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At the time of this presentation, Miriam Delphin-Rittmon served as the Assistant Secretary for Mental Health and Substance Use and Administrator of 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.

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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

Roadmap

• Critical gaps exist between implementation effective interventions and the actual services delivered to people living with mental disorders.

• Many technical assistance (TA) efforts rely on one-time trainings of clinical staff and printed guidelines that alone are not effective in changing clinical practice.

• The MHTTC Network uses D&I science to accelerate the use of EBPs, improve performance, and bring about systems-level change.
  • Illustrated with 4 intensive technical assistance projects from MHTTC Regional Centers

• Preview of some of our upcoming work in our Year 5
MHTTC Network: How We Work

• Regional or population-tailored TTA to states and treatment provider systems across mental health prevention, treatment, and recovery

• Work closely with SAMHSA Regional Administrators, state behavioral health commissioners, and local stakeholders to understand pressing needs in the region/population, and develop annual workplans (versus emphasis on TA requests/grantees)

• D&I science increasingly informs our services
3 Dissemination and Implementation (D&I) Science Frameworks that Help Shape Our Work
Dissemination & Implementation Science

- Scientific study of processes and factors associated with successful integration of evidence-based interventions within a particular setting.
  - How do you get evidence-based practices into routine practice settings so that more people can receive the best care possible?
  - How do you keep the practice in place? (sustainment research)

Rabin & Brownson, 2018
1. Implementation Stages

• What are the steps and stages to implement a new practice?

• Examples of stage models in D&I science
  • EPIS; Greg Aarons and colleagues, 2011
  • Stages of Implementation; Dean Fixsen, Karen Blase, and colleagues, 2005
Implementation Stages

**EPIS**
Exploration, preparation, implementation and sustainment

1. **Exploration**
   Evaluate needs and program fit
   - Adoption Decision

2. **Preparation**
   Plan how to integrate into system
   - Gain internal and external support

3. **Implementation**
   Put the program into place

4. **Sustainment**
   Program is embedded
   - EBP Delivered with Fidelity

Source: Aarons, Nurihurt and Horowitz, 2011
2. Context: Barriers/Facilitators

- Implementation cannot be separated from context
- Barriers/facilitators at 3 levels affect implementation efforts:
  - Individuals
  - Organizations
  - Systems
3. Implementation Strategies (TA activities)

- The activities, actions, or causal agents for the installation, scale up, scale out, or sustainment of an evidence-based practice
  - Training and TA “interventions” of an implementation or sustainment endeavor
- How do we choose which strategies to offer for a particular implementation project?
  - Level of TA, stage of implementation, barriers/facilitators
Implementation Strategies:
TTC Networks’ Levels of Training and Technical Assistance (TTA)
Basic TTA can help increase knowledge

- Basic TTA includes:
  - Mailings, treatment manuals, webinars, fact sheets
  - Conference sessions, short seminars, lectures, webinars
- Goal: Awareness raising, dissemination
- Impact of such strategies is relatively limited:
  - “Passive approaches are generally ineffective and unlikely to result in behavior change” (Grimshaw, 2001)
Targeted training and TA can help support skill development

- Targeted training and technical assistance include:
  - One time trainings, workshops
  - For a targeted audience, but not tailored to individual needs
- Goal: Skill development
- Gains from such strategies tend to be short-term:
  - “Train and hope” doesn’t usually work (Stilen, 2013)
Intensive TTA with ongoing follow-up shows the most promise for practice change

- Intensive TTA includes:
  - Ongoing, customized consultation to specific sites or systems
  - Ongoing coaching/consultation, performance feedback, implementation facilitation, learning collaboratives, Project ECHO
- Goal: Change in practice, implementation
- More intensive, blended strategies may work better for practice change
Follow-up coaching promotes long-term positive impacts on implementation outcomes

Joyce and Showers (2002) study of implementing new education practices in the classroom

<table>
<thead>
<tr>
<th>TRAINING COMPONENTS</th>
<th>Knowledge</th>
<th>Skill Demonstration</th>
<th>Use in the Classroom</th>
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<td>..+ Practice &amp; Feedback in Training</td>
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<td>..+ Coaching in Classroom</td>
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D&I science increasingly informs our services

- Intensive TA projects should be planned in concert with stakeholders and consider the following:
  - Stage: Determine project’s stage; set expectations based on stage and project goals
  - Context: Local/regional barriers/facilitators assessed formally or informally
  - Precision implementation strategies: Decide what TA is provided based on stage, matched to barriers/facilitators, and congruent with project goals
Four MHTTC Intensive TA Projects
Grounded in D&I Science

Implementing Motivational Interviewing in BH Organizations

- Participants:
  - 15 org leaders
  - 26 clinical supervisors
  - 88 service providers
  - 4 BH orgs

- Facilitators/barriers:
  - High level of interest
  - Pandemic – crisis mode
  - Staff turnover

- TTA/Imp Strategies:
  - Education for all
  - MI training
  - Group coaching
  - Fidelity review
  - Training-of-Trainers

- Results:
  - Improved MI skills
  - High training satisfaction
  - Common language across agency

Northeast & Caribbean (HHS Region 2)
MHTTC
Implementing CBTp in Coordinated Specialty Care Teams

- Participants:
  - 9 Coordinated Specialty Care programs for early psychosis
  - Network clinical training director

- Facilitators/barriers:
  - High clinician and stakeholder interest and motivation
  - Multiple roles, other commitments, lack of time for training

- TTA/Imp Strategies:
  - CBTp Org Readiness Tool
  - Multi-day in-person CBTp workshop
  - Consultation calls
  - 1-3 fidelity reviews
  - Training-of-Trainers

- Results:
  - Improved CBTp knowledge & skills
  - Improved attitudes toward psychosis
Supporting Organizational Change: Process Improvement to Reduce Virtual Appt No-Shows

• Participants:
  - 11 behavioral health clinics
  - Outpatient MH, some SUD

• Facilitators/barriers:
  - High clinician and stakeholder interest and motivation
  - Patient demand for virtual services
  - Patient access to technology
  - Keeping leadership and staff aligned on project aim
  - Making system changes

• TTA/Imp Strategies:
  - Learning collaborative
    - 4 presentations
    - Group sharing
    - Submitted data 3x
    - Rapid-cycle PDSAs

• Results:
  - Decreased no show rates
  - Use of text reminders
  - Patient choice for in-person or virtual
Advancing Systems Change: Regional School Mental Health Learning Community

• Participants:
  • 6 state teams
    • BH & Ed leaders
    • 6-12 members per team

• Facilitators/barriers:
  • High priority to advance school mental health services following Parkland, FL school shooting
  • Pandemic – change focus, shift to virtual format

• TTA/Imp Strategies:
  • 9 learning sessions
    • SMART goals
  • Coaching calls with state teams
  • Intensive state-specific training

• Results:
  • 5 state teams reported progress on goals
  • 3 teams achieved at least one goal
  • 1 team achieved all goals
Summary of Intensive TA Projects

- Illustrate heavy lift of this work
- Benefits of state/regional focus
- D&I science factors:
  - Readiness assessments
  - Training necessary but not sufficient
  - Adjust content/intensity of TTA
Looking Forward to Year 5
10 Regional Centers conducted survey
MHTTCs - increase efforts in these areas, consider national projects
SAMHSA - develop/increase funding for TTA on these topics; develop services grant programs

See the full report at https://mhttcnetwork.org/centers/global-mhttc/product/2021-mhttc-needs-assessment-findings
Goal 1: Continue providing TTA on the implementation and delivery of mental health services in schools and school systems to the field and Project AWARE grantees

Goal 2: Provide TTA across modalities on topics including: EBPs; needs assessments & strategic planning; trauma-informed organizations; school staff wellness; staff retention & shortages; collaboration between school and community; inclusion of student voice; impact of COVID; screening and referral pathways

Goal 3: Work across the Network to develop and implement a coordinated and integrated approach for TTA related to school violence. NCO: develop a white paper on the use of behavioral threat assessment teams and their intersection with youth mental health
Classroom WISE: Well-being Information and Strategies for Educators

A FREE 3-part training package for K-12 educators and school personnel on mental health literacy

- Evidence-based strategies to promote and support student MH
- 5-hour, self-paced online course
  - Over 13,000 enrollments, over 10,000 completions
- MHTTCs provide implementation support to schools and districts
- States (MD, NC, OR) have incorporated Classroom WISE into required professional development

Available at www.classroomwise.org
Cultural Inclusiveness and Equity WISE

• Just launched!
• A companion course to Classroom WISE
• Understand how inequities in education impact student mental health and how implicit bias influences our perceptions and responses.
• Learn culturally inclusive classroom strategies to support student mental health
• Visit www.classroomwise.org/companion-course to learn more!
• May 2021, live session with 342 attendees
• For providers who support individuals in coordinated specialty care clinics
• Introduced Core Assessment Battery (CAB)
• How these measures enhance clinical interactions with clients
• Recording and materials available via QR code and our website

For State staff and agency administrators
• Introduce CAB and WEBCAB
• State example of CAB implementation
• Stay up to date on this event by visiting our website

mhttcnetwork.org
Find Your Center – www.mhttcnetwork.org

• National American Indian and Alaska Native MHTTC
• National Hispanic and Latino MHTTC
• New England MHTTC
• Northeast & Caribbean MHTTC
• Central East MHTTC
• Southeast MHTTC
• Great Lakes MHTTC
• South Southwest MHTTC
• Mid-America MHTTC
• Mountain Plains MHTTC
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THANK YOU!

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