



Northwest (HHS Region 10)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**W**



# **NORTHWEST MHTTC**

2021

# **NEEDS ASSESSMENT REPORT**

# ABOUT US

## OUR GOALS

1 Accelerate adoption and implementation of mental health-related EBPs.

2 Heighten awareness, knowledge, and skills of the workforce.

3 Foster alliances and address training needs among diverse partners.

4 Ensure availability & delivery of free, publicly available training and TA.

The Northwest Mental Health Technology Transfer Center (Northwest MHTTC) provides training and technical assistance (TA) in evidence-based practices (EBPs) to behavioral health and primary care providers, school workers, and social service staff. The Northwest MHTTC is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

We support people who work to improve behavioral health outcomes for individuals with or at risk of developing serious mental illness in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington).

We are proudly housed within the University of Washington Department of Psychiatry and Behavioral Sciences in Seattle, Washington.



## WHY A NEEDS ASSESSMENT?

In 2021, the Northwest MHTTC participated in the design and administration of a comprehensive, nation-wide assessment intended to gather information on the needs and priorities of behavioral health practitioners and administrators.

This self-report survey gathered data about respondents' training and technical assistance (TA) needs, priority populations, and preferences on training format, timing, and length.

This report includes data drawn from the four states that comprise MHTTC Region 10: Alaska (n = 77), Idaho (n = 21), Oregon (n = 88), and Washington (n = 202). The findings presented in the following pages will be used to inform the planning of future training and TA events within the region.

# KEY FINDINGS

## 1 MOST COMMON TRAINING & TECHNICAL ASSISTANCE NEEDS:

- TRAUMA
- CO-OCCURRING DISORDERS
- SCHOOL-BASED MENTAL HEALTH

## 2 PRIORITY POPULATIONS FOR TRAINING INCLUDE:

- YOUNGER PEOPLE
- THOSE WHO IDENTIFY AS:
  - FEMALE
  - GENDER DIVERSE
  - BIPOC

## 3

RESPONDENTS PREFER INTERACTIVE FORMATS

## 4

PARTICIPANTS PREFER SHORTER ONLINE TRAINING

BUT MORE INTENSIVE IN-PERSON TRAINING

# TECHNICAL ASSISTANCE NEEDS

Respondents were asked to choose their five most important TA needs from a comprehensive list of topics. The following topics were chosen most frequently:

TRAUMA, INCLUDING TRAUMA-INFORMED CARE

CO-OCCURRING MENTAL HEALTH & SUBSTANCE ABUSE DISORDERS

SCHOOL-BASED MENTAL & BEHAVIORAL HEALTH

MOTIVATIONAL INTERVIEWING

CRISIS DE-ESCALATION

CULTURAL CONSIDERATIONS

GRIEF, LOSS, & BEREAVEMENT

MENTAL HEALTH AWARENESS & LITERACY

POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS (PBIS)

MICROAGGRESSIONS

COGNITIVE BEHAVIORAL THERAPY (CBT)

CULTURAL ELEMENTS FOR AMERICAN INDIAN/ALASKA NATIVE

CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

STRENGTH-BASED APPROACHES TO TREATMENT

YOUTH & TRANSITION-AGED YOUTH (16-25) WITH SERIOUS EMOTIONAL DISTURBANCE (SED) &/OR SERIOUS MENTAL ILLNESS (SMI)

SUICIDE PREVENTION & SCREENING

# PRIORITY AREAS FOR TRAINING

Respondents shared their highest priority populations from a series of categories. The top-ranked topics in each category are included below.

## ADULTS

- (18-64 yr) with serious mental illness (SMI)
- (18-64 yr) General mental health

## CHILDREN / ADOLESCENTS

- Youth / Young adults / Transition age (14-25 yr)
- Children/Youth with SED (6-18 yr)

## GENDER

- Women
- Gender diverse

## MENTAL HEALTH PROFESSIONALS

- Mental health providers
- First responders

## OTHER PROVIDERS

- Family, caregivers
- Educators K-12

## RACE / ETHNICITY

- Indigenous persons, American Indian, & Alaska Native
- Hispanic/Latino

## OTHER POPULATIONS

- Individuals experiencing homelessness or unstable housing
- Individuals with low income &/or living in poverty

# ADDRESSING DIVERSITY, EQUITY & INCLUSION

These crucial topics remain top of mind both in the workforce and in our planning of our work plan activities and events.

We continue to collaborate within our Network while building relationships with current and new presenters. We're committed to doing the necessary internal work to ensure we are meeting the needs of our diverse Region and providing this content. We also strive to weave DEI topics throughout all our work, planning and activities.

## RESPONDING TO RESULTS

### WEBINARS

- Co-occurring disorders, Suicide care, Transgender health, Cultural considerations for Native/Tribal and Latinx communities

### EVIDENCE-BASED PRACTICES for SMI

- Supporting teams and providers e.g. ACT, FEP

### SCHOOL MENTAL HEALTH

- Managing Anxiety & The Return to Schools, supporting BIPOC educators, PBIS

### INTERACTIVE LEARNING COMMUNITIES

- Crisis Triage, Trauma & Stress Management, Grief & Finding Vitality, Multicultural providers

### TOOLKITS & PODCASTS

### INTENSIVE TRAININGS

- Integrated Care, Indigenized Motivational Interviewing, Peer-Led Groups



# TRAINING PREFERENCES



FORMAT

TIME OF DAY  
(SYNCHRONOUS)

LENGTH  
(WEB-BASED)

LENGTH  
(IN-PERSON)



**82.6%**  
INTERACTIVE  
TOOLKIT



**71.6%**  
YOUTUBE



**65.2%**  
ELECTRONIC  
LIBRARIES



**48.6%**  
PODCASTS



**2.4%**  
PRE 8AM

**13.7%**  
EARLY  
8-9:59 AM

**17.3%**  
LATE AM  
10-11:59 AM

**11%**  
NOON  
12-12:59 PM

**16.5%**  
EARLY PM  
1-2:59 PM

**8.7%**  
MID PM  
3-4:59 PM

**4.3%**  
LATE PM  
5 PM >



**6.2%**  
FULL DAY



**16.4%**  
HALF DAY



**27.3%**  
2-3 HOURS



**47.3%**  
1 HR - 90 MIN



**2.7%**  
< 1 HR



**43.4%**  
FULL DAY



**31.6%**  
HALF DAY



**14.8%**  
2-3 HOURS



**9.6%**  
1 HR - 90 MIN



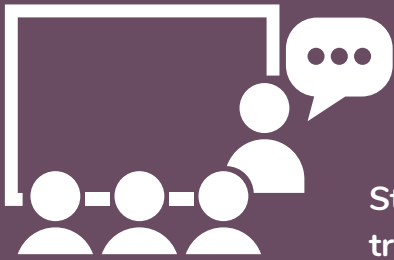
**0.8%**  
< 1 HR



# SUMMARY



The results of this needs assessment have several important implications for future training and TA efforts within the Northwest region:



## TRAINING & TA NEEDS

Continued need for support to practitioners engaged in **trauma-informed care** and those who provide services for **co-occurring mental health & substance abuse disorders**.

Strong call for training and TA on **school-based mental health** can continue to be served by our **School Mental Health (SMH)** supplement grant that focuses specifically on school topics.



## TRAINING PREFERENCES

Interactive trainings & TA, and online resources that are **easily accessible**.

Those engaging in **online trainings** would prefer **shorter sessions**.



Those engaging in **in-person sessions** would prefer **longer, more intensive sessions** that last a half-day or more.



## PRIORITY POPULATIONS

Results underscore need for training & TA related to the **behavioral health needs of children & young adults**, particularly those who identify as **female, gender diverse, & BIPOC**.

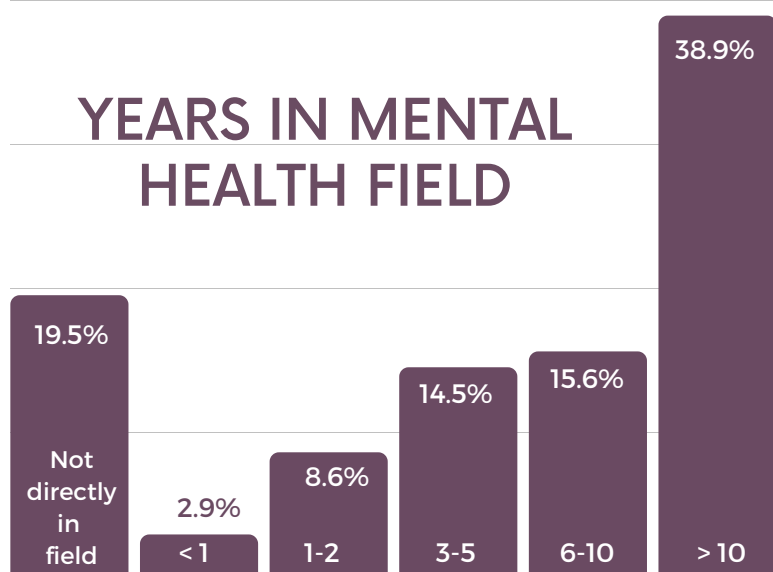
Prioritized vulnerable populations including those **experiencing poverty & homelessness**.

Revealing a need to provide training & TA that can **support providers & natural supports** who may be experiencing particularly high levels of stress in light of the ongoing pandemic. These populations include **mental health providers, first responders, educators, & families & caregivers**.

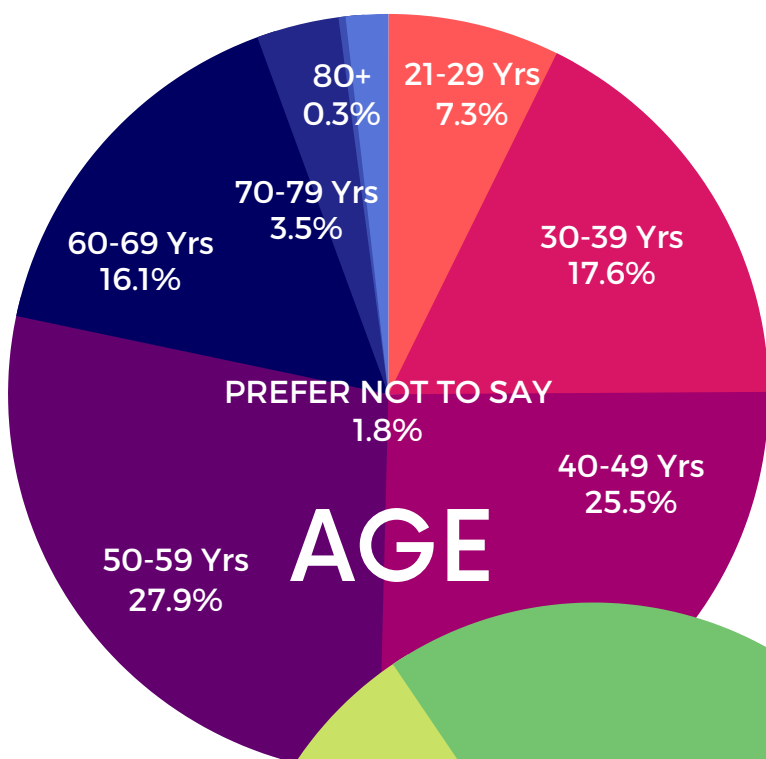


# RESPONDENT DEMOGRAPHICS

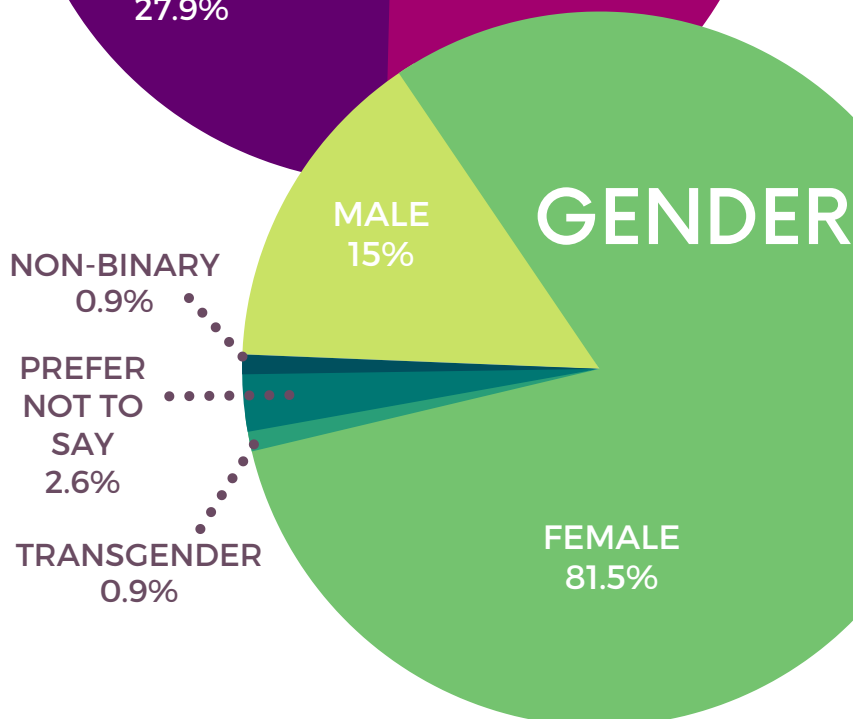
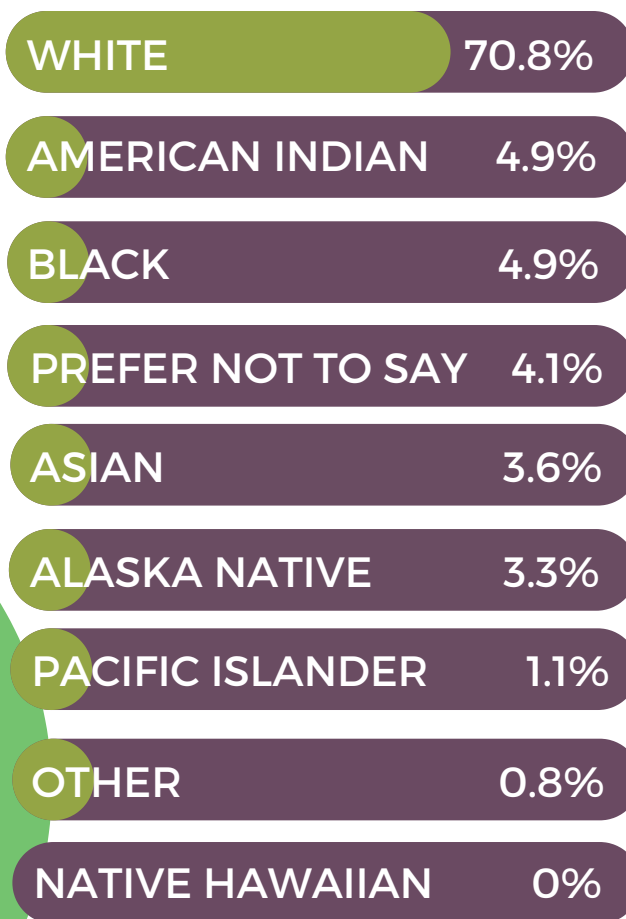
## YEARS IN MENTAL HEALTH FIELD



## RESPONDENTS BY STATE



## RACE





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