

CONNECTIONS TO CARE (C2C)

Evaluating an Initiative Integrating Mental Health Supports into Social Service Settings

The Connections to Care (C2C) program integrates mental health supports into social service agencies working with low-income New Yorkers. A RAND Corporation team will be working with New York City government partners to assess the cost and impact of C2C and how the program can be implemented most effectively and efficiently. This brief highlights how C2C works, the evaluation RAND will undertake, and some thoughts from participating organizations at the outset of the program.





New York City's First Lady, Chirlane McCray, announces the community-based organizations that will participate in the Connections to Care program.

BACKGROUND

New York City estimates that at least one in five adult New Yorkers is likely to experience a mental health issue in any given year, but that many do not receive mental health services to treat these issues. For example, at any given time, more than half a million adult New Yorkers are estimated to have depression, yet less than 40 percent receive care for it.* In response, the city launched ThriveNYC, a set of 54 initiatives to combat this crisis, in 2015.

The Connections to Care (C2C) program, one initiative of ThriveNYC, is an innovative strategy that integrates mental health support into the work of community-based organizations to improve mental health and other outcomes of low-income and at-risk New Yorkers. This \$30 million public-private partnership, which is a project of the federal Social Innovation Fund (SIF) will reach up to 40,000 New Yorkers over five years through collaboration between community-based organizations (CBOs) and mental health providers (MHPs).

In addition to providing services that address immediate mental health needs, C2C and stakeholders—including the city—aim to develop evidence over the long term for new strategies to improve community-based supports for mental health, and to identify, assess, treat, and refer those with mental health disorders among low-income New Yorkers. This brief introduces the C2C program and its partners, and gives a glimpse into the hopes and concerns of CBO staff as they begin to implement C2C.

THE C2C PARTNERS

The city launched C2C to increase awareness of mental health needs and access to services by equipping community-based social service providers with new capacity to recognize and begin to address clients' mental health needs, and to link those with the most serious needs to additional clinical treatment. The Mayor's Fund to Advance New York City (Mayor's Fund) partnered with the city's Center for Economic Opportunity (the Center) to win a grant from the federal SIF of the Corporation for National and Community Service to fund the project, with matching funds provided by private donors. The Mayor's Fund, the Center, and the city's Department of Health and Mental Hygiene (DOHMH) jointly developed the C2C model, and together they lead and oversee implementation of the program. The RAND Corporation (RAND) is leading a five-year evaluation of the program, and New York University's McSilver Institute for Poverty Policy and Research (McSilver) is providing technical assistance to CBOs to support the implementation of C2C in their organizations and to participate in the C2C evaluation.

In the fall of 2015 and winter of 2016, the Mayor's Fund worked with the Center and DOHMH to choose, through a competitive process, 15 CBOs operating throughout New York City to participate in the C2C program. The 15 CBOs and their mental health provider partners selected are:

COMMUNITY-BASED ORGANIZATIONS	MENTAL HEALTH PROVIDER PARTNERS
Arab American Association of New York	NYU Lutheran Family Health Centers
Bedford Stuyvesant Restoration Corporation	Brooklyn Community Services
CAMBA	Jewish Board of Family and Children's Services
Center for Employment Opportunities	Center for Alternative Sentencing and Employment Services (CASES)
The Committee for Hispanic Children and Families	Comunilife
Hetrick-Martin Institute	Mount Sinai Adolescent Health Center
Hudson Guild	Hudson Guild Paula Balser Clinic
Northern Manhattan Improvement Corporation	Dean Hope Center for Educational and Psychological Services, Teachers College, Columbia University
Red Hook Initiative	NYU Lutheran Family Health Centers
Safe Horizon	Safe Horizon Counseling Center
Sheltering Arms Children and Family Services	Safe Space
STRIVE International	Union Settlement Association Hunter College Silberman School of Social Work
The Door—A Center of Alternatives	University Settlement
The HOPE Program	Brookdale Hospital Center
Voces Latinas	Catholic Charities of Brooklyn and Queens

* New York City Department of Health and Mental Hygiene. New York City Health and Nutrition Examination Survey (NYC HANES 2013–2014), Unpublished Raw Data, 2013.

THE C2C PROGRAM

C2C serves clients from three target populations of low-income New Yorkers: parents/caregivers who are expecting or who have children up to the age of four; young adults ages 16 to 24 who are not in school and not working; and adults age 18 or older who are unemployed or underemployed. C2C reaches these clients through its partnering CBOs—organizations that offer social support services such as assistance with domestic violence situations and job readiness training. C2C uses a “task-shifting” approach that has been successfully used in global health settings to extend the reach of health services by training lay workers to provide them to clients. In the case of C2C, CBO staff receive training and ongoing coaching and support from their MHP partner organization to provide nonmedical mental health services and facilitate referrals for more intensive care if needed.



Through the C2C program, MHP partners are training CBO staff in four mental health practices: mental health screening, psychoeducation, Mental Health First Aid, and Motivational Interviewing (see below for more detail). Evidence shows that non-mental health professionals can effectively use these four practices after training. Over the course of the project, CBO-MHP partnerships will build on these four strategies with additional mental health practices that are informed by program data to further promote well-being.

THE C2C PROGRAM'S MENTAL HEALTH CARE PRACTICES

Community-based lay workers learn and use the following four mental health care practices and skills with C2C participants:

SCREENINGS

Among low-income populations, mental health screening by nonclinical staff has been shown to result in greater mental health services coverage, more effective use of health care staff and resources, and reductions in stigma. CBOs screen C2C clients for conditions such as depression, anxiety, and substance use. For those screening positive, a trained CBO staff member works with the client to explain the results of the screening and identify next steps.

PSYCHOEDUCATION

Lay community workers can use psychoeducation strategies to provide information to individuals with a mental health condition and their families to help them understand their condition and deal with it in an optimal way. C2C uses psychoeducation to help clients improve their mental health literacy, better understand their own symptoms, and reduce discomfort about seeking help.

MENTAL HEALTH FIRST AID (MHFA)

Designed specifically to be conducted by lay and non-mental health specialists, MHFA improves knowledge and attitudes about mental health conditions and promotes helping behavior toward individuals with symptoms. C2C uses MHFA to reduce stigma about mental health conditions and improve knowledge and attitudes about mental health conditions among both clients and the CBO workforce.

MOTIVATIONAL INTERVIEWING (MI)

MI is a collaborative, person-centered, and direct method of eliciting and enhancing motivation to change behavior. It has been used effectively to improve readiness to change for those with defined disorders, including anxiety, depression, alcohol and drug dependence, and post-traumatic stress disorder, and to reduce the impact of other threats to mental health. C2C uses MI to encourage clients to change or enhance behaviors to improve their lives.



For clients in need of additional services, the CBO-MHP partnerships facilitate “warm hand-off” referrals to the MHP for further intervention. CBOs and MHPs work together to ensure that clients receive needed services, and they follow up with clients about appointments and progress.

During the five-year program, the MHPs are expected to train nearly 1,000 CBO staff members who, in turn, will serve nearly 8,000 New Yorkers per year. In total, C2C is expected to serve approximately 40,000 New Yorkers.

EVALUATING THE EFFECTS OF C2C

RAND will examine the results of the C2C program from three vantage points: the effect of C2C on participating clients relative to a comparison group of New Yorkers not receiving C2C services, the program’s implementation across different CBOs, and the effects of the program on government and CBO spending.

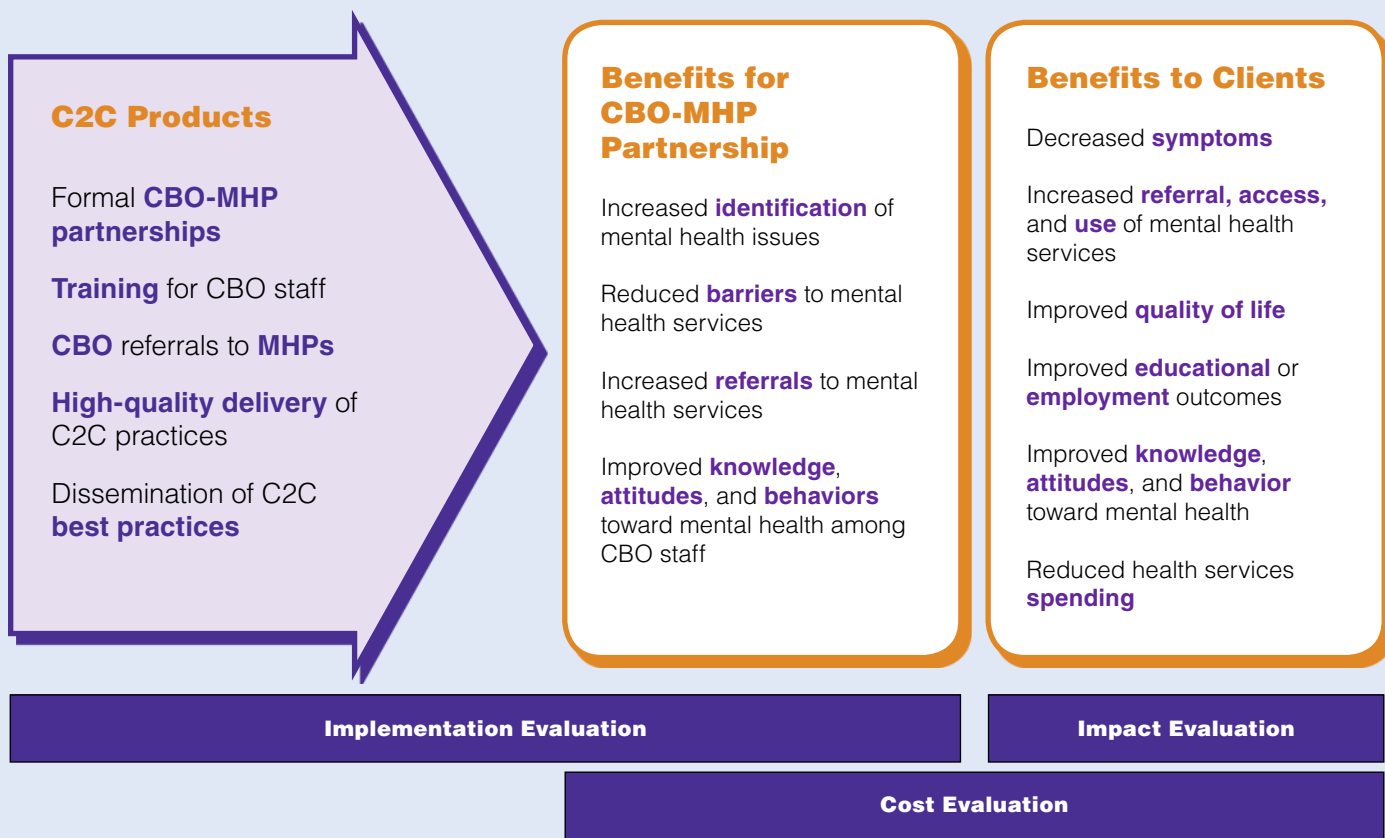
The **implementation evaluation** will examine the implementation of the C2C program strategies within and across CBOs. This part of the study will look at how different implementation strategies affect CBO client access to mental health services, the facilitators of and barriers to C2C implementation, and whether C2C training improved CBO staff knowledge, behaviors, and attitudes about mental health issues and services.

The **impact evaluation** will test the extent to which C2C improves the well-being of participating C2C clients relative to a group of individuals receiving similar “as usual” services from local social service agencies outside the C2C program. Specific measures of well-being will include mental health symptoms and service utilization, education, housing stability, and employment status, among others.

The **cost evaluation** will measure the resources required to set up and maintain the C2C program, examine the program’s effect on participants’ medical spending, and assess whether the program can generate savings for CBOs and the city and state governments of New York.

RAND will issue regular reports on the progress of the program, share intermediate best practices and lessons learned with CBOs, and produce a final report that examines the program’s effects in depth.

C2C PRODUCTS AND OUTCOMES



C2C uses a task-shifting model that allows a well-trained lay workforce to deliver at least four mental health practices (screening, psychoeducation, MHFA, and MI) and facilitate referral to MHPs. C2C is expected to affect outcomes at both the individual and CBO program levels.

C2C CHALLENGES AND GOALS, AS REPORTED BY CBO STAFF AND LEADERSHIP

The CBOs participating in C2C comprise a variety of organizations serving very different populations. In the planning stages for the evaluation, RAND asked CBO staff members about their goals for C2C, as well as the challenges they anticipated with regard to program implementation and evaluation. Through their responses, CBOs shared both their concerns and their hopes about embarking on the C2C initiative.

Staff at some of the CBOs expressed apprehension about how C2C will work with their existing programs and practices. Some concerns were related to time constraints and to the challenge of determining how and when to add the C2C services to existing services. One CBO reported that “changing the way we do work with young people will require integrating processes and systems that will be new and different and will at least initially take more time. [T]hese changes will ultimately result in more efficient and effective work and interventions, but as with all changes the transition may feel burdensome on staff, particularly front line staff on the front end of this process.” Issues of culture change, having enough time to report data and other administrative tasks, and balancing staff workload to avoid burnout have been voiced as concerns by other CBOs, as well.

Staff also indicated that they are excited to find new ways to better serve their clients. A representative from one CBO said, “Many of our youth in all of our programs are impacted by trauma and mental health conditions. . . . We need to integrate mental health knowledge and skills into all programs. C2C addressed a need that [our organization] had already identified.” Others reported that joining C2C allows them to “serve uninsured individuals who would not have access to mental health services” and “develop a more comprehensive approach to mental health for the people we serve and to enhance [the] services provided by [our] staff.”

Partners expect that the C2C model, with technical assistance and information sharing among CBOs, will address these concerns and ease the transition to effective implementation.



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SUPPORT FOR C2C

Connections to Care is a Social Innovation Fund (SIF) program, supported with SIF funding and matching funds from private donors.



The SIF is a program of the Corporation for National and Community Service (CNCS), a federal agency that engages more than 5 million Americans in service. The SIF unites public and private resources to evaluate and grow innovative community-based solutions with evidence of results.



The Mayor's Fund to Advance New York City, chaired by First Lady Chirlane McCray, is a 501(c)(3) not-for-profit organization committed to promoting innovative public-private partnerships between the city and the philanthropic community in support of high-impact public programs. In 2015, the Mayor's Fund won a SIF grant to support C2C.



Part of the Mayor's Office of Operations, the Center for Economic Opportunity works to reduce poverty and advance evidence-based policy in New York City through research, program design, monitoring, and evaluation. The Center partners with the Mayor's Fund and Department of Health and Mental Hygiene (DOHMH) to oversee C2C.



The mission of the DOHMH is to protect and promote the health of all New Yorkers. DOHMH has the overall responsibility for the health of the residents of New York City. DOHMH is a key thought partner in C2C and oversees the providers.

As of December 2016, private donors include the Altman Foundation, Astoria Energy, Beneficus Foundation, Chapman Perelman Foundation, Ford Foundation, Haas Foundation, Kresge Foundation, J.P. Morgan Chase Foundation, New York Community Trust, New York State Health Foundation, Rockefeller Foundation, Dr. Marilyn Simons of the Simons Foundation, and the Tiger Foundation.

ABOUT MCSILVER AND RAND



The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action through policy and practice.



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