

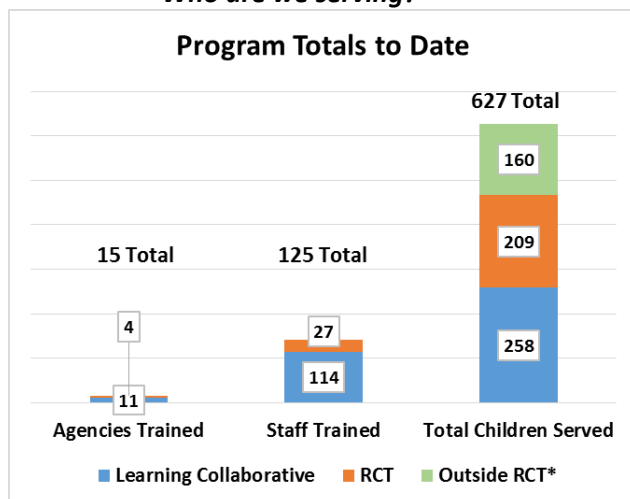
FY 2017 Quarter 1 DCF Program Report Card: MATCH-ADTC

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 partnership with CHDI (coordinating center) and Harvard University (model developer and clinical trainer) are providing in-depth training combined with robust and ongoing consultation to community provider agencies. Dissemination and implementation strategies include a randomized controlled trial (RCT) led by Harvard, and a Learning Collaborative approach led by CHDI.

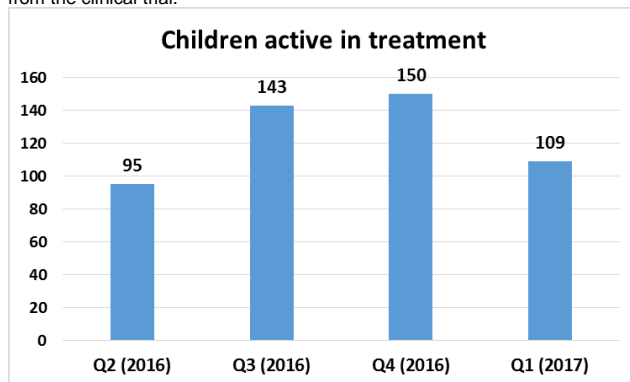
Program Funding	State Funding	Federal Block Grant Funding	Total Funding
SFY 2015-2018	\$1,000,000.00	\$165,052.00	\$1,165,052.00

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

Who are we serving?



*Estimated number of children served at RCT agencies, separate from the clinical trial.



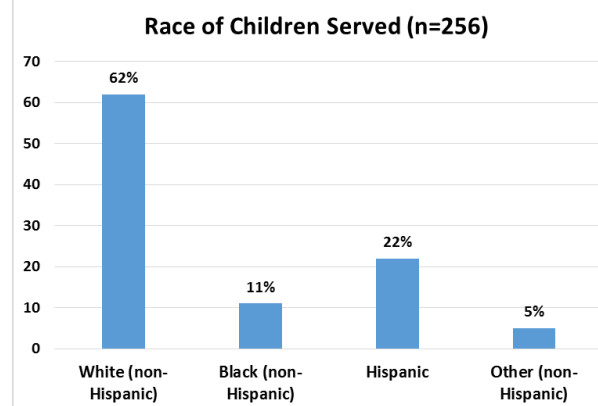
Story behind the baseline: There was a drop in children active in treatment for Q1, compared with the previous quarter. There were a higher number of discharges in Q4 of last fiscal year (52) which contributed to a lower number of children active in treatment during Q1.

A new cohort of clinicians began MATCH-ADTC training in August 2016. These clinicians began seeing children in early October 2016 and the number of children receiving MATCH in CT will expand over the next quarter, as was seen between Q2 and Q3 of FY2016.

Trend: ▼

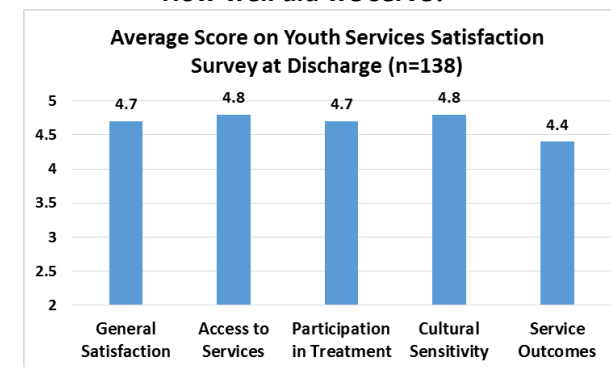
Who are we serving?

The intended age range for MATCH is 6-15 years old. Of the 258 children served in the Learning Collaborative to date, 95% fell within this age range, with 60% of children between the ages of 6-12, 35% between the ages of 13-16, and less than 1% of children between the ages of 0-5. Of these children 49% are Male and 51% are Female.



State demographic data reveals that Hispanic children are being served at a higher rate than their overall population within the state (15%), while African American Children are being served at the same rate as their proportion of the state population (11.5%).

How well did we serve?

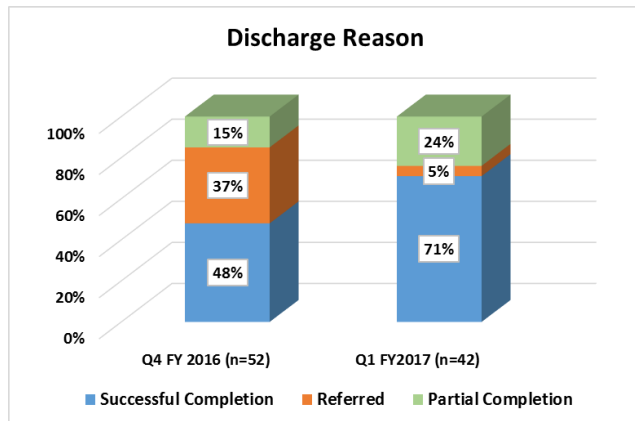


Satisfaction with MATCH services is measured by caregiver's responses on the Youth Services Satisfaction Survey (YSSF). Responses are scored on a Likert Scale of 1-5, with 5 indicating "Very Satisfied" and 1 indicating "Very Unsatisfied". Of the 138 surveys completed at discharge to date, average scores in each category were well above the "Satisfied" score of 3.5, with most scores at or above 4.5. The mean "General Satisfaction" score for overall satisfaction with services was 4.7 out of 5, representing a high level of satisfaction with services.

Trend: ▲

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How well did we serve?



Story behind the baseline: The percentage of children successfully completing treatment during Q1 of FY2017 was significantly higher than the percentage of children successfully completing treatment during the previous quarter. A possible explanation for this change is that clinicians have become more effective and confident in providing MATCH treatment over time.

To assess client engagement, Monthly Session Forms are completed by Clinicians to describe the number and type of sessions they had with children. During Q1 of FY2017 clinicians conducted 226 total MATCH sessions. On average, Clinicians saw children 2.3 times a month. Of all planned visits, 92% were attended and 8% were “no show” appointments in which the client did not attend.

Trend: ▲

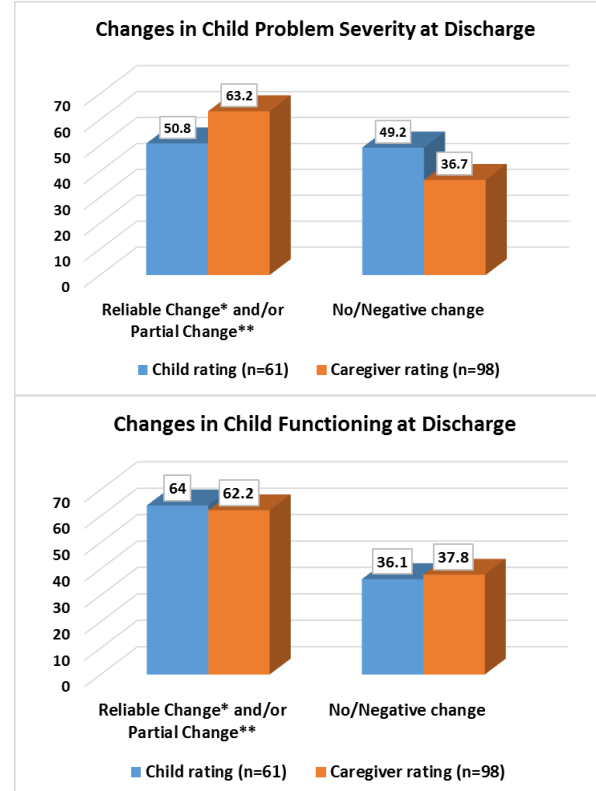
Is anyone better off?

Story behind the baseline: To assess symptom reduction and functioning improvement among children receiving MATCH, the Ohio scales, a clinical assessment tool, are administered at baseline and every 3 months, with Children and Caregivers. We compare initial baseline scores with discharge score on the Ohio Scales to assess changes in symptoms and functioning. Symptom reductions are categorized into three different types of change:

Reliable Change*: Refers to an 8 point (or higher) increase in Functioning score and/or a 10 point (or higher) decrease in Problem Severity score, between baseline and discharge assessment.

Partial Change:** Refers to a 4-7 point increase in Functioning score and/or a 5-9 point decrease in Problem Severity score, between baseline and discharge assessment.

No/Negative Change: Refers to a 3 point (or less) increase in Functioning scores and/or a 4 point (or less) decrease in Problem Severity Score, between baseline and discharge assessment.



Overall, caregivers and children noted higher rates of positive change compared with no/negative change in symptoms. Caregivers noted a larger decrease in problem severity symptoms over the course of treatment than did children. In regards to functioning, caregivers and children were mostly in agreement as to the rate of increased functioning over the course of treatment.

Trend: ▲

Proposed Actions to Turn the Curve

- Continue providing in-depth clinical consultation, implementation consultation and technical support to agencies and staff through the Learning Collaborative.
- Expand the number of clinicians trained and certified to deliver MATCH at each agency
- 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.
- Provide increased training and support in the use of clinical measures to improve outcomes measurement and analysis.
- Provide increased training and support in the use of data driven decision making to improve treatment outcomes.

Data Collection Plan

- Streamline improvements to online data collection system (EBP Tracker) for MATCH
- Increase efficiency of data entry and reporting on client and agency population outcomes
- Begin analyzing new monthly measurement data (Monthly Problem Severity Scale implemented in September 2016) and highlight in coming RBA reports.