

MHTTC Network: Using D&I Science to Accelerate Change

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Network Coordinating Office

MHTTC

Mental Health Technology Transfer Center Network
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MEDICINE

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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

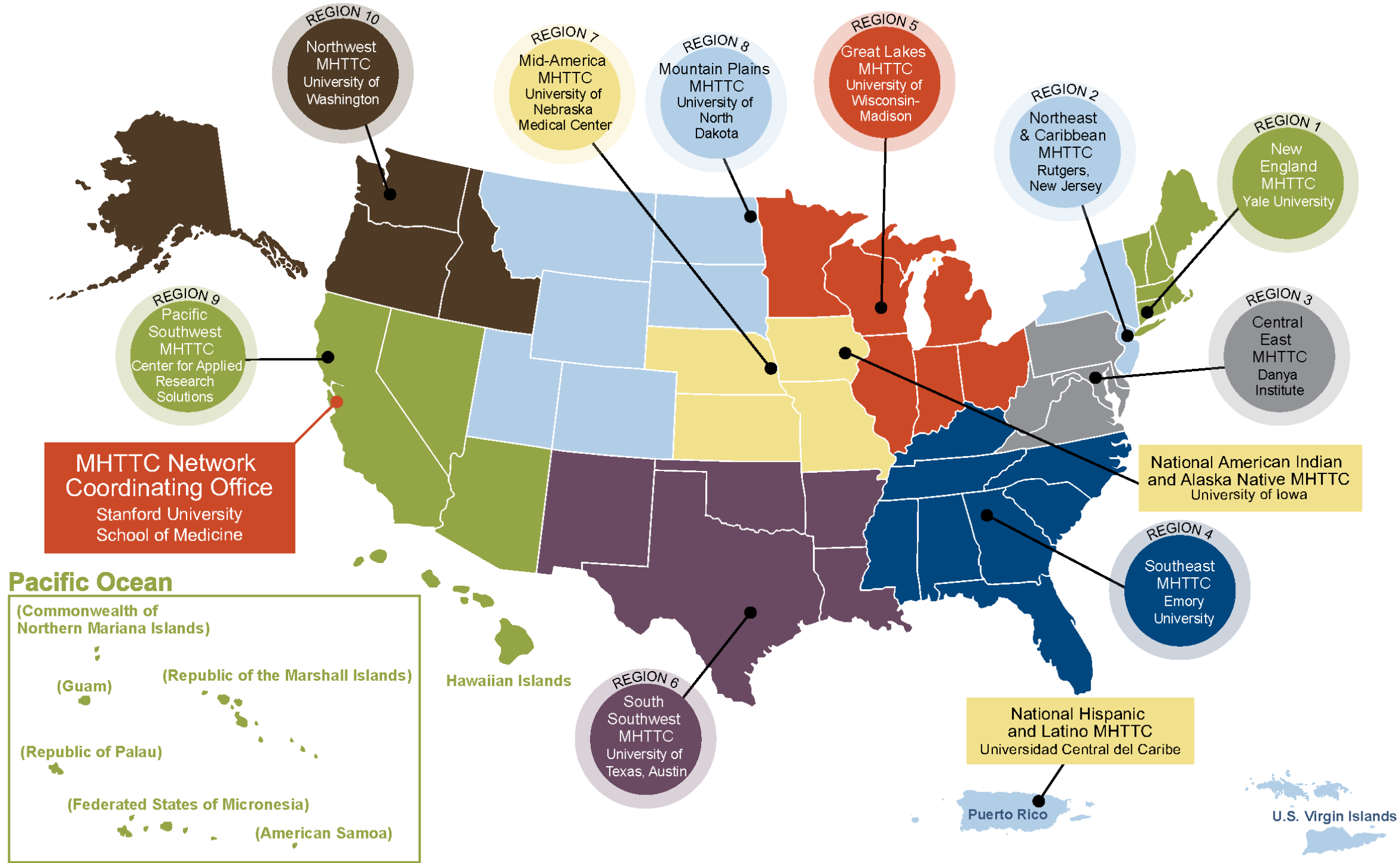
- Critical gaps exist between implementation effective interventions and the actual services delivered to people living with mental disorders.
- Many technical assistance (TA) efforts rely on one-time trainings of clinical staff and printed guidelines that alone are not effective in changing clinical 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



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MHTTC Network



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)

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

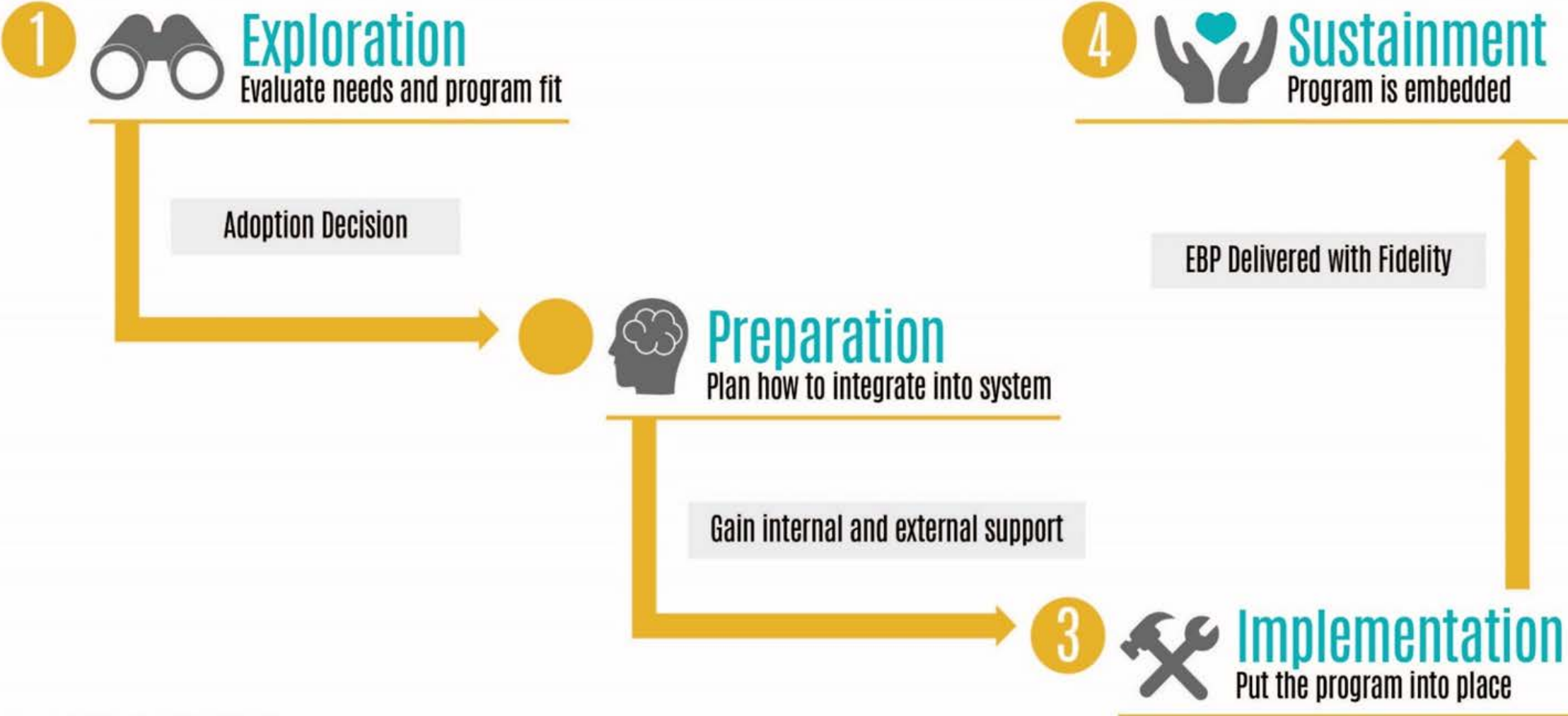


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Implementation Stages



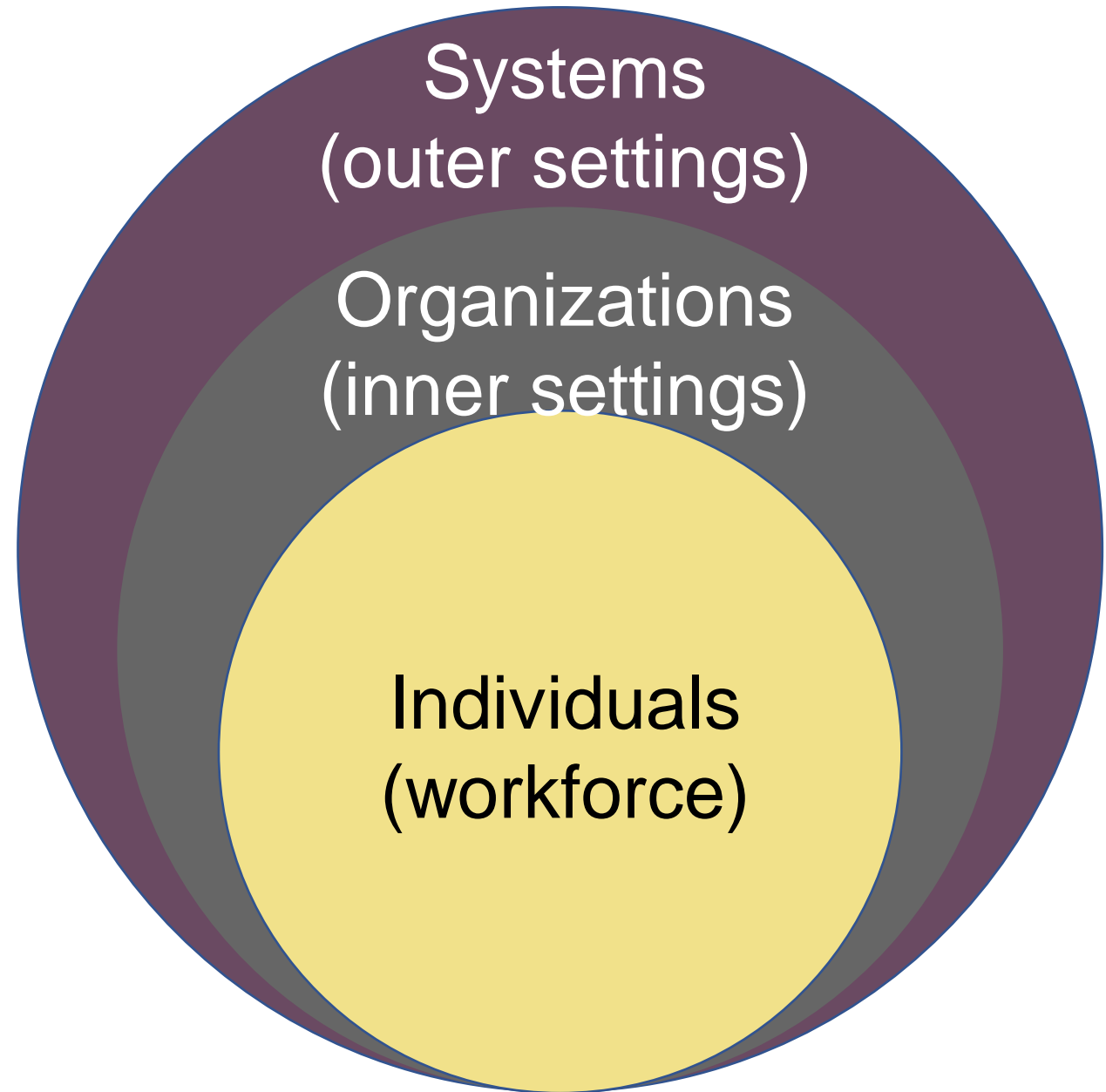
EPIS Exploration, preparation, implementation and sustainment



Source: Aarons, Hurlburt and Horowitz, 2011

2. Context: Barriers/Facilitators

- Implementation cannot be separated from context
- Barriers/facilitators at 3 levels affect implementation efforts:
 - Individuals
 - Organizations
 - Systems



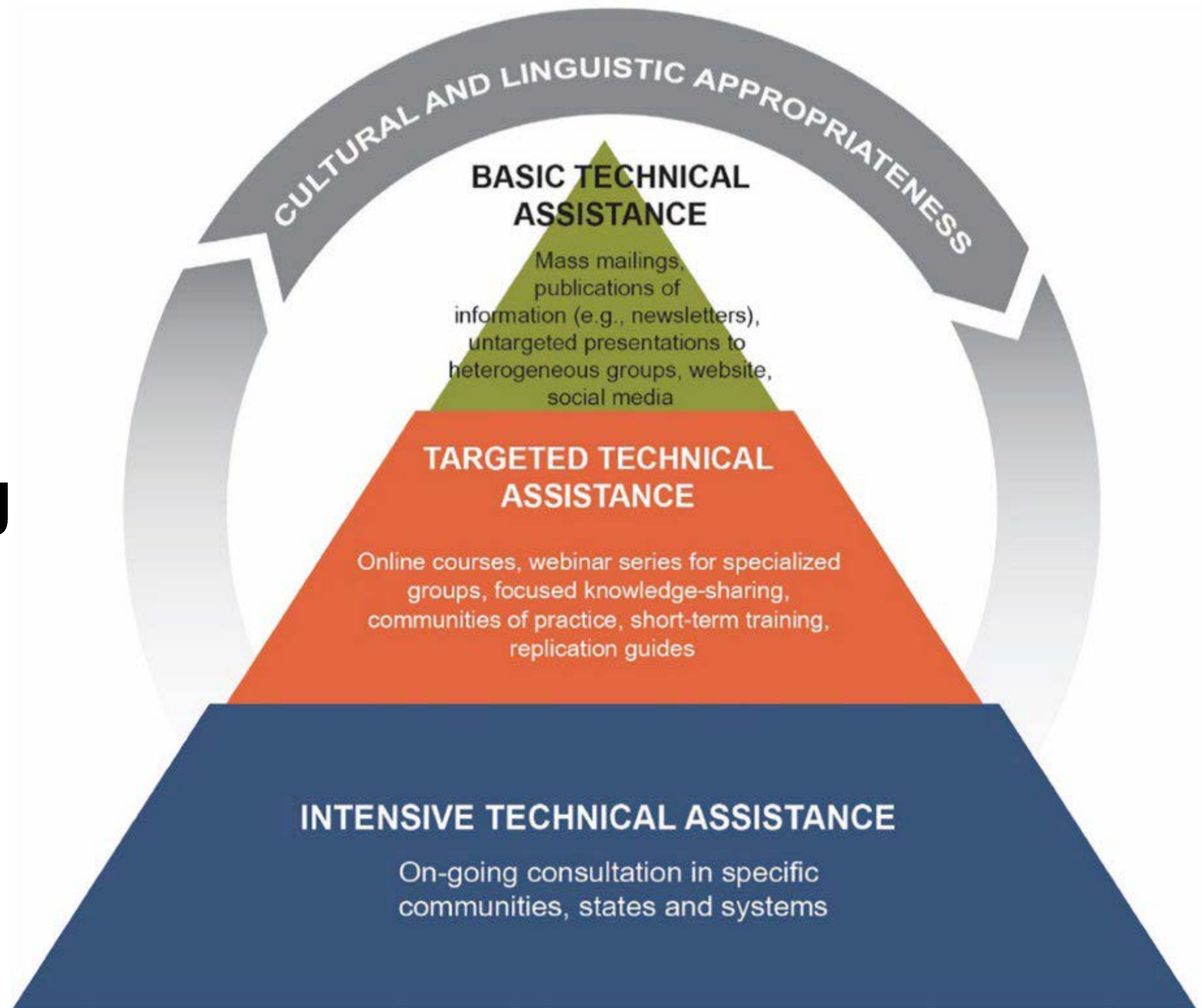
3. Implementation Strategies (TA activities)

- 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



[Image from www.gotcredit.com](http://www.gotcredit.com)

Implementation Strategies: TTC Networks' Levels of Training and Technical Assistance (TTA)



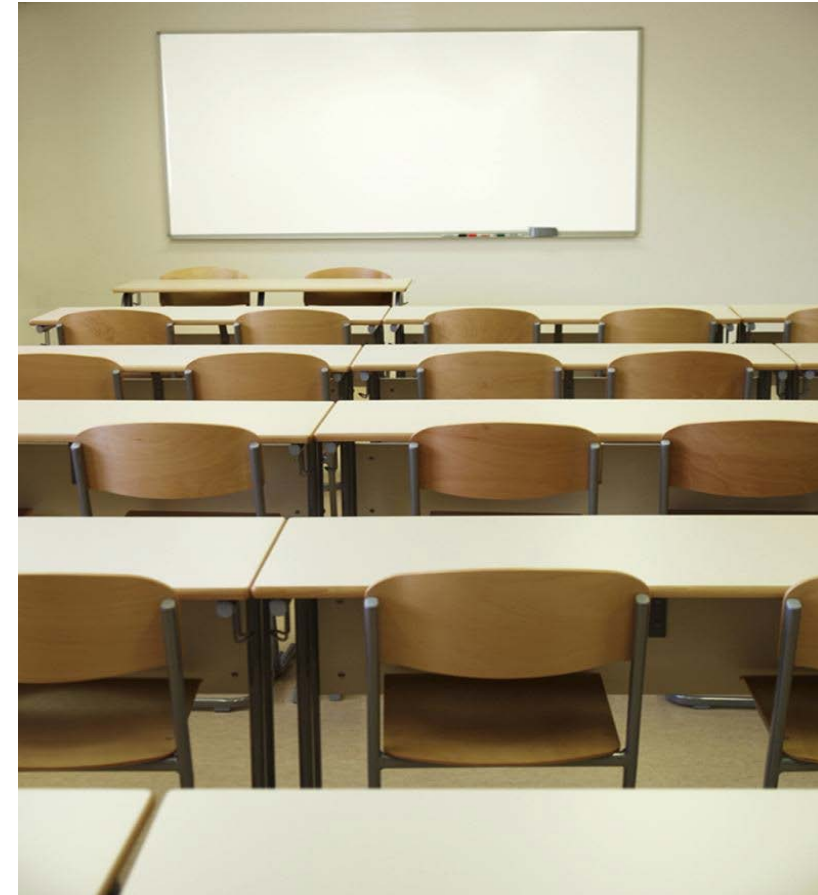
Basic TTA can help increase knowledge

- 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



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Follow-up coaching promotes long-term positive impacts on implementation outcomes

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

TRAINING COMPONENTS	OUTCOMES (% of Participants)		
	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
..+Demonstration in Training	30%	20%	0%
..+ Practice & Feedback in Training	60%	60%	5%
..+ Coaching in Classroom	95%	95%	95%

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

Gotham, H. J., Cummings, J., Dolce, J. N., Druss, B., Gill, K. J., Kopelovich, S. L., Molfenter, T., Olson, J. R., Benson, F., & Chwastiak, L. (2022). *General Hospital Psychiatry*, 75, 1-9.

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



Great Lakes (HHS Region 5)

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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

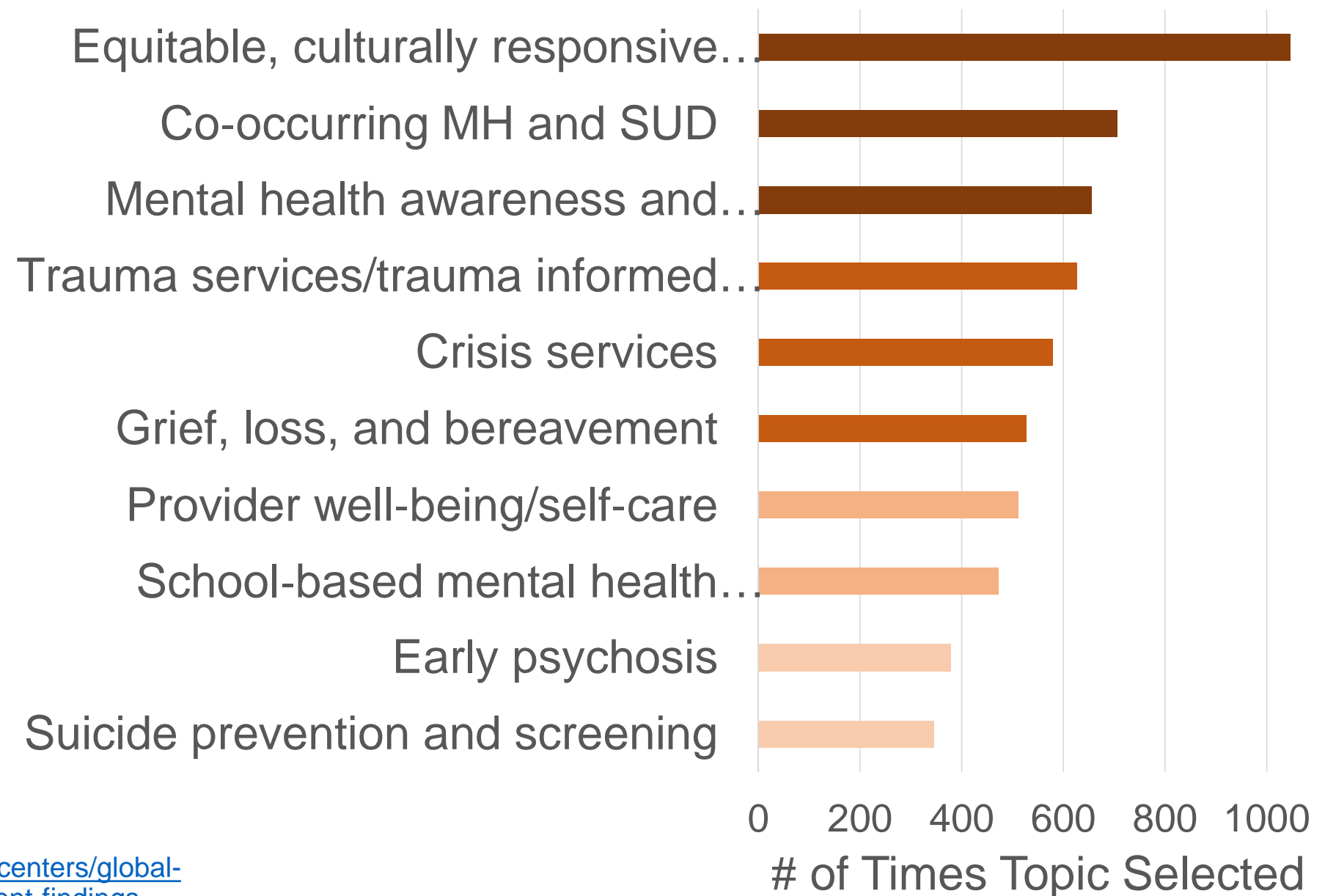


Looking Forward to Year 5

MHTTC 2021 Needs Assessment

- 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

Top Technical Assistance Needs (N=2321)



See the full report at <https://mhttcnetwork.org/centers/global-mhttc/product/2021-mhttc-needs-assessment-findings>

Year 5 School Mental Health Initiative



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

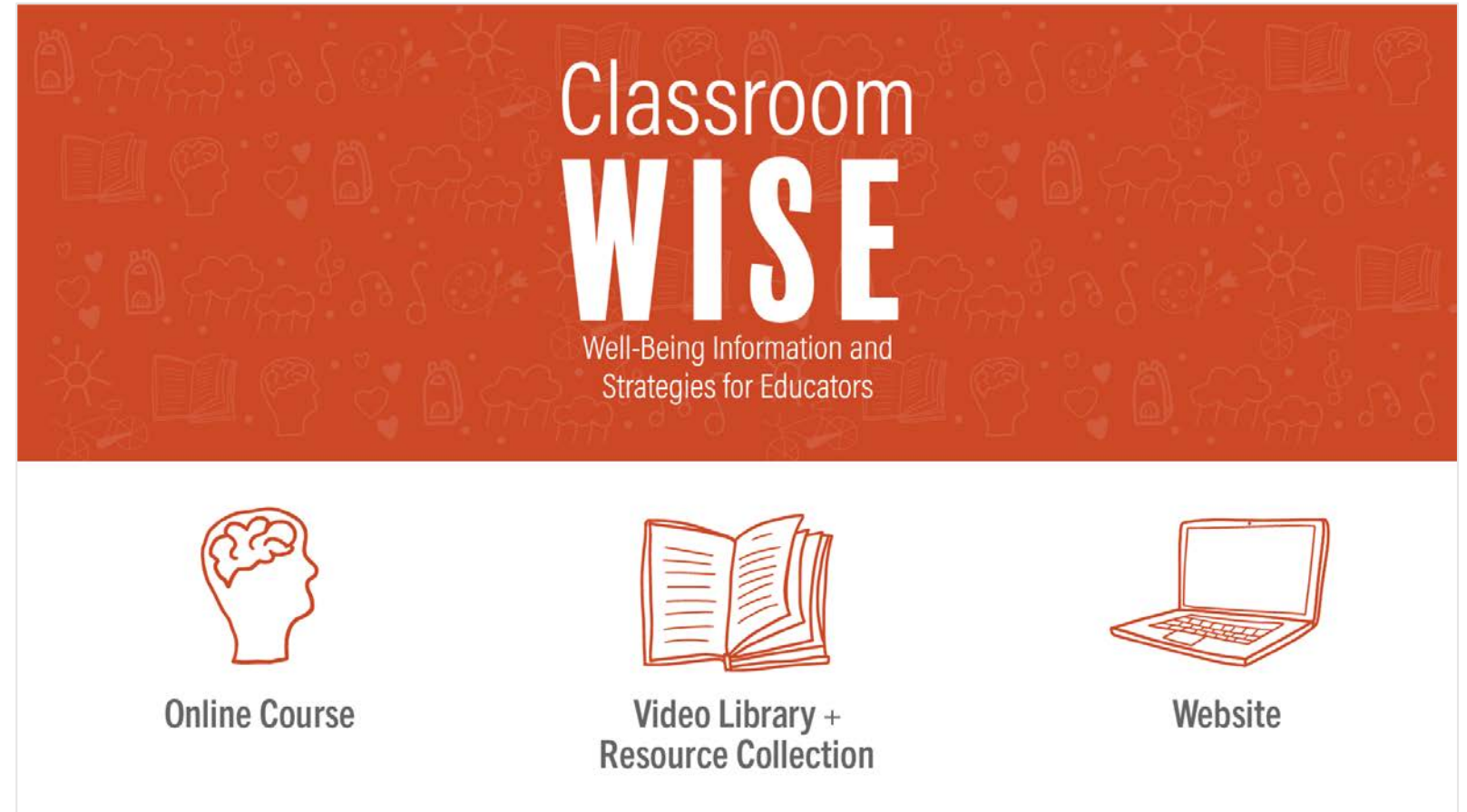


Goal 3: Work across the Network to develop and implement a coordinated and integrated approach for TTA related to school violence. NCO: develop a white paper on the use of behavioral threat assessment teams and their intersection with youth mental health

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!



Central East (HHS Region 3)

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USING EVIDENCE-BASED TOOLS TO IMPROVE CLINICAL CARE OF EARLY PSYCHOSIS CLIENTS



- 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



mhttcnetwork.org

COMING IN SEPTEMBER

WEBCAB: A NEW ONLINE OUTCOMES MONITORING TOOL FOR STATES AND AGENCY ADMINISTRATORS WORKING WITH EARLY PSYCHOSIS CLINICS



- 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





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New England MHTTC



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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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