

MATCH- ADTC

Learning Collaborative

2017-2018



HARVARD UNIVERSITY

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Introduction

Nationally, there has been a growing emphasis on the use and implementation of evidence-based treatments given that children's mental health treatment is thought to lag behind other fields in the uptake of applying research to practice. A large number of evidence-based treatments for child and adolescent mental health disorders have emerged, but most are limited to specific disorders (e.g., treatment manuals exclusively for depression). Children and adolescents seeking treatment often experience a variety of co-occurring problems, their priority problems may shift from week to week, and their course of treatment may zig and zag in rather non-linear ways. Research has shown strong support for the MATCH intervention, which attempts to address these concerns. MATCH hopes to give the practitioner the variety of clinical tools and the flexibility needed to treat the diverse group of youth who appear for treatment in everyday clinical care settings.

This packet contains information that will guide you and your agency in understanding the Learning Collaborative approach and preparing your team for the first learning session. The first section of this document describes the Learning Collaborative methodology and provides general information about the Faculty, participating teams and activities. The second section is a preparation guide for teams prior to the start of the Learning Sessions.

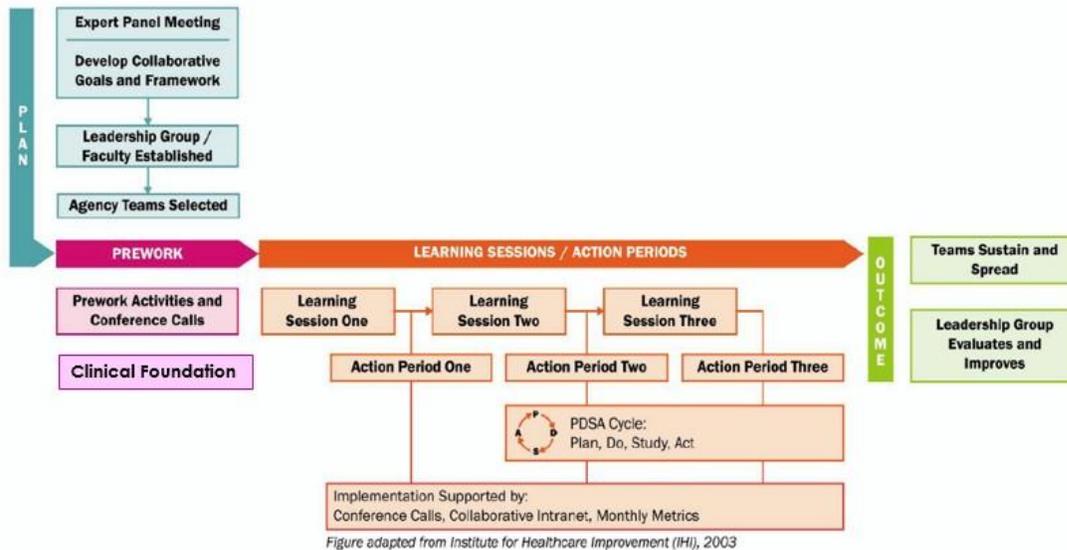
Section A: The Learning Collaborative Methodology and Components

I. Background: What is a Learning Collaborative?

A Learning Collaborative is probably different than other trainings you have attended. It is based upon the Breakthrough Series Collaborative model developed by the Institute for Healthcare Improvement, which focuses on a quality improvement methodology that promotes system-wide transformation and rapid adoption of evidence-based practices in outpatient community-based behavioral health settings. The Learning Collaborative Model involves much more than training alone. It brings together teams from multiple sites to work on improving a process, practice, or system, with team members learning from their collective experiences and challenges. It also requires ongoing participation by all the stakeholders involved, including, clinicians, supervisors, and administrators both during and between the Learning Sessions.

The **Learning Sessions** are in-person trainings that follow the 6-day clinical training in MATCH. They are highly interactive, and will involve a range of activities designed to inspire you to learn from the experiences of each other. You will be encouraged to be creative and try out techniques with other participants. Between Learning Sessions are the **Action Periods**, in which teams test and implement changes related to the Collaborative Goals Framework, and start implementing MATCH services with identified clients. Teams also start collecting data to measure the impact of changes. During the Action Periods the expert faculty provides periodic consultation calls to support the implementation of MATCH. The Project Coordinator also holds implementation calls with the agencies' coordinators to support non-clinical issues that might arise when integrating the new model as well as the collaboration process within the agency. Teams are also supported through web-based discussions to enable cross-sharing information and building collaboration.

Essential Learning Collaborative Components



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II. Elements of the Learning Collaborative Methodology

The intention of the Learning Collaborative is not to create an entirely new body of knowledge. Instead, it is intended to fill the gap between what has been identified as evidence-based practice (MATCH) and what is actually practiced in the field. The key of the LC is using a variety of techniques to bridge this gap between what is known and what is done. There are several critical characteristics of the LC methodology that help agencies to learn the intervention, quickly test, and fully implement these practices in ways that are appropriate for your agency as well as sustainable over time:

1. All the work of the LC is grounded in a comprehensive **Collaborative Goal Framework (CGF)**, which guides the work of the teams. This CGF has been developed with input from the expert faculty, identifies components for the adoption and implementation of MATCH. This CGF will be used to guide the teams participating in the LC towards improving and sustaining the integration of MATCH into your agency's practice.
2. **PDSA cycles** are one of the keys to the rapid changes that are witnessed in a LC. Instead of spending weeks, months or years planning for massive changes, team are encouraged to test small strategies or an idea as soon as it occurs to further the adoption and implementation of the intervention.

3. **Anyone can have and test ideas.** Ideas for practice and system improvement do not come only from management. Practitioners have a great deal of experience and knowledge, and have good ideas they can test.
4. **Consensus is not needed.** The LC encourages every participant to test ideas in the field. Instead of spending time trying to convince one another of a better way, participants discuss the results of the tests.
5. **Changes happen at all levels not just at the top.** It's important that every person involved is willing to test and make changes.
6. **Ideas are stolen shamelessly.** Each participating team can benefit greatly from the successes and learning of all the others. Learning sessions, conference calls, intranet site are opportunities for teams to capitalize on the successes of others and learn from their mistakes as well.
7. **Measurement is for improvement, not for research.** Measurement is a critical aspect of the LC methodology, as the LC strives to gauge improvements over time. Teams will be required to track and report on several specific metrics on a regular basis. Even if the numbers are small, teams can tell if they are making progress toward implementing MATCH services to make an impact on children's mental health in Connecticut.

In this Learning Collaborative, we will create a group experience and environment that promotes the best opportunity for collaboration, as well as adoption and implementation of data-driven decision making within each team participating in the Collaborative.

III. MATCH Learning Collaborative Experience

➤ Pre-Work Phase:

- Identifying a core team to include the following members:
 - At least one clinical supervisor
 - 3 to 7 clinicians (who can receive MATCH supervision from a clinical supervisor on the team)
 - 1 senior leader
 - 1 site coordinator (who can also fill another role on the team)
 - 1 MATCH Associate Consultant to provide in-house MATCH supervision to MATCH trained clinicians (ideally clinical supervisor on the team);
- Participating in an initial site visit by CHDI's project staff;
- Completing the *Collaborative Goals Framework*, an initiative goals resource;
- Completing baseline clinician survey (to be sent by Survey Gizmo);
- Reviewing PracticeWise online manual;
- Participating in conference calls with CHDI as needed; and
- Working with their clinic team to establish weekly meeting times

➤ **Intensive Clinical and Clinical Measures Database Training**

- The 6-day intensive clinical and online database training will be presented by expert trainers in the MATCH model. The training will occur in 2-day increments in August and 1.5 day increments in September, and October, 2017.
- All participating agency staff will also be required to read the MATCH manual (available to teams at no cost). This will provide team members with foundational training in the MATCH model. In addition to the training, participants will have an opportunity to ask questions about the model and its implementation, along with how best to use EBP Tracker for clinical practice.

Attendance at all days of this training is required for all clinical staff (both clinicians and supervisors) participating in the Learning Collaborative.

➤ **Collaborative Learning Sessions**

- The core teams from the MATCH clinics will come together for up to three Learning Sessions (maximum of 3 days) over the course of nine months. Team members will learn from each other, CHDI, Harvard, and DCF faculty about the MATCH model, how to improve collaboration across providers, and how to share progress reports and data. Clinicians will be expected to come to Learning Session 1 having identified at least two (2) children receiving MATCH treatment that present with symptoms of anxiety, depression, trauma, or conduct issues.

➤ **Actions Periods**

- Plan-Do-Study-Act (PDSA) Cycles; based on areas of the Collaborative Goals Framework that teams will more closely and intentionally focus on improving between Learning Sessions

| Activity | Purpose | Frequency of Occurrence | Who Facilitates | Members Expected to Attend |
|---|--|---|---|--|
| Internal meeting with MATCH Team at each participating agency | Discuss components of MATCH as they are learned; discuss treatment and implementation issues | At least bi-weekly (<i>note:</i> weekly meetings are suggested for the first six months) | Site Coordinator on Core Team | Clinicians, Clinical Supervisor(s), Senior Leader for first two months (then on a monthly basis) |
| Implementation Consultation | Support for agencies; feedback for faculty | Bi-weekly 15-30 minute phone call or as needed | Site Coordinator & CHDI Project Coordinator | Site Coordinator |
| Clinical Consultation Calls | Discuss MATCH treatment with Developers | Monthly | Harvard Faculty | Clinicians, Clinical Supervisor(s) |
| Associate Consultant Training | Support the sustainability of MATCH and provide MATCH clinical supervision to MATCH trained therapists | One day Training | Harvard Faculty | Clinical Supervisors |
| Associate Consultant Calls | Discuss MATCH supervision with Developers | Monthly | Harvard Faculty | Clinical Supervisors |
| Senior Leader Calls | Discuss Systems Level Implementation Strategies | Monthly | CHDI Faculty | Senior Leader |

IV. MATCH Goals and Target Population

- Build providers' capacity to implement MATCH with fidelity for youth through application of the LC methodology and the creation of a sustainable learning community;
- Develop collaborative and cooperative relationships between outpatient providers, clinicians, caregivers, and other community systems to assure effective referral, assessment, and treatment of children; and build providers' capacity to utilize data and implement evidence-based practices through application of a LC methodology and the creation of a sustainable learning community.
- The target population for this initiative is children aged 6-15, who are experiencing any one or combination of the following: anxiety, depression, post-traumatic stress, or conduct problems.

V. Learning Collaborative Roles and Responsibilities

➤ Faculty

- Organize the logistics related to the collaborative experience: will establish a timeline for all activities before the start of the collaborative. Active collaborative participation and availability hinges on the effective communication of dates, times, and locations to LC participants.
- Promote the key elements of the Learning Collaborative model: although learning the competencies related to the intervention are imperative to successful adoption, it is one element of the Learning Collaborative methodology and the Collaborative Goals Framework. The faculty is instrumental in expending the understanding for participants that in order to change practice, there must be a change in the system also.
- Utilize innovative teaching methods in Learning Sessions and Action Periods: faculty will be guided by adult learning principles in the design of both the Learning Sessions and the activities during the Action Period. Interactive, experiential Learning Sessions immediately begin to promote the concept of shared learning and the dynamic use of the concepts being presented in session.
- Share expertise regarding the intervention and its implementation: the faculty serves as advisor and coach to teams as they implement the newly learned intervention within their community. The knowledge and expertise of faculty in implementing and supervising the implementation of the intervention in different settings is valued by teams as they are challenged in their implementation process throughout the collaborative experience.
- Foster and cultivate the transition of participant-learners to participant-experts in implementing improvements related to the adoption of the intervention: a gradual transition occurs within the collaborative experience as early adopters share their expertise and facilitate the learning of other teams in the process of adoption. Faculty will provide the environment and strategic opportunities for innovators to highlight their skills and share their experiences with the collaborative membership.
- Develop flexibility in response to emerging needs of collaborative teams: although the LC methodology recommends a certain approach and implementation of the process, faculty members need to be flexible and adaptive based on the unique teams in the

collaborative and the challenges and strengths they bring to the experience.

➤ **Agency**

○ **Provider Administrator:**

- Provide leadership and direction for the agency and their Learning Collaborative team
- Inspire a vision of quality care for children, adolescents and families, who experience anxiety, depression, trauma and/or conduct problems
- Integrate the Learning Collaborative goals into the strategic initiatives of the agency
- Select a dedicated MATCH Site Coordinator
- Select the members of the core team to include a Senior Leader, Clinical Supervisor(s), and Clinicians
- Provide the core team with resources necessary to succeed
- Provide time for staff to participate in MATCH Clinical Training, Learning Sessions and Action Period activities, including consultation calls
- Allow adjustments to schedules, productivity hours, and other productivity issues (e.g., productivity credit for trainings and case preparation)
- Provide physical resources such as meeting facilities
- Provide equipment such as telephones and computers and ensure that all team members have access to and use of e-mail and the Internet
- Account for expenses such as travel and productivity loss for participating in MATCH Clinical Training and Learning Sessions
- Promote a supportive environment that encourages creativity and continuous quality improvement
- Promote the work of the core team within the agency
- Review the Collaborative Goals Framework, in partnership with the core team Senior Leader
- Facilitate the removal of barriers that inhibit change
- Commit to spreading successes of the core team quickly throughout the agency/group practice

○ **Provider Senior Leader:**

- May also be a Provider Administrator
- Participates in the completion of the Collaborative Goals Framework and reviews in partnership with Provider Administrators
- Attends the Learning Sessions, as applicable to roles and responsibilities (maximum 3 Learning Session days) and participates in Learning Session activities specific to Senior Leaders
- Supports and encourages the supervisor(s) and clinicians to develop strategies during the PDSA Cycles of the Action Periods

- Communicates regularly with team members through attendance at weekly team meetings (for at least first six months)
 - Communicates regularly with provider agency administrators about team implementation of MATCH
 - Participates in monthly calls for Senior Leaders, as arranged by CHDI
 - Reviews and monitor metrics to assess progress, and discusses at team meetings
 - Promotes the adoption of successful practices within the agency/group practice
 - Assures clinicians receive MATCH supervision
 - Plan and conduct at least one MATCH community forum presentation within the duration of the Learning Collaborative year
- **Provider Site Coordinator:**
 - May also be a Senior Leader, Clinical Supervisor, or Clinician on the team
 - Assumes responsibility for overall project management
 - Possesses relevant education, training and behavioral health experiences, preferably a masters level clinician with experience working with children, adolescents, and families
 - Knowledge of anxiety, depression, trauma, and conduct problems in children/adolescents and treatments related to these conditions
 - Strong organizational and teamwork skills and dedicates required time necessary to achieve the project goals
 - Develops strategies, support structures, process capabilities, and resources, in partnership with the Senior Leadership and the core team to achieve objectives
 - Is an enthusiastic champion for evidence-based practice who can run weekly MATCH core team meetings throughout the training year
 - Is comfortable managing and interpreting data (e.g., assessments, implementation data)
 - Maintains weekly communication with CHDI project staff about implementation challenges and successes
 - Coordinates activities relating to studying, testing, and implementing at the clinic site in a timely manner
 - Arranges for resources to meet the needs of the core team
 - Collects data, as requested by evaluators, and disseminates to Senior Leadership/core team
 - Documents activities and outcomes relating to the Action Periods/PDSA Cycles, and consultations with expert and DCF faculty as well as peer core teams
 - Monitors and reports on team progress to Senior Leader, including successes and challenges
 - Identifies and advocates for solutions that support institutionalization of the practice, including spreading information about MATCH throughout the clinic
 - Those who are also Clinician/Supervisor/Senior Leader on the team must also meet the expectations for that role

- **Provider Clinical Supervisor and Clinicians:**
 - Participate in the pre-work activities
 - Complete the Collaborative Goals Framework, as part of core team
 - Participate in 6-day MATCH Clinical Training
 - Attend all Learning Sessions and clinical trainings with team members
 - Participate on clinical consultation calls once per month, including presenting cases when assigned
 - Clinical Supervisor to attend the 1-day MATCH Associate Consultant Training
 - Clinical Supervisor to participate in the monthly Associate Consultant calls
 - Study, test, implement, and evaluate the practice during the three Action Period (by applying the PDSA methodology)
 - Communicate regularly with team members and faculty regarding implementation
 - Engage in collaborative problem solving with other clinic's team members
 - Participate in core team MATCH meetings
 - Enroll (assessment and 1 clinical session) a minimum of six (6) children in MATCH treatment per clinician by the end of the Learning Collaborative year (*note: Although this applies to clinicians only, clinical supervisors are strongly encouraged to enroll at least two (2) children in MATCH treatment to strengthen MATCH knowledge and enhance clinical supervision with clinicians*)
 - Share ideas and lessons learned on a regular basis with Learning Collaborative members
 - Enter and track clients served with MATCH in EBP Tracker database (e.g., intake, monthly, every 90 days, and discharge) to assess clinical treatment progress and guide data-driven decision making with clients and families
 - Clinicians and Clinical Supervisors will be successfully trained in the MATCH LC if they:
 - Attend 6-day MATCH Clinical training
 - Attend at least 2 of the 3 MATCH Learning Collaborative Learning Sessions
 - Attend at least 80% of the monthly MATCH Clinical Consultation calls
 - Enroll at least 6 children into MATCH treatment with at least one clinical session (for clinicians only)

| Period/Goal | Clinician | Clinical Supervisor | Senior Leader |
|--|---|---|--|
| By Clinical Training | Identify 1-2 children that meet MATCH inclusion criteria | Meet with clinical staff to arrange agency supervision | Begin brainstorming of one MATCH community forum |
| By Learning Session 1 | Enroll at least 2 children that meet MATCH inclusion criteria | Identify areas of success and challenges in practicing MATCH and using EBP Tracker | |
| By Learning Session 2 | 3-5 MATCH cases enrolled | | |
| By Learning Session 3 | At least 6 MATCH cases enrolled | | |
| By the End of the Learning Collaborative | At least 6 MATCH cases enrolled; Intake, Monthly, Periodic, and Discharge Assessment Measures completed | Ensure the completion of Intake, Monthly, Periodic, and Discharge Assessment Measures | One MATCH community forum presentation |

Section B: Establishing a Baseline, Setting the Stage for the Year Ahead

I. Collaborative Goals Framework

All teams are asked to complete the Collaborative Goals Framework before the first MATCH Learning Session (November 14, 2017).

Here are some suggestions for facilitating:

- The Collaborative Goals Framework should be completed by all team members together, based on the team's consensus.
- The items in the Collaborative Goals Framework are intended to serve as a guideline for suggested end goals for each team. Completion of this component will require each team to think through how you will accomplish the goals. Use the questions as an opportunity to discuss with your team your readiness for change to begin screening, assessing, and implementing MATCH (as individual team members and as a collaborative). **The PROCESS of thinking together about the questions is most important.** It is expected that at baseline, your team is not yet doing most of the

activities listed.

- Identify and discuss challenges which relate to Expectations of Provision of Clinical Services and how they will impact the Collaborative Goals.

II. Organizational Storyboard

- Purpose: Building your core team is critical to the success of the LC work. The storyboard activity is used to help each site form a cohesive team and to help the team begin thinking about how their collaborative will utilize existing strengths, skills, and experience on the team and at their agency. The storyboard assignment is an important component of the team building and orientation process. The storyboard will be shared at clinical training on August 28, 2017. **Teams MUST present their storyboard in no more than 5 minutes, regardless of the format.**
- You will be working closely together for the next year and taking some risks as you test new things in your system. We intentionally do not have much guidance for this exercise; we simply think that developing a team introduction will help you discuss and define your team's strengths and goals. It will also help you communicate your identity to the Faculty and to other teams.
- Preparing the Storyboard: It should have some tangible component that can be displayed about your team, but does not need to be limited to a poster-board or PowerPoint. Be creative and engage the other teams!

Recommended Storyboard Outline

- 📄 Provide a brief description of your site with the site's name shown prominently
- 📄 List your team name, team motto, all team members, and their role at the agency
- 📄 Include your team priorities
- 📄 Help us know your team and their strengths! Be creative!
- 📄 Introduce us to your community, culture, region — we want to know the context in which your team is working together to enroll, assess, and provide MATCH to children.

III. Data-Driven Decision Making

Using data for implementation and quality improvement are fundamental to the Learning Collaborative approach to dissemination. In the LC, data includes measures and metrics. Measures are used to assess and track client progress in treatment. Metrics are used to assess and track implementation progress by MATCH providers involved in the Learning Collaborative. Both Measures and Metrics are used to provide YOU with continuous feedback that will assist you in improving your knowledge and use of screening, assessment and treatment with the MATCH model.

MATCH providers will use EBP Tracker to enter data of the children receiving MATCH treatment including the face sheet, assessments and monthly session information. Technical assistance will be provided as needed by CHDI.

The following Measures will be used with each MATCH client:

| Measure | What is Measured | Reporter | Frequency | | |
|--|--|-------------------|-----------|----------------|-----------|
| | | | Baseline | Periodic | Discharge |
| Trauma History Screen (THS) | Trauma exposure, frequency, and associated stress | Child & Caregiver | X | | |
| Top Problems Assessment (TPA) | Three top problem areas identified by child and caregiver | Child & Caregiver | X | Once/month | X |
| Ohio Scales: Problem Severity | Common problems reported by youth who receive behavioral health services | Child & Caregiver | X | Every 3 months | X |
| Ohio Scales: Functioning | Functioning in a variety of areas of daily activity | Child & Caregiver | X | Every 3 months | X |
| Child Posttraumatic Stress Scale (CPSS) | Posttraumatic stress disorder (PTSD) symptoms | Child & Caregiver | X | Every 3 months | X |
| Youth Services Survey for Families (YSS-F) | Satisfaction with treatment | Caregiver | | Every 3 months | X |

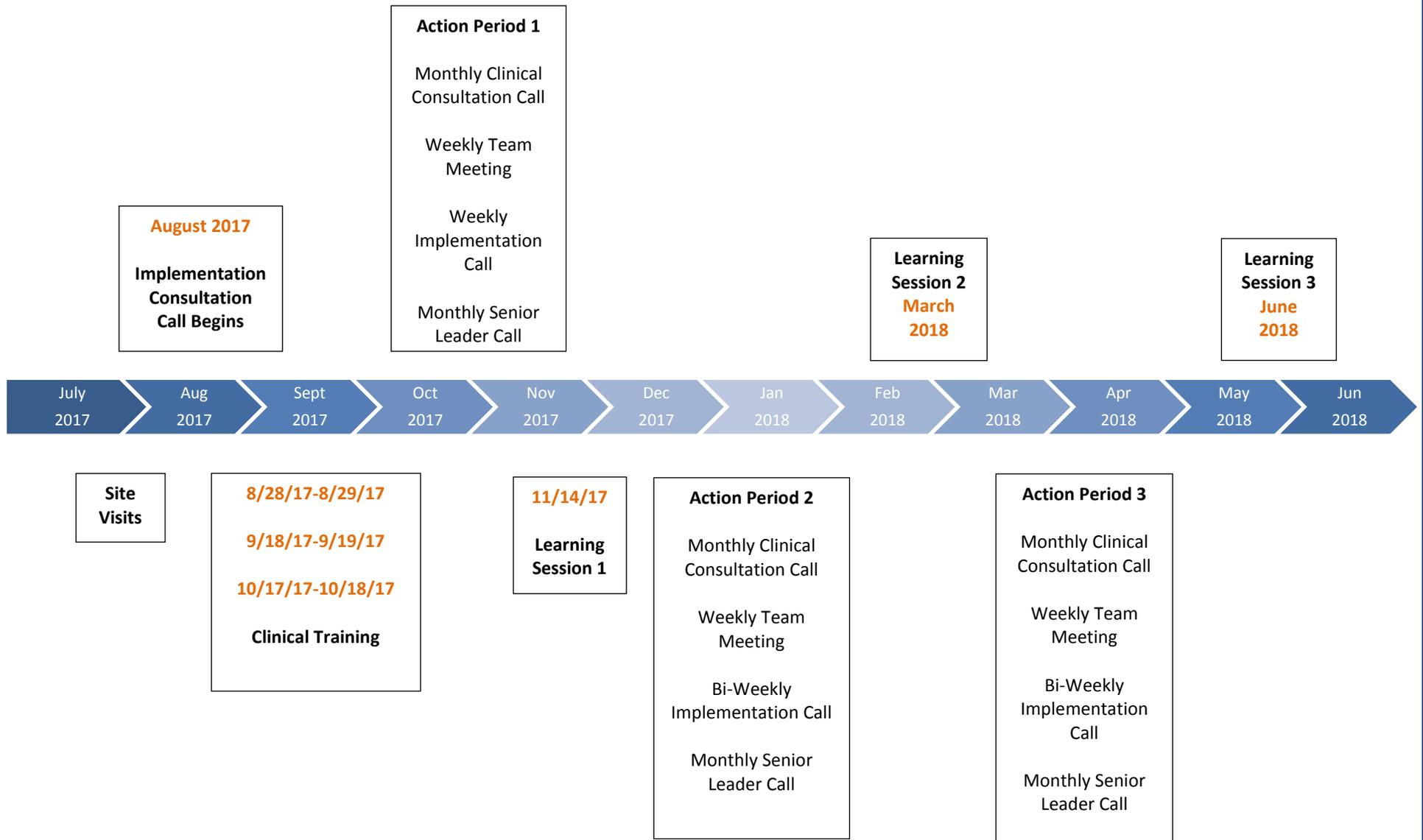
Child Health and Development Institute Training and Consultation Attendance Policy

CHDI has established an attendance policy for participants at all sponsored training activities. This attendance policy is intended to reflect the importance of completing all training requirements and applies to trainings, learning sessions, conferences, consultation calls, and other related meetings.

This policy also meets the criteria for the granting of CEUs by the CT Chapter of the National Association of Social Workers (NASW).

1. Each participant at live training must personally sign themselves in and sign out at the beginning and end of each training day. Participants may not have someone else sign them in or out.
2. Each participant must complete a registration sheet with the time they enter and the time they leave. No information can be modified or added after the training days.
3. Participants that do not attend the entire training day, or who fail to sign in or out, will be ineligible for CEUs.
4. Completion of a training day is defined as completing registration sign in/sign out within an hour of the beginning or end of the training day.
5. Attendance at the clinical training for the scheduled 6 days is a requirement of the MATCH Learning Collaborative. CEUs will only be granted for completion of all days.
6. CEUs are awarded at the end of the Learning Collaborative sessions or multi-day clinical training only for participants who complete the entire training. No partial CEUs will be granted.
7. Clinicians and Clinical Supervisors will be successfully trained in the MATCH Learning Collaborative if they:
 - Attend the 6-day MATCH clinical training
 - 1 day of video allowed given missed day is approved by clinical supervisor, video must be watched and signed off by supervisor
 - Attend at least 2 of the 3 MATCH learning sessions
 - Supervisor approval needed if missed day
 - Attend at least 7 of 9 (80%) of the monthly MATCH clinical consultation calls (Attendance is taken by the facilitator on each call. It is the responsibility of the participant to announce their presence on each call)
 - Provide MATCH treatment to a minimum of 6 children with at least 1 session (For clinicians only).

2017-2018 MATCH Learning Collaborative Timeline



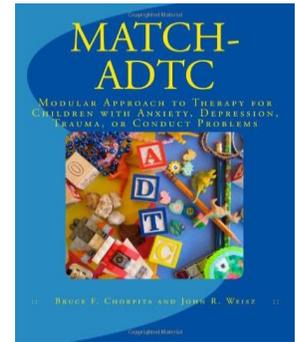
MATCH-ADTC

MODULAR APPROACH TO THERAPY FOR CHILDREN WITH ANXIETY, DEPRESSION, TRAUMA, AND/OR CONDUCT PROBLEMS

What is MATCH and who may benefit?

MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and/or Conduct Problems) is a program that combines multiple evidence-based practices for outpatient treatment.

- ✓ Used for anxiety, depression, traumatic stress, and/or conduct problems, and for any combination of these problems
- ✓ Children ages 6 – 15
- ✓ Includes key treatment components of multiple evidence-based treatments
- ✓ Effective in community based settings



How does MATCH work?

- ✓ Children learn strategies to deal with many problems
- ✓ Caregivers learn effective ways to support their child
- ✓ Clinicians tailor treatment to fit the unique needs of each child and family
- ✓ Provides worksheets that children can use to practice the skills
- ✓ Offers handouts for caregivers that describe each skill taught
- ✓ Uses data to help guide treatment

Who may NOT be appropriate for MATCH?

- ✓ Children who have active suicidal ideation.
- ✓ Children who are younger than 6 or older than 15, unless deemed cognitively and developmentally appropriate by the clinician.
- ✓ Children who are **not** presenting with primary difficulties in the areas of anxiety, depression, traumatic stress, and/or conduct problems.
- ✓ Children referred solely for attention problems or hyperactivity, or those who present with signs of a thought disorder, an eating disorder, or a substance use disorder.
- ✓ Children diagnosed with a neurodevelopmental disorder that are moderate or low functioning.

How can your agency offer MATCH?

- ✓ Starting August 2017, this agency will be participating in a year-long CT MATCH Learning Collaborative (LC).
- ✓ See your Site Coordinator for more details about how to refer a client or family to a MATCH trained clinician.

For more information:

