Findings at a Glance

Highlights from: Connections to Care

Connections to Care expands mental health services for vulnerable New Yorkers

In November 2020, the RAND Corporation published its final report on Connections to Care (C2C), a program that trains staff at social service organizations to deliver mental health supports to increase access to mental health care. The report presents findings from an implementation, impact, and cost evaluation of this multi-year NYC Opportunity initiative.

The researchers concluded that CBOs are capable and well-suited to integrate mental health support into their usual services. The evidence on program implementation supports this conclusion. The impact evaluation showed us that while C2C participants' outcomes improved overall, they did not improve beyond what they might have experienced without C2C. The study did detect encouraging impacts for certain subgroups that received support through C2C.

What is Connections to Care? 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[1]. C2C is a task-shifting model, where workers without mental health credentials are trained to adopt mental health-related tasks to expand the workforce and increase access to care. Community-based organizations (CBOs) and licensed mental health providers (MHPs) collaborate to provide training and coaching of CBO staff in mental health practices that are incorporated into daily CBO programming. CBO staff use these skills to promote the well-being and mental health of CBO program participants. Staff refer those in need of clinical care to services at partner MHPs. CBOs are community stakeholders with meaningful relationships with vulnerable New Yorkers and are well-positioned to provide mental health supports. Participating organizations vary in size, mission, length of client engagement in program services, and their approach to integrating C2C into their work.

C2C at a Glance:

Over 5 years, C2C:

- ➢ **Served over 46,000 clients**
- ➢ **Trained over 1,800 CBO staff members**
- ➢ **Connected nearly 3,700 clients with a mental health provider**
- ➢ **Decreased average cost per client served from $536 in Y2 to $482 in Y3 (10% YoY reduction)**

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

---

[1] ThriveNYC is 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

Methodology & Findings

The implementation analysis draws on quantitative and qualitative data gathered from surveys, interviews, and quarterly reports. The impact analysis uses a quasi-experimental design to examine the impact of C2C by comparing 1,232 C2C clients with 606 clients from local CBOs not implementing mental health programming, between June 2017 and February 2020. The cost analysis utilizes quantitative and qualitative data from surveys, interviews, financial statements and reports from CBOs.

Implementation

The implementation evaluation assessed the following over the first four years of the C2C program:

- How C2C was implemented within and across CBOs
- Whether CBO staff have improved knowledge, behaviors, and attitudes about mental health issues and services
- How C2C changes CBO and client access to mental health services
- Facilitators and barriers to C2C implementation

C2C lead to a cultural shift within participating organizations, as staff and leaders alike came to understand the importance of addressing mental health when working with clients achieve their non-mental health goals.

It took around three years for CBOs to fully implement the required components of C2C within their organizations, and C2C reached significant scale. Between March 2016 and December 2019, providers trained 1,700 CBO staff members in C2C skills, and provided services to over 41,000 unique clients. Slightly more than 60 percent of all staff members at participating CBOs had been trained in at least one core C2C skill, with mental health first aid reported as the most commonly used training.

Over 70 percent of clients referred to the MHP for clinical services made it to their appointment. In fact, in the final year of the evaluation, over 80 percent completed the referral, matching or exceeding performance of programs that bring mental health into primary care settings.

Impact

The C2C impact study assessed whether C2C had an impact on the following client outcomes:

- Barriers to care
- Mental health care utilization
- Mental health symptoms and substance use
- Non-mental health outcomes

Researchers compared survey results from C2C participants who had screened positive for a mental health condition to responses from participants at similar CBOs that were not implementing C2C or delivering mental health services to participants. The surveys were conducted at study enrollment, and six- and 12-months after enrollment.

Both the C2C group and the comparison group saw positive changes for every indicator measured. This suggests that C2C may not produce impacts over and above business-as-usual programming among participants who screened positive for a mental health condition.

However, the study revealed that C2C did have impacts for certain participants for select indicators.

- C2C participants in workforce development CBOs saw a **greater increase** in hours worked per week than the comparison group.
- C2C participants in youth development programs were **three times more likely** to seek outpatient care than the comparison group.
- Expecting parents/parents of young children that were engaged in C2C were **three times less likely** to use emergency services and inpatient care than the comparison group.

C2C is reconceptualizing the role of client mental health in the CBO settings.

-RAND Corporation report

Cost

The cost study assesses the following over years one through three of the C2C program:

- Costs to CBOs associated with implementing C2C, both overall and on average per client
- How the average cost of providing C2C supports changes over time

As client volume increased in year 3, the average cost per client decreased. The C2C cost per client varied across and within CBO types.

Almost half (44 percent) of the costs were not in the planned program budgets. Those additional costs were covered by the CBO.

Limitations

The study, while well-designed, does have some important limitations.

The study was conducted during the implementation ramp-up period, when the program was not fully mature. It took three years, or until Spring 2019, for most organizations to fully implement C2C

The evaluation relies heavily on the survey responses of study participants. While self-reported data has many merits, it also has limitations such as recall bias, where participants may not accurately remember their experiences over a period of time.

Importantly, the study sample, by design, does not reflect the full population of people who receive C2C services. Participants had to screen positive for a mental health condition to be eligible to participate in the evaluation. About one third of C2C program participants screen positive for a mental health condition. The amount of mental health support received by participants and the types of services varied greatly, and the study could not tease out these differences.

Looking Ahead

While questions remain about the impacts of the C2C model, it is clear that training and coaching in mental health health skills can change the culture of social service agencies, empowering them to promote positive mental health among their participants. Based in part on these encouraging findings and in an effort to answer still unanswered questions, lessons from C2C are informing further efforts to deliver mental health supports at social service agencies. In early 2021, Jobs-Plus, a successful program that connects residents in New York City Housing Authority (NYCHA) developments with job placements, will begin to train staff in mental health supports in an effort to improve mental health and employment outcomes for members. Jobs-Plus is overseen by a collaborative led by the Human Resources Administration (HRA). Funding for the mental health integration component is provided by ThriveNYC.

In May 2020, RAND and DOHMH published a guide on the core components of task-sharing used in the C2C model. The guide is a resource for CBOs and mental health providers who are interested in partnering to address mental health issues in their community. It describes the concept of task sharing and it offers recommendations, tools and best practices to support the integration of mental health skills and services into a CBO setting.

Further Reading:

- **Final Report: Evaluation of the Connections to Care Program**
- **Helpers in Plain Sight: A Guide to Implementing Mental Health Task Sharing in Community-Based Organizations**
- **Helpers in Plain Sight: A Guide to Implementing Mental Health Task Sharing in Community-Based Organizations – One-Pager**
- **2018 Interim Implementation Report**
- **2018 Interim Implementation Report – Findings at a Glance**