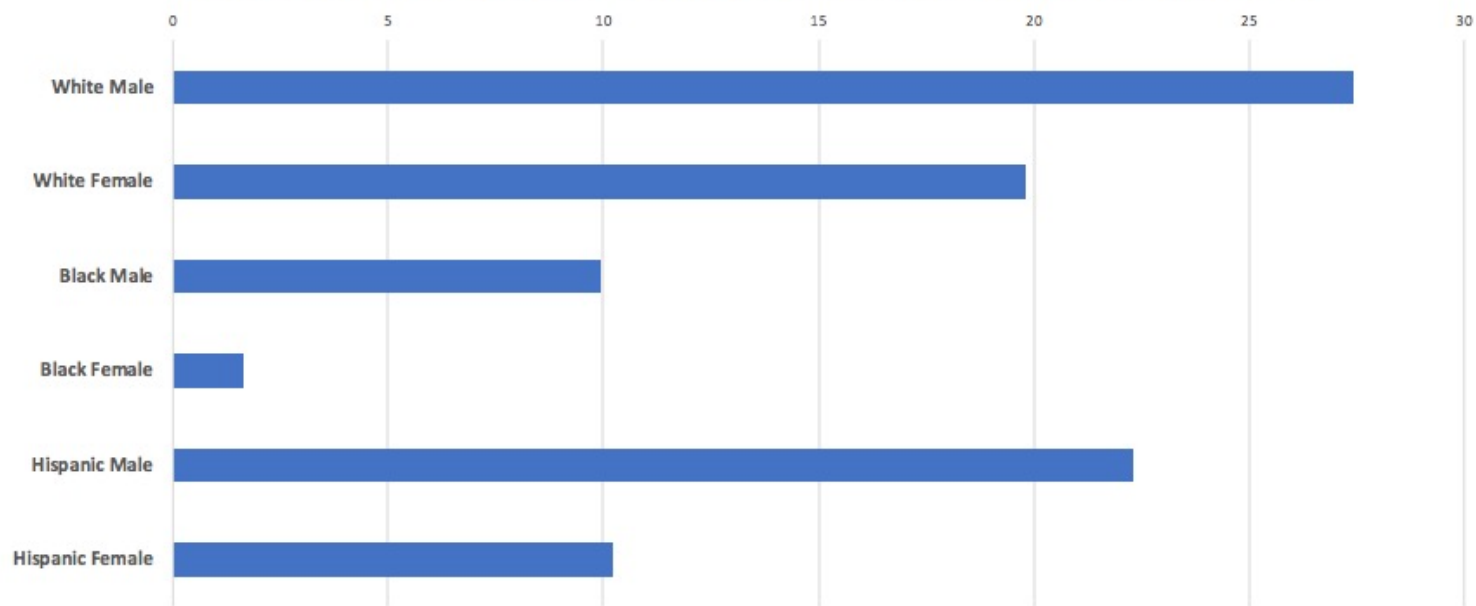


National Institutes of Health - drugabuse.gov

# Disparities in SUD treatment

- Black and Latinx adolescents are less likely than white adolescents to receive treatment for SUDs
- Minoritized youth are less likely to have health insurance, to be identified and referred for SUD, or to have close geographic proximity to treatment services.
- A multitude of economic, social, environmental, gender, cultural and individual factors contribute to poor access
- Disrupted education and criminalization of mental health and SUD

## White Male Youth are More Likely to Have Ever Received Treatment for Substance Use (National Survey on Drug Use and Health, 2019 Cohort)



<https://www.samhsa.gov/data/release/2019-national-survey-drug-use-and-health-nsduh-releases>

# Schools as referral sources

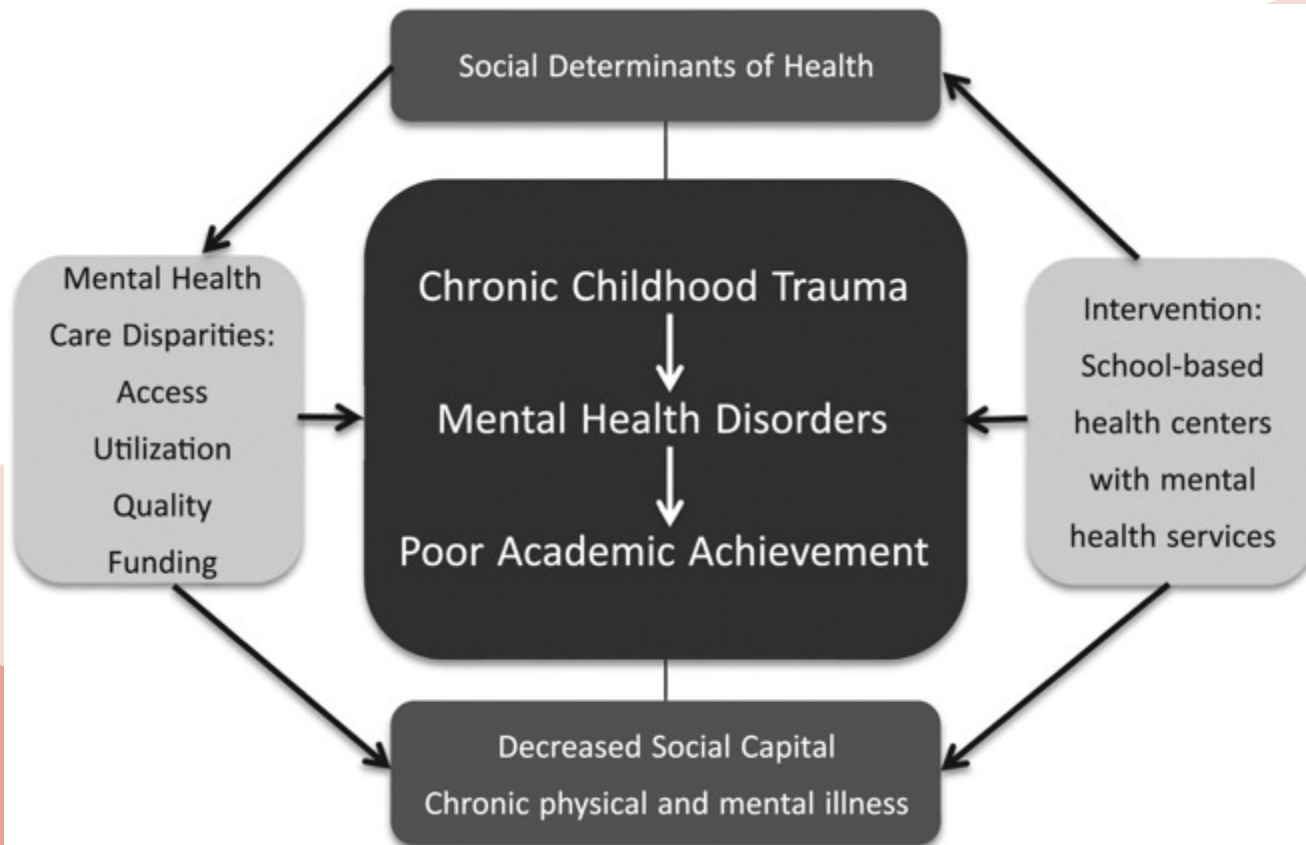
- Are minoritized children under-identified and referred by schools?
- Differential referral from schools and healthcare and government organizations may operate as mechanisms for decreasing or increasing access to substance-abuse treatment (Wood, 2005).
- For alcohol problems, Latinx adolescents less likely to be referred for treatment than non Latinx white peers, even while receiving mental health services.
- Childhood substance and conduct disorders mediate the relation between trauma and school dropout.

# Prevention: What works?

- Universal school-based interventions target multiple risk behaviors
- May be effective in preventing engagement in tobacco use, alcohol use, illicit drug use, and antisocial behavior, and in improving physical activity among young people
- Most successful prevention interventions focus on working with youth **motivations not just providing information**

MacArthur et al, 2018

# The role of school-based health centers



# Effective Prevention Programs

The “social influence model” is the best we have:

- Focus on norms, commitment not to use, and intentions not to use
- Adding community interventions increases effects
- The use of peer leaders is better
- Adding life skills to programs may strengthen effects.

# NIH Prevention Principles

- Prevention programs can be designed to intervene as early as preschool to address risk factors, such as addressing aggressive behavior, poor social skills, and academic difficulties.
  - self-control
  - emotional awareness
  - communication
  - social problem-solving
  - academic support, especially in reading



# NIH Prevention Principles

Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills:

- study habits and academic support
- communication
- peer relationships
- self-efficacy and assertiveness
- drug resistance skills
- reinforcement of anti-drug attitudes
- strengthening of personal commitments against consuming drugs and alcohol

# NIH Prevention Principles

- Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals.
- Include teacher training on good classroom management practices, such as rewarding appropriate student behavior.

# Multi-tiered approach

## Universal prevention and population interventions

- Structural (eg, laws, policies, taxation)
- School based
- Family based

## Early intervention and harm reduction

- Selective prevention
- Indicated prevention
- Screening and brief intervention
- Harm reduction (eg, roadside drug testing, prevention of injection-related harms)

## Treatment

- Peer-based self-help organisations
- Psychosocial approaches
- Pharmacotherapy
- Family-based and multisystemic therapy
- Specialised treatment services

# Example of Universal Approach

## **Caring School Community Program**

- This is a universal family-plus-school program to reduce risk and strengthen protective factors among elementary school children.
- The program focuses on strengthening students' "sense of community," or connection, to school. Research has shown that this sense of community has been key to reducing drug use, violence, and mental health problems, while promoting academic motivation and achievement.

# Selective

- **Adolescents Training and Learning to Avoid Steroids (ATLAS)** is a selective program for male high school athletes, designed to reduce risk factors for use of anabolic steroids and other drugs, while providing healthy nutrition and strength-training alternatives to illegal use of athletic-enhancing substances. Coaches and peer teammates are part of the program. Parents are involved through homework and a take-home guide on sports nutrition.

# Indicated

- **Reconnecting Youth Program (RY).** RY is a school-based indicated prevention program for high school students with poor school achievement and potential for dropping out.
- The program goals are to increase school performance, reduce drug use, and learn skills to manage mood and emotions.

# Tiered Approach

- **Adolescent Transitions Program (ATP)**. ATP is a school-based program that uses a tiered approach to provide prevention services to students in middle and junior high school and their parents.
- The universal intervention directed to parents of all students in a school establishes a Family Resource Center.
- The selective intervention level, called the Family Check-Up, offers family assessment and professional support.
- The indicated level provides direct professional help to the family.

## 6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.



# Evidence Based Therapy

Meta-analysis, based on 95 treatment-comparison group pairs, found the most effective treatment types for addressing adolescent substance use did not systematically vary for by the included racial/ethnic groups.

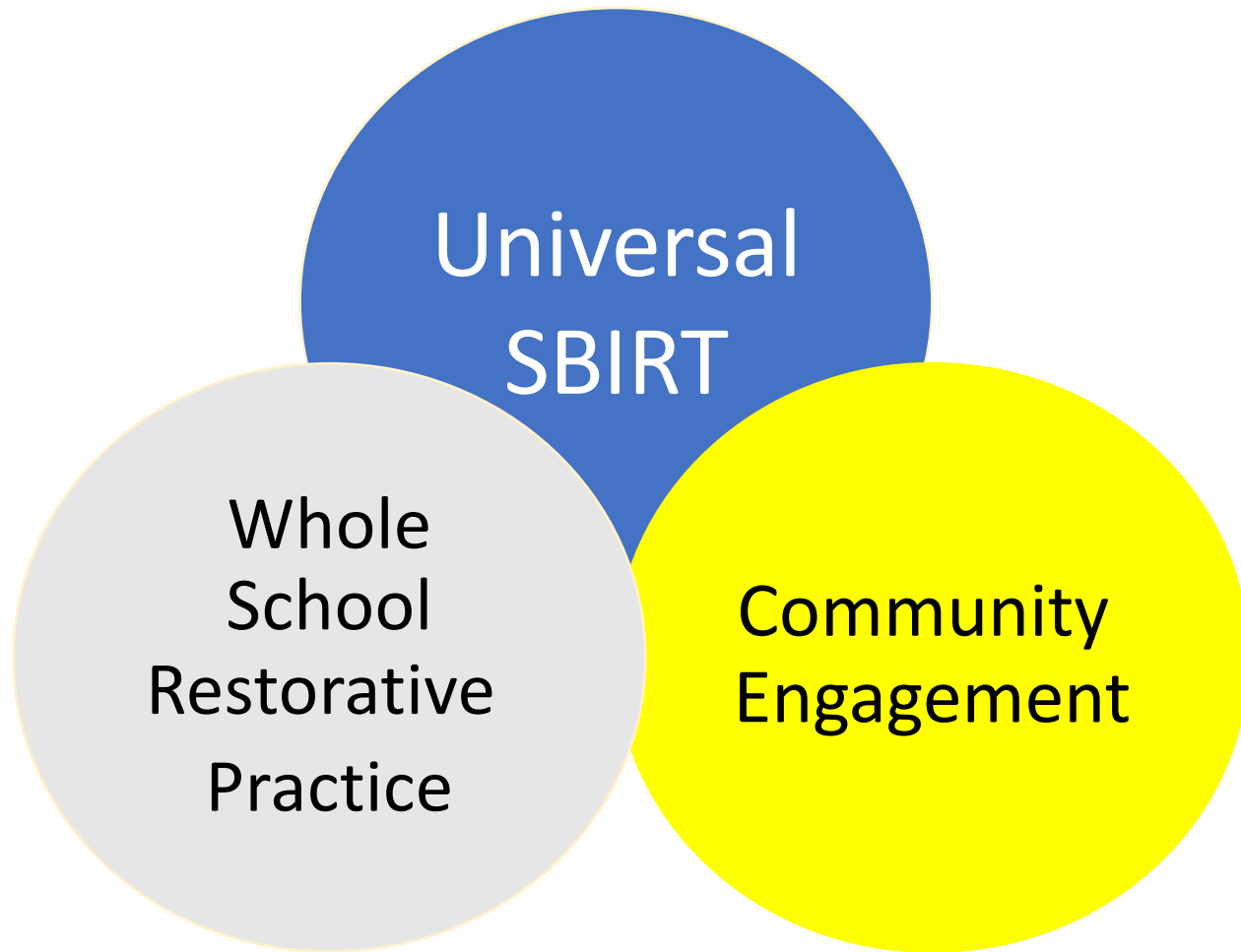
- Behavioral therapy and coping skills
- Cognitive behavioral therapy (CBT)
- Motivational enhancement therapy (MET) and Motivational Interviewing
- Family therapy

# Culturally “Adapted” SUD Treatments

Were specifically designed for Black, Hispanic, or Native American youth and Included:

- **Multi-lingual delivery**
- **Cultural competency/humility training of clinicians**
- **Racial-ethnic matching of provider to client**
- **Accessible location**
- **Family-Centered and Cultural Themes**

Steinka-Fry et. al., 2017)

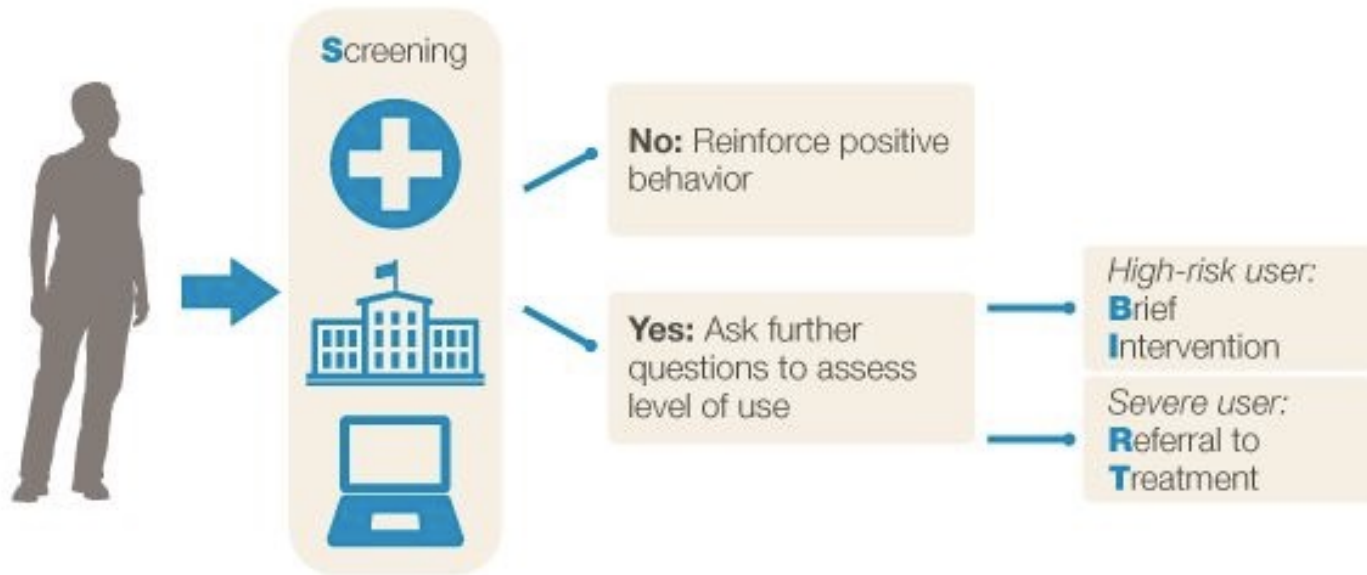


## Screening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (SBIRT) in Schools

- **Focuses on prevention, early detection, risk assessment, brief counseling and referral** for assessment that can be utilized in the school setting
- **Use of a validated screening tool** enables school health teams to detect risk for substance use related problems
- **Brief intervention strategies** will help to address these concerns at an early stage in adolescents



## SBIRT: Screening, Brief Intervention, and Referral to Treatment



# Screening

## **Administer and score a standardized behavioral health and/or Substance use instrument**

- Written Consent to disclose confidential information prior
- CRAFFT
- TLFB\* Calendar examines frequency of a specific target behavior = Time-Line Follow Back

## **Brief intervention**

- Motivational interviewing, negotiated interview
- REACT worksheet
- Information

## **Referral**

Massachusetts

Toolkit <https://cme.bu.edu/sites/default/files/SBIRT%20in%20Schools%20Toolkit--FINAL-8-30-21.pdf>



# The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

## Part A

During the PAST 12 MONTHS, did you:

	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana</u> or <u>hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to get high? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer “yes” to any questions in Part A?

No

Yes

↓  
Ask CAR question only, then stop

↓  
Ask all 6 CRAFFT questions

## Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>



**Cuadro 2. Escala CRAFFT Modificada para Colombia**

Criterios	Si	No
1. ¿Ha viajado, alguna vez, en un <b>CARRO</b> conducido por una persona (incluyéndolo a usted) o ha tomado riesgos en grupo (como realizar robos, colarse en fiestas, pedir que lo lleve dentro y fuera de la ciudad) que haya consumido alcohol, drogas o sustancias psicoactivas?		
2. ¿Le ha sugerido, alguna vez, a sus <b>AMIGOS</b> o su familia que disminuya el consumo alcohol, drogas o sustancias psicoactivas?		
3. ¿Ha usado, alguna vez, bebidas alcohólicas, drogas o sustancias psicoactivas? para <b>RELAJARSE</b> , para sentirse mejor consigo mismo o para integrarse a un grupo?		
4. ¿Se ha metido, alguna vez, en <b>LIOS</b> o problemas al tomar alcohol, drogas o sustancias psicoactivas?		
5. ¿Ha <b>OLVIDADO</b> , alguna vez, lo que hizo al tomar alcohol, drogas o sustancias psicoactivas?		
6. ¿Ha consumido, alguna vez, alcohol, drogas o sustancia psicoactiva encontrándose <b>SOLO</b> y sin compañía?		

**Table 2** The percentage of subjects responding “yes” to each CRAFFT item

<b>Items</b>	<b>Answers “yes” (%)</b>
Car	27.4
Relax	30.6
Alone	29.0
Forgotten	26.6
Family/friend	34.7
Trouble	19.4





# Decisional Balance Sheet

	<b>Disadvantages</b>	<b>Advantages</b>
<b>No Change</b>		
<b>Change</b>		

	Advantages	Disadvantages
Changing Problematic Behaviors	<ul style="list-style-type: none"> <li>• I will feel better about myself.</li> <li>• I will earn my parents' trust.</li> <li>• I will not have anything to hide.</li> <li>• I will have more time to do homework.</li> </ul>	<ul style="list-style-type: none"> <li>• I will have to give up something that I enjoy.</li> <li>• My parents will have to watch me when I am on the Internet.</li> </ul>
Maintaining Problematic Behaviors	<ul style="list-style-type: none"> <li>• I get to keep doing something that I like.</li> <li>• It helps me not to think about school.</li> </ul>	<ul style="list-style-type: none"> <li>• I will continue feeling ashamed, embarrassed, and guilty.</li> <li>• I will continue lying to my parents.</li> <li>• I will be breaking the law.</li> <li>• I will continue hurting children.</li> </ul>

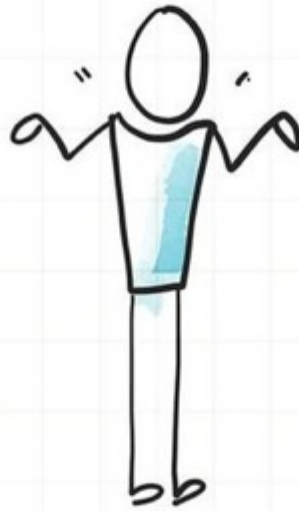
**FIGURE 1**

**Example of a Decisional Balance Chart With a Juvenile Sex Offender Who Views Excessive Child Pornography on the Internet**

Note. From "Motivational Enhancement Therapy: A Tool for Professional School Counselors Working With Adolescents," by G. W. Lambie, 2004, *Professional School Counseling*, 7, p. 272. Copyright 2004 by American School Counselor Association. Adapted with permission.

## Rating MI Spirit: Thumbs Up or Down?

*"My boyfriend keeps asking me to take smoke weed with him. I don't want to, but I don't know how to say no. What should I do?"*



*"Well, I have some ideas that you might find helpful, but first I'd like to hear what your thoughts are."*

# Comparing the approaches

## **Practice as Usual**

- Staff ideas for change are central.
- Ambivalence is pathologized.
- Educate students!
- Staff tells more than listens; lots of informing.
- Ask lots of closed questions (fact gathering).
- Ignore or confront student choice.
- Overuse of a Directing Style.

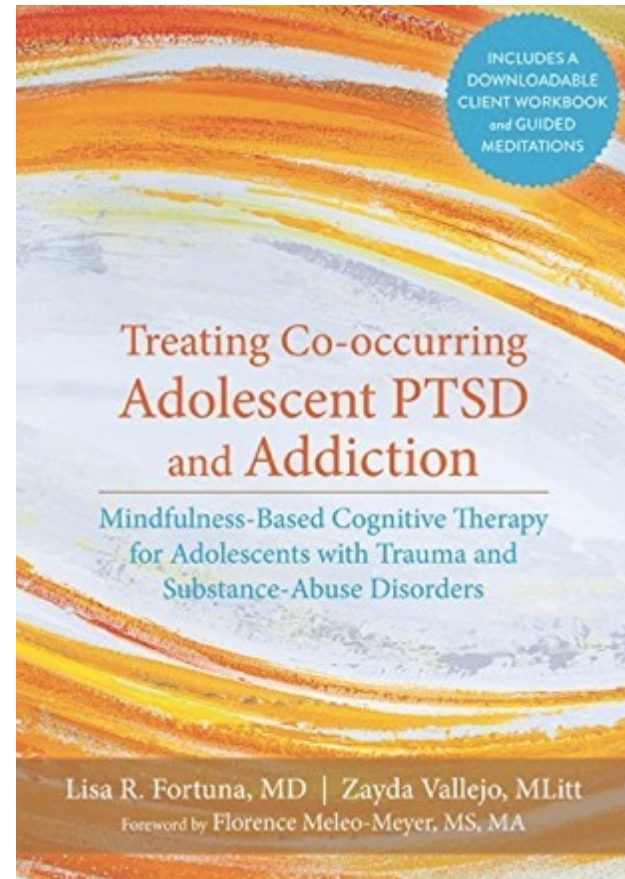
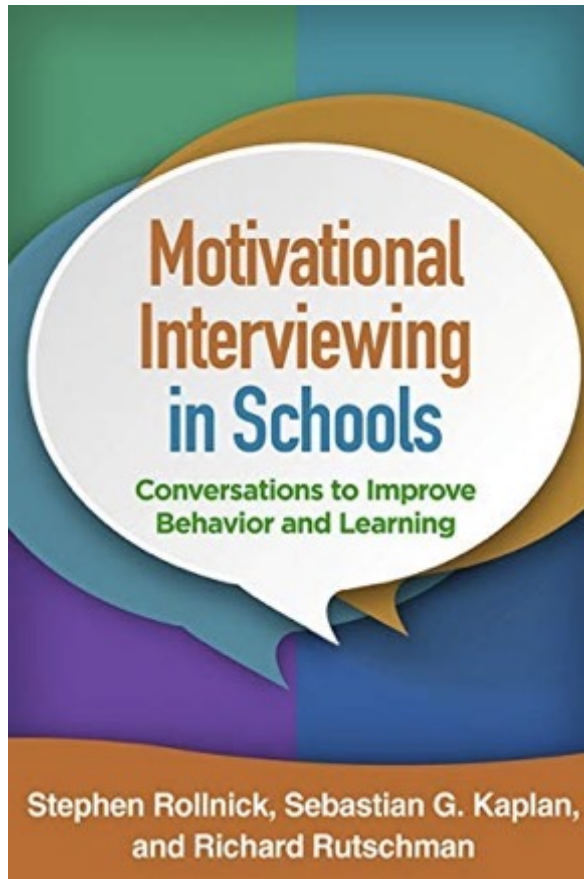
## **Brief Intervention**

- Student ideas for change are central.
- Ambivalence is normalized.
- Evoke from students!
- Staff listens more than tells; minimal use of informing.
- Ask some key open questions (motivation enhancing).
- Embrace and emphasize student choice.
- Strategic use of a guiding style.



# REFERRAL to TREATMENT

- This is a data-driven decision based on a student's response to Brief intervention
- Referral could be internal for more school-based services
- Referral could also be a recommendation for assessment by a licensed mental health or substance abuse professional
- Strengthens linkages between school and community-based services.



# Outcomes

- Reduced frequency of use
- Reduced problem symptoms
- Increased rates of abstinence
- Increased engagement in services

# Cultural and Trauma Informed

- Latinx parents and their adolescent children inform them about the risk factors associated with youth substance use.
- Nurses can also help Latinx parents strengthen the known protective factors such as parental warmth and acceptance, and positive parental monitoring.
- Latinx youth benefit from having supportive parents/caregivers who are involved in their children's daily life activities and monitor or supervise them on a regular basis.

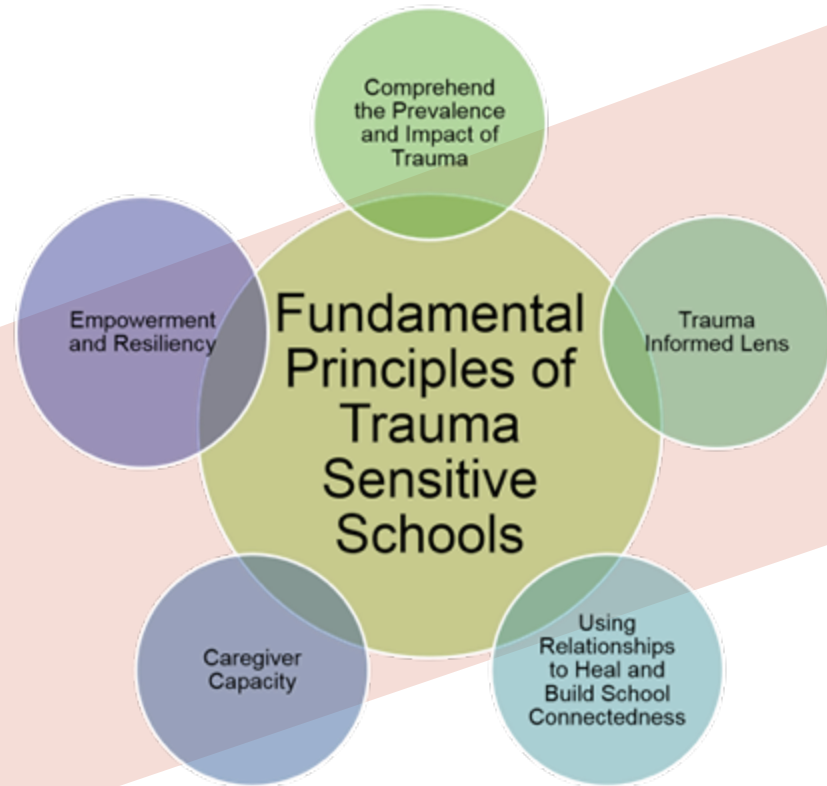
# 15 year old female student

In 8<sup>th</sup> foster care placement, in touch with birth family (mother with drug and alcohol addiction), has spent multiple times in juvenile detention for “pot and behavior” (on probation for receiving stolen property)

Support from school: “they don’t know what’s going on... My French teacher [and the] class wrote a letter for me in French. It’s a small school, like 500 kids and I’m 1 in 4 Black girls.

High achievement in school but “I always used to get high before school so... I’d be tired by like 4th period though, I’d be just wanting to go to sleep, lie down, smoke again.”

# Cultural and Trauma Informed



## Culturally Accommodated Cognitive-Behavioral Therapy (A-CBT)

[Burrow-Sanchez and  
Wrona \(2012\)](#)

Using a randomized trial design, examined the effectiveness compared to standard group CBT (S-CBT).

- Weekly 90-minute group sessions over a 12-week period
- Focused on problem-solving, decision-making, and coping skills.
- **Culturally relevant themes** and examples for Latinx adolescents and emphasized parental involvement through regular mailings and phone calls to parents.
- **Cultural modifications** focused on issues of acculturation, ethnic identity, and familism.
- **Normalized the experiences of acculturative stress**, challenge negative internalized messages based on experiences of racism and discrimination,
- **Increase awareness of personal strengths** associated with ethnic identity, and develop skills to manage the stress.
- Treatment materials were provided in **English and Spanish**
- Providers in both conditions were **bilingual and trained in cultural aspects** of working with Latino adolescents and their families.
- Location and schedule were adjusted to make treatment more accessible for the participants in both conditions.

## The Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA)

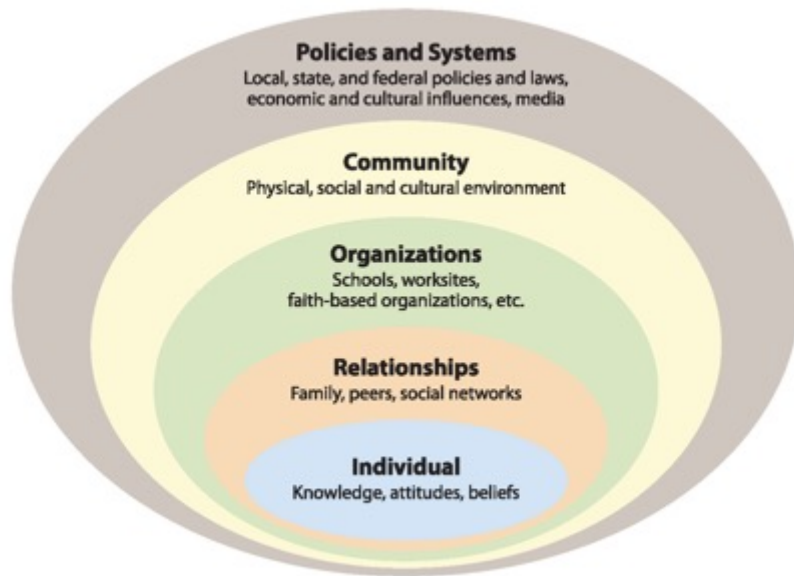
- CIFFTA integrated themes relevant to Hispanic/Latinx families into structural family therapy
- Individual treatment incorporated motivational interviewing, goal setting, relapse prevention strategies, interpersonal and crisis management skills, exploration of youths' ethnic and race identity, and management of discrimination and alienation-related stress.
- Structured psycho-educational sessions covered such topics as parenting practices, drug education, risky sexual behavior, interpersonal skills, working with juvenile justice system, co-occurring disorders, acculturation and immigration stressors, and immigration related parent-child separations.
- **Employed systematic decision-making** for tailoring manualized treatment options to the needs of each family.



# Addressing Needs through Systems of Care

- Consider the effect of coercive access to treatment and negative experiences in care.
- Improve SUD services in educational and community settings for minoritized youth.
- Expand access to culturally responsive interventions including those that consider gender specific issues/intersectional identities.
- Access to SUD and integrated services in minoritized communities and schools

# Conclusions



Inequities in access to care results in significant disparate outcomes for Black and Latinx youth including disrupted education, incarceration, economic disparities and poor mental health.

Care integration in schools offer expanded access to treatment, and collaboration among community health and mental health centers

Improve access to culturally and structurally competent care for patients in geographic areas with limited healthcare resources

# Resources

SBIRT Tool Kit for Schools

<https://cme.bu.edu/sites/default/files/SBIRT%20in%20Schools%20Toolkit--FINAL-8-30-21.pdf>

Preventing Drug Use among Children and Adolescents (Principles and Examples of Evidence Based Programs)

<https://nida.nih.gov/publications/preventing-drug-use-among-children-adolescents/prevention-principles>

CRAFFT SCREENING TOOL

[www.CRAFFT.org](http://www.CRAFFT.org)



National Hispanic and Latino

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Ibis Carrión, Psy.D.  
Director

[ibis.carrion@uccaribe.edu](mailto:ibis.carrion@uccaribe.edu)

Angel Casillas, MHS  
Project Manager

[angel.casillas@uccaribe.edu](mailto:angel.casillas@uccaribe.edu)



Your opinion is important to us!  
Fill out your evaluation forms,  
it only takes a couple of  
minutes! Just scan this code with  
your smartphone. Don't worry if  
you can't - an email will be sent  
to you with the link.

Follow Us



Website: <http://www.mhttcnetwork.org/hispaniclatino/>  
Email: [hispaniclatino@mhttcnetwork.org](mailto:hispaniclatino@mhttcnetwork.org)



## References

- Burrow-Sanchez, J. J., & Wrona, M. (2012). Comparing culturally accommodated versus standard group CBT for Latino adolescents with substance use disorders: a pilot study. *Cultural Diversity and Ethnic Minority Psychology, 18*(4), 373.
- Cuijpers, Pim. Effective Ingredients of School-Based Drug Prevention Programs: A Systematic Review. *Addictive behaviors 27.6* (2002): 1009–1023. Web.
- Fortuna, L. R. & Vallejo, Z. (2015). Treating co-occurring adolescent PTSD and addiction: Mindfulness-based cognitive therapy for adolescents with trauma and substance-abuse disorders. Oakland, CA: New Harbinger Publishing
- Herman, Keith C. et al. *Motivational Interviewing in Schools: Strategies for Engaging Parents, Teachers, and Students*. New York, NY: Springer Publishing Company, LLC, 2014. Print.
- Julie Lunstead, Elissa R. Weitzman, Dylan Kaye & Sharon Levy (2017) Screening and brief intervention in high schools: School nurses' practices and attitudes in Massachusetts, *Substance Abuse, 38*:3, 257-260, DOI: [10.1080/08897077.2016.1275926](https://doi.org/10.1080/08897077.2016.1275926)
- MacArthur, G., Caldwell, D. M., Redmore, J., Watkins, S. H., Kipping, R., White, J., Chittleborough, C., Langford, R., Er, V., Lingam, R., Pasch, K., Gunnell, D., Hickman, M., & Campbell, R. (2018). Individual-, family-, and school-level interventions targeting multiple risk behaviours in young people. *The Cochrane database of systematic reviews, 10*(10), CD009927. <https://doi.org/10.1002/14651858.CD009927.pub2>
- Mullen, Patrick R et al. School Counselors' Use of SBIRT for Substance Use Screening. *Journal of child and adolescent counseling 5.3* (2019): 275–289. Web.
- Porche MV, Fortuna LR, Lin J, Alegria M. Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. *Child Dev. 2011 May-Jun;82*(3):982-98. doi: 10.1111/j.1467-8624.2010.01534.x. Epub 2011 Mar 9. PMID: 21410919; PMCID: PMC3089672.
- Rollnick, Stephen. *Motivational Interviewing in Schools: Conversations to Improve Behavior and Learning*. New York: The Guilford Press, 2016. Print.
- Santisteban, D. A., Mena, M. P., & McCabe, B. E. (2011). Preliminary results for an adaptive family treatment for drug abuse in Hispanic youth. *Journal of Family Psychology, 25*(4), 610–614. <https://doi.org/10.1037/a0024016>
- Steinka-Fry, K. T., Tanner-Smith, E. E., Dakof, G. A., & Henderson, C. (2017). Culturally sensitive substance use treatment for racial/ethnic minority youth: A meta-analytic review. *Journal of substance abuse treatment, 75*, 22–37. <https://doi-org.ucsf.idm.oclc.org/10.1016/j.jsat.2017.01.006>



# MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

## CONNECT WITH US



[MHTTCnetwork.org](https://MHTTCnetwork.org)



[Sign-Up for Newsletter](#)



[MHTTC News](#)