Paving the Way for Maryland’s EBPs

Stepping Stones to Success
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Maryland’s EBP Development

‘Building the Foundation’

2000-2005: MST compact

2002: House Bill 1386 mandates review of interagency child & family services

2004: First families enrolled in MST

2005: First families enrolled in FFT

2005:
- Governor establishes Children’s Cabinet and Governor’s Office for Children.
- Children’s Cabinet establishes The Institute (formally Innovations Institute) at UM

2007:
- MDLC Report
- Maryland’s Blueprint Committee
MST Compact

The **Maryland Opportunity Compact** is a policy and financing innovation designed to create more opportunity, demand more responsibility and deliver more results.

- **The Compact was designed to:**
- Expand good starts for all children and second chances for responsible adults and youth
- Strengthen vulnerable families, keep them together, and help them reach their full potential
- Make our government more efficient and more accountable
- **Baltimore County entered a 5 year compact with the Department of Juvenile Services from 2000-2005.**
MDLC’s goal is to make it clear that from a policy perspective, a cost perspective, and a legal perspective, Maryland should act now to add MST, FFT and MTFC to its array of Medicaid services for youth with mental illness. We recommend the following action:

• Submit a State Plan Amendment to CMS for approval to cover FFT & MST under the State Medicaid Plan or billed as a Medicaid service under an existing billing code.

• Develop a MTFC component of its existing treatment foster care service that is already part of the State Medicaid.

• DHMH’s Medicaid division should work with the Mental Hygiene Administration, the Department of Juvenile Services, and the other agencies serving children to draft a MOU that details a cost sharing arrangement to pay the state share of the costs for MST, FFT and MTFC.

• In implementing these practices under Medicaid, DHMH should maintain strict model fidelity to these EBPs.

• The General Assembly should require state agencies to take the above actions if they have not done so by January 1, 2008.
**Prioritizing Evidence Based Practices in Children’s Mental Health**

Evidence Based Subcommittee of the State of Maryland’s Blueprint Committee

2007

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<th>Recommendations</th>
<th>Next Steps</th>
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<td>1) Increase efforts implementing a trauma informed statewide system of care in children’s mental health.</td>
<td>• Support MHA effort to create the Center for the Study and Facilitation of Effective Treatment for Traumatized Youth- Child Welfare (SAFETY-CW) through SAMHSA</td>
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<td>2) Support the ongoing efforts in the state for implementing an effective EBP TFC model</td>
<td>• Support TFC Research Roundtable and assist in the implementation of recommendations</td>
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<td>3) Support and draw on local efforts to increase the use of Evidence Based Family Therapy (MST, BSFT, and FFT)</td>
<td>• Provide evidence based training, technical assistance, consultation and coaching consistent with these EBPs • Provide outcomes management processes within and across selected early adopter sites</td>
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<td>4) Improve practice based evidence in Respite and Psychiatric Rehabilitation Programs (PRPs)</td>
<td>• Charge The Institute with the development of competencies and outcomes for these PBEs.</td>
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<td>5) Work in partnership with the Early Childhood Mental Health, School Based Mental Health Subcommittees to further analyze and disseminate the core competencies of the Promising Service Delivery Frameworks and ensure forward progress increasing EBP service delivery, support, and treatment in Maryland.</td>
<td>• Support ongoing statewide efforts to implement Wraparound within a System of Care • Support the efforts to implement the Early Childhood Mental Health Certificate to train the workforce in core ECMH principles</td>
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**Future Work of EBP Subcommittee**

Establish itself with The Institute as a hub for EBP, PBEs, and Promising Practices discussion, recommendations, and necessary implementation elements statewide. Keep abreast of current children’s EBP, PBEs, and Promising Practices in the field with an annual review of potential new practices or models for the committee to review for scoring.
Maryland’s EBP Development
Moving Towards Statewide Implementation

2009:
- Children’s Cabinet establishes prioritized EBPs (MST, FFT, MTFC, TF-CBT & BSFT)
- Governor’s Office for Children contracts with The Institute to act as Intermediate Purveyor of Prioritized EBPs

2008: Maryland Child and Family Services Interagency Strategic Plan published by the Children’s Cabinet.

2010: The Institute begins Fidelity & Outcomes Monitoring reporting for Prioritized EBPs

2011: The Institute partners with Child Serving Agencies (DJS, DHR) to track longitudinal outcomes of Prioritized EBP youth
Maryland’s Interagency Strategic Plan

“The Children’s Cabinet should continue to make a commitment to utilizing evidence-based and promising practices to ensure that effective community education, opportunities, support and treatment options are available to the children, youth and families for whom they are appropriate.”

The state strategic plan recognizes and emphasizes the importance of evidence-based and promising practices in Maryland, with the intention of widely implementing such practices.
Maryland’s Prioritized EBPs

- MTFC
- TF-CBT
- BSFT
- MST
- FFT
Where are FFT & MST Available in Maryland?

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
The Institute’s Role in Maryland’s EBP Implementation

- An intermediary purveyor: an organization that works with EBP purveyors to develop, support, and sustain one or more replication programs
Using Implementation Science to Sustain Statewide EBP Implementation

Multilevel Influences on Successful Implementation

Core Implementation Components:
- Training, Coaching, Performance Measurement

Organizational Components:
- Selection, Program Evaluation, Admin, Systems Intervention

Influence Factors:
- Social, Economic, Political
EBP Collaboratives

Working Towards Sustained Statewide Implementation

- Develop & Capitalize on Funding Opportunities
- Coordinate Coaching & Training
- EBP Collaborative Groups
- Monitor Utilization, Fidelity & Outcome Data
- Address Statewide Implementation Issues
Data at a glance
Reasons Youth Did Not Start FFT & MST Services

- Parents unwilling/unavailable: 36%
- Youth placed out of home/detained: 10%
- Youth has unmanageable psychiatric issues: 9%
- Youth not age appropriate: 8%
- Incomplete referral packet: 7%
- Already received MST services: 6%
- English is not the primary language: 5%
- Youth refused treatment: 4%
- Youth has unmanageable medical issues: 4%
- Family lives out of service area: 3%
- No slots available: 3%
- Referral or funding source rescinded: 3%
- AWOL: 2%
- Other: 2%
- Youth is a sex offender: 2%
- Youth is too aggressive: 2%
- Youth refused treatment: 1%
- Youth is too aggressive: 1%
- Youth has unmanageable medical issues: 1%
- English is not the primary language: 1%
- Family lives out of service area: 1%

Total FFT referrals: 406
Total MST referrals: 182

Percentage of FFT Referrals

- Parents unwilling/unavailable: 44%
- Youth placed out of home/detained: 11%
- Youth has unmanageable psychiatric issues: 10%
- Youth not age appropriate: 9%
- Incomplete referral packet: 8%
- Already received FFT services: 6%
- English is not the primary language: 5%
- Youth refused treatment: 3%
- Youth has unmanageable medical issues: 3%
- Family lives out of service area: 3%
- No slots available: 3%
- Referral or funding source rescinded: 2%
- AWOL: 2%
- Other: 1%

Total FFT referrals: 406
Total MST referrals: 182

Percentage of MST Referrals

- Parents unwilling/unavailable: 36%
- Youth placed out of home/detained: 12%
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Total FFT referrals: 406
Total MST referrals: 182
Who Funded FFT & MST in FY11?

**FFT**
- DJS 81%
- CCIF 13%
- DHR 4%
- Medicaid 2%
- Other 1%

**MST**
- DJS 88%
- CCIF 11%
- Other 1%

n = 866

n = 408
Discharge Outcomes for FFT & MST

- Living at Home: FFT FY11 84%, MST FY11 85%
- In School/Working: FFT FY11 87%, MST FY11 78%
- No New Arrests: FFT FY11 87%, MST FY11 79%

FFT FY11: n=599
MST FY11 n=294
FY10 FFT & MST 12-Month Recidivism

Percentage of Youth

Arrested
Convicted
Incarcerated

FFT-All Youth
MST-All Youth
DJS Group Home

FFT-All n=170
MST-All Youth n=208
DJS Group Home n=314
Next Steps for Maryland

Develop new funding opportunities

Begin to better match youth to EBPs based on initial needs assessment data

Continue to monitor fidelity & outcomes

Continue to facilitate collaboration between EBP providers and state & local stakeholders

Use data to support effective implementation strategies

Support on-going training and coaching of EBP providers