

Connections to Care expands mental health services for vulnerable New Yorkers

The RAND Corporation's November 2018 interim evaluation report on Connections to Care (C2C) presents early findings from the multi-year evaluation of this NYC Opportunity initiative. The report, focused on the first two years of program implementation, utilizes quantitative and qualitative data gathered through surveys, interviews, and quarterly reports. RAND's final C2C evaluation report, set for publication in 2020, will include final results from the implementation, impact, and cost studies that comprise the C2C evaluation.

[C2C] opened my eyes and allowed me to better understand the individuals I work with and understand when they really need assistance and what kind they might need. And not just for our clients we work with, but for myself.

– CBO Staff Member

Findings

Looking at the first two years of implementation, RAND's evaluation found that C2C fosters a positive shift in organizational culture surrounding mental health services. Both community-based staff and C2C participants observed positive benefits to staff and client mental health, reduced stigma, and increased comfort to discuss mental health concerns. The flexibility of C2C implementation created some challenges early on but allowed community agencies and mental health providers the opportunity to strengthen their partnerships and clarify their roles in C2C.

The implementation evaluation assesses the following over the first two years of program implementation:

- How C2C program strategies were implemented
- How MHPs trained and supported CBOs over time
- If CBO staff knowledge of mental health and C2C skills, as well as attitudes and behaviors around mental health, improved

What is Connections to Care (C2C)?

C2C is a five-year, \$30 million public-private partnership led collaboratively by the Mayor's Fund to Advance NYC, the Mayor's Office for Economic Opportunity, and the NYC Department of Health and Mental Hygiene launched in 2016 as a part of ThriveNYC, an interagency collaboration to ensure that every New Yorker who needs mental health support has access to it, where and when they need it, overseen by the Mayor's Office of ThriveNYC.

C2C is a task-shifting model, where workers without health credentials are trained to adopt health-related tasks to expand the workforce and increase access to care. In C2C, community-based organizations (CBOs) and licensed mental health providers (MHPs) collaborate to provide and sustain training and coaching of CBO staff in mental health practices that are incorporated into daily CBO programming. These skills are used by CBO staff to promote the well-being and mental health of CBO program participants and refer those in need of clinical care to services at the MHP. Since CBOs are embedded within their communities and have meaningful relationships with vulnerable New Yorkers, they are well-positioned to provide mental health supports. The participating organizations vary in size, mission, length of client engagement in program services, and how they have approached integrating C2C into their work.

C2C targets low-income and at-risk populations engaged in services, including:



Parents of children up to age four



Out of school, out of work young adults ages 16 to 24



Unemployed or underemployed adults over 18

In the first two years of implementation, program activities largely focused on establishing relationships between the CBOs and MHPs, trainings in C2C skills, and plans for ongoing coaching and supervision.

- The extent to which CBOs identified clients in need of mental health or substance abuse care due to C2C implementation
- Key facilitators and barriers to C2C implementation



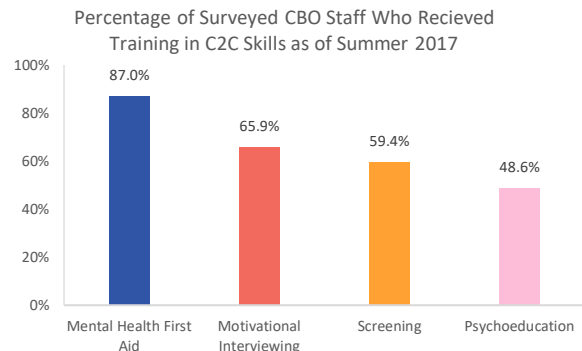
Respondents credited C2C with driving a positive shift in organizational culture and personal perceptions surrounding mental health. Interviewees reported positive benefits to staff and client mental health, most notably with respect to reduced stigma and increased comfort discussing mental health concerns with staff.

CBO-MHP partnerships were most effective after they learned about and with each other. Recognizing that each partner had a distinct organizational culture took time in some partnerships, and collaboration became more effective after partners took time to learn each other’s language, values, and processes.

There was some indication that staff felt more comfortable with Mental Health First Aid (MHFA), Motivational Interviewing (MI), and screening than psychoeducation. Of surveyed staff who indicated that they had received training, almost 90% received training in MHFA, and two-thirds were trained in MI.

CBO staff reported confidence in using the C2C skills in which they had been trained. In the first

year, more than half of CBO staff trained in a given C2C skill reported confidence in using that C2C mental health skill with clients, and many noted that they had access to appropriate resources to help clients. Those who reported some discomfort using the skills noted that coaching and supervision helped.



Ongoing coaching and supervision was viewed favorably by respondents, and highly requested. Staff surveys conducted in the summer of 2017 indicated that two-thirds of respondents desired additional training, coaching, and supervision in C2C skills. Coaching and supervision requirements were clarified at the beginning of year two (April 2017), leading to a dramatic increase in coaching hours, with 78% of total coaching hours occurring in the program’s second year.

CBO and MHP staff reported beginning to see positive impacts of C2C on program participants, and described positive changes to their work outside of C2C. Interviewees also noted that they believe C2C improves their ability to deliver their core services, deepens their understanding of client needs, and even affects how staff members understand their own mental health.

Looking Ahead

The interim report focuses on the early implementation evaluation of Connections to Care (C2C). It is too early in the program and data collection process to draw conclusions regarding the impact and cost evaluations. C2C implementation will continue through 2020 with a final evaluation report to be published late 2020. In early 2020, RAND will release a guide for community-based organizations and MHPs interested in collaboratively designing and implementing a community-based behavioral health task sharing approach, complete with recommendations and resources based on the early C2C experience.

- **Full Interim Evaluation Report:** https://www1.nyc.gov/assets/opportunity/pdf/evidence/C2C_Interim_Rpt_2018.pdf
- **Perspectives of Leaders at Community-Led Organizations, RAND Corporation, 2017:** <https://www1.nyc.gov/assets/opportunity/pdf/C2C%20Research%20Brief%20Dec%202017.pdf>
- **Evaluating an Initiative Integrating Mental Health Supports into Social Service Settings, RAND Corporation 2017:** <https://www1.nyc.gov/assets/opportunity/pdf/evidence/C2CBrief2017.pdf>