



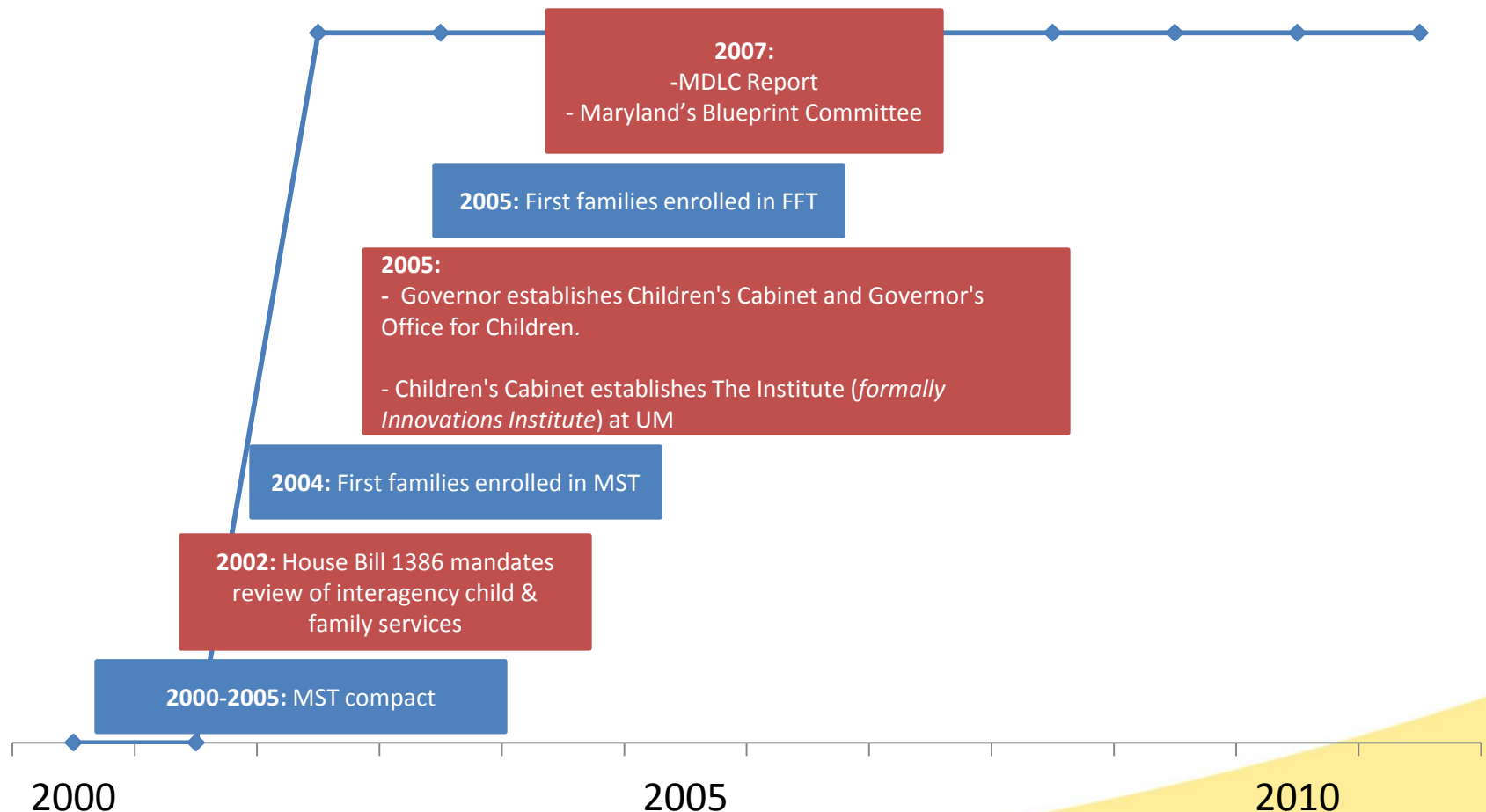
Paving the Way for Maryland's EBPs



Stepping Stones to Success
Jennifer Mettrick, MHS, MS

Maryland's EBP Development

'Building the Foundation'



MST Compact

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

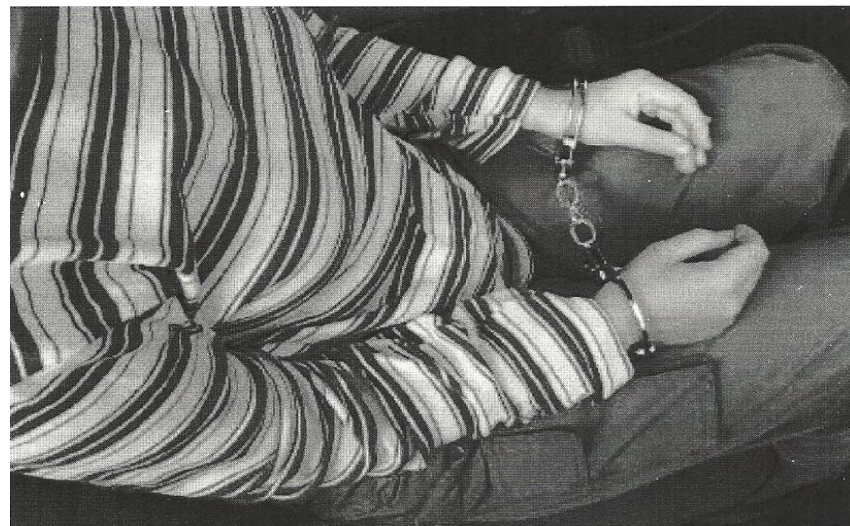


- **The Compact was designed to:**
- Expand good starts for all children and second chances for responsible adults and youth
- Strengthen vulnerable families, keep them together, and help them reach their full potential
- Make our government more efficient and more accountable
- **Baltimore County entered 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.

Evidence-Based Practices for Delinquent Youth with Mental Illness in Maryland: Medicaid Must Cover These Cost Effective Services



*A Public Report by Maryland Disability Law Center
January 31, 2007*

MDLC
MARYLAND DISABILITY LAW CENTER

Prioritizing Evidence Based Practices in Children's Mental Health

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

2007

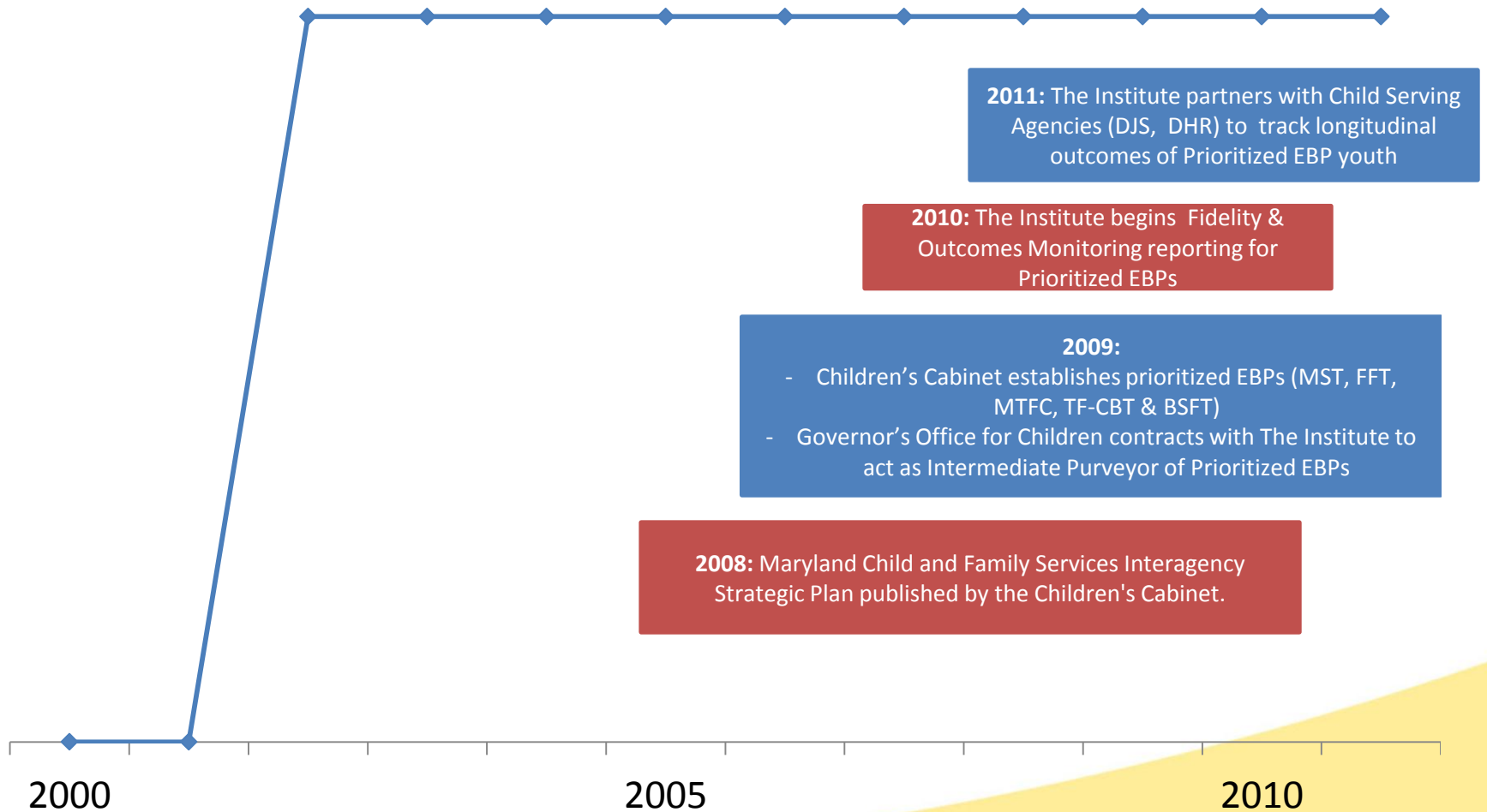
Recommendations	Next Steps
1) Increase efforts implementing a trauma informed statewide system of care in children's mental health.	<ul style="list-style-type: none"> Support MHA effort to create the <i>Center for the Study and Facilitation of Effective Treatment for Traumatized Youth- Child Welfare (SAFETTY-CW)</i> through SAMHSA
2) Support the ongoing efforts in the state for implementing an effective EBP TFC model	<ul style="list-style-type: none"> Support TFC Research Roundtable and assist in the implementation of recommendations
3) Support and draw on local efforts to increase the use of Evidence Based Family Therapy (MST, BSFT, and FFT)	<ul style="list-style-type: none"> Provide evidence based training, technical assistance, consultation and coaching consistent with these EBPs Provide outcomes management processes within and across selected early adopter sites
4) Improve practice based evidence in Respite and Psychiatric Rehabilitation Programs (PRPs)	<ul style="list-style-type: none"> Charge The Institute with the development of competencies and outcomes for these PBEs.
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.	<ul style="list-style-type: none"> 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

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



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 who 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

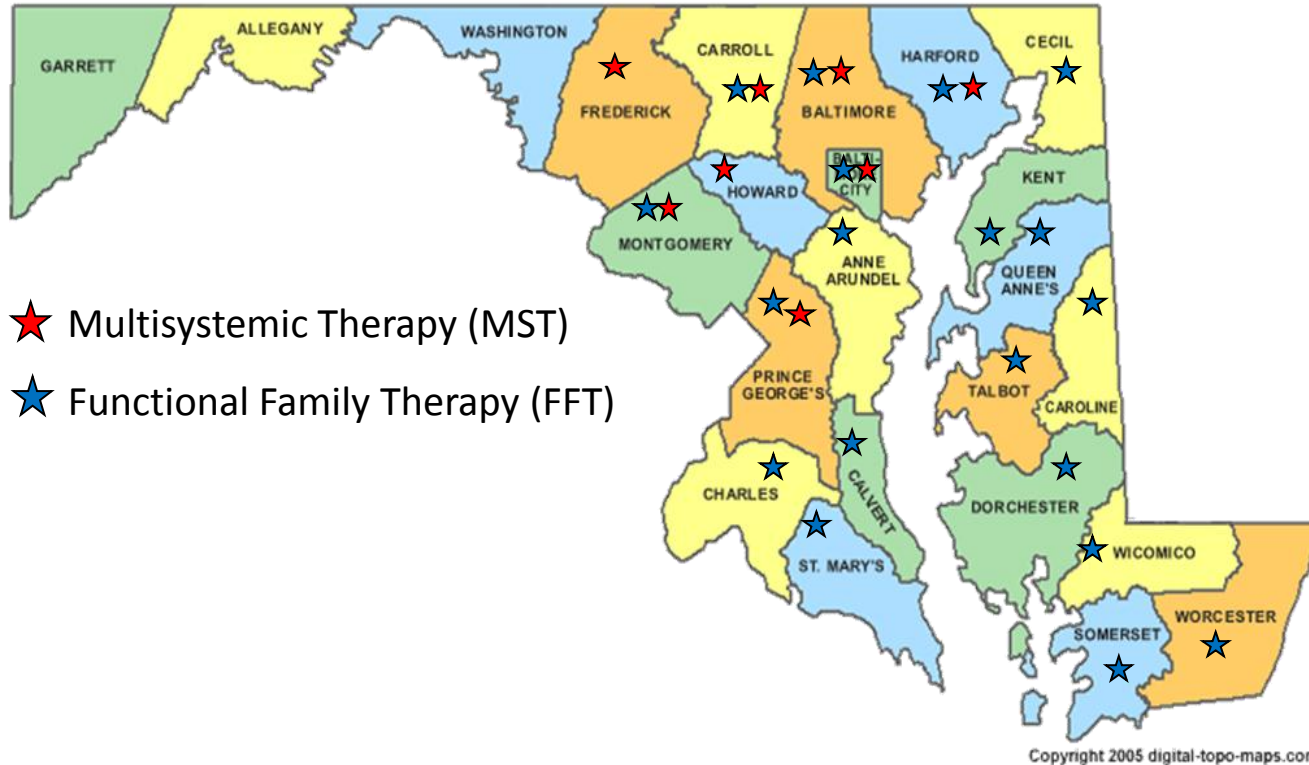
TF-CBT

BSFT

MST

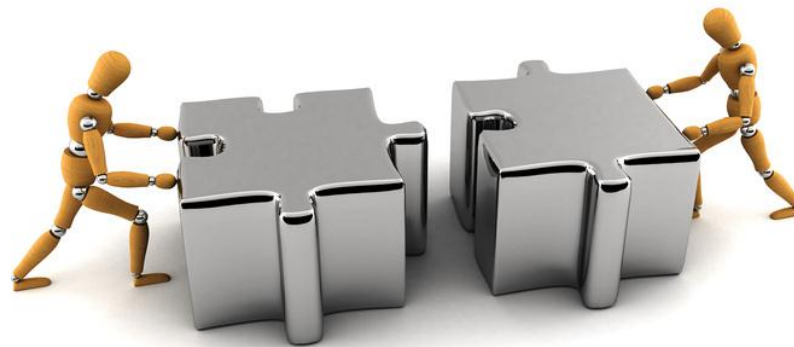
FFT

Where are FFT & MST Available in Maryland?



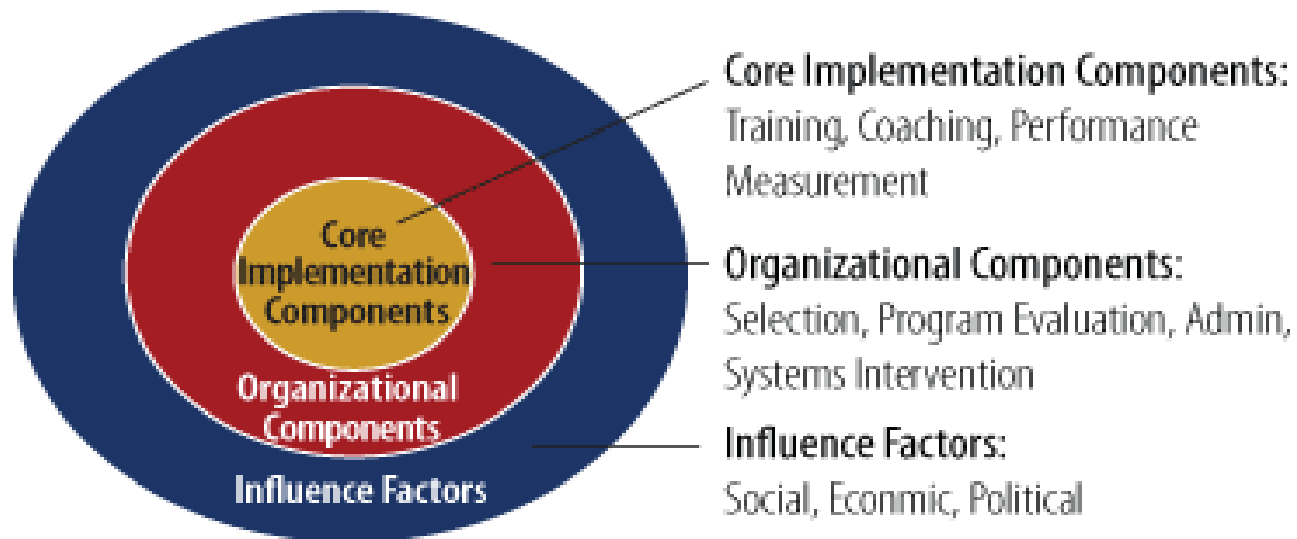
The Institute's Role in Maryland's EBP Implementation

- 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



EBP Collaboratives

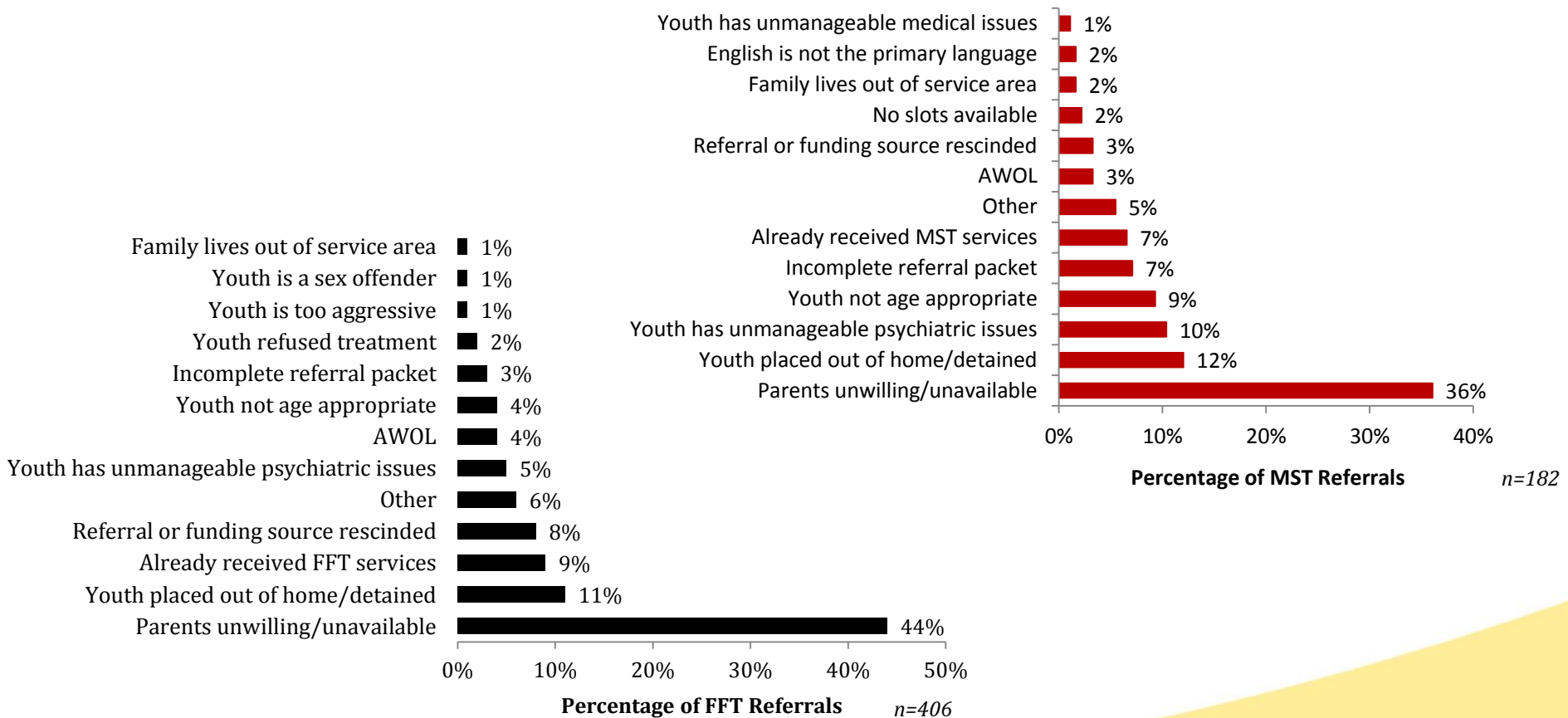
Working Towards Sustained Statewide Implementation



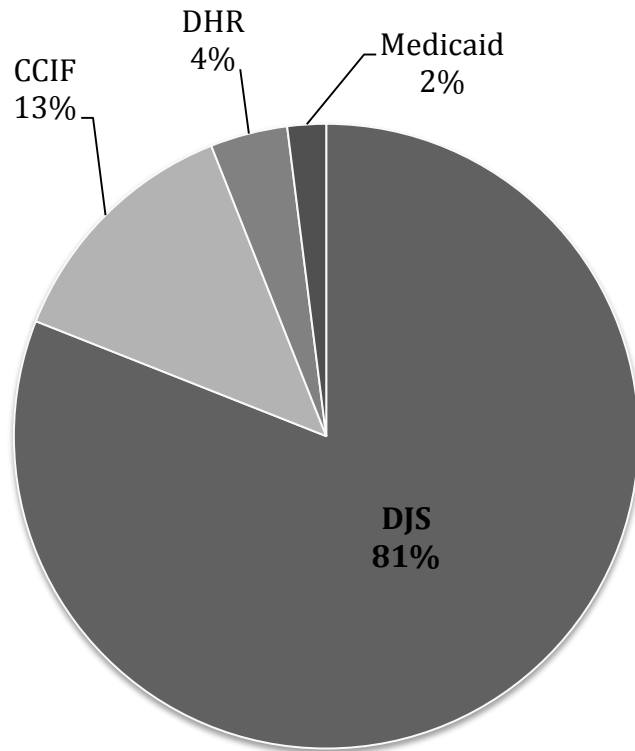
Data at a glance



Reasons Youth Did Not Start FFT & MST Services

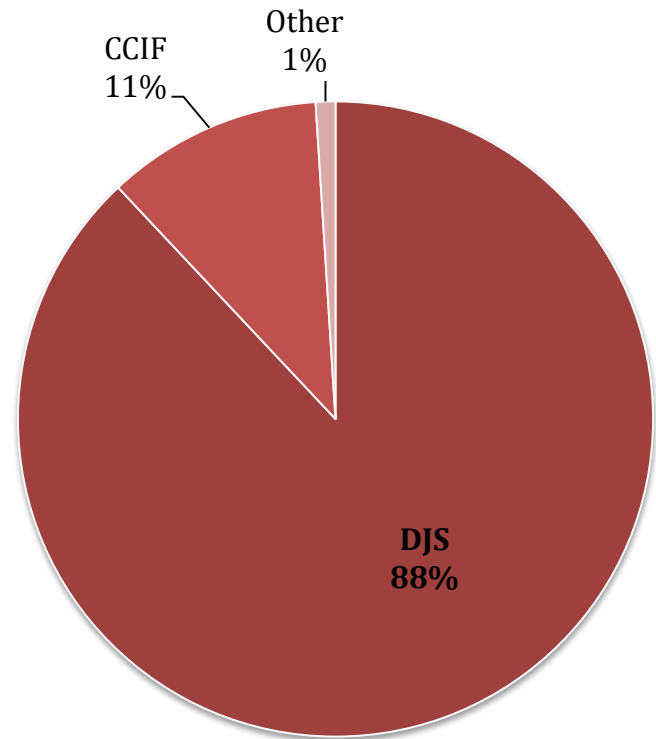


Who Funded FFT & MST in FY11?



n = 866

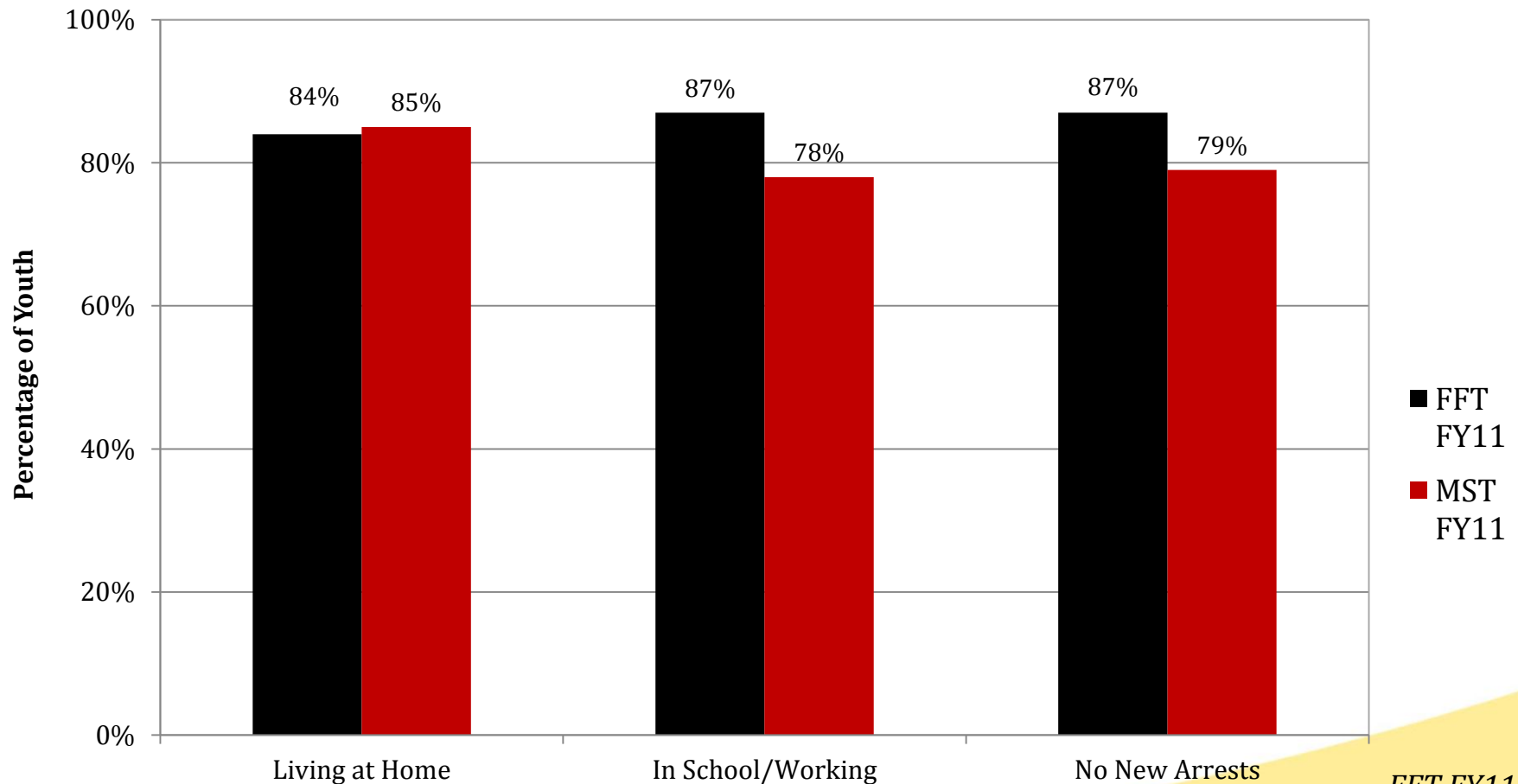
FFT



n = 408

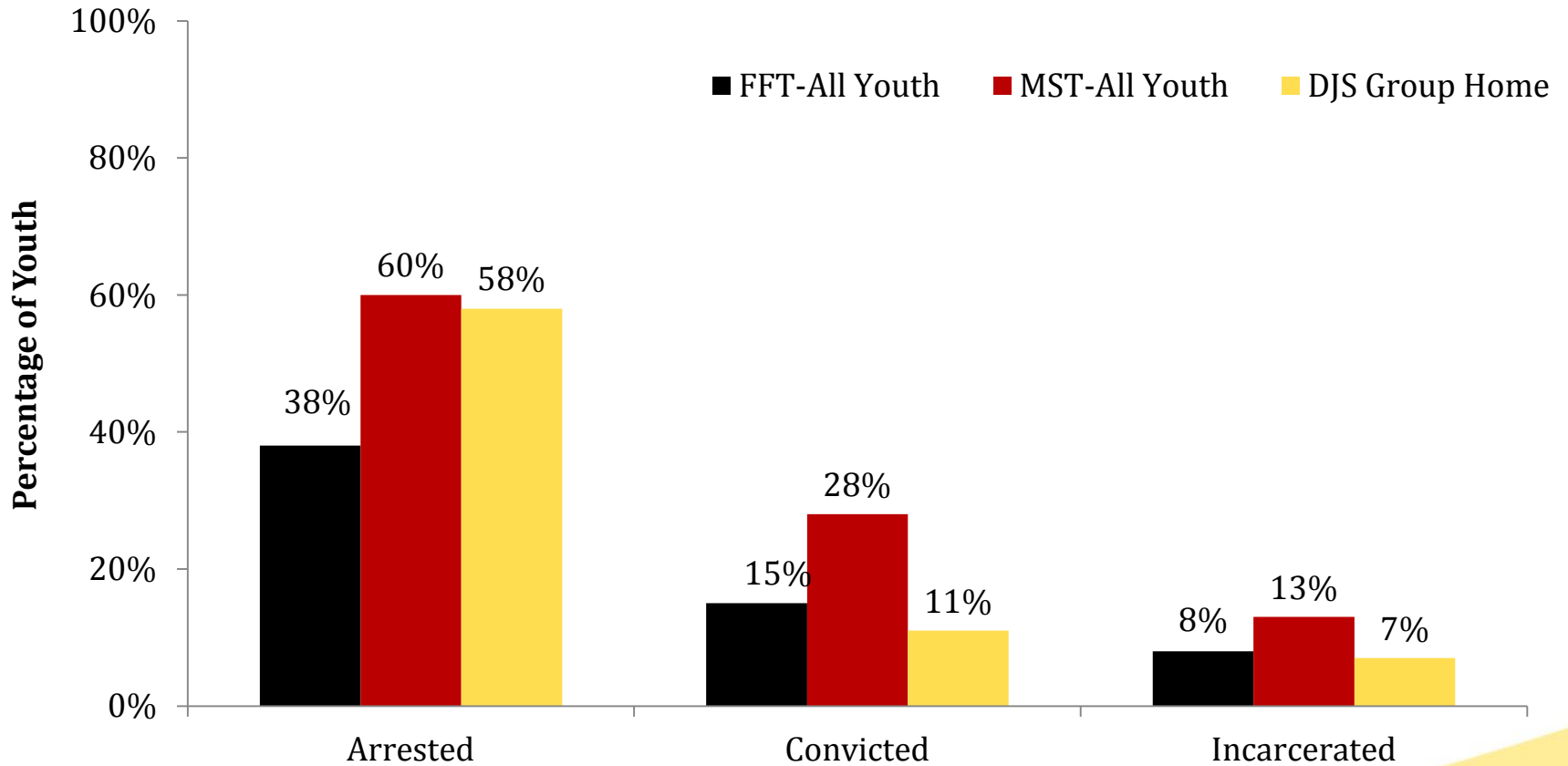
MST

Discharge Outcomes for FFT & MST



FFT FY11: n=599
MST FY11 n=294

FY10 FFT & MST 12-Month Recidivism



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