SPECIFYING THE MARYLAND MODEL OF SERVICE FOR TRANSITION-AGE YOUTH & YOUNG ADULTS

Mason Haber & Maryann Davis, University of Massachusetts Medical School
Steven Reeder, Adult Services, Behavioral Health Administration, Maryland Department of Health & Mental Hygiene
Purpose of Project: Develop the “Maryland Model”

- **What we mean by “Model”**
  - **NOT** a specific practice, but…
  - …a **SET** of practices
  - …including evidence-based interventions, where possible (and promising, evidence-informed practices, where not).
  - ...and practices for coordinating these.

- **The combination of practices & processes for coordinating them is the “model.”**
Developing & Implementing a Model: Best Practices

- **Describe “Core components”** (National Implementation Research Network, 2005)
  - What makes it work?
  - What makes it different from other models?

- **Communication Strategies**
  - Description of theoretical and empirical basis
  - Logic Model; Theory of Action/Change (Walker, 2015)
  - Descriptions of real world practice (Hodges, Ferreria, Israel, & Mazza, 2011)

- **Implementation Tools**  Schoenwald, Garland, Chapman, Frazier, Sheidow, & Southam-Gerow, 2011)
  - Manualization, Training curriculum
  - Fidelity Instrument
Goals & Questions

- **Goals of development process**
  - Articulate $\rightarrow$ Model Description
  - Operationalize $\rightarrow$ Fidelity Instrument
  - Identify gaps $\rightarrow$ Practice Recommendations

- **Questions**
  - What are they doing that they should be doing (& anything they shouldn’t)?
  - How can they do more of what they should and less of what they shouldn’t be doing?
  - What does success look like?
    - **Describe what and how** (what should go in manual)
    - **Describe indicators of success** (what should go in fidelity instrument)
Parts of Development Process

1) **Information gathering**
   - *Comprehensive literature synthesis* (Question: What should they be doing?)
   - *Site visit #1: Information Gathering* (Questions: What are they actually or want to be doing?)
     - *Expert panel I & Expert panel matrix* (How could they be doing more of what they should, less of what they shouldn’t or don’t want to do?)

2) **Initial formulation of model**
   - Crosswalk of data sources in #1 to answer questions
   - Outline of model
   - Initial model description, fidelity instrument outline

3) **Collecting feedback**
   - Expert Panel II – answer specific questions about proposed model elements & implementation
   - Site visit II – present model and examples of fidelity instrumentation to stakeholders, discuss

4) **Refine model & products**
   - Full Model description
   - Fidelity instrument
   - Recommendations for use, for further development, training and QA
Information Gathering: Literature Synthesis

• Sources & Methods
  • Developmental research impressionistic review
  • Crosswalk of Practice Principles
  • Systematic review of TAYYA specific interventions; impressionistic review of relevant psychiatric rehabilitation approaches for adults

• Findings:
  • Focus on developmental resources, not just symptoms.
    • Utilize best available skills training approaches
    • Utilize best available planning approaches
  • Practices from adult psychiatric rehabilitation need to be adapted.
Information Gathering: Site Visit

- **Settings:**
  - Maryland Healthy Transitions Initiative Programs (2)

- **Methods:**
  - Focus groups, Key Informant Interviews, Document Review

- **Participants:**
  - Direct care “core” staff \((N = 6)\)
  - Other staff, supervisors \((N = 3)\)
  - Administrators \((N = 4)\)
  - Family members \((N = 5)\)
  - Young Adults \((N = 8)\)
Maryland Model Components

- Structural Characteristics
  - e.g., settings, eligibility/referral
- Core Practices
- Ancillary Practices
- Process Dimensions/Principles
- Relationship Characteristics
Maryland Model Core Practices
(Delivered to all youth & young adults)

• Person-centered planning (Person-centered Care Planning approach; Adams & Grieder 2013)


• Focus on positive youth development (Walker, 2015)

• “Hands-on” community based skills teaching

• Psychotherapy and/or pharmacotherapy, w/specific approaches determined based on diagnosis and need

• Collaboration methods – partner agency meetings, interdisciplinary treatment teams
Maryland Model: Ancillary Practices
(Delivered based on need)

• Individualized Placement and Support (IPS) services, adapted to needs of TAYYA through a model currently being piloted at Maryland sites (Ellison, Huckabee, Stone, & Mullen, 2015).
• Program in Assertive Community Treatment (PACT) services (SAMHSA, 2008).
• Emerging evidence supported practices for co-occurring Disorders (e.g., IDDT; SAMHSA, 2009a).
• Peer support services (SAMHSA, 2011)
• Family Psychoeducation (SAMHSA, 2009b)
Maryland Model: Process Dimensions / Principles

- Based in narrative and systematic reviews of emerging practice for TAYYA with SMHC and other disabilities
  - Consensus principles from the literature were shared and examples of these practices at Maryland Model sites described

- Six Dimensions:
  - Self-efficacy, self-determination, & empowerment
  - Accessibility & appropriateness
  - Strengths-based, person-centered focus
  - Focus on education & employment
  - Youth Voice
  - Data-based accountability
Overall Impressions: Strengths

• **Structural/Practices:**
  • High satisfaction with availability, intensity, flexibility, practical value of service
    • “HTI gets things done”
  • Rich service array, including well implemented EBPs

• **“Don’t mess with this”: Relationships**
  • Of Transition facilitators & young adults:
    • time w/facilitator (amount and length)
    • patience
    • Flexibility
    • Focus on problem solving
    • “getting Chinese food”
  • Among staff: good communication, close working relationships
Developmental Areas

- These were areas that were either emerging or yet to emerge in practice & underdeveloped in the literature.

- **Examples:**
  - Transition to post-services
  - Completion of dissemination of a better defined approach to person-centered planning occurred during project
    - Both young adults and staff agreed that something was needed…but not a lot.
  - Improve training and supervision
  - Formalize interdisciplinary/interprogram/agency communication
Information Gathering: Expert Panel

• **Expert Panel:**
  - Expertise represented: interventions for adults w/SPMI, TAYYA w/SMHC, Youth & families with SED, Co-occurring Disorders
  - Presentation of initial findings
  - Open discussion and identification of priorities

• **Expert Panel Matrix:**
  - Priority area by evidence, implementation tools, developmental appropriateness
# Expert Panel Matrix Example

<table>
<thead>
<tr>
<th>Area</th>
<th>EVIDENCE &amp; OPERATIONALIZATION</th>
<th>ADAPTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practice Described (PD)</td>
<td></td>
</tr>
<tr>
<td>Person-centered Planning.</td>
<td>Theory of Change (ToC)</td>
<td></td>
</tr>
<tr>
<td>Grieder's PCCP tools; ACT; Achieve My Plan!; Motivational Interviewing fidelity assessments; RENEW: Wraparound fidelity (especially if specific to population but can list other well-supported tools).</td>
<td>Fidelity Instrument</td>
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<tr>
<td></td>
<td>Criterion Group</td>
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<td></td>
<td>Predictive Validity (PV)</td>
<td></td>
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<tr>
<td></td>
<td>Systematic Review (SV)</td>
<td></td>
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<tr>
<td></td>
<td>Target Population</td>
<td></td>
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<tr>
<td></td>
<td>Resource(s) for adaptation</td>
<td></td>
</tr>
<tr>
<td>Engagement Strategies. Motivational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewing tools (including coding developed for SAMHSA grant; Achieve my Plan!; RENEW; Miller’s client directed feedback approach [SRS/ORS]; Self-determined career development model).</td>
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<tr>
<td>Plan Implementation</td>
<td></td>
<td></td>
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<tr>
<td>(other than those listed in person-centered planning and engagement; e.g., case management, Service coordination, team based or other, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Supported Education.</td>
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<tr>
<td>Examples include: SAMHSA Toolkit, Best Practice Checklists, RAISE guidelines.</td>
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<tr>
<td>Implementation supports</td>
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<tr>
<td>(standards for training, staff selection, quality assurance, etc.; there may be limited resources in this area but it was mentioned often)</td>
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<td></td>
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</tbody>
</table>
Collecting Feedback: Methods

- Expert Panel II
- Site Visit II
  - Additional round of consultations with stakeholders, including:
    - Consultation on model
    - Consultation on proposed fidelity instrument items
    - Consultation on Instrument Format
    - Piloting of chart review tool
- Collection of written feedback from Maryland BHA Team
Collecting Feedback: Example Findings

- Feedback from experts:
  - Focus on evidence-based practices wherever possible… even if it means adapting from practices not developed for TAYYA
  - Adapt from existing resources, *informed by research and theory*
    - Examples: approaches to person-centered planning, skills training, co-occurring disorder
  - Assessment of process is difficult, but important.

- Feedback from Maryland BHA & Stakeholders
  - Paring, refinement of items to be consistent with vision of leadership and stakeholders
  - Identification of exemplar items from existing instruments identified in the expert matrix
  - Incorporate more objective, structural measurement for efficiency and accountability
  - Implementation suggestions for developmental area recommendations (e.g., Young Adult Advisory Boards)
Young people seek out and acquire role- and context-related knowledge and skills:
- wellness-related
- romantic/parental
- educational/vocational
- social, cultural
- civic

Connections to contexts and competent/healthy functioning in contexts:
- mind/body
- family/intimate relationships
- job/career
- friends
- community, culture
- society

Emergence of Maturity/Stability
- Identity
- Values
- Commitments

Consensus Approach: Positive Youth Development (Walker, 2015)
Young people seek out and acquire role- and context-related knowledge and skills:

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Core Practices
- Person-centered Care Planning
- Engagement Practices
- Community-based skills training
- Pharmacological/Behavioral Clinical Treatments
- Close partnerships & interdisciplinary teams

Ancillary Practices
- High-fidelity career development evidence-based or evidence-informed practices
- PACT services
- Early Intervention Substance Abuse services
- Training in Peer support
- Family psychoeducation

Relationship
- Feels that the provider is genuine, supportive, trustworthy and competent
- Engages in proactive steps
- Steps taken, activities underway, skills being learned

Process Dimensions/Principles
- Self-efficacy, self-determination, & empowerment
- Accessibility & appropriateness (flexible thing)
- Strengths-based, person-centered focus
- Youth Voice
- Data-based accountability
- Focus on education & employment

Well-being
- Quality of life
- Self-respect
- Recovery

Emergence of Maturity/Stability
- Identity
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Connections to contexts and competent/healthy functioning in contexts:
- Mind/body
- Family/intimate relationships
- Job/career
- Friends
- Community, culture
- Society

Meta-developmental skills (skills to drive development):
- Connect to intrinsic motivation
- Make choices/select goals
- Take steps, develop strategies
- Engage with life contexts
- Manage challenges, setbacks, uncertainty and shifts in perspective

Maryland Model in the Context of Pathways Model (Walker, 2015)
Challenges, Next Steps

• **Next Steps**
  - Finalization of products
    - Changes that have been made so far
    - Other changes planned
  - Addition of brief
  - Enhancement of skills training, co-occurring disorders services

• **Challenges**
  - Extremely abbreviated process
  - Difficult to make effective use of existing literature
  - More difficult to articulate “practice based evidence” than operationalize in the context of more conventional intervention
  - Challenges in determining scope of model description
Implications

• Where else would such a process be applicable?
  • Just about any program serving TAYYA with SMHC. Why?
    • To date, still virtually no evidence-based practices
    • Practices that exist are not well described and operationalized

• There appears to be a consensus regarding the most important aspects of practice

• Our approach provides one possible framework for negotiating this complex terrain
  • Sites could seek to describe their practices and collect the best resources in each of these areas
  • Can’t just follow the Maryland model -- Field is developing rapidly, and not all resources will be a fit for every site
Summary & Conclusions

• Don’t wait for an evidence-based practice
• Instead, using systematic, participatory methods, you can:
  • Describe your program
  • Identify and propose improvements using existing research
  • Operationalize these existing and aspirational elements
• Then:
  • Measure the operationalized results
  • Check validity with stakeholders
  • Share with others
• Rigorous study of practice yields practice-based evidence; the future of EBP?