MATCH-ADTC & IHT Implementation Demonstration
Request for Qualifications

Application Deadline: June 23, 2015 5:00 PM

I. OVERVIEW

Judge Baker Children’s Center (JBCC), in collaboration with the Technical Assistance Collaborative (TAC), the Children’s Behavioral Health Initiative at MassHealth (CBHI), and the Children’s Behavioral Health Knowledge Center at the Massachusetts Department of Mental Health (CBHKC) are excited to announce this MATCH-ADTC & IHT Implementation Demonstration Request for Qualifications (hereafter referred to as the “Demonstration”).

JBCC, through this collaboration, intends to conduct an initial implementation of the evidence-based model, MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems hereafter referred to as “MATCH”) in selected programs providing In-Home Therapy (IHT), a CBHI service under MassHealth. The goals of this Demonstration are to:

1. Improve providers’ knowledge and skill sets regarding identification, assessment, and treatment of children presenting with anxiety, depression, trauma, or conduct problems in IHT settings.

2. Support providers’ capacity to implement and sustain MATCH and the TRAC system with fidelity using a structured implementation approach

3. Assess the transferability, fit, and sustainability of MATCH within IHT settings.

4. Identify and generate lessons learned from the Demonstration on how MATCH could be brought to scale to other IHT providers.

JBCC is pleased to release this Request for Qualifications (RFQ) for up to a total of twenty (20) staff, – both Master’s level clinicians/supervisors and Bachelor’s level Therapeutic Training and Support workers (TTS) – from two (2) IHT provider agencies to participate in the Demonstration. For example, Agency A may select 12 staff to be trained (8 clinicians & 4 TTS) and Agency B may select 8 staff to be trained (4 clinicians and 4 TTS) or some other combination to total 20 staff from both provider agencies.

Staff from the selected IHT provider agencies will be trained to utilize MATCH with children, adolescents, and their families that present with anxiety, depression, trauma, or conduct problems. JBCC will serve as the training, coordinating, and implementing agency for this initiative.

Selected agencies will receive limited funding to offset the cost of their participation in the clinical training and implementation that will start in September 2015. This implementation experience will be
an excellent opportunity for selected agencies to embed MATCH within their IHT program and to become leaders in the state for this highly supported evidence-based practice (EBP). Selected agencies will receive training, supervision and implementation support at no cost as well as a stipend to offset participation costs.

The Demonstration will include the following components, all of which will be mandatory for participating agencies:

- 5 days of MATCH training that will cover treatment for anxiety, depression, trauma, & conduct.
- Biweekly MATCH clinical consultation calls with a MATCH expert (25 group calls total).
- 2 days of MATCH supervisor training for a small group of selected clinical supervisors. Selected clinical supervisors will receive additional training as a MATCH supervisor 9-12 months into the Demonstration.
- Biweekly MATCH supervisor consultation calls with a MATCH expert (25 calls total), beginning after completion of the 2-day MATCH supervisor training.

The implementation and training will include:

- A MATCH manual, training materials, and access to Treatment Response Assessment for Children (TRAC) – a web-based electronic measurement feedback system for a child’s response to treatment – for all participants.
- Individualized training and consultation.
- Ongoing implementation and quality improvement consultation to help implement and sustain the MATCH intervention with fidelity and good outcomes.

II. BACKGROUND

Nationally, there has been a growing emphasis on the use and implementation of evidence-based practices to improve the quality of mental health care for children and families. Children’s mental health treatment often lags behind other fields in the uptake of applying research to practice. A large number of EBPs for child and adolescent mental health disorders have emerged, yet most are limited to specific disorders (e.g., treatments exclusively for depression). A limited number of these evidence-based models are available in specific provider sites scattered across the Commonwealth. Children and adolescents seeking treatment often experience a variety of co-occurring problems (e.g., depression and conduct) and the course of treatment may need to change over time. Research has shown strong support for the clinical effectiveness and provider acceptance of the MATCH intervention, which addresses these concerns.

The MATCH intervention includes: (1) the MATCH treatment protocol and (2) TRAC

1. MATCH is used with children aged 6-15 and the principles of MATCH can be used with older adolescents. Unlike most EBPs, which focus on single disorder categories (e.g., anxiety only), MATCH is designed for multiple disorders and problems encompassing anxiety, depression, post-traumatic stress, and conduct problems. MATCH is composed of 33 modules. The
various modules can be organized and sequenced flexibly to tailor treatment to each child’s characteristics and needs.

2. TRAC provides weekly monitoring of each child’s treatment response in two forms: (a) changes on the Brief Problem Monitor (BPM) and (b) changes in severity of the top treatment concerns identified by youths and caregivers. At the end of treatment, TRAC provides a complete record of the child’s treatment response across all weeks of treatment.

III. TARGET POPULATION

The focus of the Demonstration is to implement and sustain MATCH within IHT programs for children, adolescents, and families who are being seen for treatment and present with anxiety, depression, trauma, and/or conduct problems.

IV. OVERVIEW OF TRAINING & IMPLEMENTATION

1. Training. Participating agencies will identify and select interested and motivated clinicians and TTS staff to receive intensive training in MATCH and TRAC. Training will be a total of five (5) days over two consecutive weeks that will take place during September 2015. Attending the training is mandatory for all participants. Since successful implementation requires top-level support, senior agency administrators are expected to attend the morning of the first training day for an overview of MATCH and the implementation fundamentals. The training will be held in a site centrally located for the participating agencies (TBD).

2. Clinical Consultation. IHT staff will also receive bi-weekly case consultation from a MATCH expert at JBCC to support the implementation of the MATCH protocol with fidelity. Participants will receive 25 group consultation calls and are expected to use the TRAC system to monitor client progress and response to treatment.

3. Implementation. Participating agencies will receive implementation support from JBCC. Specific activities may include pre-implementation site visits, quality improvement support and training, site-based consultation, trouble-shooting, implementation data reports, and phone consultation, as needed.

V. SELECTION CRITERIA

Each of the following criteria must be met for successful participation in this Demonstration. Only agencies with existing IHT Teams are eligible to participate. In order for the implementation of the Demonstration to be effective, there are two key considerations: (1) sufficient service volume to support a pool of eligible clients and (2) sufficient number of motivated, interested, and experienced IHT staff who can be trained in a central location. Selected agencies must:

1. Have a sufficient service volume of currently enrolled IHT families that are MATCH eligible.
2. Maintain an active caseload of IHT families that are receiving the MATCH intervention.

3. Identify experienced IHT staff who express commitment to this Demonstration and to the use of EBPs in their work.

4. Agree and commit to fully implement the MATCH intervention and TRAC system and collaborate with partners on implementation and quality improvement processes.

5. Have no current corrective action plan (formal corrective action plan monitored by a MassHealth Managed Care Entity’s (MCE) Quality Department and/or joint network management corrective action plan).

VI. AVAILABLE FUNDS

As part of a comprehensive agreement, JBCC will directly contract with selected agencies and will distribute stipends for participation in the Demonstration. Funds are made available through CBHI. Any awards will be contingent upon the continued availability of funds. The total amount available for all agency stipends is $22,500. The amount given will depend upon the number of staff (i.e., clinicians and TTS staff) that are identified and selected to participate in the Demonstration.

VII. AMOUNT, TERMS, AND PERIOD OF AWARD

JBCC will award funding for the period of this Demonstration. This stipend is intended to offset, at least in part, the startup costs of participation in the Demonstration and the time clinicians and TTS staff will spend attending the 5-day MATCH and TRAC training, the 2-day supervisor training, and organizational participation in consultation, implementation, and quality improvement activities. The selected agencies will enter into a contract with JBCC with specific deliverables for a period of 18 – 24 months.
VIII. IMPORTANT DATES

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<tr>
<th>Task</th>
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<tr>
<td>RFQ Published</td>
<td>Tuesday, June 2, 2015</td>
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<tr>
<td>Q &amp; A Conference Call (see section X.)</td>
<td>Tuesday, June 9, 2015 from 11:00 – 12:00 PM</td>
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<td>Submission of E-Mail of Intent</td>
<td>Tuesday, June 16, 2015 at 5:00 PM</td>
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<td>Application deadline</td>
<td>Tuesday, June 23, 2015 at 5:00 PM</td>
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<tr>
<td>Agency notification of selection</td>
<td>Thursday, July 2, 2015</td>
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<td>Start of contract between JBCC &amp; selected agencies</td>
<td>July 2015</td>
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<td>Pre-implementation site visits</td>
<td>July/August 2015</td>
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<td>MATCH clinical training</td>
<td>Week of September 14 &amp; 21, 2015</td>
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<td>MATCH clinical consultation begins</td>
<td>Week of September 28, 2015</td>
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<td>MATCH supervisor training</td>
<td>Spring / Summer 2015</td>
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<td>MATCH supervisor consultation begins</td>
<td>Spring / Summer 2016</td>
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IX. QUESTIONS

If you have any questions, please contact:

Christopher Bory, Psy.D.
Director of Implementation & Quality Improvement
Judge Baker Children’s Center

cbory@jbcc.harvard.edu
Office: (617)-278-4247
Mobile: (617)-991-7093
X. HOW TO APPLY

1. Submit an E-Mail of Intent by Tuesday, June 16, 2015 at 5:00 PM, identifying your agency, the contact person, contact information, and your agency's intent to respond to the RFQ. The E-Mail of Intent must be submitted to:

   Christopher Bory, Psy.D.
   Director of Implementation & Quality Improvement
   Judge Baker Children’s Center
   Email: cbory@jbcc.harvard.edu

2. Interested agencies are encouraged to participate in a Q & A Conference Call on Tuesday, June 9, 2015 from 11:00 – 12:00 PM during which we will answer any questions about the RFQ:

   Calling instructions:
   Dial: 877-273-4202
   Conference ID: 8000738

3. Complete the attached application form (see Sections 1 – 4). Section 2 should address each of the questions posed in the application. The narrative should be limited to 5 pages, 1.5 line spacing, 1” margins, 12 pt. font.

4. The contact person (see below) must receive one (1) original and one (1) copy of each respondent’s application(s) AND an electronic copy sent no later than Tuesday, June 23, 2015 at 5:00 PM, at the following location:

   Christopher Bory, Psy.D.
   Director of Implementation & Quality Improvement
   Judge Baker Children’s Center
   53 Parker Hill Avenue
   Boston, MA 02120

   E-mail of Intent and an electronic application must be sent to: cbory@jbcc.harvard.edu

Each copy must be complete, collated, and ready for reviewers. Please note that faxed versions of the application will not be accepted. Also, no applications will be accepted or considered for review after the due date and the time stated above.
XI. GENERAL APPLICATION NOTICES & REQUIREMENTS

1. Evaluation and Selection. The review panel, consisting of staff from JBCC, TAC, CBHI and CBHKC, will review applications and select the agencies for participation in the Demonstration. It is the intent of the review panel to conduct a comprehensive, fair and impartial evaluation of applications received in response to this RFQ. Only applications found to be responsive to the RFQ will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFQ.

2. Applicant Presentation of Supporting Evidence. An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFQ.

3. Rejection of Qualified Applications. Applications are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFQ.

4. Contract Execution. The pursuant contract developed as a result of this RFQ is subject to JBCC contracting procedures. The contract will not be considered valid until fully executed.

5. Limitations. JBCC reserves the right to reject any and all applications, or portions thereof, received as a result of this request, or to negotiate separately any required services. JBCC reserves the right to contract for all or any portion of the scope of work contained within this RFQ in order to meet the goals of this demonstration.

6. Insurance. The Respondent will carry insurance (liability, fidelity bonding or surety bonding and/or other), during the term of this contract according to the nature of the work to be performed to “save harmless” the Commonwealth of Massachusetts, the Technical Assistance Collaborative and Judge Baker Children’s Center from any claims, suits or demands that may be asserted against it by reason of any act or omission of the Respondent, sub-Respondent or employees in providing services hereunder, including but not limited to any claims or demands for malpractice. Certificates of such insurance shall be filed with Judge Baker Children’s Center prior to the performance of service.
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<th>MATCH &amp; IHT Implementation Demonstration Request for Qualifications Checklist</th>
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<tr>
<td>☐ Email of Intent sent by Tuesday, June 16, 2015 at 5:00 PM</td>
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<td>Application submitted by Tuesday, June 23, 2015 at 5:00 PM</td>
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<td>☐ Section 1: Cover Page</td>
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<td>☐ Section 2: Brief Narrative Response</td>
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<td>☐ Section 3: Table of Possible IHT Staff</td>
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<td>☐ Section 4: Appendices</td>
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<td>☐ Organizational Chart</td>
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<td>☐ Current Organizational Certificates of Accreditation and Licensure</td>
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MATCH & IHT Implementation Demonstration Application

Section 1: Cover Page

Date: ____________

Organization Information
Please answer all questions on this page. Do not refer to attachments.

IHT Provider Agency Name

Legal Name of Organization (if different from above)

Address of Organization

Authorized Officer and Title (Chief Executive/President/Executive Director)

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Contact Person and Title for the Application, if Different from Authorized Officer

Address of Contact Person if Different from Authorized Officer

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IHT Program Director

IHT Catchment Area (Cities and Towns)

IHT Site Location
Section 2: Brief Narrative Response

Please provide the following information in a narrative (limit the entire Brief Narrative Response to 5 pages or less [excluding Cover Page and Appendices], 1.5 line spacing, 1” margins, 12 pt. font).

1. Provide a brief description of your organization including years in operation, mission, client population, numbers served, ages, and the current range of services and/or activities provided.

2. Describe why you would like to participate in this Demonstration and the benefits/opportunities you foresee relative to improved access, quality, and outcomes for children and families. How do you see MATCH fitting into your IHT program, including the challenges and benefits?

3. Provide a brief description of:
   a. The number of children and adolescents served annually by IHT services under MassHealth.
   b. The number of FTE clinicians (licensed and non-licensed) and TTS staff at your agency.
   c. The number or percent of children and adolescents in IHT who present with problems related to anxiety, depression, trauma, or conduct.
   d. How do you currently assess for these types of problems? What standardized assessment tools do you use to monitor clinical progress and outcomes?

4. Describe your organization’s experience with implementing EBPs.
   a. What EBPs have been implemented at your agency?
   b. What type of formalized training in EBPs has staff received?
   c. Has staff utilized EBPs in practice? If so, which EBPs have been used in practice?
   d. Has staff received supervision or consultation on specific EBPs? If so, which EBPs?
   e. What kind of ongoing support for these EBPs has your staff received?

5. Learning and implementing a new intervention takes time, planning, and consultation. How will you provide administrative support, including modification of clinician and TTS staff schedules/responsibilities (including productivity requirements, if necessary) in order to accommodate for the time required to:
   a. Implement a new practice
   b. Receive training in MATCH and TRAC
   c. Receive bi-weekly consultation from expert MATCH consultants
   d. Utilize TRAC in clinical practice
   e. Engage in implementation and quality improvement activities

6. At the completion of the Demonstration, what mechanisms will you have in place to ensure that clinicians and TTS staff will maintain fidelity to the MATCH model?

7. Although it is ideal that MATCH-appropriate families are seen and treated by both a MATCH trained clinician and MATCH trained TTS staff, it is understood that this is not always possible. It is required, however, that MATCH appropriate families are treated by at least a MATCH clinician; a
MATCH family cannot be solely treated by a MATCH trained TTS staff and a clinician without MATCH training.

a. How do you plan to ensure that MATCH appropriate families are assigned to MATCH trained clinicians?

b. How do you plan to maximize the assignment of MATCH trained TTS staff to MATCH-assigned families?

c. What percent of your active IHT cases are teamed with a clinician and TTS staff?

8. Describe your agency’s plan for assuring that the practice will meet the cultural and linguistic needs of the target population, including use of effective family engagement practices. Please identify the ethnic/racial demographics of the target population and specify how you will accommodate these needs and ensure that families in your catchment area have access to services.

9. Using the attached table (Section 3), please provide a list of both clinicians and TTS staff you believe are appropriate candidates for the Demonstration. Please complete all fields within the table.
**Section 3: Table of Possible IHT Staff**

Please provide a list of IHT staff – clinicians and TTS staff – you believe are appropriate candidates for the Demonstration. Please complete all fields. Add additional rows to the table if needed.

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<tr>
<th>Name</th>
<th>FTE</th>
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<th>Degree</th>
<th>Active with another provider? (Y/N)</th>
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<th>Caseload? Number</th>
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*Please note if the person has any administrative/senior leader responsibilities within your organization.*
Section 4: Appendices

Please include as an appendix to this application the following supporting documents:

Appendix 1  Organizational Chart
Appendix 2  Current Organizational Certificates of Accreditation and Licensure