"You guys can help other families, but mine's different":
Clinician and Family Factors Associated with Engagement in Wraparound Services

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Background

- Mental health care is frequently inaccessible to those who need it
  - Only about half of children & adolescents with mental illness receive care
- Exorbitant wait times create significant barriers to care and allow existing problems to worsen
- Even if contact with services is made, providers are often unable to keep patients engaged
  - These issues are often exacerbated for safety-net youth
- Engagement issues are salient to Family Mosaic Project (FMP) in part due to their high-risk and underserved patient population
- FMP defines engagement as completion of three in-person appointments

Objectives

- Examine FMP clinical data to:
  - Elucidate the **pathway** to clinic services
  - Identify **patient and provider factors** that are associated with engagement in services

Setting

- FMP is a wraparound mental health clinic serving a youth safety-net population in San Francisco
- Patients are accepted via referral after having tried lower levels of care

Methods

Study Design:
- Mixed methods study
  - Chart review of patient demographic and clinical characteristics
  - Qualitative interviews to identify approaches to engagement

Participants:
- *Chart review*: 58 patients receiving services at FMP between November 2018 and March 2019
- *Interviews*: 5 care coordinators (primary contacts for FMP services)

Measures/Data:
- *Chart review*: appointment data (time to first, second, and third appointments) demographics (age, gender, race/ethnicity), and clinical characteristics (primary diagnosis and items from the Child and Adolescent Needs and Strengths (CANS) assessment)
- *Interviews*: questions regarding care coordinator approaches, practices, and perceived trends in family engagement

Analysis:
- *Chart review*: Descriptive statistics, chi-square and t-tests comparing engagement based on demographic and clinical factors
- *Interviews*: Basic thematic analysis of interview responses

Results

Figure 1. Referral Pathway

Table 1. Patient Demographics and Clinical Characteristics by Engager Group

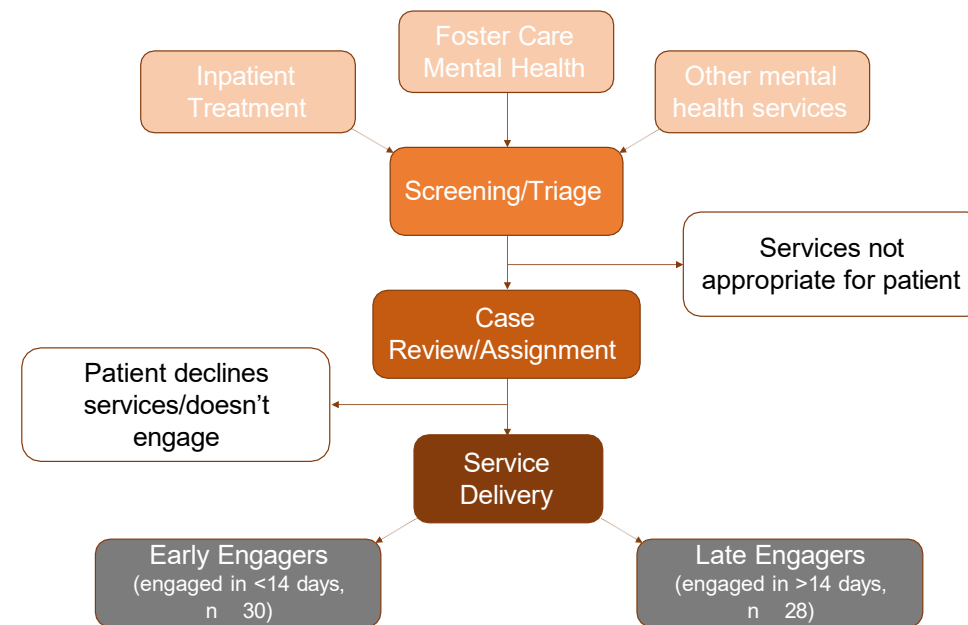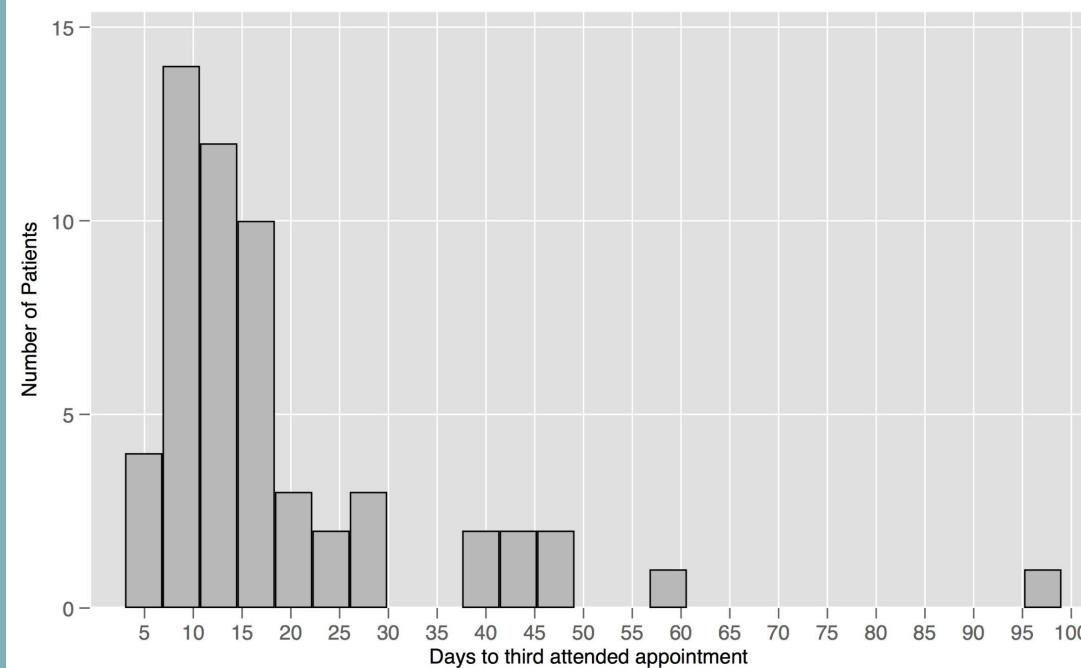|		Study Sample (N 58)	Early Engagers (n 30)		
Age	(years)	11.8 (3 - 17)	12.7 (5 - 17)	11.0 (3 - 16)	.042
Gender	Male	60% (35)	54% (16)	68% (19)	
	Female	38% (22)	43% (13)	32% (9)	.380
	Trans	2% (1)	3% (1)	0% (0)	
Race	Hispanic/Latinx	32% (18)	31% (9)	32% (9)	
	Asian/Pacific Islander	30% (17)	42% (12)	18% (5)	
	Black/African Descent*	26% (15)	10% (3)	43% (12)	.013
	White/Caucasian	5% (3)	3% (1)	7% (2)	
	Other*	7% (4)	14% (4)	0% (0)	
Diagnosis	PTSD	24% (14)	20% (6)	29% (8)	
	Depressive disorder	19% (11)	27% (8)	11% (3)	
	ADHD	17% (10)	13% (4)	21% (6)	
	Adjustment disorder	12% (7)	13% (4)	11% (3)	.460
	Opp. defiant disorder	9% (5)	13% (4)	3% (1)	
	Anxiety disorder	5% (3)	3% (1)	7% (2)	
	Other	14% (8)	11% (3)	18% (5)	

Note. * indicates cell residuals > 2

Figure 2. Time from Admission to Engagement

- **Engagement**: three in-person appointments attended
- 50% of patients engaged in 14 days
- Of the patients assigned to case managers, **70% engaged in care**

Figure 3. Qualitative Results: Interview Themes

Definitions of engagement vary
- Clinician definitions of engagement do not match system definition
- Two clinicians had specific definitions of engagement (bi/weekly meetings in person)
- Other clinicians felt that engagement fell along a continuum

Family *and* clinician factors influence engagement

Barriers
- Stigma
- Clinician burnout and patient/family system fatigue

Facilitators
- Caregiver needs (mental health/substance use challenges, housing, finances)
- Meeting patients where they're at (location, using their terminology, etc.)
- Using a client centered, strengths based approach

If I had a magic wand to change the system I would…
- Transform FMP into a community hub (hold support groups, social events, parenting groups, etc.)
- Provide support for care coordinators (work cellphones, support groups)
- Expand service delivery to include parents as patients

Who engages later?

- **Younger** patients
- **Black/African descent** patients
- Patients with **more trauma**
  - Patients with significant grief or traumatic separation (a score of 2 or 3 on the CANS, *p* = .069)

Care Coordinator Quotes

- "They say don't work harder than the client, but sometimes you have to."
- "In general, parents are much harder to engage than the kids."
- "[The key is] not forcing them to change their life completely, but really fitting into their lives."

Discussion

- Room for improvement in engaging patients
- **Tailor engagement strategies** for younger, black patients with high levels of grief/trauma
- Future directions:
  - Consider **expanding the definition** of engagement to acknowledge the continuum
  - **Address clinician burnout** to improve ability to engage patients
  - Continue meeting patients where they're at and using a client-centered approach
  - Consider adding parenting groups, social events, etc. to **create a community hub**
  - Look at engagement in relation to future outcomes
  - **Understand racial disparities** between early and late engagers