



A New Approach to Improving Outpatient Care for Children with Multiple Behavioral Health Concerns

In 2014, CHDI worked with the Department of Children and Families (DCF) to lead the development of the *Connecticut Children's Behavioral Health Plan*, a road map for building a comprehensive children's mental health system. The plan was developed with input from hundreds of families, providers, state leaders and other experts. Parents reported struggling to access effective outpatient mental health treatments for their children, especially when a child faced multiple behavioral health diagnoses or presenting problems. Outpatient mental health providers reported a desire for training and support for delivering evidence-based mental health treatments that would improve outcomes for youth. A consistent theme that emerged was the need to improve the quality and flexibility of outpatient children's mental health care.

Connecticut is taking steps to address this concern by equipping outpatient clinics for children with the ability to provide a treatment capable of effectively addressing multiple common disorders. In 2013, DCF selected the evidence-based Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and/or Conduct Problems (**MATCH-ADTC**) model for dissemination in Connecticut and chose CHDI as the Coordinating Center.

The MATCH-ADTC Model

MATCH-ADTC (commonly referred to as MATCH) is a modular treatment protocol for children

between the ages of 7 and 15 who may experience a range of psychiatric diagnoses. Developed by two psychologists, Bruce Chorpita (University of California, Los Angeles) and John Weisz (Harvard University), MATCH synthesizes common elements found across dozens of evidence-based treatments into one model that is flexible and responsive to the complex needs of children and families. Unlike most evidence-based treatments that focus on single disorder categories (e.g., anxiety only), MATCH is designed for multiple disorders encompassing anxiety, depression, posttraumatic stress and conduct problems. These are the most common issues for which children are referred to outpatient therapy. Children experienced more clinical improvements from MATCH when compared to both evidence-based treatments for single diagnoses and usual care conditions for up to two years after starting treatment.^{1,2}

Dissemination of MATCH in Connecticut

CHDI is collaborating with DCF and Weisz and his team at Harvard to conduct a randomized study of MATCH and to disseminate the model to clinics throughout Connecticut over the next five years. In 2013, four clinics were selected to participate in the study to evaluate whether a higher level of ongoing consultation for therapists trained in the MATCH model affects child outcomes. The study sites began delivering treatment to families in 2014. Beginning in 2015, through three consecutive year-long efforts using the Learning Collaborative

model, up to an additional 18 Outpatient Clinics for Children will be trained in MATCH.

Successful integration of evidence-based treatments within outpatient clinics is a complex process that requires significant time, leadership, training, and resources. The Learning Collaborative model is an intensive implementation process adapted from the Institute for Healthcare Improvement’s Breakthrough Series Collaboratives. CHDI has used this approach to disseminate Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child FIRST and the Child and Family Traumatic Stress Intervention (CFTSI) in Connecticut. These efforts have built upon CHDI’s expertise in **implementation science** to improve the translation of research to practice.

Implications of the Connecticut MATCH Dissemination

The dissemination of MATCH in outpatient clinics across the state provides immediate relief to families struggling to find effective treatment for multiple issues for their children. Treatment developers estimate that MATCH can be used with 70% or more of children in outpatient clinics.³ In addition to improving outpatient mental health care, the learnings gathered from the dissemination of MATCH will inform Connecticut’s future efforts to

improve mental health treatment and service delivery for children including: (1) how best to allocate state and agency resources; (2) effective evidence-based treatment implementation; and (3) best practices for future service delivery and access to quality treatment.

For more information, please visit www.chdi.org or contact Jack Lu (jacklu@uchc.edu) or Jason Lang (jalang@uchc.edu).

MATCH Dissemination Timeline

MATCH Study

2013 – Four clinics selected for randomized study

2014 – Treatment began for approximately 70 families at the four sites

MATCH Learning Collaboratives

2015 – Up to six new sites will offer MATCH

2016 – Up to six more sites will offer MATCH

2017 – A final addition of up to six more sites, bringing a maximum total of 22 sites across CT offering MATCH

¹ Weisz, J. R., Chorpita, B. F., Palinkas, L. A., Schoenwald, S. K., Miranda, J., Bearman, S. K., . . . Mayberg, S. (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of General Psychiatry*, 69(3), 274 -282. doi:10.1001/archgenpsychiatry.2011.147.

² Chorpita, B. F., Weisz, J. R., Daleiden, E. L., Schoenwald, S. K., Palinkas, L. A., Miranda, J., . . . Research Network on Youth Mental Health (2013). Long-Term Outcomes for the Child STEPs Randomized Effectiveness Trial: A Comparison of Modular and Standard Treatment Designs With Usual Care. *Journal of Consulting and Clinical Psychology*, 81(6), 999-1009. doi: 10.1037/a0034200.

³ Child Mental Health Improvement Initiative. (n.d.). Retrieved January 22, 2015, from <http://jbcc.harvard.edu/basic-page/child-mental-health-improvement-initiative>.