GOVERNOR'S OFFICE OF
CRIME PREVENTION, YOUTH,
AND VICTIM SERVICES

# Report on Youth-Centered Behavioral Health Intervention and Prevention Programs

*2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets (Pages 255-256)*

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November 1, 2022
2022 JCR (Pages 255-256)

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# Introduction

The *2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets* (Pages 255-256) requires the Governor's Office of Crime Prevention, Youth, and Victim Services (Office), the Department of Juvenile Services (DJS), and the Maryland Department of Health - Behavioral Health Administration (MDH/BHA) to submit a report to the budget committees by November 1, 2022, as it relates to the role of youth-centered behavioral health intervention and preventive programs as an evidence-informed model to reduce and prevent juvenile justice system involvement.[1] Specifically, the report must include:

- A review of current practices and youth preventative programs supporting the behavioral health needs of youth, including those at risk of incarceration or recidivism;
- A review of youth-centered, youth co-designed behavioral health interventions and prevention models being implemented nationally and with evidence-based outcomes; and
- Recommendations for statutory, regulatory, or other changes that could allow for increased access and expansion of behavioral health programs in Maryland to best serve youth and families to prevent and divert from justice system involvement.

In addition, the *2022 Joint Chairmen's Report - FY 2023 Operating and Capital Budgets* (Pages 255-256) restricts $150,000 from the general fund appropriation ($50,000 per agency) until the Office, DJS, and MDH/BHA submit the required report.

# Youth-Centered Programs

For the purpose of this report, the Office, in partnership with DJS, MDH/BHA, and the Behavioral Health and Criminal Justice Partnership (BHCJP), examined current practices and youth preventative programs in the State of Maryland, researched nationally implemented intervention and prevention models, and made recommendations to increase access and expansion in Maryland (*as described below*).

## Current Practices and Youth Preventative Programs

Mental health concerns represent a significant threat to the future potential of Maryland's youth. This rising public health crisis, exacerbated by the COVID-19 pandemic, underscores the need for deep investment in, and exploration of, new practices and models from around the country and the globe.

In Maryland, DJS conducted listening sessions in 2020[2] that identified a lack of mental health and substance use resources as a contributing factor in the disparate criminalization of Black and

[1] Department of Legislative Services. (2022). *2022 Joint Chairmen's Report: Report on the Fiscal 2023 State Operating Budget (SB 290) And the State Capital Budget (SB 291) And Related Recommendations*.
[2] Maryland Juvenile Justice Reform Council (2021). *Maryland Juvenile Justice Reform Council Final Report*.

Brown youth. Data from BHA[3] shows that Black youth disproportionately enter the behavioral health system at the back end with a higher level of need, indicating a disparity in access to preventive services.

Within the State of Maryland, there are several current practices and youth preventative programs that support the behavioral health needs of youth, including those at risk of incarceration or recidivism, as listed below:

- Adolescent Clubhouse (ACHs)
- Multisystemic Therapy, Family Functional Therapy, and Family Centered Treatment
- Children's Cabinet Interagency Fund (CCIF) Program
- Project Bounceback - Boys & Girls Clubs

## Adolescent Clubhouses (ACHs)

Through the Child, Adolescent, and Young Adult Services (CAYAS) division, BHA provides oversight for thirteen Adolescent Clubhouses (ACHs) located in the Washington Metropolitan Area, Central Maryland, and Southern Maryland (*as listed below*). BHA also funds the ACHs through the use of State and/or federal (SAMHSA State Opioid Response (SOR)) funding sources.

- Anne Arundel County (2): Northern Anne Arundel and Southern Anne Arundel
- Baltimore City
- Baltimore County
- Calvert County
- Frederick County
- Harford County
- Mid-Shore (2): Kent County and Dorchester County[4]
- Montgomery County
- Prince George's County
- St. Mary's County
- Washington County

The ACH is a recovery-oriented, nonclinical, prevention-based program that provides sobriety support, recovery support, and continuing care for youth ages 12-17 (or up to 18 if still in high school). The ACH's criteria for admission is focused on youth currently at risk of, receiving treatment for, or following discharge from treatment for substance misuse/abuse, including opioid use and/or stimulant use disorders. The clubhouses are also expected to serve as a vehicle for referrals for those youth not presently in treatment.

[3] Maryland Department of Health (2021). *Report on Behavioral Health Services for Children and Young Adults*.
[4] It is important to note that three sites are served within Kent County and Dorchester County.

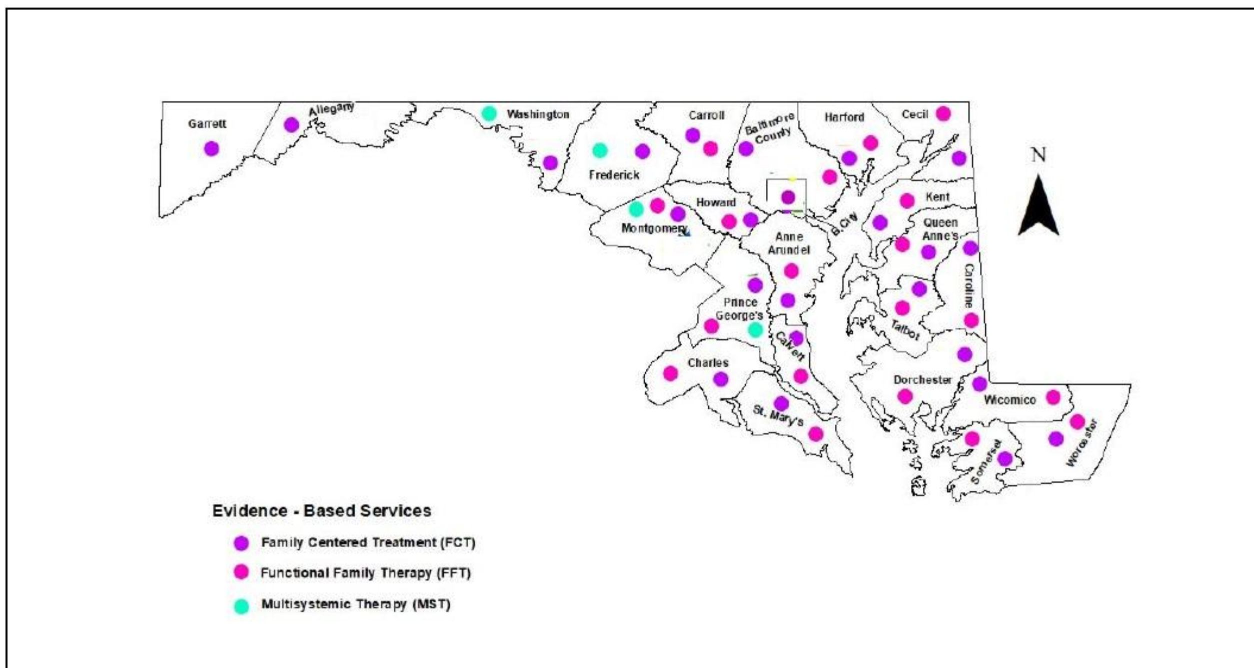
Each clubhouse assesses youth for appropriateness at the time of intake/admission to the program, using evidenced-based assessment tools such as the CRAFFT or SBI/SBIRT. In addition to the use of evidence-based practices (EBPs) at intake, the ACHs are expected to integrate other EBPs, such as BOTVIN Life Skills Training and Adolescent Community Reinforcement Approach (A-CRA), into their daily programming curriculum. Along with the EBPs mentioned, the ACHs also utilize peers, both family peers and young adult peer recovery support specialists (YAPRSS), as part of their staff.

Through various approaches to substance use prevention, intervention, and recovery, the clubhouse focuses on decreasing triggers and cues that previously led to substance misuse/abuse. It also uses youth driven activities, including peer support staff, surveys, and youth council, to help youth develop and maintain healthy lifestyles while abstaining from substances.

The ACH honors and respects all diverse pathways to recovery and promotes person-centered and peer-based services. It is not a treatment program but rather a resource to help prevent the escalation of substance use, including opioid and/or stimulant misuse/use, and to promote recovery in our youth. It also allows adolescents to assemble with their peer age group, in a safe and supportive, alcohol and substance free, environment that promotes recovery.

## Multisystemic Therapy, Family Functional Therapy, and Family Centered Treatment

DJS funds and provides oversight to three intensive family based interventions that support the behavioral health needs of youth: Multisystemic Therapy (MST), Family Functional Therapy (FFT), and Family Centered Treatment (FCT). MST and FFT are recognized as evidence-based interventions,[5] and FCT is identified as a promising practice by the California Evidence-Based Clearinghouse for Child Welfare. Services provided by MST, FFT, and FCT are located in the following jurisdictions:




MST services are designed for youth ages 12-17 years old who are engaging in antisocial or delinquent behaviors, including substance use. MST targets five systems that influence youth behavior during the treatment process: family, individual/youth, peer, school, and community. Treatment focuses on empowering caregivers/parents with skills needed to address difficulties that arise when raising youth, as well as reduce the severity of youth's referral behaviors. At least one adult caregiver must be involved in treatment. MST can be delivered in the home and in various community settings. The length of treatment ranges from three to five months, with the number of sessions dependent on youth/family needs. On average, there are approximately two sessions each week. On-call support from the therapist is also available 24 hours a day and 7 days a week.

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[5] Zajak, K., Randall, J., & Swenson, C. C. (2015). Multisystemic Therapy for Externlizing Youth. *Child and adolescent psychiatric clinics of North America, 24*(3), 601-616. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4475575/.

FFT services are designed for youth ages 11-18 years old who are experiencing emotional problems and demonstrating problem behaviors such as truancy, violence, and substance use. FFT consists of five major components: engagement, motivation, relational assessment, behavior change, and generalization. Each of these components has its own goal, focus and intervention strategies, and techniques that are used to help the family achieve healthier functioning. At least one adult caregiver/parent must also be involved in treatment. FFT is delivered in the home and in a variety of community settings. The length of treatment ranges from three to four months, with a minimum of two sessions each week. Additional sessions may occur based on youth/family needs.

FCT services are designed for caregivers/parents and youth of any age who are experiencing emotional problems and/or are demonstrating behavioral problems that impact family functioning. FCT is designed to find simple, practical, and common-sense solutions for families faced with disruption or dissolution of their family. It also addresses the underlying or emotionally focused reasons for the behavioral problems that are affecting the family functioning. At least one adult caregiver must be involved in treatment. FCT can be delivered in the home and in a variety of community settings. The length of treatment tends to occur over a six month period, however, there is no predetermined time frame. Typically, FCT includes a minimum of two sessions each week; however, additional sessions may occur based on youth/family needs. On-call support from the therapist is also available 24 hours a day and 7 days a week.

## Children's Cabinet Interagency Fund (CCIF)

The Children's Cabinet seeks to improve child well-being in Maryland through the use of seven priority areas: reduce the impact of incarceration on children, families, and communities; improve outcomes for disconnected/opportunity youth; reduce childhood hunger; reduce youth homelessness; using community-based programs and services to achieve juvenile justice system diversion; using trauma-informed practices and preventing adverse childhood experiences; and preventing of out-of-State placements.[6] To address these priorities, funding from the Children's Cabinet Interagency Fund (CCIF) is dedicated to Local Management Boards (LMBs) to further efforts to improve child well-being in Maryland.

In accordance with §§ 8-501 - 8-506 of the Human Services Article, the CCIF supports child and family programs that reflect the values and priorities of the Governor and the Children's Cabinet.[7] It is administered by the Office's Children and Youth Division, on behalf of the Children's Cabinet, and includes dedicated grant funding for LMBs. Pursuant to § 8-504 of the Human Services Article, expenditures from the CCIF must be made:

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[6] Department of Legislative Services. (2022). *2022 Joint Chairmen's Report: Report on the Fiscal 2023 State Operating Budget (SB 290) And the State Capital Budget (SB 291) And Related Recommendations*.
[7] Governor's Office of Crime Prevention, Youth, and Victim Services. *Children's Cabinet Interagency Fund (CCIF)*. Maryland General Assembly. *Section 8-508 of the Human Services Article*.

1. In accordance with the State Finance and Procurement Article; and
2. To reflect the priorities, policies, and procedures that the Children's Cabinet adopts.

In addition, § 8-505 of the Human Services Article requires that an LMB apply for money from the CCIF in accordance with procedures established by the Children's Cabinet. It also allows the Children's Cabinet to disburse money to an LMB subject to the terms, conditions, performance measures, or outcome evaluations that the Children's Cabinet considers necessary. Furthermore, it requires an LMB to use the money to implement:

1. A local interagency services delivery system for children, youth, and families in accordance with the community partnership agreement; and
2. Any terms, conditions, and performance measures that the Children's Cabinet requires.

Local Management Board Programming Support

As illustrated in the chart below, the Children's Cabinet allocated funds to support juvenile justice diversion programs/strategies, as identified in the Notice of Funding Availability (NOFA).

| **FY 2020 - FY 2022 Children's Cabinet Priority Funding for Juvenile Justice Diversion** | | | | |
|---|---|---|---|---|
| **State Fiscal Year** | **Allocation Amount** | **Number of Programs/Strategies** | **Number of Counties** | **Percent of Total Funding** |
| **FY 2020** | $ 156,528 | 3 | 3 | 0.9% |
| **FY 2021** | $ 654,747 | 4 | 2 | 4.0% |
| **FY 2022** | $ 748,518 | 8 | 5 | 4.35% |

The chart below captures the specific juvenile justice diversion programs/strategies that were funded in State FY 2022.

| **FY 2022 CCIF-Funded Juvenile Justice Diversion Programs/Strategies** | | |
|---|---|---|
| **Jurisdiction** | **Program/Strategy Name and Description** | **Allocation Amount** |
| **Allegany** | **PROJECT AIM**: This is an evidence-based program that was developed to encourage at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood. This youth development intervention is designed to provide youth motivation to make safe choices and to address deeper barriers. | $60,176 |
| | **YOUTH SERVICES COALITION PLANNING GRANT**: This planning grant helps to align current efforts, fill necessary gaps, and create a strong strategic framework for improved youth services in Allegany County. The goal of the planning grant seeks to establish a strategic focus and local strategy. Elements of the local strategy include: (1) developing a list of priorities; (2) forging more deliberate program connections rather than allowing fragmentation and isolated programs to be the norm; (3) targeting resources and shape budgets based on the identified priorities and the opportunities created by program connections; and (4) establishing outcomes that can be measured by data to inform decisions about what works and what needs to be changed. The target population are children affected by poverty, parental substance abuse, parental incarceration, and youth who are at-risk of entering the juvenile justice system. | $49,408 |

| | | |
|---|---|---|
| **Baltimore City** | **THRIVING YOUTH STRATEGY**: The Thriving Youth Strategy focuses on supporting the holistic needs of young people who have been involved with the juvenile justice system once they re-enter their communities. Partners provide barrier removal, wraparound support, and strengths-based trauma-informed programming, with a particular focus on re-engagement with school and/or work. Youth ages 14-17 who are eligible for services include: (1) youth leaving detention after a case has been dismissed; (2) youth on community detention, electronic monitoring, or evening reporting center that have a case dismissed; (3) youth on Pre-Court Supervision that require service navigation or school support; (4) youth who are referred to DJS, however DJS resolves the case; and (5) youth/families that contact DJS for support without a delinquency complaint. Young people who were detained and released prior to State FY 2022 are also eligible for programming. | $505,000 |
| **Caroline** | **TEEN COURT**: Teen Court is a "peer court" for first time misdemeanor and traffic offenders. The program is conducted by volunteer teens who are trained in courtroom protocol, judicial process, and the responsibilities of the various court personnel. The teen volunteers, along with a judge and adult volunteer coaches, conduct court hearings for various misdemeanor criminal cases each month. The following offenses are considered for Teen Court diversion: alcohol citations; disturbing school operations; destruction of property; bullying; misuse of telephone/electronic device; theft; second degree assault; fourth degree burglary; drug paraphernalia; unauthorized use of a motor vehicle; auto tampering; tobacco citations; disorderly conduct; loitering; trespassing; CDS possession – citation and marijuana only; and possession of a deadly weapon (misdemeanor only). Respondents receive sanctions from a jury of their peers that must be completed within a certain time period. In FY 2021, chronic absenteeism was added as an offense by the local school system. These referrals are tried separately from the criminal referrals. | $27,010 |
| | **YMCA MENTORING PROGRAM**: The YMCA Mentoring Program provides one-on-one mentoring to improve school performance, self-confidence, peer relationships, and overall fitness. Mentors engage with mentees to build a trust relationship that promotes positive experiences and success in school. Mentors provide resources to mentees and their families as needed to support academic performance and address any identified adverse childhood experiences. | $16,210 |
| | **MEN FOR CHANGE MENTORING PROGRAM**: The Men for Change Mentoring Program provides group mentoring that guide at-risk youth down the best path possible to have a successful future by keeping youth in school and on the path to graduating on time, diverting them from the juvenile justice system and preventing excessive absenteeism/truancy, drug use, and teen pregnancy. The program's main focus is on high school graduation, school attendance, and making sure children are successful in school. Mentors engage mentees to provide youth with guidance and the opportunity to have a positive impact in their life. | $30,342 |
| **Cecil** | **CECIL COUNTY NEIGHBORHOOD YOUTH PANEL, INC.**: The Cecil County Department of Community Services Neighborhood Youth Panel (NYP) program helps to provide direct community-based early intervention, diversion, and referral services throughout Cecil County. The program serves first-time and low-risk juvenile misdemeanor offenders and their families by diverting cases from the juvenile justice system and offering community panels, community conferencing, and referrals for needed mental health, trauma, or other services. | $20,000 |

| Charles | **YOUTH MENTORING**: The Youth Mentoring program works to match community members who complete the Mentoring Central training with youth who are "at-risk" in one or multiple areas including truancy, juvenile justice involvement, arrest, failing at school, in school suspension, and referred to Local Care Team for negative behaviors. A CJIS background check is conducted for mentors and training is provided via Mentoring Central in five content areas. The mentoring program coordinator facilitates opportunities for community interactions with mentors and mentees. Youth are screened via the POSIT screening tool to assess specific risk areas as well as improvement after receiving mentoring services for six months. | $40,222 |
|---|---|---|

## Project Bounce Back - Boys & Girls Clubs

On May 6, 2021, Governor Hogan announced the launch of *Project Bounce Back*, a $25 million initiative to help Maryland youth recover from the devastating impact of the COVID-19 pandemic.[8] "This series of initiatives will provide strategic mental health services, expand the footprint of youth development programs, and develop an innovative, data-driven digital solution to build post-COVID resilience among Maryland's youth, families, and communities."[9]

Through this initiative, the "Maryland Alliance of Boys & Girls Clubs will expand to every county in Maryland, prioritizing Title 1 school districts and rural communities, to reach 45,000 children across all jurisdictions" with evidence-informed youth development programs and positive mentorship.[10] The Boys & Girls Clubs provide necessary skills development and enrichment opportunities in safe and nurturing environments, connecting participants to caring and supporting networks. Additionally, national research illustrates that the services of the clubs are provided during peak hours (after-school and summer) of increased juvenile delinquency. Based on the initial year of data, Maryland's Alliance of Boys & Girls Clubs reported the following outcomes:

- 18 Maryland jurisdictions are providing services through the Boys & Girls Clubs.
- 73 active sites are available to serve youth.
- Over 7,200 children and youth in Maryland have been served through services.

Although the *Project Bounce Back* initiative is in the early stages of its second year, Maryland's Alliance of Boys & Girls Clubs will continue to expand youth development programs and positive mentorship across all jurisdictions. The Office will also continue to support efforts designed to implement front-end services and programming to prevent youth from having unnecessary contact and deeper dives within the juvenile justice system.

[8] The Office of Governor Larry Hogan. (2021). *Governor Hogan Announces Project Bounce Back, $25 Million Public-Private Partnership to Support Youth Recovery From COVID-19*.
[9] Ibid.
[10] Ibid.

## Nationally Implemented Intervention and Prevention Models

Community-based prevention and early intervention programs that are youth-led and youth co-designed are increasing in popularity internationally and across the United States. They are also gaining recognition as an innovative approach to eliminating stigma and other barriers that discourage and prevent youth from accessing mental health and substance use services.

Experience based co-design[11] is an evidence-based[12] process which involves people in the decisions that will have an impact on them. The youth co-design model means that youth are not only the recipient of services but are partners in all elements of that service, including implementation, evaluation, and the evolution of services. Based on the principles of participatory design, youth co-design models center on the core beliefs that everyone should have the right to participate in the decisions that impact their life, and that everyone has valuable knowledge to contribute to a design process.[13] Below are the four common features of co-design:[14]

- **Equal value given to expertise by lived experience and expertise by profession or education**: In co-design, lived experience and local knowledge have equal value to professional expertise and scientific evidence. It is not who holds the knowledge that is important, but the knowledge itself that really matters.
- **Sharing of decision-making power**: In co-design, the participation of service users goes beyond providing information to professionals who then make decisions on their behalf. Young people and families with lived experience are given the opportunity to actively participate in the design process. Their role should include helping to shape the desired outcomes, generating and testing ideas, and helping to decide how these ideas can shape the design and delivery of services. By treating young people as equal partners, they are acknowledged for their knowledge and skills, and the value they can add to the development of new services and solutions.
- **A design-led process**: Co-design makes use of principles and methods from the field of design. There are a variety of design processes that tend to share common features which are summarized by the UK Design Council's 'Double Diamond' process. The Double

[11] Orygen, The National Centre of Excellence in Youth Mental Health. (2019). *Co-Designing With Young People: The Fundamentals.* Retrieved from https://www.orygen.org.au/Training/Resources/Service-knowledge-and-development/Guidelines/Co-designing-with-young-people-The-fundamentals/Orygen-Co-designing-with-YP-the-fundamentals?ext=.

[12] Mulvale A, Miatello A, Hackett C, Mulvale G. (2016). Applying experience-based co-design with vulnerable populations: Lessons from a systematic review of methods to involve patients, families and service providers in child and youth mental health service improvement. *Patient Experience Journal, 3*(1), 117-129. Retrieved from https://pxjournal.org/journal/vol3/iss1/15/.

[13] The Co-Design Initiative. (2016). *Co-Design: Shared Perspectives on Authentic Co-Design*. Retreived from https://auspwn.files.wordpress.com/2016/05/codesign-shared-perspectives-report-vf1-5-040616.pdf.

[14] Orygen, The National Centre of Excellence in Youth Mental Health. (2019). *Co-Designing With Young People: The Fundamentals*. Retrieved from https://www.orygen.org.au/Training/Resources/Service-knowledge-and-development/Guidelines/Co-designing-with-young-people-The-fundamentals/Orygen-Co-designing-with-YP-the-fundamentals?ext=.

Diamond process comprises four distinct phases: discover, define, develop, and deliver. The process maps how initial insights about needs and problems (discovery) are turned into a new service or solution (delivery).
- **Use of design methods to support active participation**: People with lived experience need to be able to communicate their experiences, perspectives, and expectations to actively participate. To facilitate this, methods from design can be used alongside more typical research methods, such as interviews, surveys, and focus groups. Using design methods can help to create mutual learning, generate collaborative ideas, and enable sharing of decisions. These methods are often visual and practical in nature, with examples including: journey mapping, storyboarding, context mapping, brainstorming, user personas, games, paper prototyping, and scenarios.

The term co-design is often mistakenly used to describe any type of participation activity. Co-design represents the highest level of participation where decision-making power is shared between professionals and people who use services. Specific to integrated youth mental health care, this is an enhanced primary care model offering soft entry to care with access barriers minimized. The key features[15] of this model include:

- Youth (and family) participation and co‑design at all levels, enabling youth‑friendly, stigma‑free cultures of care providing what young people and their families really need.
- Developmental appropriateness reflecting the epidemiology of mental ill‑health and providing a good cultural fit for adolescents and emerging adults aged 12‑25 years.
- Integration of mental health, physical health, alcohol and other drugs, and vocational support.
- An optimistic early intervention approach offering safe, holistic, evidence‑informed, proportional and stage‑linked care, including risk‑benefit considerations and shared decision‑making, with social and vocational outcomes as the key targets.
- A single, visible trusted location, a "one stop shop" or "integrated practice unit"[16] with providers organized as a dedicated team of clinical and non‑clinical (e.g., peer worker) personnel providing the full spectrum of care around the young person and his/her family.
- Elimination of discontinuities at peak periods of need for care during developmental transitions, in particular demolishing the anachronistic and developmentally inappropriate "hard border" at age 18.
- Seamless linkages with services for younger children and adults.

Known as a global leader for the integration of youth mental care (as described in the key features above), **headspace**, an Australian non-profit organization for youth mental health

[15] McGorry, P., Mei, C., Chanen, A., Hodges, C., Alvarez-Jimenez, M., & Kilackey, E. (2022). Designing and scaling up integrated youth mental health care. *World Psychiatry : official journal of the World Psychiatric Association (WPA), 21*(1), 61-76. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8751571/.
[16] Eccles, R.G., & Serafeim, G. (2013). The performance frontier: innovating for a sustainable strategy. *Harvard business review, 91*(5), 50-150. Retrieved from https://pubmed.ncbi.nlm.nih.gov/23898735/.

established by the Australian Government in 2006, has worked to better recognize mental health issues as part of the responsibilities of public health and primary care systems. This includes an innovative commitment to early mental health support in which headspace has focused on addressing the holistic needs of youth with mild to moderate mental health problems, and leveraging the perspectives and expertise of the youth to design every piece of the delivery model.[17] UNICEF has recognized headspace as a global model and elevates the role of youth co-design as a key component, stating "participation by adolescents and young people is a critical component of headspace, and they take part in decisions about their own care and serve as advisors to the development, strategy and operational planning of headspace."[18] UNICEF also acknowledged headspace's unique ability to tailor services to and invite participation from Aboriginal and Torres Strait Islander and LGBTQ+ communities.

To date, headspace serves over 145 communities across Australia[19] and has been recognized by the World Economic Forum as a replicable strategy to support systems reengineering:

> *"Youth mental health services need to be well coordinated with other health services, such as primary care, and wider educational, social-welfare and employment services. Community-based mental health services, specifically tailored to people aged 12 – 25 and delivered outside of traditional clinical settings, are one way of providing appealing community-based supports for young people experiencing mild-to-moderate mental health difficulties. The Australian enhanced primary mental health care service for young people, headspace, provides a template for on the ground implementation of some of the core recommendations for national mental health systems reform from around the world."*[20]

The most prominent example of this youth-centered, youth co-designed model in the U.S. was examined at Stanford University with the support of a grant from the Robert Wood Johnson Foundation. The model, headspace, was studied for feasibility of its adaption and implementation in the U.S. Replications of the headspace model that have expanded in Denmark, Israel, Canada, and in California. In California, youth have been involved in the creation, design, and implementation of the **allcove** program. **allcove** is a model of standalone, integrated youth mental health centers that welcome young people to take a pause from their daily lives and access a range of professional support services and care.[21] Based on successful models in

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[17] Adelsheim, S., Tanti, C., Harrison, V., & King, R. (2015). headspace US Feasibility Report. *Stanford University School of Medicine*. Retrieved from https://med.stanford.edu/content/dam/sm/psychiatry/documents/initiatives/allcove/RWJheadspacefeasibilityreport.pdf.

[18] United Nations Children's Fund (UNICEF). (2021). *The State of the World's Children 2021: On My Mind - Promoting, protecting and caring for children's mental health.* Retrieved from https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf.

[19] headspace National Youth Mental Health Foundation. (2022). Who we are.

[20] World Economic Forum (2020). *An Investment Framework To Build Mental Capital In Young People.* https://www.orygen.org.au/About/Orygen-Global/Files/Orygen-WEF-investment-framework.

[21] allcove. (2021). About.

Australia, Canada, and Ireland, **allcove** is designed with, by, and for youth. **allcove** centers serve the needs of 12-25 year olds experiencing mental, physical, and emotional challenges, as well as those of their family and community. Centers are embedded within the communities they serve and reflect the unique needs of local youth. Services include early mental health care, physical health care, early intervention for substance use, supported education/employment, and peer and family support.[22] **allcove** is the first Integrated Youth Mental Health Model as defined in the Stanford University, Division of Child and Adolescent Psychiatry and Child Development in the Department of Psychiatry and Behavioral Sciences.[23]

According to the Substance Abuse and Mental Health Administration (SAMHSA)[24] and the Child Welfare Information Gateway,[25] Blueprints for Healthy Youth Development identifies youth prevention and intervention programs that have been effective in reducing youth violence, delinquency, and substance abuse.[26]

> *"The mission of Blueprints for Healthy Youth Development is to provide a comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity. [They] also advocate for evidence-based interventions locally and nationally and produce publications on the importance of adopting high-scientific standards when evaluating what works in social and crime prevention interventions."*[27]

Blueprints for Healthy Youth Development identifies, recommends, and disseminates programs that have strong evidence of effectiveness, based on scientific evaluations. These programs are also rated as Promising, Model, or Model Plus; and are listed in its comprehensive registry of programs.[28]

Using the interactive registry of programs, and based on a search criteria of specific *problem behavior* (i.e., antisocial-aggressive behavior, bullying, conduct problems, delinquency and criminal behavior, and violence) and *emotional well being* (i.e., depression, mental health - other, and suicide/suicidal thoughts) factors, there were a total of six Model programs:[29]

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[22] Ibid.

[23] Stanford University. (2022). Division of Child and Adolescent Psychiatry and Child Development. Stanford Medicine. (2022). Department of Psychiatry and Behavioral Sciences.

[24] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2019). *Finding Evidence-based Programs and Practices*.

[25] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway. *Prevention Evidence-Based Practice Registries*.

[26] Blueprints for Healthy Youth Development. (2022). *Providing a Registry of Experimentally Proven Programs*. It is important to note that "Blueprints for Healthy Youth Development is currently funded by Arnold Ventures (formerly the Laura and John Arnold Foundation) and historically has received funding from Annie E. Casey Foundation and the Office of Juvenile Justice and Delinquency Prevention."

[27] Ibid.

[28] Ibid.

[29] Blueprints for Healthy Youth Development. (2022). *Program Search*. It is important to note that this link captures the six Model programs, based on the specified search criteria.

- Multisystemic Therapy® (MST®): “A juvenile crime prevention program designed to improve the real-world functioning of youth by changing their natural settings - home, school, and neighborhood - in ways that promote prosocial behavior while decreasing antisocial behavior.”
- Family Foundations: “A universal prevention program designed to improve birth outcomes, reduce family aggression, enhance child mental and behavioral health, and enhance parent mental and physical health through promoting coparenting quality among couples at the transition to parenthood.”
- Multisystemic Therapy – Problem Sexual Behavior (MST-PSB): “A juvenile sex offender treatment program designed to reduce criminal and antisocial behavior, especially problem sexual behavior, by providing intensive family therapy services in the youth’s natural environment over a 5-7 month period.”
- New Beginnings (for children of divorce): “A group-based intervention for divorced parents and their children to promote resilience in children after parental divorce.”
- Nurse-Family Partnership: “A nurse home visiting program for first-time pregnant mothers designed to improve prenatal and child rearing practices through the child’s second birthday.”
- Positive Action: “A school-based emotional learning program for students in elementary and middle schools to increase positive behavior, reduce negative behavior, and improve social and emotional learning and school climate.”

## Recommendations to Increase Access and Expansion in Maryland

In an effort to increase access and expansion of behavioral health programs in Maryland to best serve youth and families, the Office, DJS, MDH/BHA, and BHCJP have reviewed the programs currently available in Maryland as well as those in existence across the country. Based on this review, it is clear that a true experience based co-design process does not currently exist in Maryland. Therefore, the contributors of this report recommend that Maryland explore youth co-designed integrated behavioral health models as a way of reducing juvenile justice involvement. Policy makers should consider creating a multi-layered group to start the planning process for developing a pilot in Maryland that would utilize the co-design model. This group should include different partners including State and private experts, and youth to develop a potential pilot program.

# Conclusion

The Office stands ready to continue exploring youth co-designed integrated behavioral health models that may be replicated for the implementation in Maryland. In addition, the Office will continue to work with DJS, MDH/BHA, BHCJP, and other appropriate stakeholders to ensure

funding needs are met to increase access and expansion of behavioral health programs in Maryland to best serve youth and families to prevent and divert from justice system involvement.