INTERDISCIPLINARY COLLABORATION AND CONNECTIONS BETWEEN CHILD AND ADULT PROGRAMS

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Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Center for Mental Health Services Research. Visit us at:

http://labs.umassmed.edu/transitionsRTC/index.htm

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- Different eligibility/target populations
- Different funding streams
- Different accountability
- Different practice cultures

Research Question

- 1. What are the program-based risk markers for positive/negative child-adult program coordination?
- 2. What malleable factors in programs are associated with positive/negative child-adult program coordination?



Collaboration in Manufacturing



Individuals across different Functional Units (e.g. wheel assembly, trunk assembly) need;

- 1) Overlapping responsibility
- 2) Reward/accountability based on collective performance
- 3) Mechanisms that make it easy to understand what each other is doing
- 4) Clear procedures that foster collaboration



Study Methods

Social Network Analysis conducted in two of seven Healthy Transition Initiative grantee sites.

First wave of data were collected in spring and summer of 2011 (2nd year of HTI grants)

Annual Data 2012, 2013 on program characteristics

Final wave of data will be collected in 2014 (5th year of HTI grants)



Baseline Response Rates

Site A

25/30 completed phone interview (83%)

23 completed the web survey (77%)

Site B

22/27 completed phone interview (81%)

22 completed web survey (81%)



Services Provided

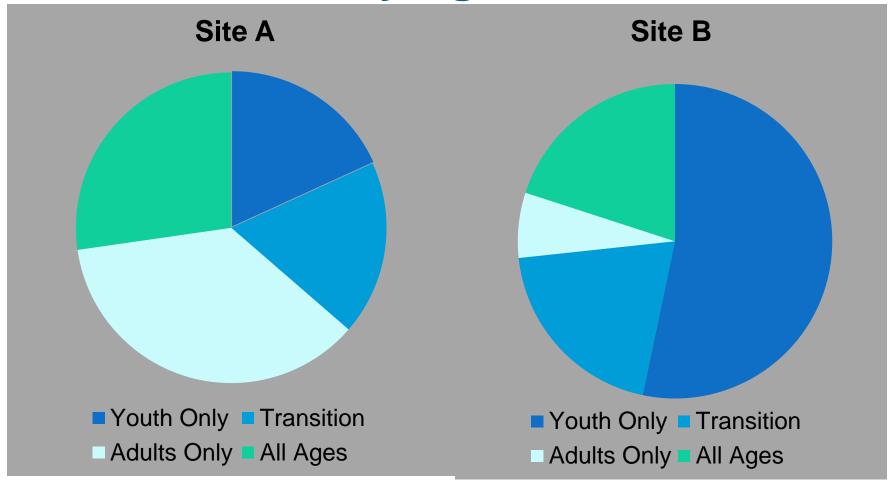
Service	Site A	Site B
Any Mental Health	64%	73%
Vocational	56	36
Education	56	59
Substance Abuse	28	36
Housing/Homeless	28	41
Independent Living	12	45
Legal/Justice System	20	36
Child Welfare	24	59
Medical Health	32	27
Recreation	16	59
Advocacy or Information	52	64
Care Coordination	16	18

Ages Served

Age category	Site A	Site B
Youth Only: (<18)	24%	41%
Transition Age: (primarily 16-25)	28	32
Adults Only: (16 or 18 to 25+)	32	14
All Ages	16	14



Primarily Mental Health Programs by Ages



Index of Interdisciplinary Collaboration

		Site A	Site B
	Youth Only	1.54 (.18)	2.07 (.39)
Overall	Transition Age	1.86 (.37)	2.15 (.39)
Overall Score	Adults Only	1.67 (.50)	1.79 (.45)
Score	All Ages	1.84 (.68)	1.95 (.30)
	Total	1.71 (.42)	2.04 (.38)

Lower Score=Higher Collaboration

1=Strongly Agree, 5=Strongly Disagree Examples:

- 1. I utilize other professionals for their particular expertise
- 2. My colleagues from other disciplines make inappropriate referrals to me (reverse coded)
- 3. My colleagues from other disciplines do not treat me as an equal (reverse coded)

Collaboration Scale

Within Program Collaboration

	Site A Mean (SD)	Site B Mean (SD)
Youth Only	20.6 (3.78)	22.33 (4.41)
Transition Age	19.5 (4.46)	27.57 (5.97)
Adults Only	15.33 (3.67)	18.67 (8.08)
All Ages	15 (2.83)	23.0 (4.58)
Total	18 (4.34)	23.59 (5.94)

Cross-Program Collaboration

	Site A Mean (SD)	Site B* Mean (SD)
Youth Only	17.83 (6.5)	19.89 (4.31)
Transition Age	15.57 (2.82)	26.28 (8.32)
Adults Only	14.57 (4.0)	14.67 (2.51)
All Ages	22.67 (8.62)	19.33 (1.15)
Total	16.78 (5.47)	21.14 (6.6)



Lower=better collaboration Examples;

Possible range of scores 10-60

- 1. Jobs in my program have overlapping responsibilities
- 2. We have a good idea of how other programs we interact with work,

Involvement in HTI

Site A	
	<u>Yes</u>
Youth Only	83%
Transition Age	86%
Adults Only	43%
All Ages	67%

Site B	
	<u>Yes</u>
Youth Only	75%
Transition Age	57%
Adults Only	67%
All Ages	33%



"There are significant barriers to coordinating across child/adolescent and adult services in the system"

Site A	
	<u>Agree</u>
Youth Only	83%
Transition Age	86%
Adults Only	71%
All Ages	67%

Site B	
	<u>Agree</u>
Youth Only	78%
Transition Age	100%
Adults Only	100%
All Ages	100%



"System leadership rewards programs that have coordinated well across child/adolescent and adult systems"

Site A	
	<u>Agree</u>
Youth Only	17%
Transition Age	29%
Adults Only	72%
All Ages	33%

Site B	
	<u>Agree</u>
Youth Only	56%
Transition Age	29%
Adults Only	100%
All Ages	33%



"System leadership has set up accountability mechanisms that require both child/adolescent and adult program coordination in order to achieve the targets of the Healthy Transitions Initiative"

Site A	
	<u>Agree</u>
Youth Only	33%
Transition Age 72%	
Adults Only	86%
All Ages	0%

Site B			
	<u>Agree</u>		
Youth Only	44%		
Transition Age	29%		
Adults Only	67%		
All Ages	0%		

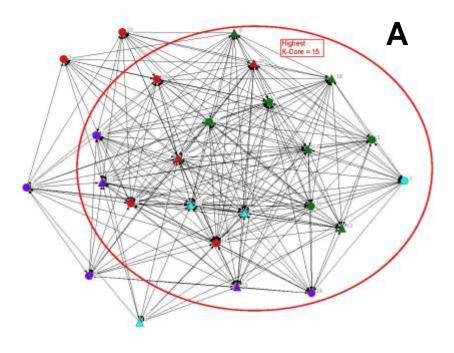


Social Network Analysis

- <u>Density</u> of the overall network= # of actual connections/ # of possible connections (values between 0 and 1)
- <u>Centrality</u> is the degree of hierarchy in an overall network (values between 0 and 1). High values reflect a small number of organizations through which most activities pass
- **K-Cores** Each K-core identifies a set of organizations with at least *k* relationships with other members of its core. "Highest k-core proportion" describes the proportion of the network that are members of the most central core.



Meet for Client Planning Purposes



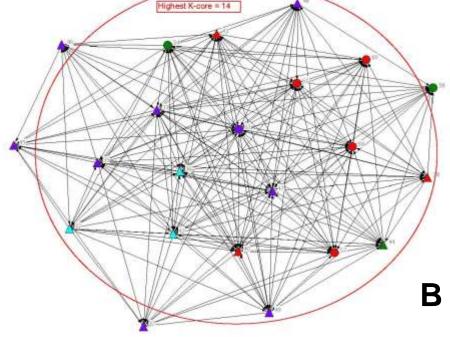
 Δ = Primarily Mental Health O = Not Primarily MH

Green: Adults Only

Blue: All Ages

Red: TAY

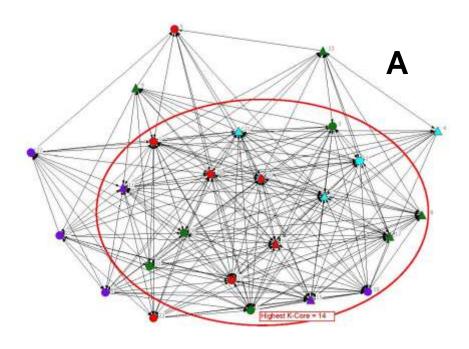
Purple: Youth Only





Statistic	Α	В
Density	.60	.66
Centrality	.20	.18
% in Highest		
K-Core	80%	82%

Meet to discuss issues of mutual interest



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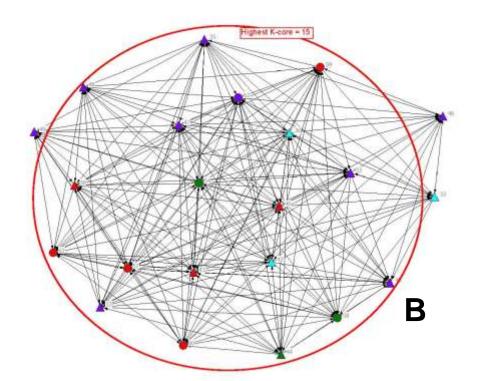
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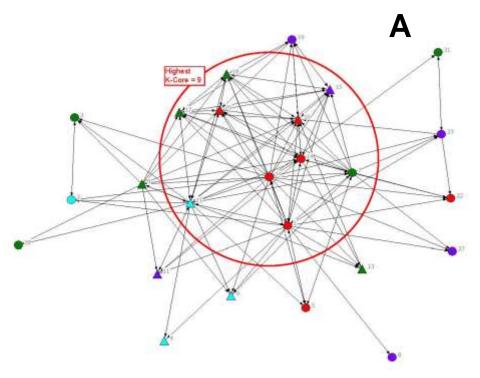
Purple: Youth Only



Statistic	Α	В
Density	.57	.63
Centrality	.30	.15
% in Highest		
K-Core	68%	86%



Share resources



Density .22 .31
Centrality .57 .56
% in Highest
K-Core 40% 50%

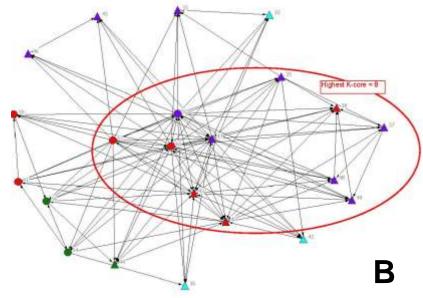
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Conclusions

- Findings from measures are consistent with observations
- There is variability within and across sites
- Suggests we will be able to measure variation in change over time

