

EVALUATING THE NEW YORK STATE CHILD AND FAMILY CLINIC-PLUS PROGRAM

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Evaluation Team

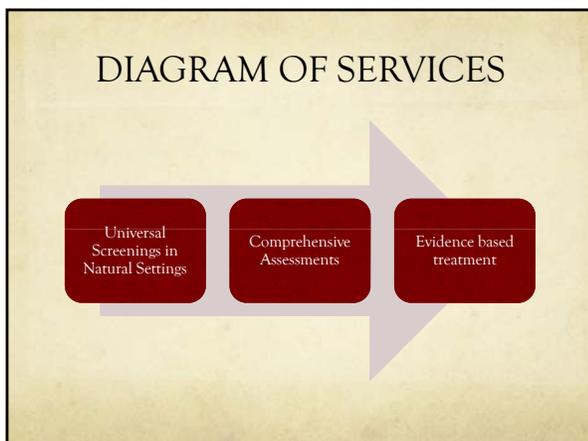
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HISTORICAL CONTEXT

- Low rates of child mental health service use comparative to need, particularly among high-risk populations.
- Service underuse is associated with myriad difficulties for the child and adolescent, and many of these difficulties extend into adulthood.

BACKGROUND

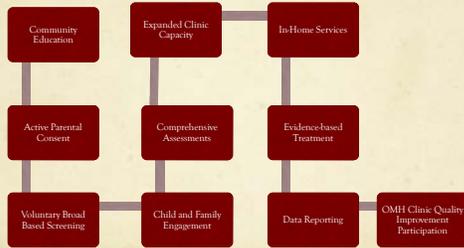
- Clinic-Plus, an NYSOMH system initiative, is designed to improve access, provide services in naturalistic settings (e.g. the school, home), and connect early identification and assessments to evidence based therapies.
- Focus is on keeping kids at home, in the community, and in school.



BACKGROUND

- \$33 million dollars invested in Child and Family Clinic-Plus.
- Clinic-Plus has the capacity to provide resource for up to 400,000 youth across the state to be screened for emotional disturbances annually.
- Three levels of screenings: schools, preventive service agencies, and center-based child care and Head Start programs.

PROVIDER COMPONENTS



CURRENT STATUS

- Clinic-Plus began rolling out across counties in April 2007. In New York City, the roll-out began in November, 2007.
- Thirty-six counties across New York State are represented, and 80 provider sites.

Target Populations

- Over 246,000 screenings statewide proposed
- Most (201,000) will be conducted in schools
- Nearly 25,000 will target children in early childhood centers
- Over 20,000 will target children in preventive settings

Partnerships

- 135 School Districts Upstate and on Long Island
- 191 School Buildings in New York City
- 53 Early Childhood Centers in New York City
- 38 Preventive Programs in New York City

OMH FEEDBACK SYSTEMS

- Portal System
- Learning Collaboratives
- Organizational Correlates for implementation success in meeting target goals
- The Current Evaluation

PORTAL SYSTEM

- Quarterly data from the sites
 - Aggregated number of youth 0-18 who have received a screening, assessment, treatment, and in-home services comparative to site target projections and state-wide performance.
 - Also reports on referrals CP provided to additional services (e.g. day treatment, case management), discharges from Clinic Plus and why (e.g. moved, treatment was successfully completed), and process-related factors (e.g. length of time between screening and assessment)

PORTAL SYSTEM

- Portal pages allow the public to view reports based on the quarterly data
- Statewide, regional, and provider level data are reported

LEARNING COLLABORATIVES

- Between 80% and 90% of sites are participating in Learning Collaborates across the state.
- Need to support providers in the change process inherent in Clinic-Plus Implementation.

LEARNING COLLABORATIVES

- These are collaborative learning environments in which sites troubleshoot barriers to engagement in services, develop quality improvement projects, test them at their agency, and disseminate successful interventions to other sites.
- Direct training and consultation on organizational readiness and engagement strategies

ORGANIZATIONAL CORRELATES

- An analysis of organizational factors (e.g. site size, pre-existing partnerships) and potential correlates associated with screening rates across sites

PURPOSE OF THE EVALUATION

- This evaluation aims to examine the implementation of the Child and Family Clinic-Plus Program, specifically the barriers and facilitators of the uptake of Clinic-Plus from the standpoint of different stakeholders.
- The evaluation includes both provider (e.g. directors, clinical staff) and caregiver perceptions of Clinic-Plus.

SAMPLE

11 Clinic-Plus Providers	Learning Collaborative Participants	Caregivers
<ul style="list-style-type: none">• 5 sites chosen by OMH• 6 randomly selected sites• Approx 100 staff	<ul style="list-style-type: none">• Approx 100 staff participating in 10 learning collaboratives	<ul style="list-style-type: none">• 200 caregivers of youth involved in Clinic-Plus• Identified by OMH staff

ENGAGEMENT

☉ EXAMPLES OF QUESTIONS:

1. What is your engagement plan?
2. How have families been involved in helping you develop your plan?
3. How do you monitor engagement?

SCREENING

☉ EXAMPLES OF QUESTIONS:

1. Please list the assessment tools you are using.
2. How did you train your staff in using this tool effectively?
3. Describe your process for obtaining consents from start to finish.

COMPREHENSIVE ASSESSMENTS

☉ EXAMPLES OF QUESTIONS:

1. Walk me through the assessment process.
2. What tools are used and what training have staff had in their use?
3. How do you decide which tools to use?

EVIDENCE BASED TREATMENT

☉ EXAMPLES OF QUESTIONS:

1. How do you make decisions about what type of treatment a child will receive?
2. What evidence based treatments are you currently using?
3. What type of clinical supervision do you provide?

PROCEDURE

- ☉ Site visits began in September, 08 across New York State for the provider component.

- ☉ Between two to four evaluation staff attend each site; each team is headed by a PhD-level researcher, and included one to two research assistants and at least one family advisor.

PROCEDURE

- ☉ There are two components of the provider evaluation:

- ☉ Completion of a questionnaire targeting the ten primary components
- ☉ Participation in a focus group

PARTICIPANTS

Currently,

- 41 staff completed the questionnaires
 - 12 administrators, agency directors, or supervisors
 - 29 screeners and clinicians
- 27 staff participated in the focus groups, including outreach workers, screeners, nurse practitioners, and social workers.

NEXT STEPS

- Provider portion of the evaluation is coming to a close.
- The caregiver component of the evaluation is being rolled out.
- Data from the Learning Collaboratives are undergoing analysis.
- Developing organizational correlates project.

CONTACT INFORMATION

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CLINIC-PLUS WEBSITES

- <http://bi.omh.state.ny.us/clinicplus/index>
(general information)
- http://bi.omh.state.ny.us/clinicplus/Level_0_Statewide
(statistics on enrollment data, #children screened, assessed, receiving treatment, etc...)