Great Lakes Mental Health Technology Transfer Center (MHTTC)

A resource for Indiana Mental Health providers.
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Director of Dissemination
State Coordinator for IN, IL, OH
Great Lakes Addiction Technology Transfer Center (ATTC)
Today’s Presentation

1. Background
2. Mental Health Technology Transfer Center
3. NIATx Model of Process Improvement
Center for Health Enhancement Systems Studies (CHESS)

David Gustafson, PhD
Industrial & Systems Engineer
Center for Health Enhancement Systems Studies (CHESS)

Systems Design & Process Improvement

Computer Technology

David Gustafson, PhD
Industrial & Systems Engineer

Improve care for patients living with a serious illness.
Center for Health Enhancement Systems Studies (CHESS)

David Gustafson, PhD
Director

Todd Molfenter, PhD
Deputy-Director

• 20M Americans needing addiction treatment
• < 10% get treatment
• Long wait times & high drop out rates
• Teach the field process improvement

2003
Robert Wood Johnson Foundation
Formerly, the Network for the Improvement of Addiction Treatment

**A Simple Process Improvement Model for Behavioral Health**

- Focus on the customer
- Targeted data collection
- Engagement of front-line staff in the change process
- Easy to use
2003 RWJF Grant

• Learning collaborative with 39 SUD treatment centers.
• They learned the NIATx Model
• Focused on improving one of Four Aims at their agency:
  – Reduce no-shows
  – Reduce wait times
  – Increase admissions
  – Increase continuations (1\textsuperscript{st} thru 4\textsuperscript{th} session)

22\% to 34\% improvement across all aims

3,000+ agencies trying the NIATx Model by 2011
SAMHSA takes notice

• Funded state learning collaboratives with payers & providers to improve service delivery for each
• Increased process improvement emphasis in grant applications.
• Oct-2017, CHESS awarded the Great Lakes Addiction Technology Transfer Center contract.
Mission: provide training and technical assistance to the substance use disorder treatment and recovery services workforce in Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin.
Types of training delivered

- Trauma Informed Care
- Motivational Interviewing
- Medication-assisted Treatment
- Recovery-Oriented Systems of Care
- Culturally informed Service Delivery
- SUD treatment integration in other healthcare
- SBIRT
- Clinical Supervision
- Ethics
- Process improvement
- more

If we don’t have the trainer in-house, we find one regionally or nationally.
Mission: To support resource development, dissemination, training, technical assistance and workforce development to the mental health field.
GOALS (see MHTTC 1-pager Handout)

- Accelerate adoption/implementation of EBPs
- **Workforce** knowledge & skill building
- Develop strategies for delivering *culturally-informed care* with diverse practitioners and consumers of mental health services.
- **Increase access** to publicly available, free-of-charge training and technical assistance for the mental health field.
Examples of Technical Assistance/Training Available

- Implementing evidence-based practices for adults with serious mental illnesses (SMI)
- Process improvement for mental health care settings to improve access to and retention in treatment
- Culturally competent service delivery
- Integration of mental health treatment into other healthcare settings
- Recovery-oriented systems of care
- Technology tools for treatment and recovery
- Online training @ healtheknowledge.org
We want to listen to you for the type of TA and training needed in your state, community or organization.
Indiana Council of Community Mental Health Centers

The **State Node** partner will serve as a local point of contact and coordinate local training and technical assistance requests with support from the UW-Madison MHTTC office.
Start-up of MHTTC

Oct. 8-9: State Node Planning Meeting (Madison, WI)

Nov. 14: Finalize TA request/delivery processes

Nov. 15: Announce and begin taking TA requests.

Questions?
Discussion Questions

1. When you need to **improve** something at your mental health center, what is your approach? How do you get it done?

2. What is **one barrier to change** you’ve experienced when trying to make improvements?
Barriers To Change & How To Overcome Them

Change

Implementation

Barriers?
Barriers To Change & How To Overcome Them

The bad news...

70% of change initiatives FAIL

...why?
Barriers To Change & How To Overcome Them

1. Organizational Level
   - Failure to focus.
   - Unclear priorities
   - Conflicting messages
   - Poorly defined objectives

2. Individual Level
   - Status quo bias
   - Loss Aversion

What did Gallup find as your best chance for overcoming these barriers?
Use an intentional, structured approach to change.
VIDEO: NIATx on a Napkin
Learning the NIATx Model

LEARN BY DOING WITH SUPPORT

- **Change Leader Academy**, 1-day, in person training
- Participants do a 3-month **change project** in their agency
- Participate in three, monthly group **follow-up calls**.
- Support from a **NIATx coach** for 1-on-1 technical assistance via email or phone call.
- Send 2-3 **staff** to start a change project – have a **senior leader** attend as well.
**Project Aim:** Reduce inpatient hospital re-admissions by 50%

**Brown County**

**AIM:** Reduce no show rate for first time outpatient appointments for clients that were discharged from Nicolet Psychiatric Center

**The Change:** Changed 1st appoint for clients from 5 weeks post discharge to 1 week post discharge

**Results for outpatient appointments:**
Baseline: 100% no show rate
PDSA Cycle 1: 40% no show rate

**Results for inpatient hospital re-admissions**
Baseline: 60%
PDSA Cycle 1: 10%
Project Aim: Reduce inpatient hospital re-admissions by 50%

Jefferson County

AIM: Decrease no show rate for outpatient appointments believing it will decrease overall inpatient hospital re-admissions.

The Change: Front desk staff did reminder phone calls the day before appointment

Results for outpatient appointments:
Baseline: 20.2% no show rate
PDSA Cycle 1: **14.7% no show rate**

Results for inpatient hospital re-admissions
Baseline: 19%
PDSA Cycle 1: **8.0%**
Coming to Indiana after Jan. 1

- Open session, multiple agencies
- Can present at one large organization for staff/leadership.
- Watch for email announcement
Thank you.