"You 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
- Excorient 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

Methods

- Examined FMP clinical data to:
  - Examine pathway to clinic services
  - Identify patient and provider factors that are associated with engagement in services
- FMP is a wraparound mental health service clinic serving a youth safety-net population in San Francisco
- Patients are accepted via referral after being triaged to lower levels of care

Objectives

- 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

Table 1. Patient Demographics and Clinical Characteristics by Engager Group

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Study Sample (N = 58)</th>
<th>Early Engagers (n = 25)</th>
<th>Late Engagers (n = 28)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>28 (51%)</td>
<td>28 (48%)</td>
<td>26 (87%)</td>
<td>.42</td>
</tr>
<tr>
<td>Female</td>
<td>30 (49%)</td>
<td>26 (52%)</td>
<td>26 (90%)</td>
<td>.13</td>
</tr>
<tr>
<td>Grey</td>
<td>23 (62%)</td>
<td>15 (64%)</td>
<td>13 (45%)</td>
<td>.03</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>28 (51%)</td>
<td>16 (66%)</td>
<td>12 (40%)</td>
<td>.003</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>30 (71%)</td>
<td>27 (53%)</td>
<td>25 (61%)</td>
<td>.40</td>
</tr>
<tr>
<td>Black/African Descendant</td>
<td>26 (55%)</td>
<td>16 (61%)</td>
<td>10 (33%)</td>
<td>.13</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>52 (93%)</td>
<td>18 (75%)</td>
<td>17 (69%)</td>
<td>.81</td>
</tr>
<tr>
<td>Other*</td>
<td>7 (13%)</td>
<td>7 (28%)</td>
<td>2 (7%)</td>
<td>.002</td>
</tr>
<tr>
<td>Lifetime PTSD</td>
<td>24 (42%)</td>
<td>20 (80%)</td>
<td>4 (15%)</td>
<td>.03</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>10 (17%)</td>
<td>7 (28%)</td>
<td>3 (11%)</td>
<td>.15</td>
</tr>
<tr>
<td>ADHD</td>
<td>17 (30%)</td>
<td>11 (45%)</td>
<td>6 (21%)</td>
<td>.13</td>
</tr>
<tr>
<td>Diagnosis: Adjustment disorder</td>
<td>12 (21%)</td>
<td>13 (52%)</td>
<td>13 (33%)</td>
<td>.40</td>
</tr>
<tr>
<td>Opp. disorder</td>
<td>8 (15%)</td>
<td>3 (12%)</td>
<td>5 (18%)</td>
<td>.069</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>6 (11%)</td>
<td>3 (12%)</td>
<td>3 (11%)</td>
<td>.069</td>
</tr>
<tr>
<td>Other</td>
<td>2 (4%)</td>
<td>4 (16%)</td>
<td>2 (7%)</td>
<td>.069</td>
</tr>
</tbody>
</table>

Patient demographics and clinical characteristics by engagement group.

Figure 1. Referral Pathway

Figure 2. Time from Admission to Engagement

Figure 3. Qualitative Results: Interview Themes

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 support 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

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."
- If I had a magic wand to change the system I would...

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