

2016 DCF Program Report Card: MATCH-ADTC

Quality of Life Result: All Connecticut children grow up with the skills necessary to lead safe, healthy, and successful lives. Caregivers of children have the skills necessary to support and foster their children's wellbeing. The goal is to implement, evaluate, expand, and sustain the evidence-based practice offered by community provider agencies to improve behavioral health treatment and positive functioning outcomes for children and youth who experience anxiety, depression, trauma, and/or conduct problems.

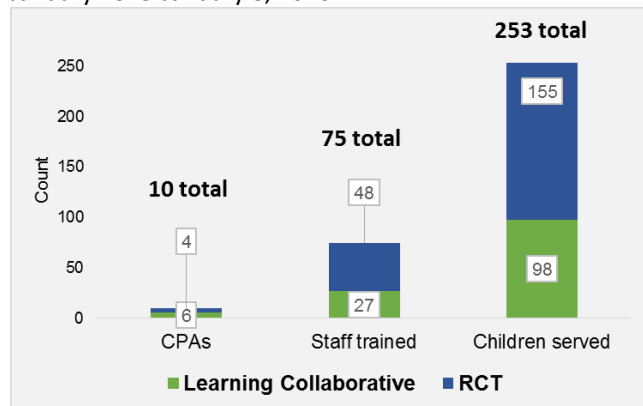
Contribution to the Result: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) is an evidence-based treatment model that addresses 70% of the most common presenting problems in children's mental health outpatient services. To foster the effective and successful sustainability of MATCH-ADTC throughout Connecticut, DCF, in partner with CHDI as the coordinating center and Harvard University as the model developer and clinical trainer, are providing in-depth training combined with robust and ongoing consultation to community provider agencies through a Randomized Controlled Trial and Learning Collaborative model for implementation and dissemination.

Program Funding	State Funding	Federal Block Grant Funding	Total Funding
SFY 2016	\$1,000,000.00	\$165,052.00	\$1,165,052.00
Program Enrollment Goals	Randomized Controlled Trial (RCT)	Learning Collaborative (LC)	Total Enrollment Goal
SFY 2016	200 children, minimum	135 children, minimum	335 children, minimum

Partners: Child Health and Development Institute of Connecticut, Community Provider Agencies, Department of Children and Families, Harvard University

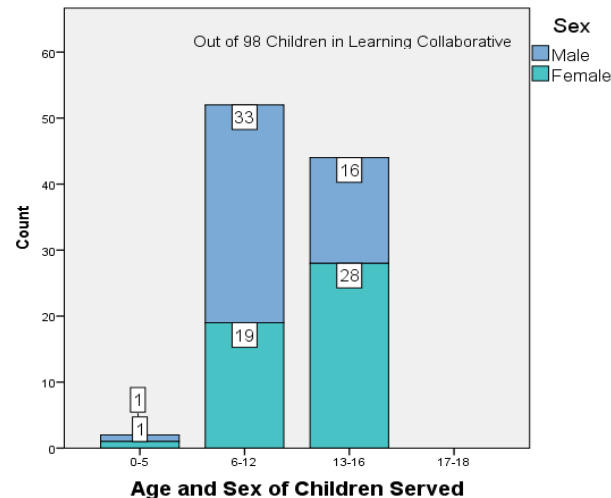
Who are we serving?

January 2015-January 8, 2016



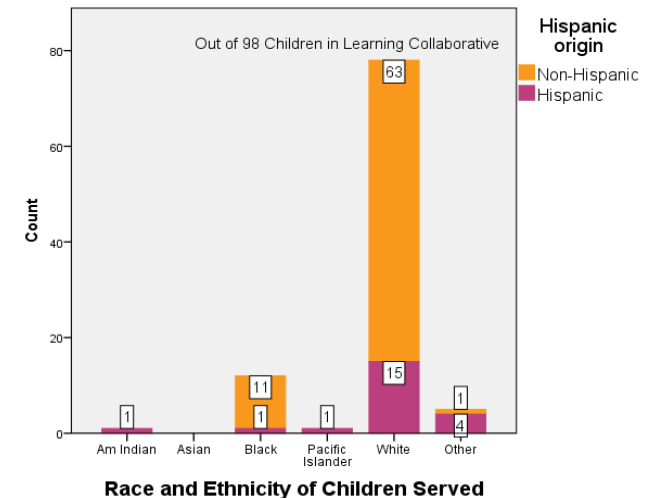
Story behind the baseline: MATCH-ADTC will spread the use of evidence-based practice in community provider agencies (CPAs) throughout the state. Currently, a total of 10 agencies and 57 staff have been trained, resulting in 253 children being served. Through 2018, 6 new agencies will be trained in MATCH-ADTC each year over a three year period, with a goal of 22 trained clinics across the state of Connecticut.

Trend: ▲



Story behind the baseline: The intended age range for MATCH is 6-15 years old. Over 97% of cases fall within this age range, with 53% of children between the ages of 6-12, 45% between the ages of 13-16, and 2% of children between the ages of 0-5.

Trend: (no comparison data at this time)



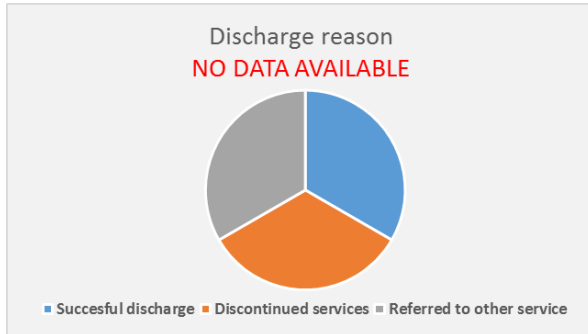
Story behind the baseline: Among children being served by MATCH, 80% are White, 12% are Black or African American, 1% are American Indian, 1% are Pacific Islander and 5% are of a different race. Ethnically, 23% of children are Hispanic. With the exception of Asian (4.5% in CT), these percentages mirror demographics across the state, where 81% are White, 11.5% African American and 15% Hispanic. CHDI will utilize the interactive nature of the Learning Collaborative to work toward increasing the representation of minority children served by MATCH.

Trend: (no comparison data at this time)

Trend Going in Right Direction? ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

2016 DCF Program Report Card: MATCH-ADTC

How well did we serve?

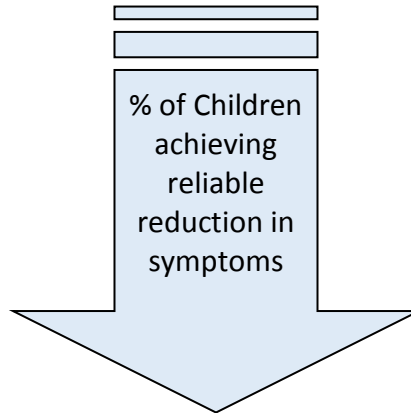


Story behind the baseline: MATCH is still in its beginning phase of implementation. The first cohort of clients to receive MATCH services through the Learning Collaborative began in October 2015. It is still too early in the treatment process for these clients to achieve a significant reduction in symptoms and facilitate successful discharge from services. Those cases that have been discharged are cases in which families discontinued services, which is consistent with other child outpatient programs, and is currently at 5% of total cases.

Similar to trends shown in other mental health outpatient services, length of stay in MATCH varies from client to client and depends heavily on the specific factors related to each child receiving services. We will continue to monitor client discharges from MATCH as they arise.

Trend: (no comparison data at this time)

Is anyone better off?



Story behind the baseline: To assess child outcomes we will use scores from the Ohio Scales, a standardized measure used at baseline and every three months to assess the severity of clinical symptoms. To test the changes in Ohio scores over time, we will use a tool called the Reliable Change Index to measure whether children's changes in Ohio scale scores were the actual result of the services they received.

Trend: (no comparison data at this time)

Proposed Actions to Turn the Curve

- Share information with agencies on demographics of those receiving MATCH services across the state and build plan for increasing MATCH service to minority children and families.
- Continue providing in-depth clinical consultation, implementation consultation and technical support to agencies and staff through the Learning Collaborative.
- RCT enrollment is anticipated to be completed in 2016 and an evaluation report will be available in 2018. It is currently too early to report on client trends and outcomes from the RCT.

Data Collection Plan

- Short term goal: Make improvements to online data collection system (EBP Tracker) for MATCH, increase efficiency for data entry and reporting on client and agency population outcomes.
- Long term goal: Integrate DCF PIE data collection system with EBP Tracker to decrease duplicate data entry. This will improve the validity and reliability of the data as well as build a robust, high quality data set for the State of Connecticut. The system had the potential to provide population level insight into areas such as: children's mental health disparities, trends in overall wellbeing, and progress of quality of life indicators.