

# Enhancing the Mental Health Workforce Through Training in Evidence-Based Practices: The MATCH-ADTC Collaborative Model

APHA Mental Health Workforce Roundtable

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2:30 PM – 4:00 PM

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**THE BAKER CENTER**  
FOR CHILDREN AND FAMILIES



**HARVARD MEDICAL SCHOOL**  
**AFFILIATE**

# Welcome!

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Health Management &  
Policy MPH Student



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# Roadmap

Introduction

Methods

Results

Conclusions

Group Discussion

# Introduction

In an effort to create the healthiest nation, it is important not only to promote access to *healthcare*...but to promote access to *quality healthcare*.

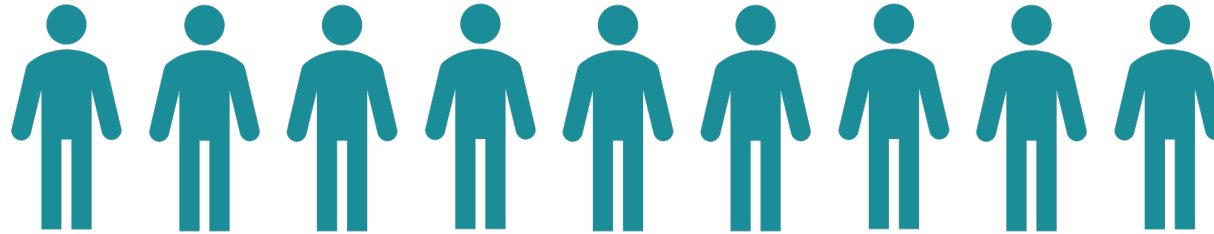


# How do we promote quality healthcare?

- One way that quality can be achieved is by using the most up-to-date, evidence-based practices in healthcare.
- **Evidence-based practices (EBPs)** are psychological treatments that have been found to be efficacious for a number of mental health challenges.

# How do we promote quality healthcare?

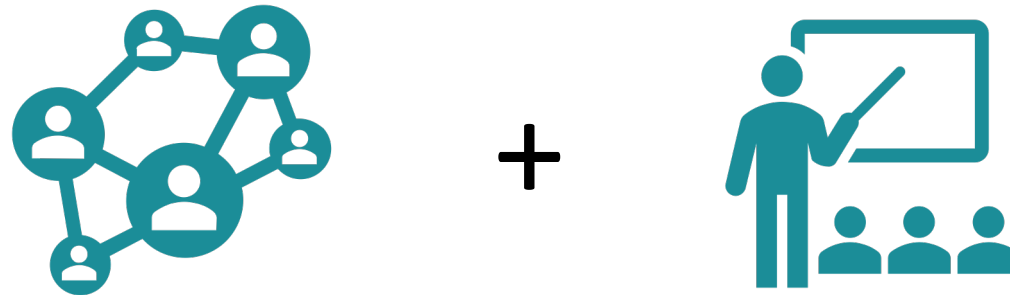
- Despite the strong evidence base for EBPs, most community-based mental health providers do not receive training in EBPs.



- Lack of EBP training is a primary driver of poor access to quality mental health services, particularly for vulnerable populations.

# How do we promote quality healthcare?

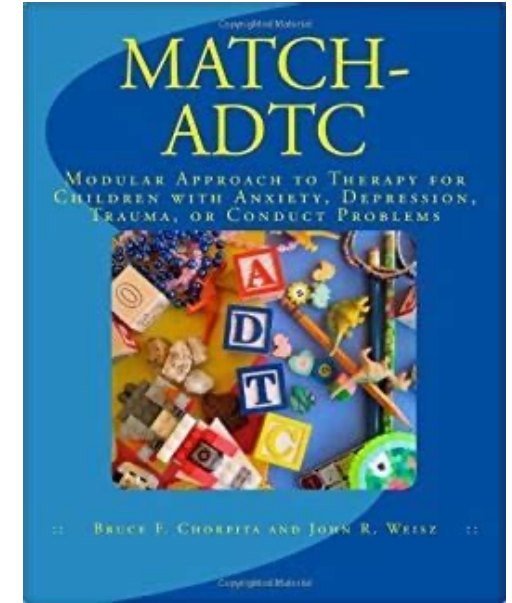
- One reason that providers may not be trained in EBPs is because of the criticism that some EBPs have historically not been proven efficacious for diverse populations.



- One example of an EBP that does better is MATCH.

# What is MATCH?

- **MATCH**, or MATCH-ADTC, is a modular EBP for children ages 6-17 designed to treat multiple problems related to:
  - Anxiety
  - Depression
  - Posttraumatic stress
  - Disruptive conduct (including conduct problems associated with ADHD)
- The randomized control trials for MATCH were completed with diverse samples, with the goal of proving its effectiveness for a variety of populations.





# Why Train Providers in EBPs?

- Training mental health providers in EBPs is one way to improve access to quality mental healthcare.
- Providers should be trained in EBPs that are appropriate to serve their client population.
- **Less research has examined how previous EBP training influences mental health providers' implementation of new EBPs.**

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# Learning Collaborative Model

## Enhanced Learning Collaborative Tools & Activities



1

### Pre-work

- Team Selection
- Organizational Readiness & Capacity Assessment
- Site Visits



2

### Learning Sessions

- Clinical Case Spotlights
- Implementation & CQI Strategies
- Agency Team Breakouts
- Affinity Groups
- Sustainability Planning



3

### Continuous Quality Improvement

- Change Toolkit
- Monthly Implementation Metrics Reports
- Plan-Do-Study-Act Cycles (PDSA)



4

### Consultation

- Clinical
- Implementation & CQI
- Senior Leader
- Supervisor
- Systems

# Data Collection Process



## MATCH LC 1 2018-2020

- 6 CMHCs
- 39 Providers

## MATCH LC 2 2019-2021

- 5 CMHCs
- 31 Providers



## All providers: pre-LC:

- Reported previous EBP Training
- Completed MATCH Self-Efficacy Assessment



## All providers: Participated in the MATCH LC



## All providers post-LC:

- Completed MATCH Self-Efficacy Assessment

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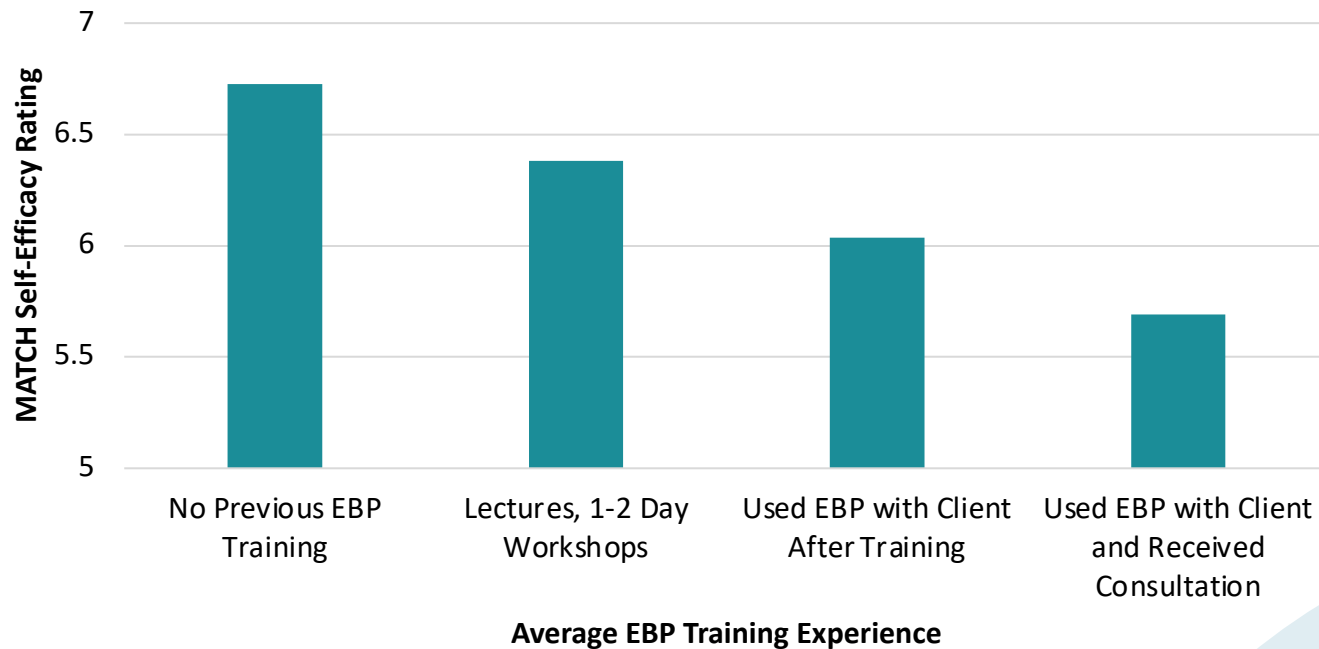
Results

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# Results

Findings demonstrated that the intensity of previous EBP training (0 = *No previous training* to 3 = *Used EBP with client and received consultation*) and LC cohort significantly impacted provider self-efficacy for MATCH at the conclusion of the LC.



\*Multiple Regression Model Data

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# Conclusions

Our findings suggest that EBP training initiatives are most impactful for mental health providers who have had less intensive previous EBP training.

## Recommendations:

- Provide intensive EBP training opportunities for providers earlier in their careers.
- Promote the spread of EBPs that effectively serve diverse populations.
- Support initiatives to increase the spread of EBPs nationwide.



# Discussion Questions

There's more to the story...



# Discussion Questions

- Why should we care about provider self-efficacy for MATCH or any other evidence-based practice?
- What are existing barriers that inhibit the implementation of evidence-based practices?
  - Barriers at the provider level?
  - Barriers at the agency level?
  - Barriers at the systems level?
- What can be done to advocate to funders and/or insurance companies about evidence-based practices?
- How can we advocate for systems level change to support the retention of the mental health workforce?
- What are other solutions to enhance the mental health workforce beyond evidence-based practices?