Commonwealth Medicine

RESEARCH & TRAINING CENTER: *LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD*

http://labs.umassmed.edu/transitionsRTC/

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

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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 → Model Description
  - Operationalize → Fidelity Instrument
  - Identify gaps → 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)
- Practices for initial and ongoing engagement (cf. Kim, Munson, & McKay, 2012).
- 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

	EVIDENCE & OPERATIONALIZATION						ADAPTATION	
Area	Practice Described (PD)	Theory of Change (ToC)	Fidelity Instrument	Criterion Group	Predictive Validity (PV)	Systematic Review (SV)	Target Population	Resource(s) for adaptation
Person-centered Planning. Examples include 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).								
Engagement Strategies. Motivational 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).								
Plan Implementation (other than those listed in person-centered planning and engagement; e.g., case management, Service coordination, team based or other, etc.)								
Supported Education. Examples include: SAMHSA Toolkit, Best Practice Checklists, RAISE guidelines.								
Implementation supports (standards for training, staff selection, quality assurance, etc.; there may be limited resources in this area but it was mentioned often)								

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

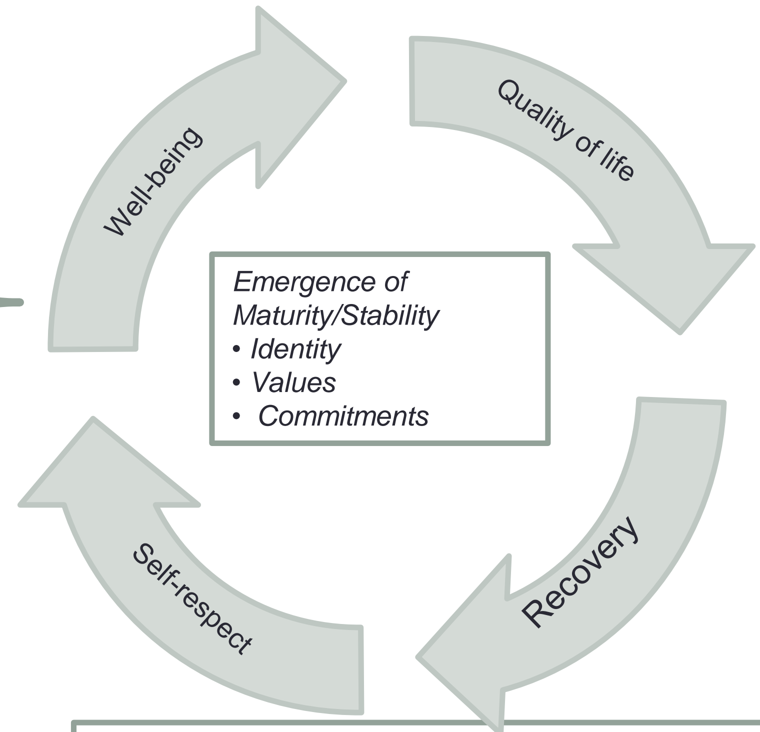
- Feedback from experts:
  - Focus on evidence-based practices wherever possible… even if it means adapting from practices not developed for TAYYA
  - Adapt from existing resources, *informed by research and theory*
    - Examples: approaches to person-centered planning, skills training, co-occurring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

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

Consensus Approach:
Positive Youth Development
(Walker, 2015)

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

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



Young people seek out and acquire role- and context-related knowledge and skills:
- wellness-related
- romantic/ parental
- educational/ vocational
- social, cultural
- civic

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

Structural Characteristics

Core Practices

[ALL young adults; Core Staff]:

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

Ancillary Practices

[some young adults; specialty, clinical staff]:

- **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.

Meta-developmental skills (skills to drive development):

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Well-being

Quality of life

Recovery

Self-respect

Emergence of Maturity/Stability

- *Identity*
- *Values*
- *Commitments*

Young people seek out and acquire role- and context-related knowledge and skills:

- wellness-related
- romantic/ parental
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- social, cultural
- civic

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?