Child Health and Development Institute of Connecticut, Inc.

The (Past, Present, and) Future of Evidence-Based Practices in Connecticut

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DCF CONNECTICUT

Child GUIDANCE CENTER

Goals

- Briefly describe CT's EBP history (outpatient & school)
- Describe current status and outcomes of EBPs to date
- Discuss successes and challenges of EBP dissemination
- Discuss strategies for advancing EBPs and improving access, quality, and outcomes

Brief History (selected outpatient EBPs)

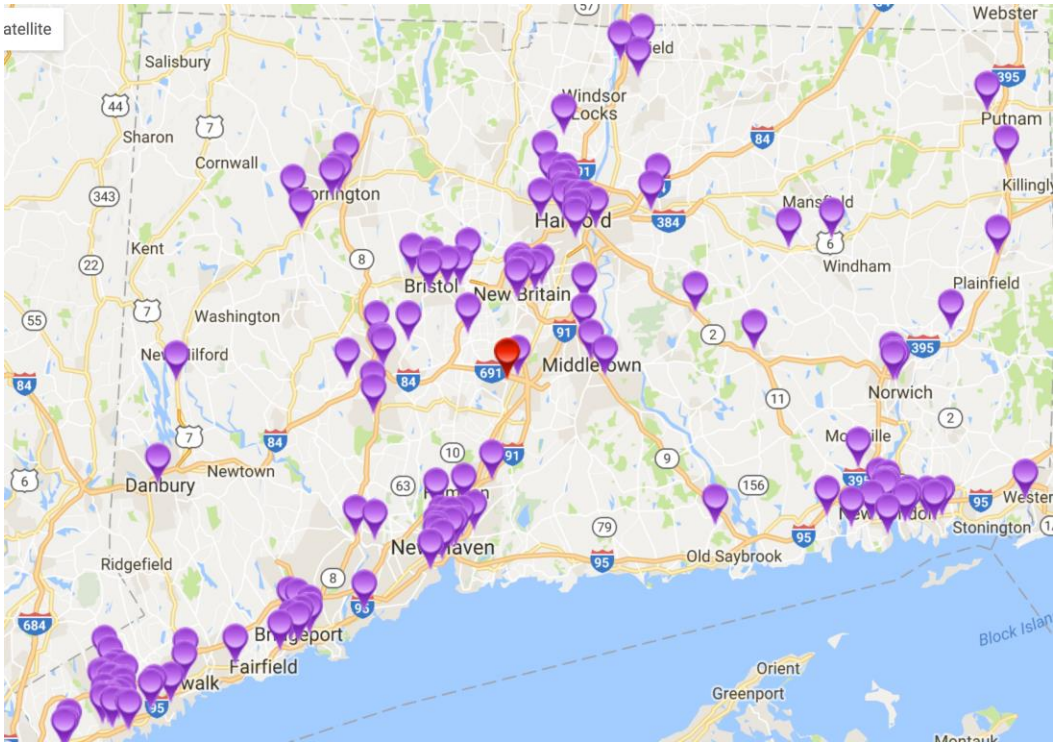
- 2007: Trauma Focused Cognitive Behavioral Therapy **(TF-CBT)**
  - Children 3-17 suffering from trauma
- 2014: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems **(MATCH-ADTC)**
  - Children 6-15 suffering from anxiety, depression, conduct problems, and/or trauma
- 2015: Cognitive Behavioral Intervention for Trauma in Schools **(CBITS)** and **Bounce Back** *(School-based; age 5-17)*
- 2017: Attachment, Regulation, and Competency **(ARC)**
  - Focus on children 3-7, appropriate to age 17

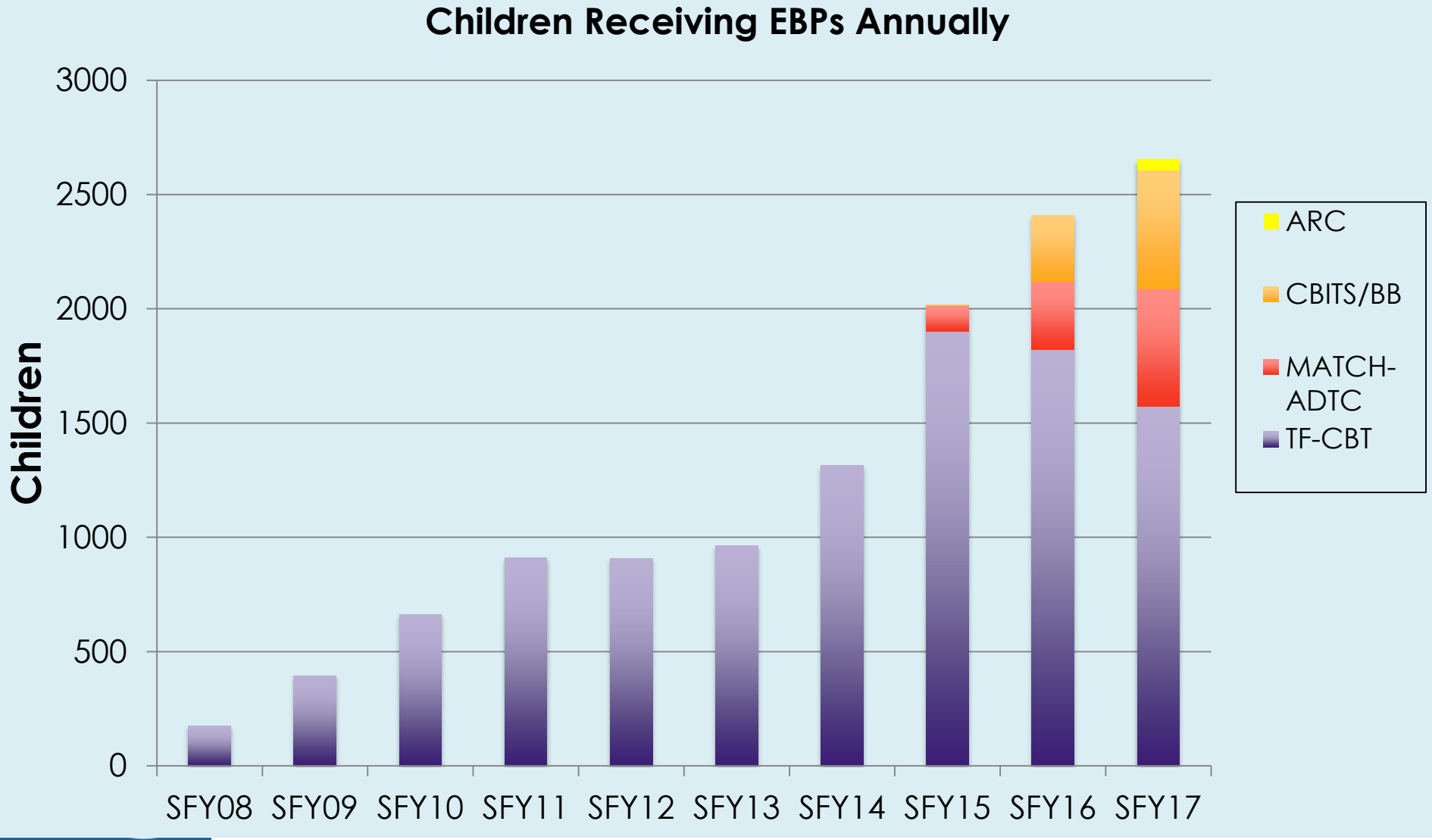
Dissemination Approach

- Role of intermediary organization (CHDI)
- Learning Collaboratives
- Ongoing implementation support, training, quality assurance, and data reporting
  - Certification
  - Train-the-trainer

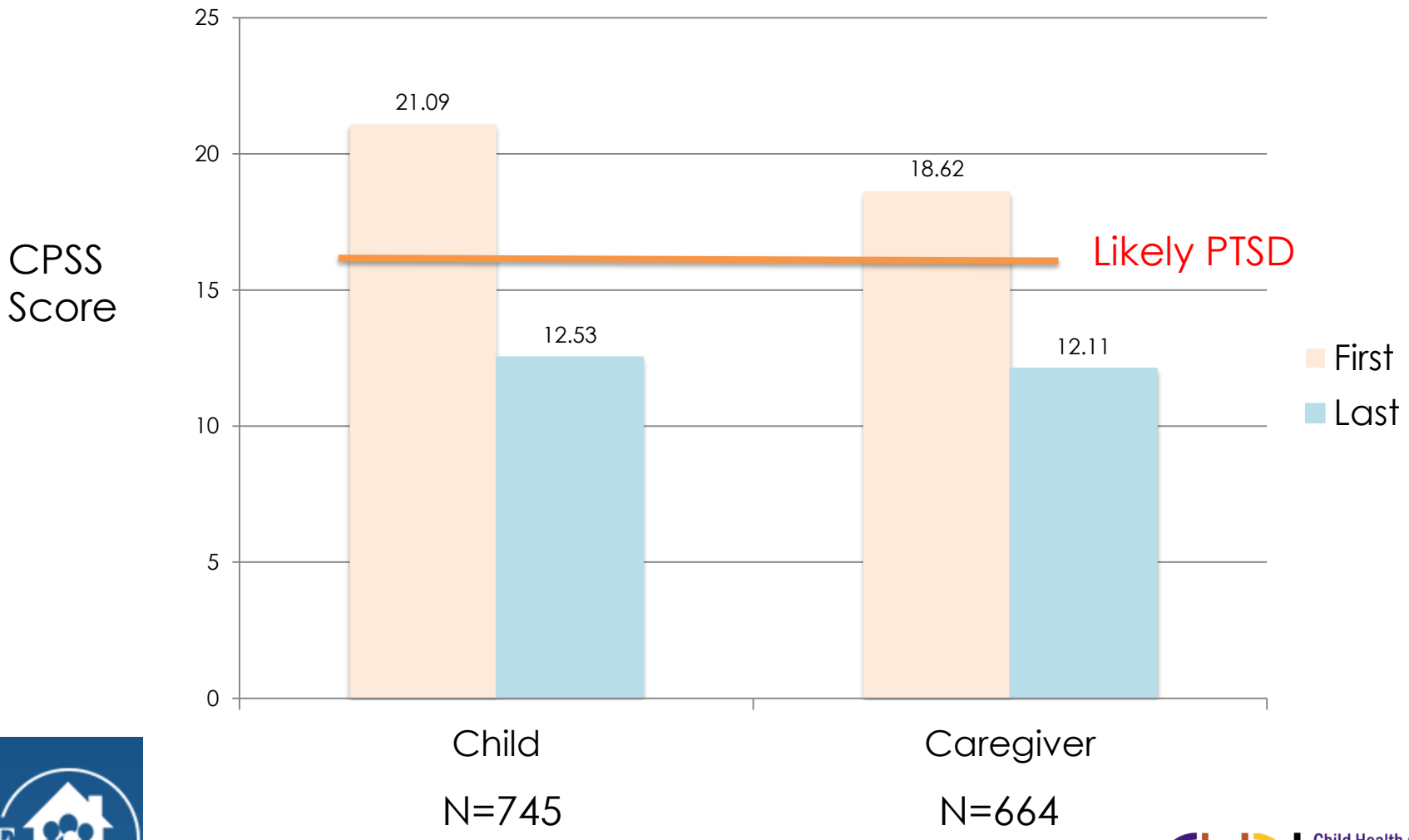
Availability of EBPs (Nov. 2017)

- TF-CBT: 87 sites
- MATCH-ADTC: 38 sites
- CBITS/Bounce Back: 66 schools
- ARC: 14 sites

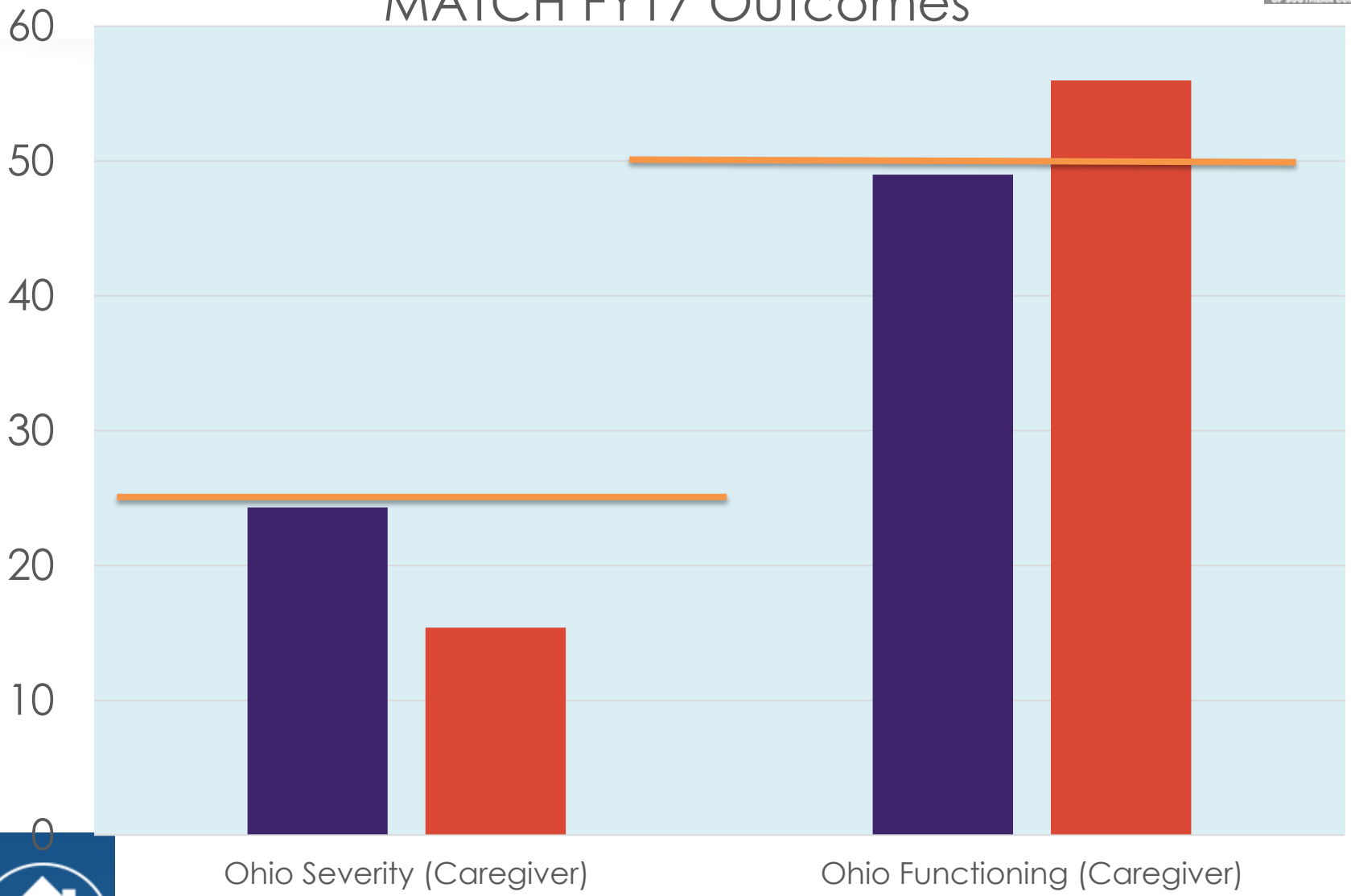



Children Receiving EBPs Annually
Children
3000
2500
2000
1500
1000
500
0
SFY08
SFY09
SFY10
SFY11
SFY12
SFY13
SFY14
SFY15
SFY16
SFY17
ARC
CBITS/BB
MATCH-ADTC
TF-CBT

TF-CBT: Reduction in PTSD symptoms

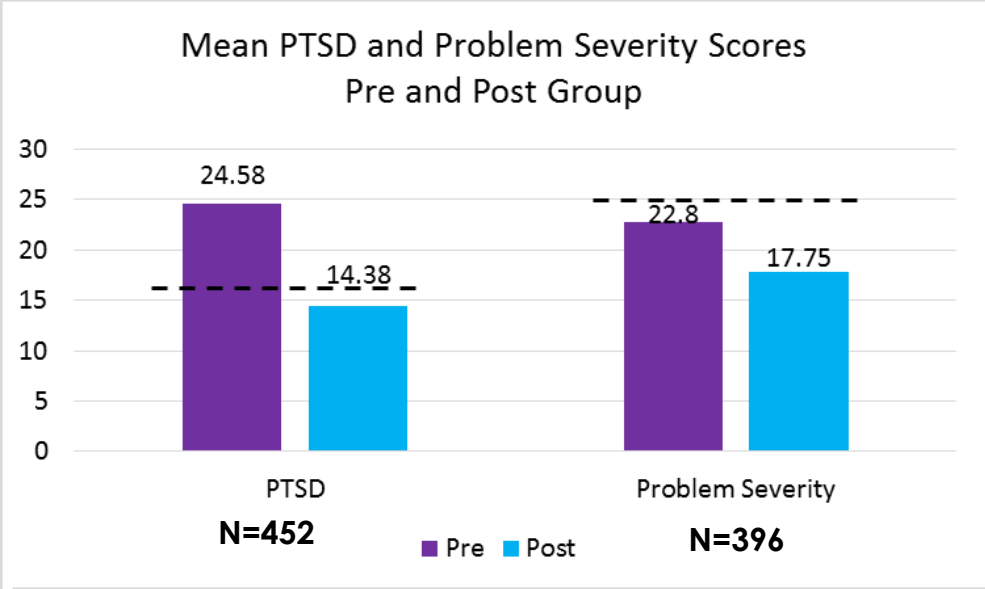


MATCH FY17 Outcomes

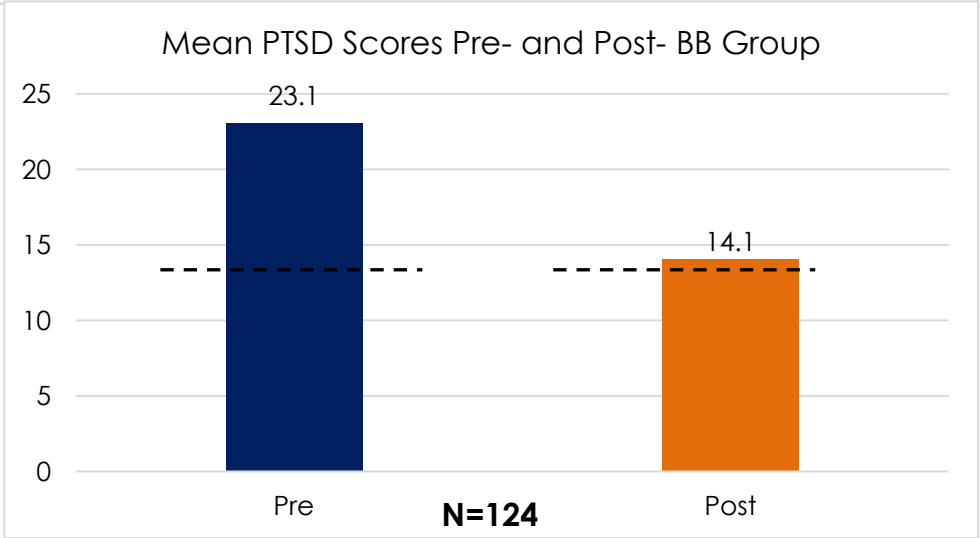


N=237

CBITS/BB: Child Outcomes



CBITS
(through SFY16)



Bounce Back
(SFY17)

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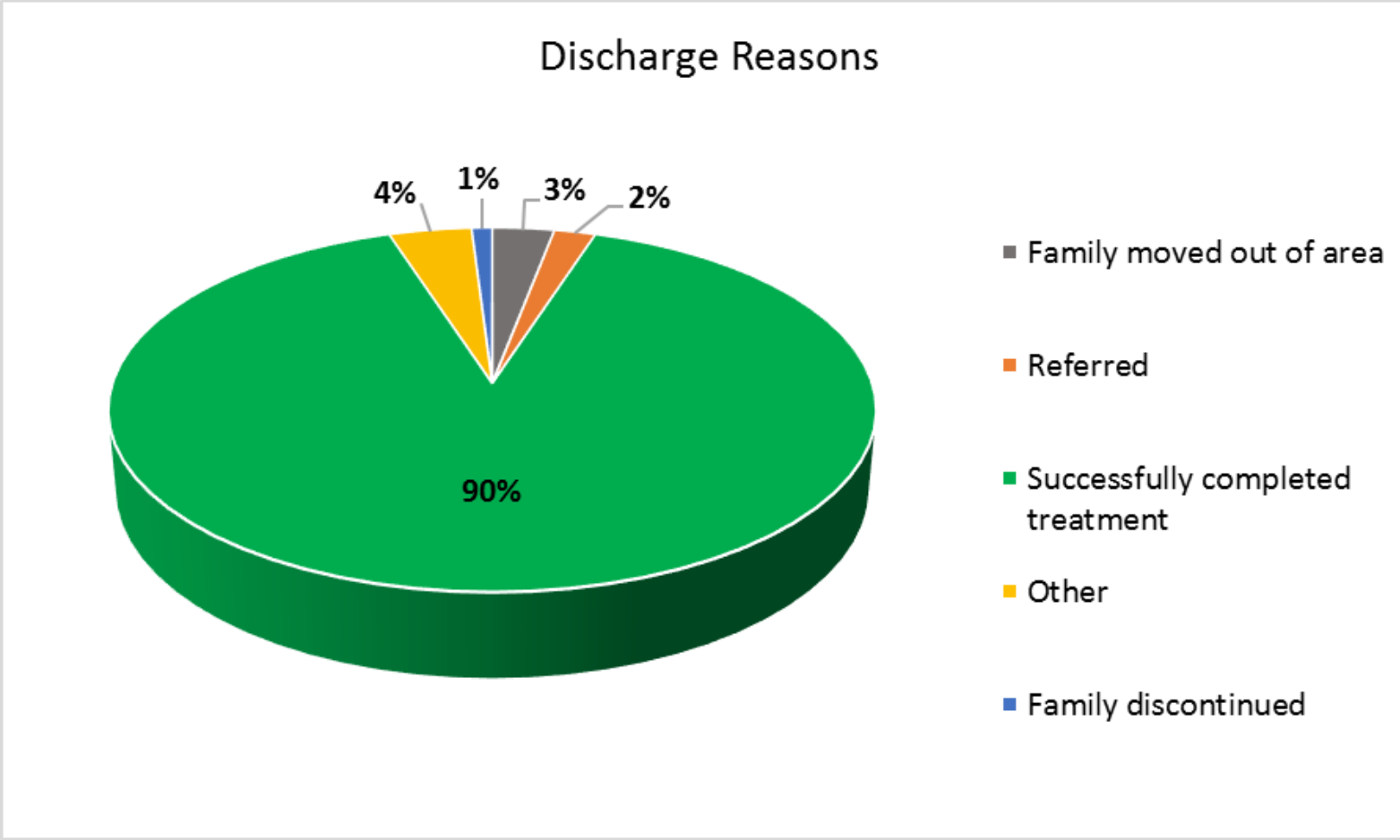
CBITS/BB Disposition

N=527



Outpatient Treatment & EBPs

- Examined DCF's PIE data on OPCCs for FY14 –FY16
  - Children discharged

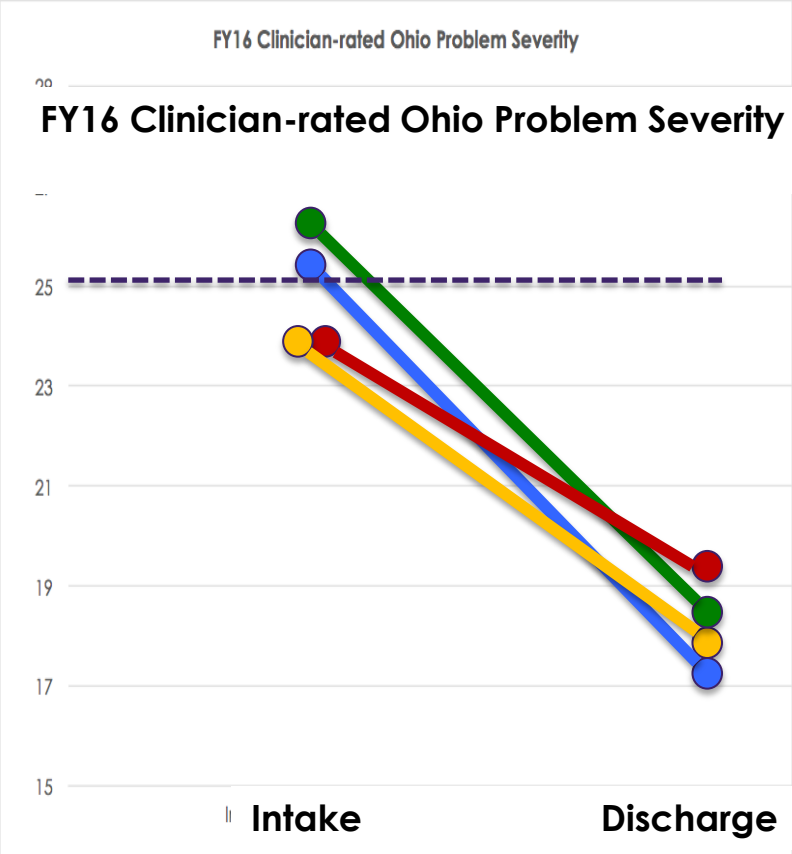
- Describe characteristics of children, treatment outcomes, and trends over time

- Describe effects of EBPs

Children Served (FY14-FY16)

- Average 12,158 children discharged per year
- **Gender:** 55% male
- **Age**
  - age 3-6: 19%
  - age 7-12: 43%
  - age 13-17: 37%
- **Race/Ethnicity**
  - Latino: 40%
  - African American: 15%
  - White: 36%
  - Other: 9%

EBPs & Usual Care

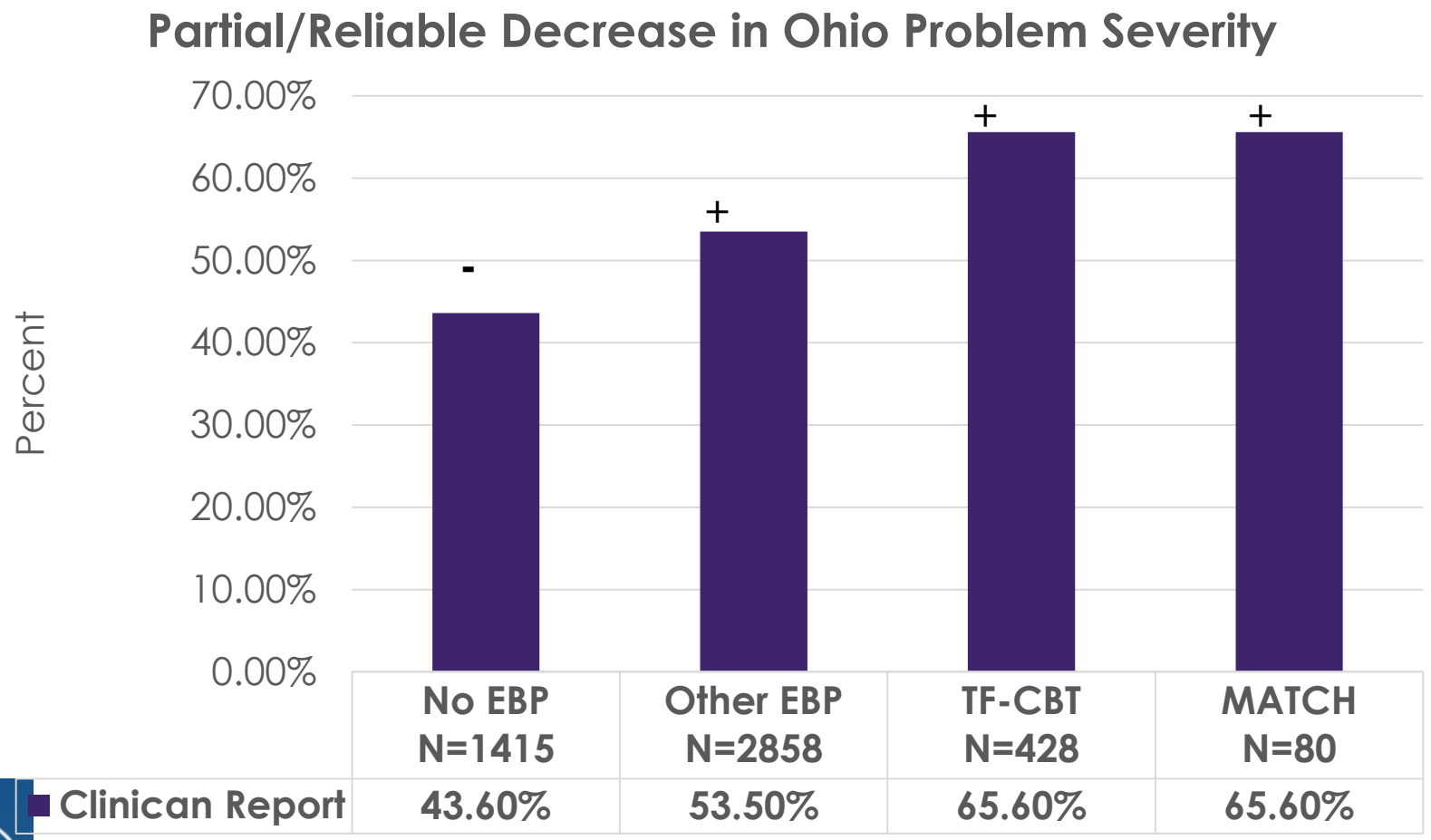


No EBP
Other EBP
TF-CBT
MATCH

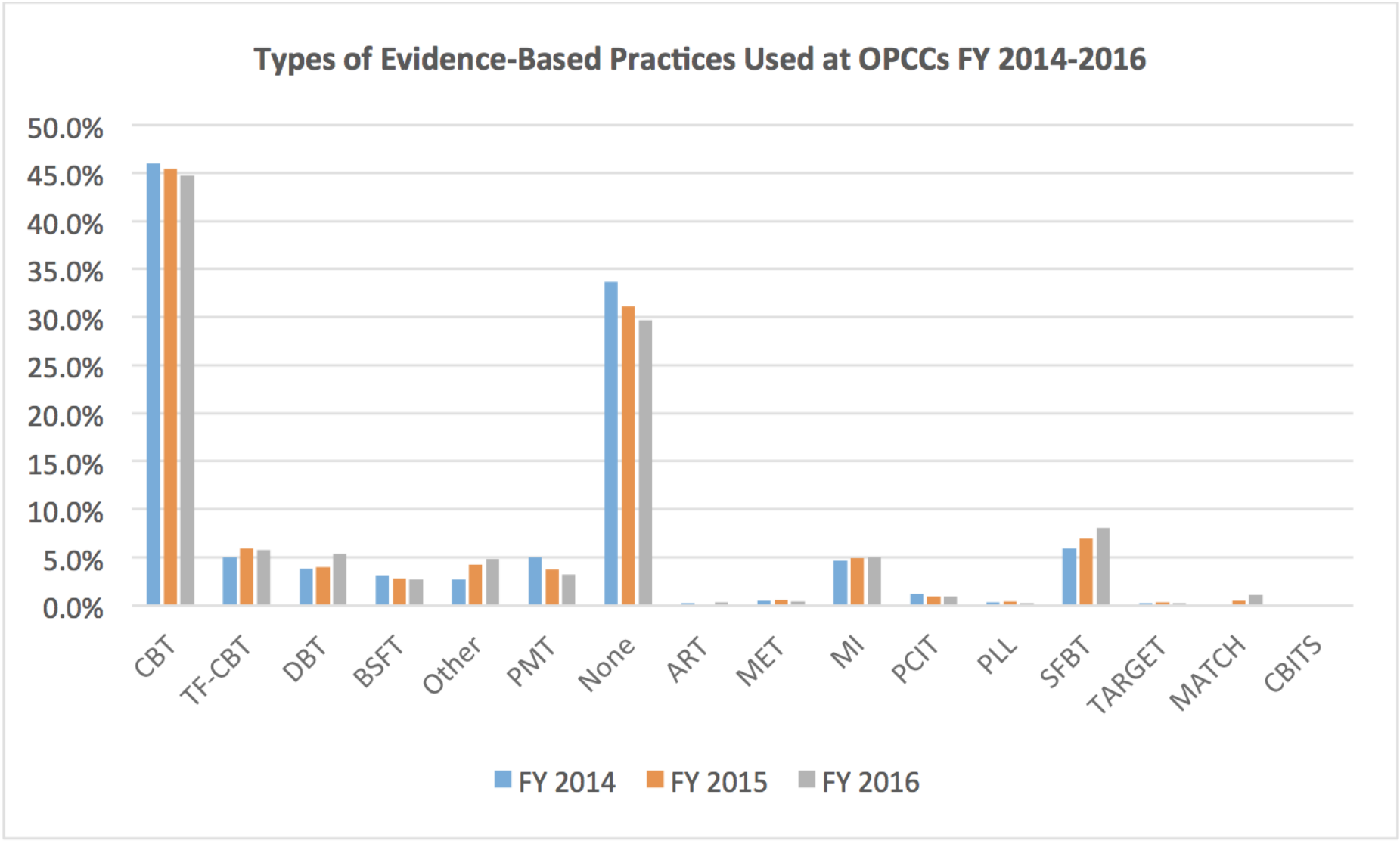
- Higher baseline severity for children receiving MATCH (3 points) and TF-CBT (1.9 points)
- More improvement for MATCH (9.3 points) and TF-CBT (9.2 points) than No EBP (5 points)

* Note: MATCH N= 138

Reliable/Partial Change (**Clinician** Report)



N represents those with partial/reliable change


Types of Evidence-Based Practices Used at OPCCs FY 2014-2016
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
CBT
TF-CBT
DBT
BSFT
Other
PMT
None
ART
MET
MI
PCIT
PLL
SFBT
TARGET
MATCH
CBITS
FY 2014
FY 2015
FY 2016

Summary

- CT has made significant progress in EBP availability
- Children receiving EBPs are getting better outcomes
- But:
  - Most children are still not getting EBPs
  - The provider "cost gap" between EBPs and usual care must be reduced
    - Reimbursement changes
    - Simpler models
    - Different delivery systems
    - Examining/enhancing usual care

Closing the Treatment Gap

- Penetration rate of EBPs 8.5%
- Only 20% of children who need (any kind of)treatment receive it; 1/3 of those receive "minimally adequate" treatment
- Defining Access to care (World Health Organization)
  - Physical accessibility
  - Affordability
  - Acceptability

Physical Accessibility: Availability of EBPs for Children in CT is Excellent

- TF-CBT: 87 sites
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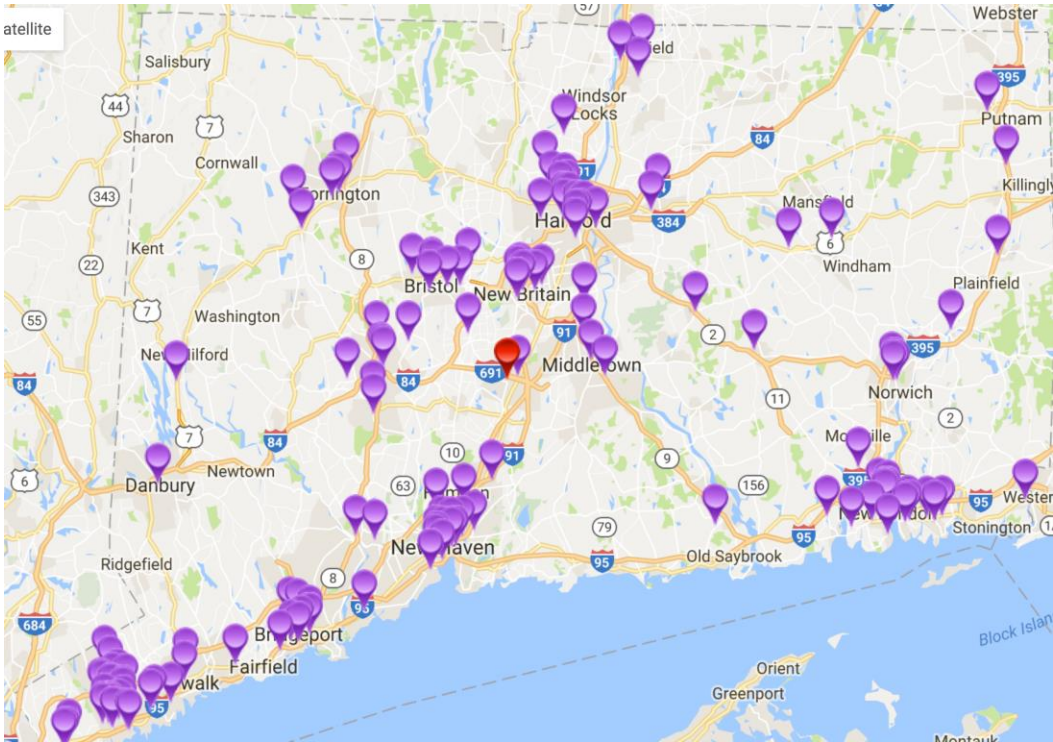

Affordability

- Child Guidance Center of Southern Connecticut serves1,500 children, 8% (114) currently receive an EBP

- How much would it cost for all children served to get an EBP?
  - TF-CBT incremental cost is $1,896 per patient
  - $1,896 X 1,386 = $2,627,856
  - Current budget of $5.2m would increase more than 50%

- Likelihood of getting additional funding: Zero

Acceptability

- Less evidence for EBPs with some ethnic minority groups
  - Different conceptions of mental illness
  - Stigma

- Shortage of bilingual, multi-cultural clinicians – 90% are non-Hispanic white while 30% of U.S. population is racial or ethnic minority

Access Summary

- Physically accessible +
- Affordable -
- Acceptable -

Closing the Treatment Gap: New Solutions

"Expanding the workforce to deliver treatment with the usual, in person, one-to-one model of care with a trained mental health professional is not likely to have a major impact on reaching the vast number of people in need of services. The increased person power is not likely to provide treatments where they are needed, for the problems that are needed, and attract the cultural and ethnic mix of clientele that are essential."

- Alan Kazdin, Ph.D.

Closing the Treatment Gap: New Solutions

- Shift from fee for service to value-based reimbursement drives new delivery models

- Task Shifting
  - Interventions in low and middle income countries
  - Project Echo
  - National Certified Peer Specialist (including Beacon)

- Integrated care (FQHCs)

Closing the Treatment Gap: New Solutions

- Digital technology
  - Online versions of EBPs (MoodGym, MindSpot)
  - Virtual reality exposure-based treatment
  - Apps, text messaging
  - Social robots (PARO robotic seal)
  - Real-time assessment and intervention

Questions?

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References

Brenner, E. (2017). Expanding Access to Care: The Future of Evidence-Based Mental Health Treatment. Morning Zen Guest Blog Post, Children's Mental Health Network.

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