

# The Zoom Interface

The screenshot displays the Zoom Webinar interface with several key components and annotations:

- Header:** "Zoom Webinar" title bar, "You are viewing David Terry's screen", and "View Options" dropdown.
- Main Content:** "TTC Technology Transfer Centers" logo and "Thank you for joining us today!" message. A note states: "You will not be on video during today's session".
- Q&A Window:** A "Question and Answer" window is open, showing a question: "This is a test question!". It includes tabs for "All questions (1)" and "My questions (1)". Annotations explain: "You can switch between questions you've asked and those asked by others using these buttons." and "You can use the Q&A feature to ask questions of the host and presenters. These questions can receive text or live responses. To begin asking a question use the field below. You can see a test question above." A text input field at the bottom says "Type your question here...".
- Zoom Webinar Chat:** A chat window on the right side. Annotations explain: "The chat feature will allow you to talk with other people in today's webinar." and "The To field will tell you who will receive your message. Be mindful of who you are chatting to." The "To" field is set to "All panelists" with a note: "Your text can only be seen by panelists".
- Bottom Bar:** Contains "Audio Settings" (with a callout: "Click Here to adjust your audio settings"), "Chat", "Raise Hand", "Q&A", and "Leave" (with a callout: "Click here to leave the session").
- Other UI Elements:** "Click here to maximize your session view" and "Enter Full Screen" buttons are located at the top right.

# Program Implementation and Evaluation, Session 1: Planning

Sean Karyczak

Northeast and Caribbean MHTTC

September 12, 2023



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**Mental Health Technology Transfer Center**  
*Funded by SAMHSA*

**Northeast and Caribbean  
Region 2**

**General Mental  
Health Workforce**

**Provider  
Wellness**

**Youth & Young  
Adult Services**

**School Mental  
Health Workforce**



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**EPBs** for serious mental health conditions



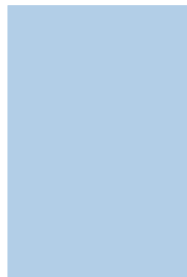
**Wellness & Recovery** for Providers and people with mental health conditions



**School Mental Health**  
Comprehensive, multi-tiered services & supports



**Hispanic and Latiné** mental health education



**Online Education Courses**  
Wellness Matters, IMR, Functional Thinking & more



## Services Available

No-cost training, technical assistance, and resources





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# We Want Your Feedback

Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs.

Feedback about this training will assist us in developing future trainings that are relevant to your professional needs. Therefore, your feedback counts!

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# Video Recording Information

## *Please Note:*

We will be recording this webinar and posting it to our website along with the presentation slides and any relevant resources.

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At the time of this presentation, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grant H79SM081783 from the DHHS, SAMHSA.

# Your Interactions With Us

## Question and Answers

- Q & A will occur at the end of the call.
- Type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).
- Note: your question may be visible to other participants.

## Chat and Polls

- Throughout the webinar, we will be asking for your input.
- Use the Chat or Poll features in Zoom located on the task bar.
- You can control who can see your chat comments.

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



A woman with dark, curly hair and a nose ring is looking out a window. The window shows a view of a blue sky with clouds and green foliage. The woman is in the foreground, looking towards the right side of the frame.

# 988

SUICIDE  
& CRISIS  
LIFELINE

**For people experiencing:**

- Suicide, mental health, substance use crisis
- Emotional distress
- People concerned about someone in crisis



# Meet Today's Presenter



**Sean Karyczak**

*Northeast and Caribbean MHTTC*

*Rutgers University*

*Assistant Research*

*Coordinator*

# GOALS FOR SERIES

01

Offer ideas for new and existing programs to be successful

02

Planning a new program or making changes to existing programs

03

Implementing changes to the new or updated program

04

Evaluating the outcomes of the program

## My Approach to Training

- Educational process
- Ask questions
- Share your experience



# TODAYS AGENDA – PLANNING STAGE

01

Who does the planning?

02

Assessing program readiness

03

Setting goals and outcomes

04

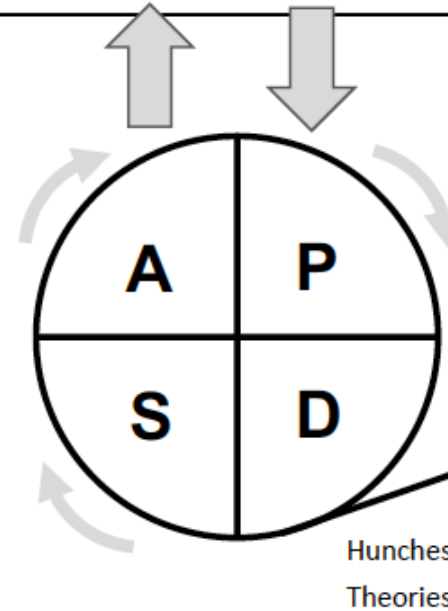
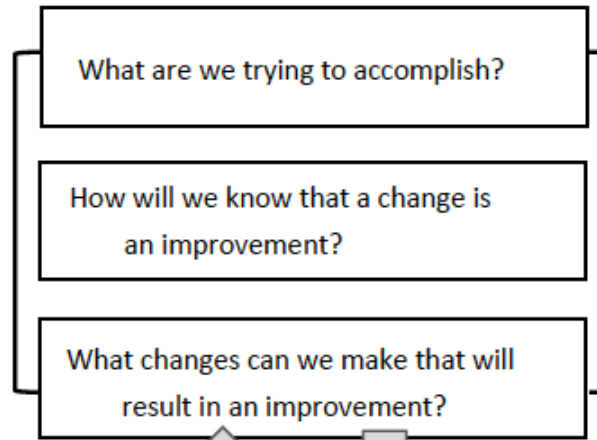
Creating a data collection plan

# Implementation and Evaluation Frameworks

- Many different models
  - RE-AIM
  - PDSA
  - ERIC
  - EPIS
  - NIA NTx

**NOTE:** PDSA Cycles are entered on pg-2 of the *Change Project Form*.

## MODEL FOR IMPROVEMENT<sup>1</sup>



## PDSA Cycle explained<sup>2</sup>

### Plan

- Plan a change or test, aimed at improvement.
- Include how you will collect data.
- What is your prediction for the test?

### Do

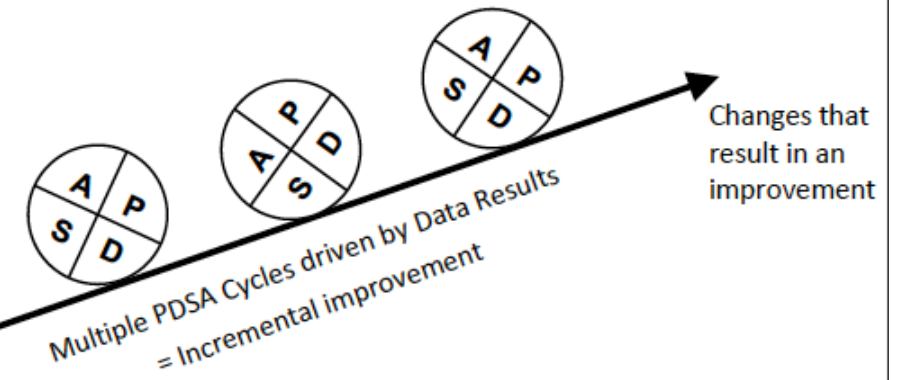
- Carry out the change or test, preferably on a small scale.
- Document your observations.
- Record data.

### Study

- Study the results. Was your prediction correct?
- What worked and what went wrong.
- Summarize what was learned.

### Act

- Adopt the change (or) abandon the change (or) adapt the change and run another cycle.
- Move on to next cycle.



<sup>1</sup>Source: Langley, Nolan, Nolan, Norman, & Provost. (2009 Apr. 20) *The Improvement Guide*.

<sup>2</sup>Adapted from: Moen R. (2009 Sep. 17) *Foundation and History of the PDSA Cycle*.

**Rapid-Cycle Testing:** Trying a small scale change for a short period of time to see if it is an improvement. (NIATx Principle #5)



# Who is Planning?

- Building a planning team and identifying stakeholders
- Who needs to be a part of the team
- Responsibilities and communication



# Assessing Program Readiness

- Existing Services
- Location
- Access to clients
- Needs of service
- Funding
- Staffing



# Existing Services

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- What already exists
  - Services
  - Staff





# Location

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A **walk-through** is a tool to help you experience a process from your customer's perspective.

- New program
- Existing program
- Benefits of a walkthrough

## **BENEFITS:**

- Helps you get closer to **NIATx Principle #1**: *Understand and involve the customer.*
- Allows you to **see** and **feel** what the process is really like for the customer.
- Shines a light on what is **working** and **not working** in the process.
- Provides an opportunity for **front-line employees** working in the process to share their ideas for improving the process for both the customer and staff.

# Access to Clients

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- New programs
- Existing programs



# Need of the Service

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- Potential clients
- Community demographics
- Other existing program





# Funding

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- How is the new program funded?
- Staff
- Services
- Securing Funding



# Staffing

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- Qualifications
- Availability
- Existing Staff
- New Staff







Questions and Check In



# Outcomes

- Importance of program goals and outcomes
- Make implementation and evaluation parts easier
- Incorporate stakeholders

# Fidelity Scales

- Fidelity Assessment
  - Supported Housing Example

<b>Score 1.1.a =</b>	<b>4</b>	<b>2.5</b>	<b>1</b>
1.1.a: Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment)	Tenants choose the type of housing they prefer from a range of housing types, with an integrated, affordable apartment as 1 choice.	Tenants have a restricted choice of housing types (e.g., 2 types of project-based housing).	Tenants are not given a choice of type of housing and are assigned to a type of housing.
<b>Score 1.1.b =</b>	<b>4</b>		<b>1</b>
1.1.b: Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units.	Tenants choose among multiple units.		Tenants are assigned to a unit.

- General Organizational Index

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>G4. Assessment</b>	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in 2 of the following: <ul style="list-style-type: none"> <li>■ Standardization,</li> <li>■ Quality of assessments,</li> <li>■ Timeliness,</li> <li>■ Comprehensive-ness</li> </ul>	Pervasive deficiencies in 1 of the following: <ul style="list-style-type: none"> <li>■ Standardization,</li> <li>■ Quality of assessments,</li> <li>■ Timeliness,</li> <li>■ Comprehensive-ness</li> </ul>	61-80% of consumers receive standardized, high-quality assessments at least annually  OR  Information is deficient for 1 or 2 assessment domains	More than 80% of consumers receive standardized, high-quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
Full standardized assessment of all consumers who receive EBP services. Assessment includes history and treatment of medical/psychiatric/substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.					



# Integrating evidence-based practices into existing services

- Using the SAMHSA EBP Kits
  - New programs
    - Help start the program with the fidelity checklist in mind
  - Existing programs
    - Help guide programs to higher fidelity and shape services
- How to access the EBP Kits
  - Link to the main page with the EBP Kits. Links to specific kits are below.
    - [https://store.samhsa.gov/?f\[0\]=series:5558](https://store.samhsa.gov/?f[0]=series:5558)



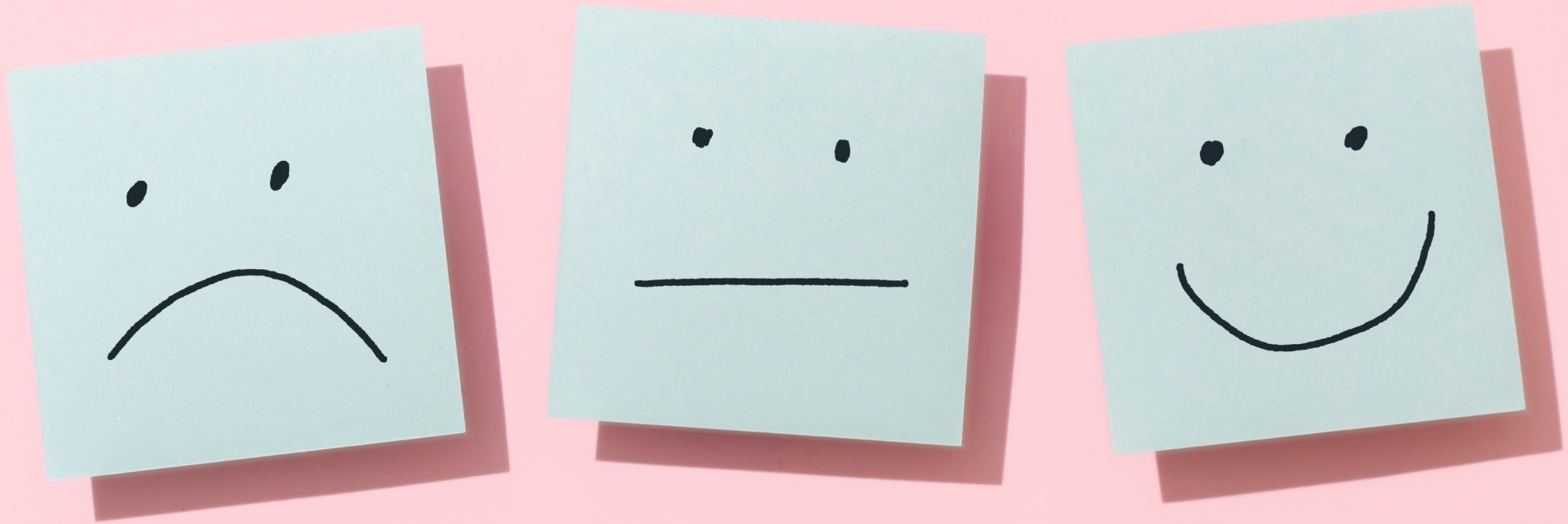
# Funding Requirements

- Grant requirements
- State requirements

# Data Collection Plan

- Often where programs get stuck
- Many data sources
  - EHR
  - Surveys
  - Paper data
  - Client feedback
- Matching outcome to collected data

Goals	Objectives	Method of Measurement
Goal 1: To increase the number of women with SUD, including OUD who sustain long-term recovery.	Objective 1.1: Recruit, hire, and train a project team qualified to provide and expand recovery support services.	Advertisements through appropriate channels, offer letters, timesheets, payroll registers/records, training attendance
	Objective 1.2: 100% of participants without a primary care provider (PCP) will be referred to a PCP.	Case notes
	Objective 1.3: 100% of women who are pregnant will be connected with prenatal medical care.	Case notes
	Objective 1.4: 100% of homeless participants will be referred to safe, temporary or permanent housing.	Homeless Management Information System (HMIS)
	Objective 1.5: 70% of participants will be employed, volunteer, or be enrolled in a vocational or training program.	Employment offer letter or employer verification, attendance sheet, acceptance letters, self-reports
	Objective 1.6: 100% of participants who are eligible for some form of public assistance will complete the appropriate application.	Case notes, public assistance application
	Objective 1.7: 80% of women will participate in gender-specific support groups.	Attendance sheets



Questions and Check In



# Tools to Help Planning

- RE-AIM Interactive Planning Tool
- NIATx
- PDSA TOOL
- MHTTC

# Question and Answer





# Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



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*\*Please allow 14 business days for all recordings to be made available.*

# Certificate of Completion

A Certificate of Completion will automatically be emailed to all online participants within 7 days of webinar broadcast.

# Connect With Us

Phone: (908) 889-2552

Email: [northeastcaribbean@mhttcnetwork.org](mailto:northeastcaribbean@mhttcnetwork.org)

Website: <https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

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Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



# 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



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