Impact of a Learning Collaborative to Improve Child Mental Health Service Use

The Mount Sinai School of Medicine

The New York State Office of Mental Health

Presenter: Geetha Gopalan, M.S.S.W., L.C.S.W.

19th Annual Research Conference

A System of Care for Children's Mental Health: Expanding the Research Base

February 22-24, 2006

Authors

Mary A. Cavaleri, Ph.D., L.C.S.W.[1]
Geetha Gopalan, M.S.S.W., L.C.S.W.[1,5]
Mary M. McKay, Ph.D., L.C.S.W.[1]

Anita Appel, A.C.S.W.[2]
William M. Bannon Jr., Ph.D.[1]
Michael F. Bigley, M.S.S., A.C.S.W.[2]
Marcia Fazio, M.S.[2]
Myla Harrison, M.D.[3]
Gail Nayowith[4]
Tara Sher, J.D., M.S.W.
Anthony Salerno, Ph.D.[2]
Susan Thalor, M.S.W., L.C.S.W.[2]

The authors gratefully acknowledge support from the following agencies: Mount Sinai Medical Center (1) the New York State Office of Mental Health (2) , New York City Department of Health and Mental Health (3), Citizens' Committee for Children of New York, Inc. (4), and the National Institutes of Mental Health

** Columbia University School of Social Work (5)

Current issues in Child Mental Health Service Use

- Service underutilization is a major problem confronting the child mental health care sector
- Between 50% to 75% of youth with mental health needs either "No-show" or prematurely terminate from care. Engaging low-income, urban youth is of particular importance, considering they are at the greatest risk of developing psychopathology
- In an effort to improve service use, evidence-based engagement approaches appear to be efficacious, but these methods are underused, partly because of a dearth of dissemination efforts in the child mental health sector

Objective

- In 2004, the New York State Office of Mental Health (NYSOMH), the New York City Department of Health and Mental Hygiene, and Mount Sinai School of Medicine (MSSM) established a **Learning Collaborative**.
- The Learning Collaborative was an adaptation of the *Breakthrough Series Collaborative Model* developed by the Institute for Healthcare Improvement
- Purpose: To determine whether participation in the **Learning Collaborative** would lead to improved rates of engagement and retention in child mental health clinics

Method

- 15 NYSOMH-certified agencies across New York City participated in the Learning Collaborative. The Collaborative began in October, 2004, and ended in June, 2005.
- Formation of Quality Improvement Teams
  - Supervisor
  - Line and direct service staff
  - Administrative personnel
- Learning activities included:
  - Didactic instruction on evidence-based strategies
  - Video presentation: "**I Went for an Intake and Never Came Back"**
  - Role play and discussion exercises

McKay, M.M., Hibbert, R., Hoagwood, K., Rodriguez, J., Murray, L., Legerski, J., & Fernandez, D. (2004). Integrating evidence-based engagement interventions into "real world" child mental health settings. *Brief Treatment and Crisis Intervention*, 4(2), 177-186.

Intensive Engagement Strategies 1st Intervention

The first intervention was delivered at initial contact with adult caregiver by phone. The four goals of this intervention were to:

- Clarify the need for child mental health care for both the caregiver and the provider
- Maximize the caregiver's investment and efficacy in relation to help-seeking
- Identify attitudes about and previous experiences with mental health care that might dissuade the adult from bringing the child to services
- Develop strategies to overcome concrete obstacles such as lack of time, transportation, and child care issues

McKay MM, McCadam, I., & Gonzales, J. (1996). Addressing the barriers to mental health services for inner-city children and their caretakers. *Community Mental Health Journal* , 32, 353-361.

Intensive Engagement Strategies 2nd Intervention

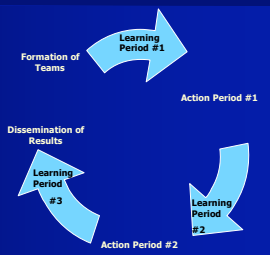
The second engagement strategy targeted increasing families length of stay, and was administered at the family's first face-to-face contact with providers at intake. The goals of this intervention were to:

- Clarify the roles of the worker, agency, intake process, and possible service options
- Set the foundation for a collaborative working relationship
- Identify concrete, practical issues that can be immediately addressed
- Develop a plan to overcome barriers to ongoing involvement with the agency

McKay MM, Nudelman, R., McCadam, K., & Gonzales, J. (1996). Evaluating a social work engagement approach to involving inner-city children and their families in mental health care. *Research on Social Work Practice*, 6, 462-472.

Learning Collaborative Model

Quality Improvement Teams from each agency participated in three face-to-face Learning Periods to be trained in engagement strategies, and two Action Periods to implement these strategies at their sites. Monthly conference calls were conducted with team supervisors during Action Periods to assess progress and trouble-shoot areas of difficulty



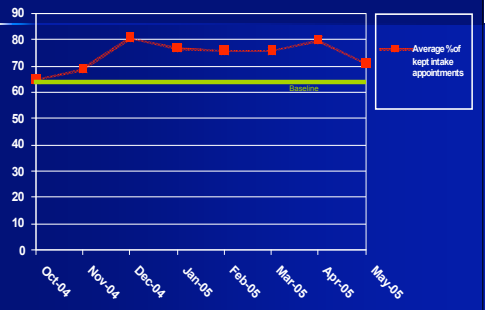
Data Collection

- Fourteen of these agencies completed the Collaborative. Of the 14 agencies, 12 submitted data pertaining to:
  a) show-rates for the first intake appointment for all new evaluations of children and adolescents from October, 2004 through May, 2005; and
  b) attendance at any scheduled clinic appointments subsequent to the first kept intake appointment for all new evaluations from October, 2004, through May, 2005.

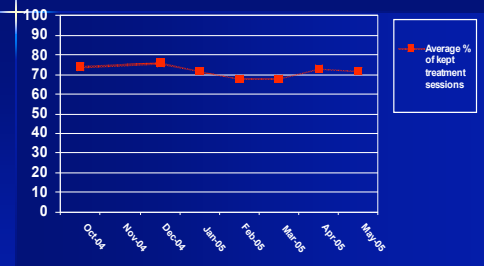
Results

- Between 69% and 81% of intake appointments were attended by youth across agencies, representing an increase of 147 (9.6%) children who were engaged in care.
- Rates of attended appointments subsequent to intake ranged from 68% to 76%, and remained steady compared to baseline (74%), despite an increase in children entering treatment.
- Highest levels of kept intake and subsequent appointments occurred in December (81%, 76%) and April (80%, 73%), which corresponded to the two Action Periods.

Attended Intake Appointments



Attended Subsequent Appointments



Discussion

- Agencies that participated in the Collaborative experienced an increase in attended initial intake appointments that exceeded both commonly accepted estimates as well as typical levels at their own agencies.
- Adherence rates were stable across agencies despite an increased number of youth in care.
- Action Periods may be a particularly critical aspect of the Collaborative, as the greatest number of kept appointments occurred during these two periods.
- Learning Collaboratives can be effective methods of dissemination across agencies.

Limitations

- Absence of extended baseline attendance rates
- Geographic limitation
- Additional agency-specific interventions
- Selection bias
- Small number of participating agencies