Individualized Technical Assistance

The National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC) bridges the gap between policy and practice by providing high-quality training and technical assistance. We partner with families, youth, and communities to build evidence-based systems that enhance the delivery of mental health services and advance long-term well-being. NTTAC provides individualized technical assistance to:

- Children's Mental Health Initiative (CMHI) grantees
- Statewide Family Network (SFN) grantees

What NTTAC provides

- Individualized technical assistance via virtual meetings and email, as requested (see NTTAC Topic Inventory, page 2)
- Offered to all interested CMHI & SFN grantees:
    - Assigned Technical Assistance (TA) Lead*
    - Monthly scheduled or as needed virtual meetings
- Subject Matter Experts (SMEs)* virtual consultations upon request
- Packaged email response to Rapid Response Requests (RRRs)*

*Definitions, page 5.

What NTTAC cannot provide

- Technical assistance on:
    - Grant requirement compliance
    - GPRA data reporting
    - Use of grant funds, including carryover
- Technical assistance to non-public entities
- Workforce (practice-level) service/model installation training and implementation assistance
- Fiscal and financing activities, including fund mapping, development of financing plans, and Medicaid/provider reimbursement rate setting
- Needs assessment activities, including conducting service array and care pathway analyses, identification of interruption points and service gaps, and resource allocation
- Policy writing or analysis, including evaluating or developing legislation, regulations, or administrative policies
- Evaluation and research activities for grantees, including conducting system or program evaluations, research studies, and data collection
- Conference presentations or keynotes

NTTAC Topic Inventory

The below inventory of NTTAC topics is a non-exhaustive and evolving list of subject matter expertise available to CMHI and SFN grantees.

Family Partnership

- Leadership
- Engagement and empowerment
- Family-driven
- Advocacy and support
- Outreach and education
- Family Run Organization development/operations/sustainability

Youth/Young Adult Partnership

- Leadership
- Engagement and empowerment
- Youth-driven
- Advocacy and support
- Outreach and education
- Youth Run Organization development/operations/sustainability

Tribal

- Tribal project leadership
- Understanding and engaging Tribal communities
- Integrating traditional Tribal health practices
- Systems of Care framework with a Tribal lens
- Cross-system navigation as a Tribal grantee
- Tribal community engagement

Infrastructure

- Strategic planning
- Governance
  - Structure
  - MOUs/MOAs
- Partnerships
  - State-local
  - Child welfare
  - Juvenile justice
  - Intellectual and developmental disabilities
  - Substance use
  - Primary care
  - Education
  - Early childhood

  - Transition-age youth
  - Adult behavioral health
  - Community based organizations
  - Providers
  - CCBHCs
  - Family-run organizations
  - Youth-run organizations
  - Tribes
- Policy
  - State level
  - Local level
  - Practice level
- Technology
  - Digital Behavioral Health Safety and Social Media Risk Mitigation
  - Artificial Intelligence
  - Electronic Health Records
  - Data collection and sharing/strategic use
  - Telehealth
- Marketing and Communication
  - System of Care (SOC) education and promotion
  - Strategic communication
  - Social marketing
- Workforce Development
  - Organizational readiness
  - Recruitment/retention
  - Training and competencies
  - Certification and credentialing
  - Center of Excellence development
- Financing and Sustainability
  - Sustainability planning
  - Cross-system financing
  - Funding streams/mechanisms
  - Medicaid
  - Managed care
  - Non-federal match
- CQI/Evaluation
  - Cross-system data collection
  - Agency/program evaluation
  - CQI/rapid cycle reporting
  - Data dashboards
  - Return on investment (ROI)

Service Array

- Single Point of Access/No Wrong Door
  - Care pathways ("referral pathways")
  - Outreach and engagement
  - Diversion/interruption points
- Design
  - Youth/family-informed
  - Trauma-informed
  - Rural considerations
  - Tribal considerations
  - Use of Implementation Science
- Integrated Care Models and Supports
- Clinical Best Practices
  - Evidence-based/informed
  - Community defined
  - Developmentally appropriate
  - Psychiatric medication management (e.g., deprescribing practices)
- Services
  - Care coordination
    - Tiered care coordination
    - Intermediate care coordination
    - Intensive care coordination/Wraparound
  - Screening and assessment
  - Outpatient services
  - 24/7 mental health crisis services
    - Call lines
    - Mobile response
    - Community-based stabilization
    - Stabilization centers
  - Intensive home-based services
  - Intensive day treatment
  - Respite care
  - Therapeutic foster care
  - Transition to adulthood
  - Family/caregiver peer support
  - Youth peer support
  - Family information line
  - In patient/hospitalization
  - Residential best practices

Definitions

TA Leads

Provide site-driven TA, assist grantees in developing TA Plans, and facilitate access to specific content expertise from NTTAC's partners and SME Consulting Pool, as well as peer-to-peer opportunities. TA Leads are assigned based on their experience and expertise and may shift as new grantee needs are identified. TA Leads ensure that the TA process is determined by the grantees and will meet monthly and/or as needed per grantee request.

Subject Matter Experts (SMEs)

Serve as an expert in a specific area of focus. SMEs are members of NTTAC partner organizations and the NTTAC SME Consulting Pool. Experts are matched to grantees through a variety of mechanisms, input from GPOs, TA Leads, and other consultants working with grantees, needs identified in TA plans and requests, and identification of needs through the Rapid Response Requests. SMEs provide subject matter expertise as needed through email and virtual consultation.

Rapid Response Requests (RRRs)

RRRs are relevant and comprehensive provision of information, resources, and/or linkages to grantees in a timely fashion, without a requirement for grantees to wait until a scheduled meeting to request and receive information or resources.

RRRs may come from TA Leads (on behalf of grantees), the NTTAC email, or via the NTTAC TA Request Form. The TA Lead (if request comes from the grantee through the TA Lead) or the NTTAC Manager (if the request comes via email or website TA Request Form) will communicate with the grantee to determine the level of urgency.

Response Levels

- **Urgent**: Grantee requires the information or resources within the next few days or weeks. This is typically not a request for a consultation, but rather a request for a particular document or answer to a specific question. Request will be acknowledged within 24 business hours with response timeline defined by requestor need and availability/accessibility of information requested. Response timeline will range between 2 days and 2 weeks (depending upon complexity).

    Example: Maryland Medicaid wants to know how other states have handled the new CMS rule re: 1915(i) SPA because they are on the verge of submitting it to CMS.

- **Intermediate:** Grantee requires specific information within the next couple of weeks, but as soon as possible. Resources are shared as soon as they are compiled, with follow-up calls and communication to identify additional needs and to communicate interim findings. This may include documents/resources and/or offer for a consultation. Request will be acknowledged within 24 business hours with a response timeline of 2-3 weeks or earlier based on availability/accessibility of information requested.

  Example: Grantee wants to know which early childhood interventions have been incorporated by states into their State Medicaid Plans and would like examples of service definitions and rates.

- **General:** Grantee requests general technical assistance on a topic area, which may include documents and resources and possible connections to additional consultants and experts.

  Request acknowledgement will occur within 24 business hours. This response is iterative and depends on the needs and knowledge of the grantee on the particular topic area. As the requests become more specific, the response may shift to an intermediate response.

  Example: Grantee wants to know more about implementing Wraparound and how States structure it and finance it.