I Went for an Intake and Never Went Back: Evidence-Based Family Engagement in Real World Settings

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Acknowledgements
Community Collaborative Board
Welcome and Introductions

• Consider obstacles that you have encountered as you tried to involve children and their families in services.
You Are Not Alone: Obstacles are Common

• 2/3 of children in need of mental health care do not receive services
• Rates of service use are at their lowest in low income, urban communities
• No show rates can be as high as 50%
• Drop outs after two or three sessions are common
• Youth living in poverty-impacted neighborhoods are least likely to have access to prevention services
• Families living in extreme poverty least likely to encounter programs promoting protective factors (e.g. social connection, supports for parent/child relationships)
New Solutions Require New Ideas: Crisis as Opportunity

Based on core assumptions:

Collaboration with consumers (youth, parents, providers, and communities) lead to services and prevention programs that potentially are:

- acceptable to consumers
- relevant to consumer’s context, specific needs and core values
- potentially effective when...
- implemented in “real world” settings by naturally existing providers and resources (sustainable)
Opportunity of a Crisis

- Empirically supported Engagement Interventions
- Focused telephone procedures associated with increased initial show rates
Initial Engagement Intervention

• Grounded in an ecological perspective of child, family, community and system level barriers to child mental health care

• **Goals:**
  1) Clarify the need
  2) Increase youth and caregiver investment and efficacy
Telephone Engagement Intervention

• **Goals:**
  3) Identify attitudes about previous experiences with care and institutions
  4) PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE! around concrete obstacles to care
Empirical Support: Methods

• Outcome of interest: # of families that brought their child to an initial appointment
• Setting: outpatient clinic
• Sample: \( n = 54 \)
• Design: Matched comparison of consecutive referrals in one month
Results

# of children brought to first session (n=27 per condition)

- **Engage**
  - # of children: 21

- **Compare**
  - # of children: 13

- No show:
  - Engage: 0
  - Compare: 4
Empirical Support: Methods

- **Outcome of interest**: # of families that brought their child to an initial appointment
- **Setting**: Outpatient clinic
- **Sample**: n=108
- **Design**: random assignment to condition
Results

# of families that came to 1st appt.
Engage: 40
Compare: 24
No show: 15
29
Assessment & Beyond Engagement Strategies
Important Reminders: Against Backdrop of Experience with Systems

• Two primary purposes:
  – To understand why a youth and family want help from provider.
  – To engage the youth and family in a helping process, if appropriate.
Four Critical Elements of the Engagement Process
Element – 1

• Clarify the helping process…
Element – 2

- Set the foundation for a **collaborative** working relationship.
Element – 3

• Focus on immediate, practical concerns…
Element – 4

• Identify and problem-solve around barriers to help seeking
Empirical Support: Methods

• Outcome of interest: # of families that came to initial and ongoing appointments
• Setting: Outpatient clinic
• Sample: n=107
• Design: Random assignment to condition
Results

- % for first interview (n=33)
- % for comparison (n=74)
Multiple family groups (MFG) for youth with disruptive behavioral difficulties
What is a MFG?

- A clinical service meant to enhance child mental health service use and reduce serious conduct difficulties for urban, low-income children.
- Developed from previous research involving urban parents and their children.
- Provides an opportunity for parents and children to share information, address common concerns, and develop supportive networks.
- Involves 6 to 8 families.
- At least two generations of a family are present in each session.
- Psycho education and practice activities foster both within family and between family learning/interaction.
- MFG content and process was designed in collaboration with parents & clinicians.
MFG Empirically Informed Targets

- Strengthens parenting skills and family relationship processes
  - child management skills
  - family communication
  - within family support
  - parent/child interaction

- Addresses factors affecting service use and outcomes
  - parental stress
  - use of emotional and parenting support
  - stigma associated with mental health care
In the words of families…

Multiple family groups should focus on:

- Rules
- Roles and Responsibilities
- Respectful communication
- Relationships
- Stress
- Social Support
MFG Attendance
(in comparison to rates on retention in outpatient urban individualized mental health services)
The continuous quality improvement cycle

Input

Plan

Act

Do

Check
CQI cycle

- Plan – define organizational plan for quality tied to customer needs.
- Do – improve organizational performance on key indicators.
- Check – assess how well the services delivered in “DO” phase accomplished the objectives in “PLAN” phase.
- Act – evaluate and refine quality plan.
Summary & Wrap-up

• Final questions and answers