



NITT-TA

NOW IS THE TIME
TECHNICAL ASSISTANCE CENTER

Healthy
Transitions

NITT HEALTHY TRANSITIONS GRANTEE MEETING 2015

**MARYLAND HEALTHY TRANSITIONS (MD-HT):
EVIDENCE-BASED PRACTICE
DISSEMINATION AND IMPLEMENTATION**

Presented by

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CHANGING
Maryland
for the Better

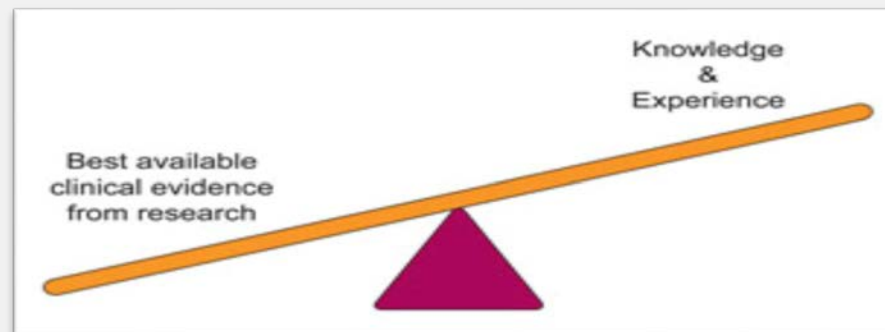


BACKGROUND: EMERGING ADULT INITIATIVE (EAI)/ HEALTHY TRANSITIONS INITIATIVE (HTI)

- The Emerging Adults Initiative (EAI) or Healthy Transitions Initiative (HTI) was a five year systems change/ service demonstration project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Seven states were awarded funding: Georgia, Maine, **Maryland**, Missouri, Oklahoma, Utah and Wisconsin.
- **Maryland Healthy Transitions Initiative (HTI) (2009-2014):**
 - HTI was a state/community partnership aimed at improving outcomes for Transition- Age Youth (TAY) with serious mental health conditions (SMHC) in areas such as education, employment, housing, mental health and co-occurring disorders, and at decreasing contacts with the juvenile and criminal justice system.
 - These local systems of care in **Washington and Frederick Counties** were linked and integrated at the state-level in order **to effect policy change and replication statewide.**

MARYLAND HEALTHY TRANSITIONS INITIATIVE (HTI) EVIDENCE-BASED PRACTICE IMPLEMENTATION

- HTI was designed to provide Evidence-Based Practice (EBP) and empirically-supported services that meet the distinct needs of transition-age youth (TAY) ages 16-25 with serious mental health conditions (SMHC).
- Service model included EBP Supported Employment + **EBP Assertive Community Treatment + Empirically supported TAY service approach + Peer/Family Supports**



SAMHSA's "NOW IS THE TIME" INITIATIVE

Now is the Time

HEALTHY TRANSITIONS

Improving Life Trajectories for Youth
and Young Adults with, or At Risk for,
Serious Mental Health Conditions

Improve Access
to Treatment and
Support Services

Raising
Public
Awareness

MARYLAND HEALTHY TRANSITIONS (MD-HT)

With the “Now Is The Time” Healthy Transitions grant, Maryland is addressing the projects goals by:

- 1) Providing **coordinated, high-fidelity evidence-based and empirically-supported services and supports** that are **youth-driven, developmentally-sensitive, and culturally and linguistically competent** to Transition-Age Youth (TAY) with serious mental health conditions in the two local laboratories (**Howard County and Southern Maryland Tri-County Region –Calvert, Charles, and St. Mary’s Counties**).
- 2) Expand and improve on local and statewide infrastructure and cross-agency collaboration to support **seamless transition** from child and adult systems to adulthood.

MARYLAND HEALTHY TRANSITIONS (MD-HT)

- 3) Increase early identification of TAY with mental health concerns, especially those that may otherwise “fall through the cracks,” such as youth and young adults with symptoms of first episode psychosis (First Episode Psychosis Teams – Coordinated Specialty Care).
- 4) Promote public awareness within the general population of the mental health challenges faced by TAY in the counties of interest, including outreach, screening, and engagement of TAY with or at risk for developing a SMHC.

WELL, I GUESS IT'S INEVITABLE
THAT A FEW PEOPLE WILL
FALL THROUGH THE CRACKS...



CLAY 98

MD-HT POPULATIONS OF FOCUS:

Priority populations for services in this program are:

- 1) Youth and young adults served as children and adolescents in the Maryland Public Behavioral Health System (PBHS) or Child Systems of Care (SOC).**
- 2) Youth and young adults with emotional and behavioral disorders secondary to environmental and psychosocial risk factors which, with intensive time-limited interventions, are not expected to develop into adult mental disorders.**
- 3) Youth and young adults who experience their first psychotic episode during emerging adulthood.**
- 4) General population who could benefit from increased awareness and education.**

MD-HT POPULATIONS OF FOCUS

- Established **eligibility and medical necessity criteria which span the child and adult mental health systems** to provide continuous, uninterrupted access to Transition-Age Youth (TAY)- specific services and supports, thus eliminating the eligibility “cliff.”
 - The intent is for the state to apply these criteria to **all TAY-specific specialty behavioral health services.**
 - All interventions will offered at each site:

60 to be served in Year 1

80 per year in Years 2-5

Total of **380** TAY served



MARYLAND EVIDENCE-BASED PRACTICES (EBP) PHILOSOPHY

Youth and young adults with SMHC and their families have the right to access mental health services that are known to be effective.

MARYLAND EVIDENCE-BASED PRACTICE DEFINITION

Efficacy and effectiveness empirically validated through a body of rigorous research replicated in a wide range of settings by multiple investigators.



MARYLAND EVIDENCE-BASED PRACTICE DEFINITION

Standardized practice guidelines describe critical ingredients of a well-defined and manualized service approach.



MARYLAND DEFINITION OF EVIDENCE-BASED PRACTICE

Faithful implementation or fidelity to the practice leads to desired individual outcomes.



EVIDENCE-BASED PRACTICE IN MARYLAND: DEMONSTRATION

Maryland was one of six original states and the District of Columbia to participate in the National Implementing Evidence Based Practices “Demonstration” Project, sponsored by the New Hampshire-Dartmouth Psychiatric Research Center and the Substance Abuse and Mental Health Services Administration (SAMHSA).

HEALTHY TRANSITIONS

EVIDENCE BASED PRACTICE INTERVENTIONS

Evidence-Based Practice (EBP) Supported Employment (SE)(Individual Placement and Support – IPS)

Employment Specialists provide individualized placement and support services which are integrated and coordinated with mental health treatment and rehabilitation and which are designed to assist youth and young adults with SMHC to attain, maintain, and advance within competitive, community-integrated employment positions that pay at least minimum wage, are permanent, and are not set aside or reserved for individuals with disabilities.

Supported Education (SEd)

Transition Facilitators provide support to assist youth and young adults with SMHC in exploring career relevant education options, applying for admission and financial aid, advocating for accommodations, learning study skills, and staying on track for program or degree completion.

EBP SE (IPS) TAY ADAPTATION

In addition to MD-HT, Maryland is participating in an ongoing study with the **University of Massachusetts Medical School** and the **Geisel School of Medicine at Dartmouth: *Improving Outcomes of Youth and Young Adults (ages 16-21) with SMHC with Adapted Individual Placement and Support.***

- The primary goal of this study is to **adapt and pilot test the Evidenced-Based Practice (EBP) Supported Employment (SE) model, Individual Placement and Support (IPS)**, that was designed and tested primarily for mature adults, in order to better support the youngest of working age individuals with SMHC (ages 16-21).
- This adaptation will emphasize incorporation of components of supported education.
- By improving employment and education outcomes during emerging adulthood, the hope is to **divert potential trajectories of poverty and disability benefits dependence.**

HEALTHY TRANSITIONS EVIDENCE BASED PRACTICE INTERVENTIONS

Evidence-Based Practice (EBP) Assertive Community Treatment (ACT)

Transdisciplinary treatment and support team staff provide intensive, mobile, assertive mental health treatment and support services to youth and young adults with high intensity support needs whose mental health treatment needs have not been met through routine, traditional outpatient mental health programs.

Evidence-Based Practice (EBP) Family Psychoeducation (FPE)

Clinicians use a multifamily group structure to facilitate a partnership between youth and young adults with SMHC and their families to support discovery and resilience while partnering with their families through shared learning experiences in the provision of information and resources, skills training, and social and emotional support in problem solving, communication, and coping strategies.

HEALTHY TRANSITIONS EVIDENCE BASED PRACTICE INTERVENTIONS

Evidence-Based Practice (EBP) Early Intervention/ First Episode Psychosis (FEP) Teams

- Maryland is a national leader in research and treatment for individuals at risk for or experiencing first episodes of psychosis.
- Multidisciplinary First Episode Psychosis (FEP) Teams (Coordinated Specialty Care) provide multi-element services to TAY experiencing first episode psychosis and their families. Team members adopt a shared decision-making approach that incorporates motivational enhancement strategies to engage TAY and their families in making treatment decisions and in achieving the individual's person-centered goals.
- MD-HT sites are building on the foundation of this early intervention effort by using FEP assessments and consultation for TAY showing signs and symptoms of FEP.

EMPIRICALLY SUPPORTED TAY SUPPORTS

Empirically supported model grounded in the best available research evidence, which is informed by:

- 1) 15 years of implementation of specialty TAY-specific services to youth and young adults with SMHC.
- 2) A national consensus panel of experts.
- 3) Behavioral health providers, users of services and their family members, other key stakeholders.

To include:

- 1) Training curricula.
- 2) Manualized interventions.
- 3) Fidelity measures.

VALUES-BASED PRACTICE: YOUTH AND FAMILY ENGAGEMENT

Value-Based Practices - Understanding and incorporating the lived experiences and cultural perspectives of youth and young adults and their families in the design, delivery, and evaluation of services in a coherent and purposeful manner, in order to ensure that services are informed by values as well as by evidence.

- **Consumer and Family Run Advocacy and leadership development** – The Outreach and Education (O&E) team partners with On Our Own, NAMI Maryland, The Maryland Coalition of Families for Children’s Mental Health, and Taking Flight to cultivate state and local youth and family leadership in an effort to ensure the youth services are youth-driven and family-guided.
- **Peer and Family Supports** foster connections for youths and family members to individuals who have lived experiences within the system. Peer counselors and family members are collaborative members of the larger treatment team and support system.

THE EVIDENCE BASED PRACTICE CENTER AT THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

- The Center's goal is to disseminate research-based information on mental health treatment to stakeholders in Maryland's public behavioral health system, and to promote adoption and implementation of those practices through ongoing, systematic training and consultation.
- The EBPC provides direct training and consultation on EBPs to program leaders, clinicians, consumers, family members and local behavioral health authorities. It serves as a resource to the state in examining and addressing the systemic barriers to faithful implementation of evidence-based practices.
- EBPC subject matter experts provide ongoing, individualized training and support to ensure that all services are provided with fidelity, remaining consistent with the research supporting EBP Models.

CONSIDERATIONS FOR SELECTING EBPs FOR IMPLEMENTATION

- Quality of the evidence base (Every practice wants to be an EBP ... Adopt a healthy skepticism.)
- Population strengths and needs
- Cultural relevance
- Intervention features, materials, and implementation supports
- Stakeholder values
- Existing practices and organizational support
- Current workforce capacity
- Cost

SUSTAINABLE STATEWIDE EBP

DISSEMINATION AND IMPLEMENTATION STRATEGIES

- Inform consumers and family members so they know what services to request.
- Change financial incentives to reinforce EBP.
- Bring regulations into alignment with EBP.
- Provide clinicians, practitioners, and agencies with training, consultation, and ongoing feedback to enhance provider skill and organizational capacity for SE .
- Focus both on practice improvement and organizational change.

EVALUATION OF EBP FIDELITY

- Sites commit to delivering supports in accordance with Evidence Based Practices. EBPs include fidelity assessments that can be used to assess critical ingredients of program implementation.
- BHA Fidelity Monitors use empirically validated Fidelity Scales to evaluate and ensure fidelity to models annually or bi-annually for high performing programs.
- Ongoing independent, external fidelity monitoring prevents model drift which naturally occurs despite the best of intentions of providers and practitioners.
- EBP adoption without independent fidelity monitoring does not constitute EBP implementation..



QUESTIONS

DON'T FORGET TO PROVIDE FEEDBACK

Please take a few moments and provide feedback by either using the mobile app or by hard copy available in the session.

Download the Android app here:

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PRESENTER INFORMATION