Dissemination of MATCH-ADTC in Connecticut

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Background

- **Significance of Outpatient Care**
  - Foundation of Children’s Behavioral Health (Volume)
  - Multiple diagnoses & problems
  - Highly complex cases
  - “Real world” barriers & operational challenges

- **DCF-Commissioned Study (CHDI) - 2009**
  - Analysis of Strengths & Needs
  - Stakeholder Input

- **Study Recommendations – 8 Domains**
  - Treatment Capacity & Access; Case Complexity & Case Management; **Family Engagement**; Screening, Assessment & Service Delivery Practices; **Evidence-Based Treatments**; Staffing and Workforce Development; **Data Collection and Reporting**; Systems Issues
Moving Forward....Improving Care

- Established Outpatient System and Treatment Improvement Learning Community (January 2010)

- Identified priority areas of work
  - Family Engagement (2010 – 2011)
  - Data Collection and Reporting (2010 – 2011)
  - Evidence-Based Treatments (2011 – Current Date)

- Evidence-Based Treatment (EBT) Study Findings
  - Limited availability of EBT across clinics
  - Did not cover all ages and diagnostic categories
  - Insufficient time, resources and money to “scale up & sustain”
  - Lack of Implementation supports
Criteria for Selecting EBTs

• Clinic-Based
• Child and family-centered
• Effective (research support)
• Target multiple diagnoses and problems
• Integrate common elements of EBTs
• Provide a measurement feedback system
• Use comprehensive, systematic approaches to training
• High level of dissemination support (training, consultation, fidelity monitoring, quality assurance/data system)
• Child/family outcomes surpass usual and standard care
• Sustainable ("train the trainer" model)
• Fiscally viable
Selection of MATCH-ADTC

• Comparison of 8 EBTs against criteria
  – (CPP, BSFT, FFT, EMDR, MATCH, MI, MFG, Triple-P)

• Selection of MATCH-ADTC
  – Meets 100% of EBT criteria, as defined by stakeholders
  – Includes a trauma component to advance trauma-informed system of care
  – Continue to strengthen child welfare/behavioral health collaboration

• Additional Benefits
  – Builds on previous work with CHDI (expertise, lessons learned)
  – Supports direct work with treatment co-developer and his team (Harvard University)
  – Positive impact on other study domains
    • Increase treatment capacity & access
    • Advances workforce development
    • Advances research about what works best in outpatient settings
Identifying a Need

- Gap between treatments developed in academic settings and those practiced in the real world
- Focus on evidence-based treatments (EBTs)
- Lag time in uptake of EBTs
- Most EBTs focus on single disorders
- Diverse caseloads (comorbidity is common)
- Course of treatment often changes over time
MATCH-ADTC: Overview

- **MATCH-ADTC**
  - Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Disorder
  - Bruce Chorpita, Ph.D., (UCLA) & John Weisz, Ph.D., ABPP (Harvard)

- Integrates EBTs for multiple youth disorders
- Simplifies learning for the clinician (one unified approach)
- Broadens coverage (70%+) child outpatient caseloads in North America (aged 7 to 13)
- Can shift focus during treatment
- Designed specifically to address co-morbidity
- Mirrors how EBTs are practiced in real-world setting
- Evidence-based treatment (MA, HI, ME)
MATCH uses EBT Elements from Four Treatment Areas

CBT for Anxiety [46 RCTs]
CBT for Depression [18 RCTs]
CBT for Trauma [6 RCTs]
BPT for Conduct [32 RCTs]
MATCH-ADTC: Clinical Overview

• Inclusionary Criteria
  – Children and adolescents 6 – 15 years old
  – Identified Problem Area (anxiety, depression, trauma, or conduct problems)

• Exclusionary Criteria
  – Eating disorders
  – Substance abuse
  – Psychosis

• Composed of 33 evidence-based treatment skills
MATCH-ADTC in CT

- Collaboration between DCF, CHDI, HU
  - DCF: grantor, oversee activities
  - CHDI: coordinating center, evaluator, lead on learning collaborative (LC) and sustainability
  - HU: trainer, consultants, research and data collection, carrying out randomized clinical trial (RCT)

- 5-year project
Dissemination of MATCH in CT

**RCT**
- Evaluate effectiveness
- Years 1 - 5
- MATCH vs. “treatment as usual”
- 4 clinics
- 6-day training
- Weekly consultation
- HU to collect data
- Monitoring Feedback System

**LC**
- Years 2/3 – 5
- 16 clinics
- 6-day training
- Learning Collaborative activities
- Clinicians’ collect outcome data
- Sustainability planning
MATCH Training & Consultation

• Didactic, multi-day training covering all areas (anxiety, depression, conduct, trauma)
  - Consists of lecture, modeling, and role-plays
  - Training in the 33 evidence-based treatment skills that make up MATCH

• Following training, therapists complete case consultation with certified MATCH consultants
Family Participation in RCT

- Family Participation
  - If meet criteria at time of intake/referral, offered to be a part of study
  - If interested, HU contacts family
  - Consenting and assenting between family and HU
  - Receive compensation for completing assessment measures with HU (both parent and child)
Agency Participation in RCT

- **Agency Participation**
  - Respond to RFQ released through CHDI
  - Clinic Selection Criteria
    - Service Volume
    - Identify clinicians to participate
    - Geographic location within 40 miles of Hartford
    - Agree to implement MATCH intervention according to research protocol
    - Facilitate recruitment of families to participate
    - Identify clinic liaison to facilitate study
Clinician Participation in RCT

- Clinician Participation
  - Randomized to either SOC or MATCH condition
  - Participate in 6 days of MATCH training
  - Participate in weekly MATCH consultation with HU MATCH Consultant
  - Use of the MFS (monitoring and feedback system)
  - Audio-recorded sessions (for fidelity)
  - Complete background questionnaire and satisfaction questionnaire
  - Clinicians randomized to SOC will be trained in MATCH at the end of the RCT
Harvard Responsibilities

- Program Coordination
- Provide 6 days of training
- Provide 1-day “Train the Consultant”
- Receive IRB approval (DCF & HU)
- Provide weekly MATCH Consultation
- Phone screen interested families
- Random assignment (families & clinicians)
- Collect and enter study measures
- Develop MFS
- Analyze data
- Partner in sustainability of MATCH
CHDI & DCF Responsibilities

- **CHDI**
  - Program Coordination
  - Assemble and lead advisory group
  - Liaison between DCF, HU, and provider clinics
  - Distribute RFQ
  - Ensure contract deliverables are met
  - Provide outcome analyses
  - Partner in implementation and sustainability
  - Distribution of CEUs

- **DCF**
  - Assure DCF staff understand MATCH
  - How to support area offices in making appropriate referrals
  - Act as liaison between clinics, area offices, HU, CHDI
Broader Context

- Advances DCF’s Strategic Plan
  - Increased access to trauma-specific EBTs
  - Improve service quality for CT’s families

- Aligns with CHDI’s primary strategic goals
  - Dissemination and implementation of EBTs
  - Trauma focused intervention
  - Learning Collaborative activities & QI

- Collaborative endeavor
  - Partner with major research institution, state agency, and CHDI acts as an intermediary in bridging research and practice
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Thank you for your time!

QUESTIONS?