Q1: What is the sequence of the 5-day training?

A1: We are planning on carrying out the 5-day training over 2 consecutive weeks – 3-days of training one week and 2-days of training the following week. The 5-day training will take place September 16, 17, 18, 21, & 22, 2015. Exact start and end times of the training days will be determined at a later date in consultation with the participating agencies, but generally run from 9:00 AM to 5:00 PM.

Q2: Would the supervisor go through the same training?

A2: Yes, the supervisor would be attending the MATCH training.

Q3: What is the process of identifying MATCH supervisor?

A3: Not only does this demonstration provide clinicians and TTS staff training in MATCH, the demonstration also includes a MATCH Supervisor training component. Potential MATCH supervisors can be identified in two ways:

1. An existing agency supervisor that is MATCH trained and sees MATCH cases can then be nominated to attend the MATCH supervisor training to take place in later months of the demonstration;
2. OR, a clinician that is MATCH trained, sees MATCH cases, emerges as a champion, and could potentially move into the role of a MATCH supervisor could then be nominated to attend the MATCH supervisor training.

Q4: Do other administrators need to attend the training?

A4: Only on the morning of day 1 (~2 hours). We encourage administrators to attend the morning of day 1 for an overview of the demonstration and an orientation to the MATCH-ADTC model.

Q5: Would having experience in MATCH make a difference in having to attend the training?

A5: No. All selected clinicians and TTS staff would have to go through the same training, regardless of prior MATCH experience or training.

Q6: Would it be okay for the MATCH supervisor to be in an outpatient setting and supervise IHT clinicians?

A6: We encourage the supervisors to be in the same setting as those clinicians that they are supervising. However, if applicants would like to propose to have supervisors be in a different setting (e.g., outpatient) than those clinicians they are supervising (e.g., in-home), this would not exclude eligibility to participate in the demonstration.
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Q7: Where will the training be taking place?  
A7: That will be determined after the selection of the agencies. It will be in a location that is convenient for both selected agencies.

Q8: Will only two agencies be selected for this demonstration?  
A8: Yes, only two agencies will be selected for this demonstration.

Q9: Can the clinicians & TTS staff be scattered across different sites?  
A9: We prefer that the clinicians and staff be located at one site. Within an agency, it is ideal to have all clinicians and TTS staff be located at one site in order to ensure success and help develop a natural support system with other MATCH trained staff.

Q10: Could you tell us a little more about the curriculum?  
A10: MATCH is a modular approach to therapy for children with anxiety, depression, trauma, and conduct problems. The modular approach of the MATCH protocol allows the clinician to address the complex and comorbid needs of children by helping the therapist have a plan in place with some concrete, evidence-based interventions. The training will be an experiential process where trainees can practice their MATCH skills. This model is flexible and covers about 80% of a clinician's caseload.

Q11: What about the TTS staff?  
A11: We would want the TTS staff to be in the training so they can reinforce the techniques and learn the same principles that the clinicians are applying. The ideal applicant would propose a structure that would include both clinicians and TTS staff attending the training and working together with the same families.

Q12: How many families would you see this model being able to be used with?  
A12: In order to optimize success, we would like providers to see as many clients as possible in their caseloads using the MATCH model. MATCH is designed to be applicable for up to 80% of a clinician's child/family caseload.

Q13: What about the data collection process and the assessment measures?  
A13: IHT staff participating in the demonstration will provide data using the TRAC System. The TRAC System is an electronic measurement feedback system that records and monitors a child and family's response to treatment. Staff will enter data into TRAC throughout the demonstration and receive real-time feedback on the child and family's treatment progress. The demonstration will use 2 brief standardized assessments to assess progress. The
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First assessment, the Brief Problem Monitor (BPM) includes 19 multiple choice questions about child emotions and behaviors during the prior week. The second assessment, the Top Problems Assessment (TPA) includes 3 multiple choice questions about the severity of problems during the prior week. The TRAC system is designed to automatically survey children and families electronically, outside of the IHT staff’s contact with the family. In the event that the child or caregiver is unable to complete the measures on their own, IHT staff may need to assist families with completion of these assessments during the session hour. IHT staff will be required to enter into TRAC the following information during the demonstration: (1) basic and brief client demographics, once at intake (estimated time required: 5 minutes); (2) client progress notes, which can be copied and pasted from their organization’s EHR (estimated time required: 2 minutes,) and; (3) a brief checklist of activities conducted during session (estimated time required: 1 minute).

Q14: Would entering data in TRAC be billable?
A14: The final determination would lie with the MCE, but any duplicative activities would not be billable.

Q15: Are these assessments cultural sensitive?
A15: Yes - the assessments have both English and Spanish versions and are standardized and validated assessments.

Q16: What are the target ages for MATCH?
A16: The target age for MATCH is for children ages 6 - 15. The strategies used in MATCH can also be applied to older adolescents, too.

Q17: The total stipend is $22,500 for both agencies. What is the amount for each agency?
A17: The number of clinicians & TTS staff each agency sends will dictate the stipend amount for the selected agencies.

Q18: Can providers send in additional questions?
A18: Yes. Providers can send any additional questions to Chris Bory at Judge Baker Children’s Center (cbory@jbcc.harvard.edu). All questions must be submitted before Tuesday, June 16th, preferably by June 12th. The email of intent is due on June 16 and the application is due on June 23. All questions and answers will be posted to the Judge Baker website and will also be distributed via email to all IHT providers.
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<th>Question asked after conference call</th>
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<td><strong>Q19</strong>: We have an IHT team that currently covers cases in two cities. We are thinking we want to propose that team for the proposal. This team actual covers two of our offices. Would this be acceptable?</td>
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A19: Yes, that is acceptable. However, we want to avoid having a provider propose a MATCH team that is composed of many different clinicians and TTS staff that are spread out over a wide geographic areas as this would diffuse the cohesion that is important in an implementation demonstration as well as weaken the learning that occurs from collaborating with other colleagues that are also utilizing MATCH. If the team has a primary location but may have cases that cover another site then this acceptable.