

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) Program Report Card SFY 2017 Q2 (10/1/2016 – 12/31/2016)

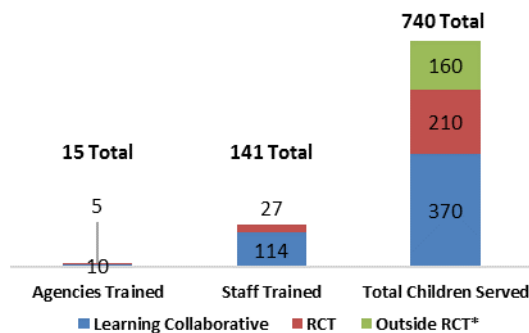
Contribution to the Result: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) is an evidence-based treatment model that addresses 70% of the most common presenting problems in children's mental health outpatient services. To foster the effective 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

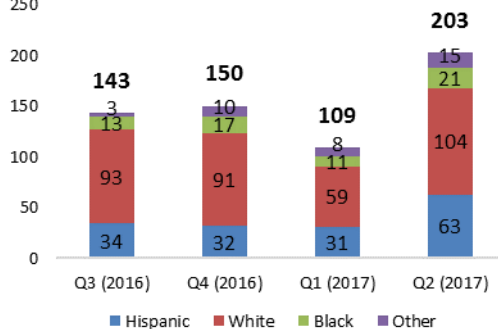
Who did we serve?

Program Totals to Date



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

Children in Active Treatment



*White, Black, and Other categories are specifically non-Hispanic.

Story behind the baseline: There was an increase in children active in treatment for Q2 (203), compared with the previous quarter (109). The number of Hispanic (all races) children and White (non-Hispanic) children served since last quarter has nearly doubled. 68 children were discharged from treatment in Q2 compared to 49 in the previous quarter.

The increase in children served despite an increase in discharges can be attributed to the new clinicians who received clinical training in August – October 2016. Together these clinicians served 79 children in Q2.

Trend: ▲ Yes

Who did we serve?

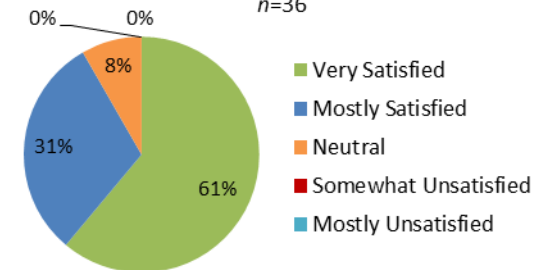
The intended age range for MATCH is 6-15 years old. Of the 203 children served during Q2, 96% fell within this age range, with 66% of children between the ages of 6-12, 28% between the ages of 13-16, and 2% of children between the ages of 0-5. Of these children 47% are Male and 53% are Female.

Of all children served in Q2, 51% are White (non-Hispanic), 32% are Hispanic (all races), 10% are Black (non-Hispanic) and 7% are 'other' (non-Hispanic). Of DCF-involved children (n = 30) 43% are White (non-Hispanic), 33% are Hispanic (all races), 17% are Black (non-Hispanic) and 7% are 'other' (non-Hispanic).

State demographic data reveals that Hispanic children are being served at a higher rate than their overall population within the state (15%). Of all children served in Q2, Black (non-Hispanic) children are being served at the same rate as their proportion of the state population (11.5%). Of DCF-involved children, they are served at a higher rate (17% vs. 11.5%).

How well did we serve?

Caregiver Satisfaction Questionnaire Overall Satisfaction with child's treatment n=36



Caregiver satisfaction with MATCH-ADTC treatment was high for Q2. 92% report being mostly or very satisfied in response to the question "Overall, I am satisfied with the services my child received." This is comparable to the previous quarter (100%).

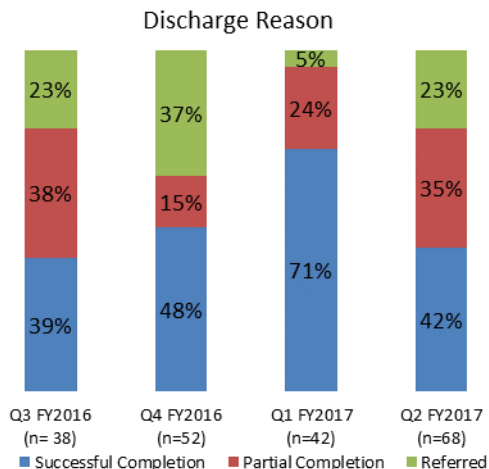
Trend: ◀▶ Flat/ No Trend

Client Engagement

To assess client engagement, Monthly Session Forms are completed by Clinicians to describe the number and type of sessions they had with children. During Q2 of FY2017 clinicians conducted 1125 total MATCH sessions. On average, Clinicians saw children 2.1 times a month. Of all planned visits, 89% were attended and 11% were "no show" appointments in which the client did not attend. This similar to the previous quarter which had 92% of sessions attended.

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How well did we serve?

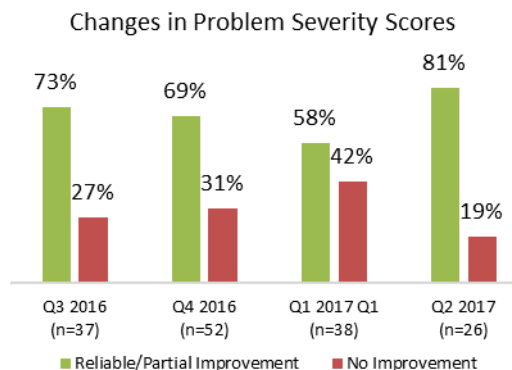
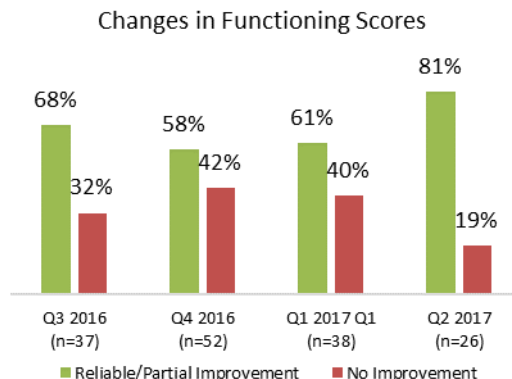


Story behind the baseline: 77% of children discharged this quarter completed treatment. This percentage is lower than the previous quarter (95%) but similar to quarter 3 (75%) and higher than quarter 4 (53%). The percentage of children successfully completing treatment during Q2 of FY2017 is significantly lower than Q1 of FY2017, but similar to Q3 (39%) and Q4 of FY2016 (48%). A greater percentage of children receiving MATCH have been referred to a higher level of care and outside agencies compared to last quarter. Additionally, a greater percentage of children in Q2 have completed partial treatment due to staff turnover at agencies.

White (45%) children were somewhat more likely to successfully complete treatment compared to Hispanic (38%) and Black (33%) children in Q2. These differences are similar to quarters 3 & 4 of SFY2016. In the previous quarter SFY2017 Q1, Hispanic (90%) and Black (83%) children had higher successful completion rates than White (69%) children.

Trend: ◀▶ Flat/ No Trend

Is anyone better off?



Story behind the baseline:

A majority of children demonstrated improvements in functioning in problem severity (as measured by the Ohio scales) over the past four quarters. Q2 saw the highest percentages of children with improved functioning and problem severity scores. MATCH problem severity (81%) and functioning (81%) scores for this quarter are much higher than outpatient psychiatric clinical services for children (OPCCs) scores (40%). Numbers are too low to report racial differences this quarter.

Trend: ▲ Yes

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 was completed in December 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 Development Agenda

- Streamline improvements to online data collection system (EBP Tracker) for MATCH
- Increase efficiency of data entry and reporting on client and agency population outcomes
- Continue to expand data by DCF-involved and not DCF-involved breakdowns to understand how the groups are similar or different.