

Undertaking a Systems of Care Implementation Study: Examining the SafetyNet Approach

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Introduction

Child Mental Health Systems of Care (SOC) have been funded by Congress since 1992 through the Comprehensive Mental Health Services (Foster et al, 2007). However, implementation processes and outcomes have been understudied. The Cambridge Health Alliance recently launched a clinical trial (NCT04675567) of an SOC called “The SafetyNet Approach” funded by a 4-year SAMHSA grant, led by Dr. Katherine E. Grimes, in collaboration with state and local system partners. In addition to a comprehensive literature review, this SOC example, which relies on a Collaborative Practice Model (CPM), will be used to explore facilitating factors, common barriers, and overall strategies that can contribute to successful implementation.

Objectives

1. Identify key strengths and system factors that facilitated the launch and implementation of this uniquely integrated, child mental health SOC and note differences or similarities to those described in the implementation literature
2. Identify both predictable and unforeseen barriers to implementation for the SafetyNet case example and how they correspond to those noted in the literature
3. Develop recommendations for policy-makers, families, funders and others seeking guidance regarding best practices for implementation of SOC

The SafetyNet Model

SafetyNet is a CPM which is guided by SOC principles and based in an integrated care setting (Fig. 1). It is an ecological model designed to use “continuity of intent” (across a family’s life domains) to disrupt child mental health outcome disparities. The CPM uses a culturally competent, interdisciplinary team, including a highly trained peer-to-peer family support specialist, to improve access to and engagement with mental healthcare for children at-risk for childhood trauma and/or serious emotional disturbance.

Collaborative Practice Model: Logic Model for System Change

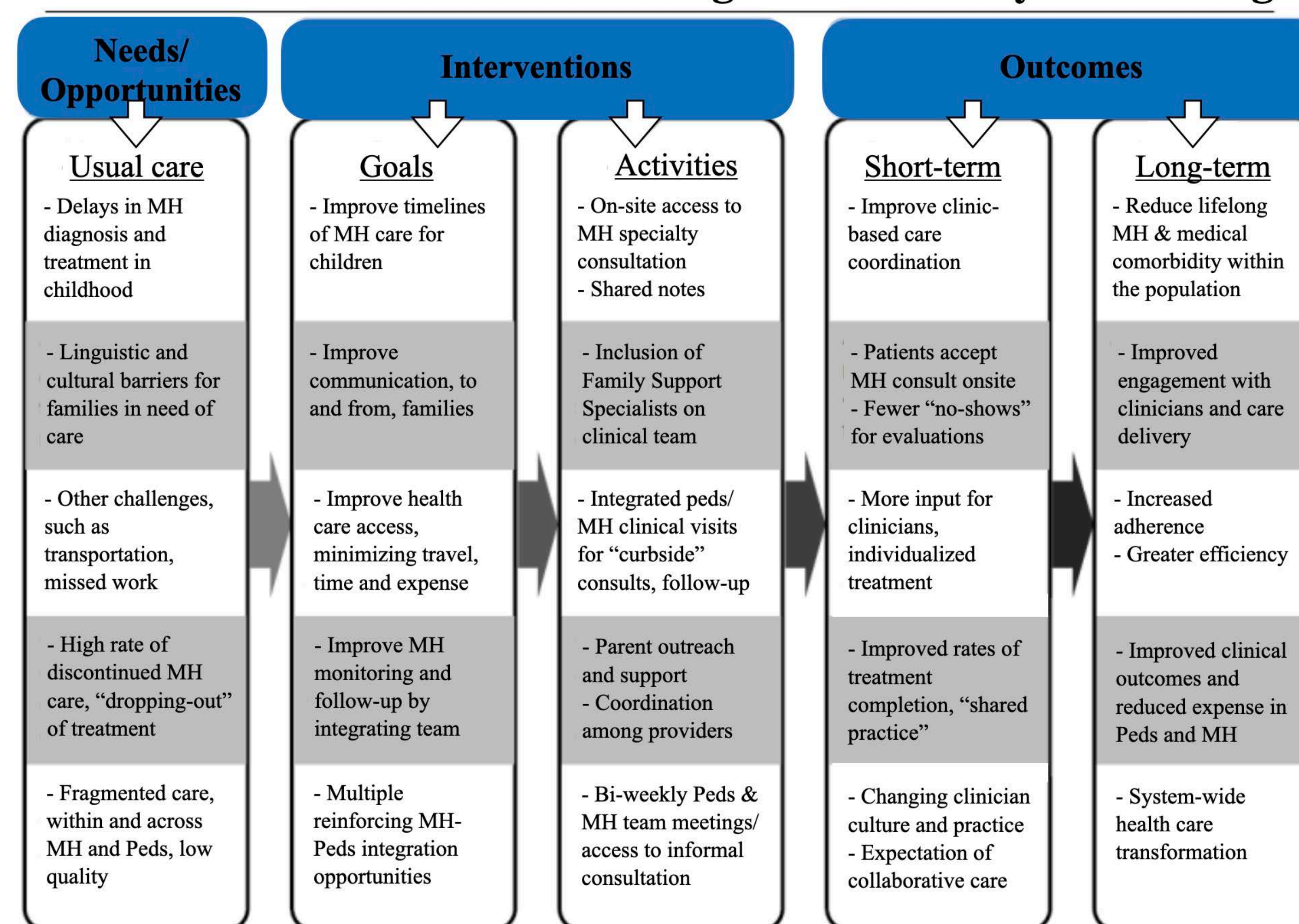


Figure 1: Adapted from KE Grimes, 2014

SafetyNet Enrollee Demographics			
Total N=131			
		Frequency (N)	Percent (%)
Gender	Female	67	51 %
	Male	58	44 %
	Gender Non-conforming	6	5 %
Race	White	60	46 %
	Black/African American	33	25 %
	Declined*	25	19 %
	Mixed	11	8 %
	Other	2	2 %
Ethnicity	Hispanic/Latinx	82	63%
Language	English	68	52 %
	Spanish	30	23 %
	Portuguese	23	18 %
	Haitian Creole	7	5 %
	Other†	3	2 %
Average age		10.9 yrs.	

Notes:
 *Of the 25 who declined to choose any race, 21 answered yes to Hispanic or Latinx
 † Other languages are Arabic and Bengali

Table 1: SafetyNet demographics

Bibliography

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- 2) Grimes, K. E., Creedon, T. B., Webster, C. R., Coffey, S. M., Hagan, G. N., & Chow, C. M. (2018). Enhanced child psychiatry access and engagement via integrated care: A collaborative practice model with pediatrics. *Psychiatric Services*, 69(9), 986-992. <https://doi.org/10.1176/appi.ps.201600228>
- 3) Pumariega, A., Winters, N., eds. *The Handbook of Child and Adolescent Systems of Care: The New Community Psychiatry*. San Francisco, CA: Jossey-Bass; 2003.
- 4) Foster EM, Stephens R, Krivelyova A, Gamfi P. Can system integration improve mental health outcomes for children and youth? *Children and Youth Services Review*. 2007;29(10):1301-1319.

Study Timeline

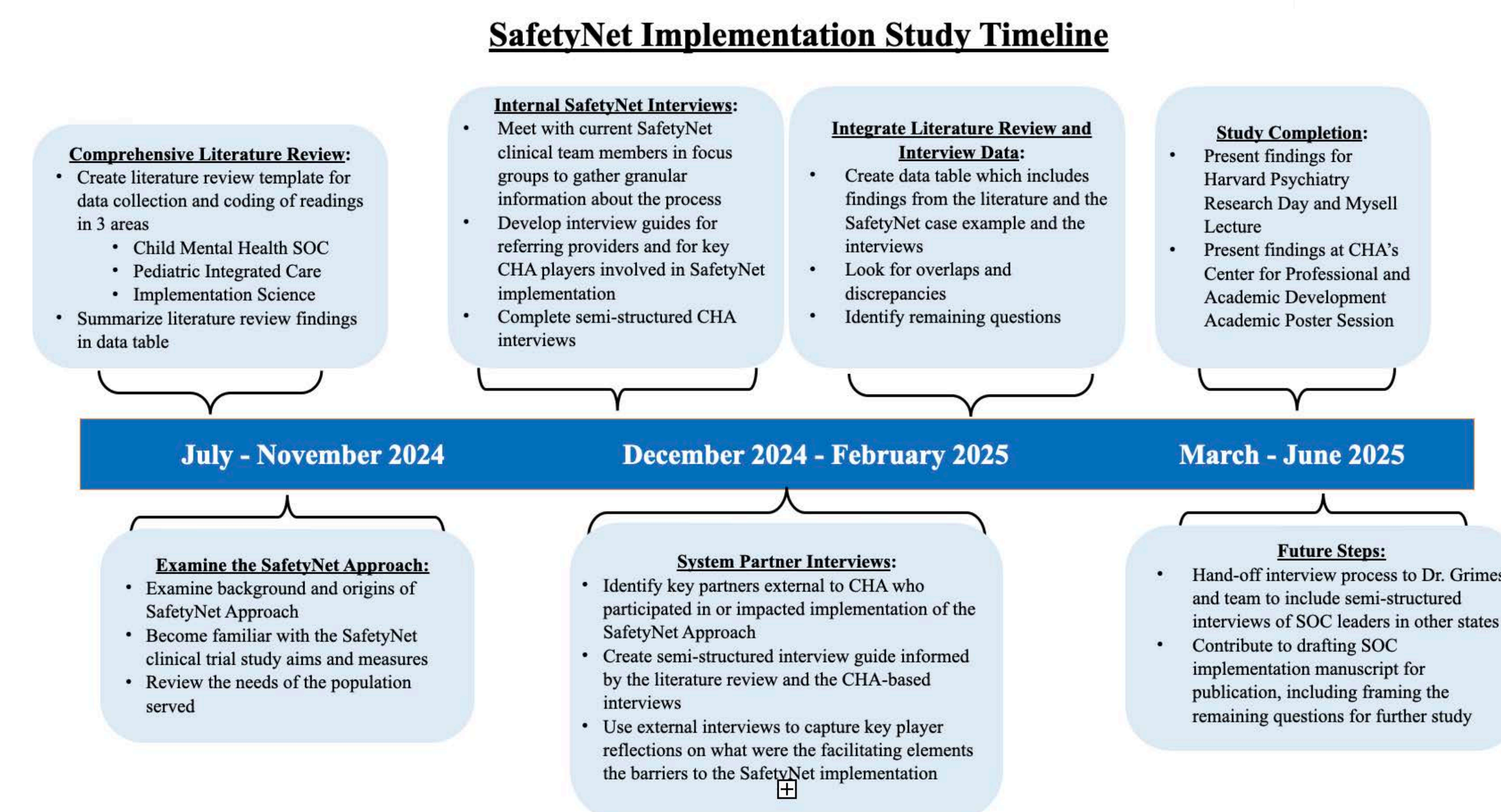


Figure 2: SafetyNet Implementation Study Timeline

Literature Review Plan

In collaboration with Dr. Grimes and other SafetyNet team members, we plan to interview and gather input from key stakeholders, within and beyond CHA, involved in the implementation of the intervention over the course of the 4-year project. We plan to include referring primary care clinicians, department and hospital leadership, state and local system partners, youth and their families who received care through the SafetyNet program, and providers outside of SafetyNet who cared for these youths regarding their experience of the SafetyNet implementation, including what program elements have been most helpful and what could be improved.

Interview Plan

We will review the history of program design and implementation for SOC interventions across the country. Using that context as a framework, we will closely examine the development and implementation process for the SafetyNet Model, for which we will have extensive information. The literature review will allow us to identify similarities and differences between the SafetyNet example and other SOC implementation processes and approaches. The resulting findings, along with our interview data, will be used to develop our policy recommendations.

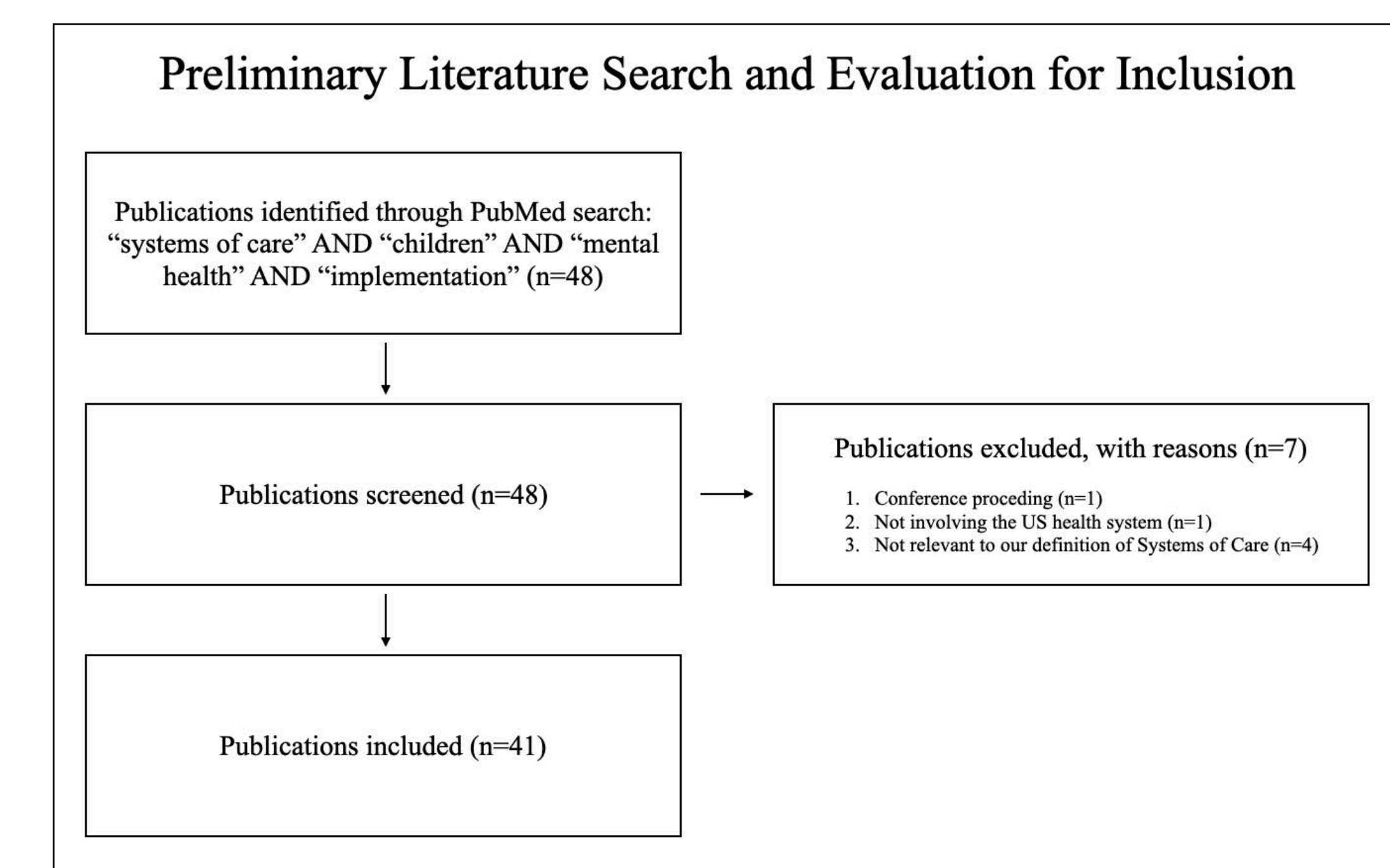


Figure 3: Literature Review Process and Methods

Next Steps

1. We will examine SafetyNet implementation process and identify ways that it resembles or differs from other SOC models
2. We will analyze the insights and observations gleaned from stakeholder interviews
3. We will document and disseminate our Implementation study findings to assist policymakers, families and others interested in transporting this approach to their own states or communities