

This brief highlights the major strategies, lessons learned, and outcomes from Maryland's experience from February 2010 to February 2016 with the quality demonstration funded by the Centers for Medicare & Medicaid Services (CMS) through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). For this demonstration, CMS awarded 10 grants that supported

- Analyzed data across agencies to identify ways to improve CME services. Maryland analyzed data to support CME quality improvement, including data submitted by CMEs as well as administrative data from Medicaid and from the child welfare and juvenile justice systems. The researchers also helped child-serving agencies and CMEs establish data-sharing agreements, reduce cross-system variation in the structure of service records, and improve data consistency. Although addressing these data challenges caused some delays, the researchers were able to analyze data across child-serving agencies to assess the services used by CME participants, how service use evolved over time, and the total cost of care for youth served by CMEs.

related to these services, and identify gaps in service availability. These stakeholders indicated that, while they value the services overall, the services were not always available or did not meet their individual needs. Stakeholders, for example, indicated that the unmet needs for family support result from low reimbursement, VWD • WXUQRYHU DQG SRRU RUJDQLJD \$GGLWLRQDOO\ 0DU\ODQG GHPRQVWU and cities with well-developed crisis systems (New Jersey and Milwaukee) and family support programs (Georgia) to learn from their experiences.

Maryland identified funding for crisis response and family support

Youth served by CMEs and their families rely on crisis response and family support services. The former include mobile crisis teams and mental health urgent care centers, which give youth an alternative to emergency rooms. Through family support programs, trained families of youth with complex behavioral health needs provide support to other families and help them navigate community resources and develop the necessary skills and knowledge to feel comfortable with and participate fully as a member of their child's team for care planning. Maryland sought to improve access to and the quality of these services. The State—

- Pursued stakeholder input on crisis response and family support services. Maryland partnered with family-run organizations, surveyed behavioral health providers, and conducted focus groups with families to catalog existing services, understand family experiences

Maryland's CHIPRA quality demonstration experiences are described in more detail on the national evaluation Web site available at <http://www.ahrq.gov/policymakers/chipra/demoeval/demostates/md.html> .

The following products highlight Maryland's experiences—

- Implementation Guide No. 2: Designing Care Management Entities for Youth with Complex Behavioral Health Needs.
- Evaluation Highlight No. 4: How the CHIPRA quality demonstration elevated children on State health policy agendas
- Evaluation Highlight No. 6: How are CHIPRA quality demonstration States working together to improve the quality of health care for children?
- Evaluation Highlight No. 7: How are CHIPRA quality demonstration States designing and implementing caregiver peer support programs?
- Reports from States: