Re-Conceptualizing & Boosting Community-Based Multidisciplinary Team Engagement for Young Adults with Serious Mental Health Needs

Vanessa Vorhies Klodnick, PhD, LCSW

11.19.19

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- We will have a Q&A session after the presentation. If you have questions for the Q&A session, please type them into the "Questions" tab as you think of them.

Acknowledgements

The Learning & Working Center at Transitions ACR is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions 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, Systems & Psychosocial Advances Research Center.
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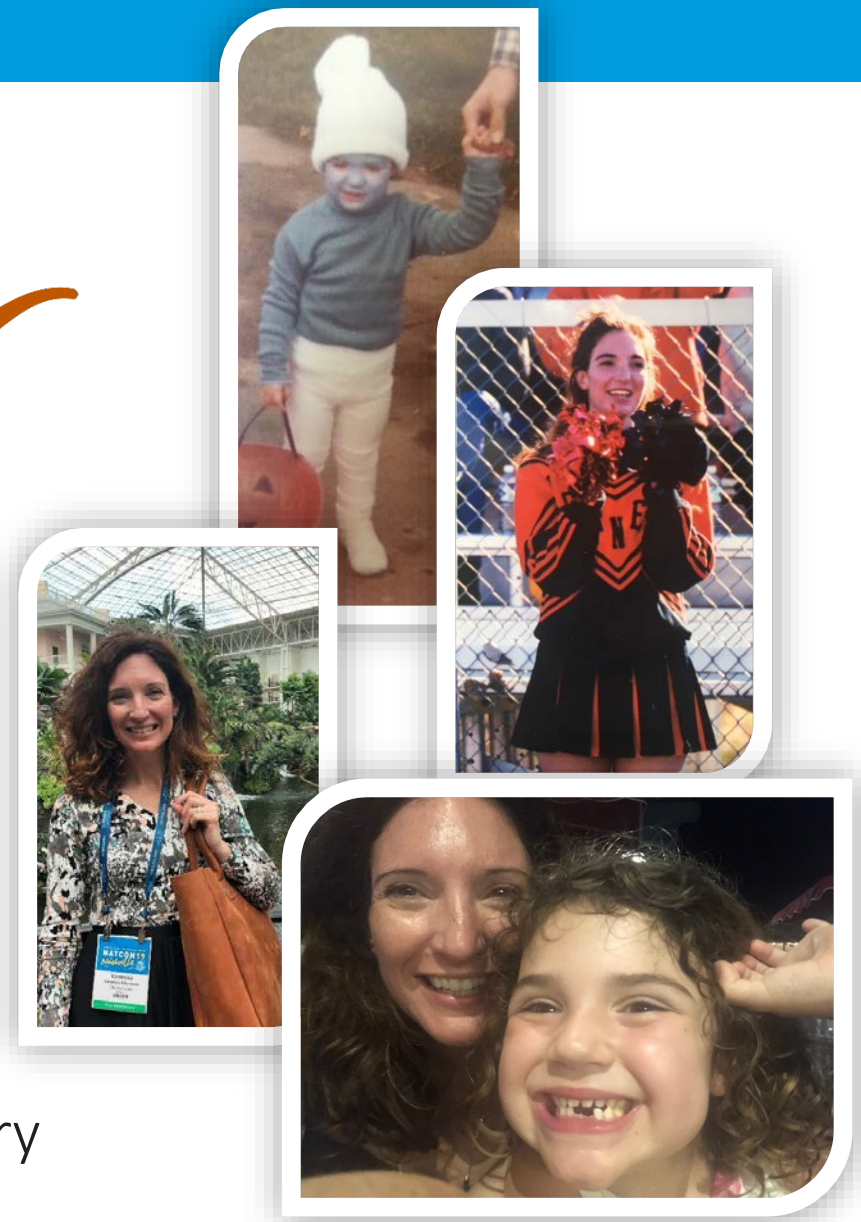
National Institute on Disability, Independent Living, and Rehabilitation Research

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)

Mass DMH
Department of Mental Health

About Vanessa

Clinical Social Worker → *Implementation Scientist* → Academia + Real World



- Lives for storytelling, connecting & collaborating
- Research focus on young people with serious mental health needs
- Uses mixed-methods to design, study & refine multidisciplinary service models, including those that blend & adapt EBPs

Today's Objectives

- Examine the complexity of *engagement* in multidisciplinary team-based service models
- Explore mixed-methods study findings that reconceptualize engagement
- Consider how you might apply new notions of engagement in your context

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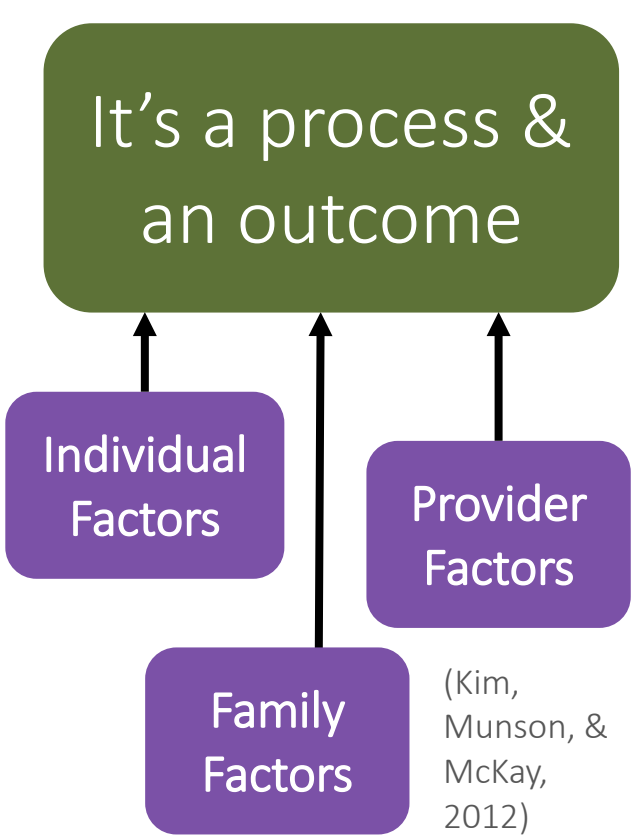
THRESHOLDS

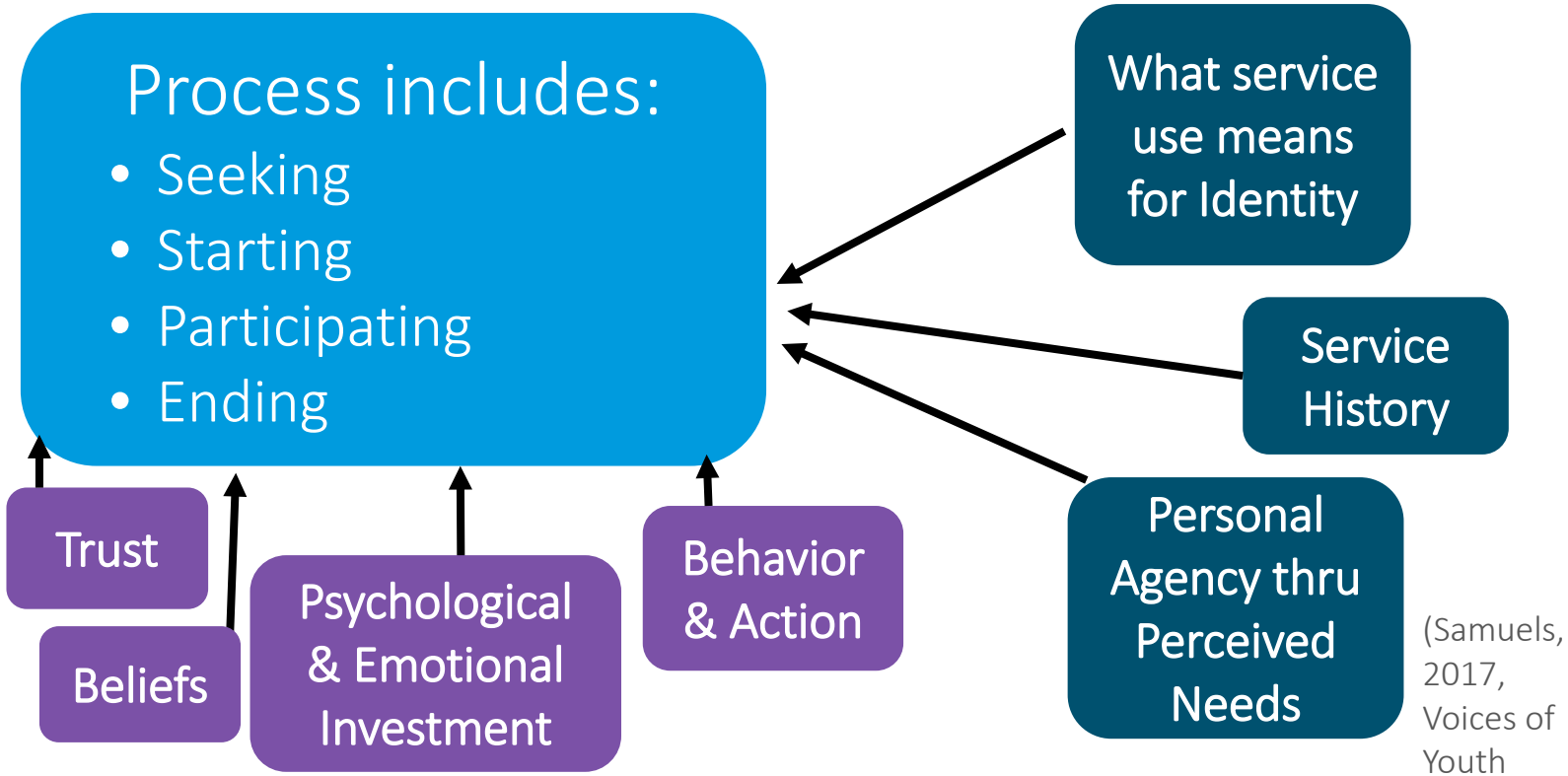
Why study engagement?

- **Young person implications** – reframe “disengaged” narrative & boost outcomes
- **Practice implications** – improve, innovate & evaluate engagement strategies
- **Program implications** – operations & team functioning
- **Policy & funding implications** – inform standards of care, system level quality improvement, funding mechanisms

What do we know about engagement?



(Kim, Munson, & McKay, 2012)

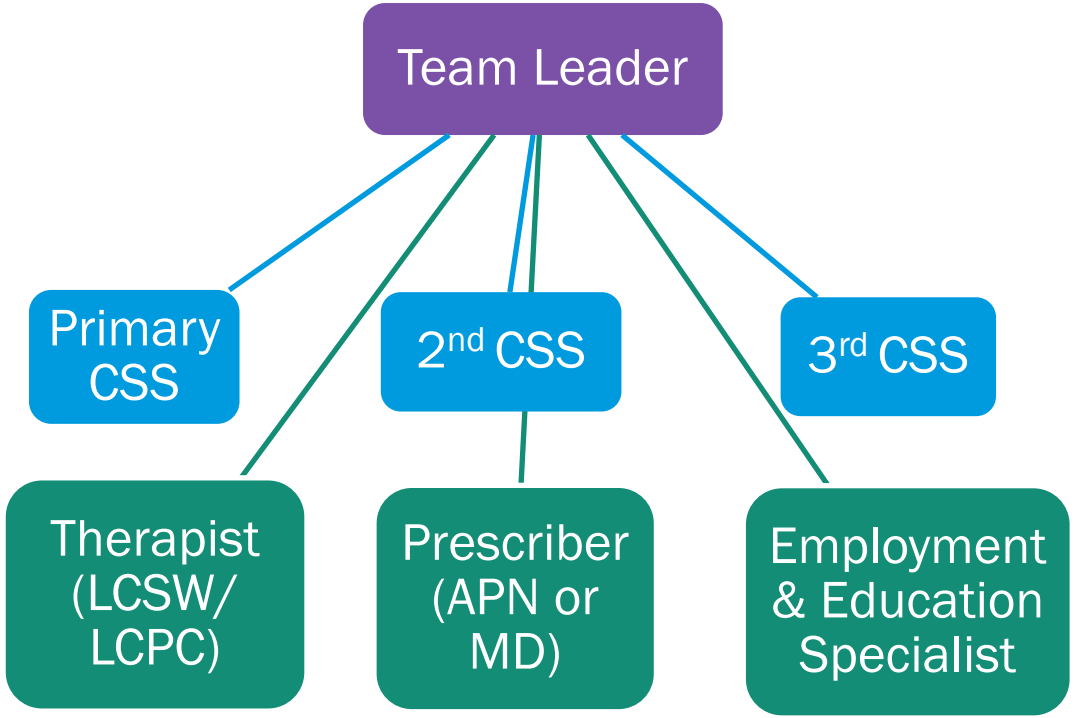


(Staudt, 2007; Yatchmenoff, 2005)

(Samuels, 2017, Voices of Youth Count)

But what is engagement for a treatment model like this?

Study Site: Emerge

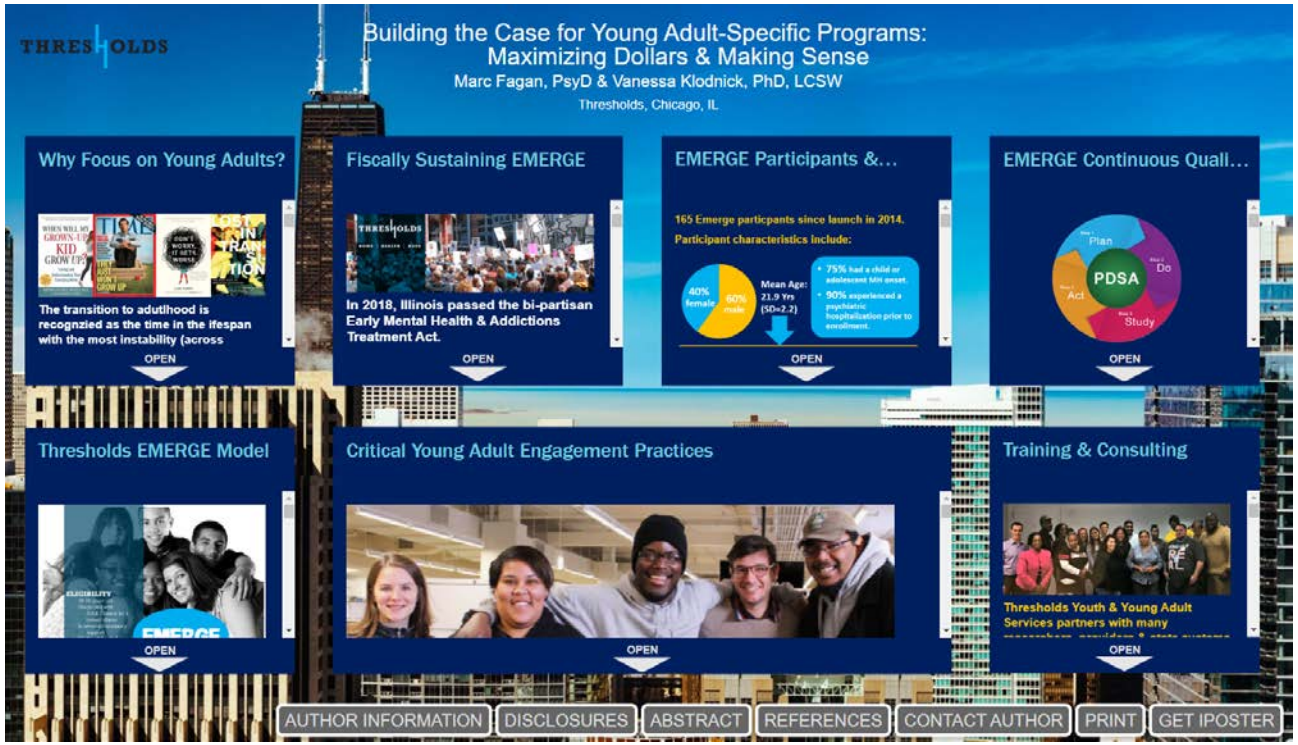


- Thresholds, Chicago, IL, www.thresholds.org
- First implemented in January 2014
- 18-26 Years old with serious mental health diagnosis
- 50 Young People per Team; at least 2 sessions/week in community (e.g., home, school, etc.)
- Total team approach with “primaries” within a geographic catchment area
- Blends Assertive Community Treatment (ACT) & Transition to Independence Process (TIP) Models
- Individual Placement & Support Model of Supported Employment to fidelity with young adult enhancements
- CSS workers have BA or MA; 1 CSS worker has their Recovery Support Specialist Certification
- Medicaid funded

Sample Demographics

- Mean Age=21.9 years (SD=2.2); 46% are 21-23 years old
- 60% male; 40% female
- 52% African American; 27% White; 13% Latino; 8% other
- **43% without HS diploma; 38% with HS diploma; 18% with some post-secondary education**
- **75% child & adolescent disorder onset**
- **90% had a psychiatric hospitalization**
- **48% previous or current criminal justice involvement**
- **26% aged out of child welfare**
- 77% report trauma history (of these, 32% sexual abuse; 31% physical abuse; 30% community violence)

INTERACTIVE ONLINE POSTER



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THRESHOLDS

Methods

- Care plan review of participants enrolled at least 6-months (n=78) to understand goals & goal progress
- Electronic Health Care record (n=124) review to understand exit experiences & reasons
- In-Depth Interviews with current or former clients (n=22) & staff (n=12)
- Thematic coding, dimensional analysis, & descriptive statistics

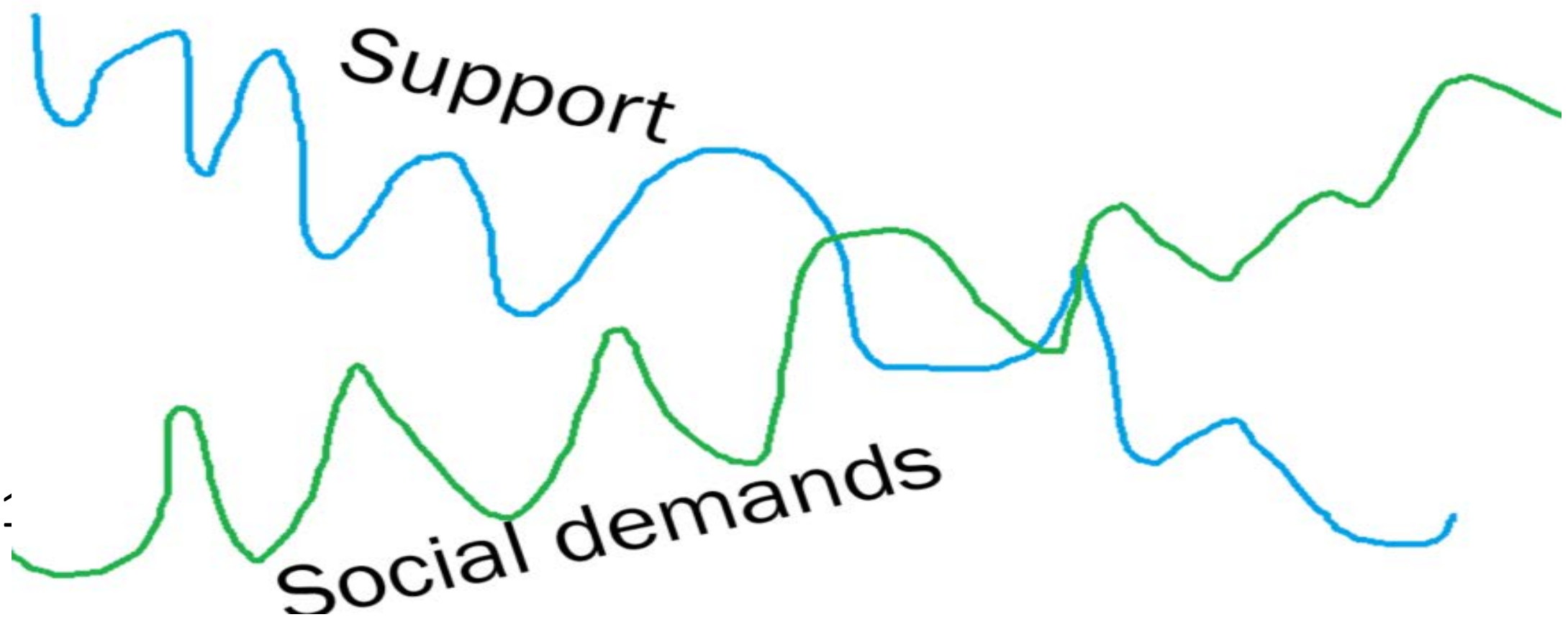
Multidisciplinary Research Team composed of individuals with:

- qualitative methods experience
- practice experience
- lived experience

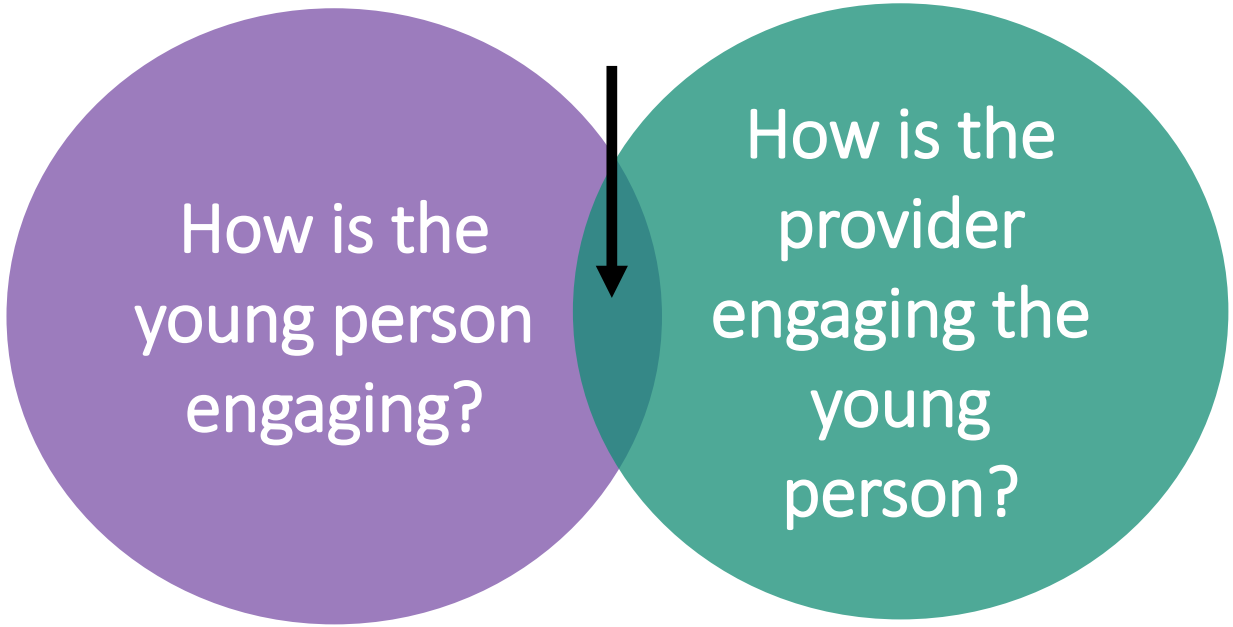
Engagement

- Connecting. Showing up to meetings; traveling to meet staff for an appointment; meeting in different places; not ghosting; connects beyond crisis; attends social events; meets multiple staff on team
- **Achievement.** Making progress on things that matter (e.g., work, school, relationships & housing); practicing self-care; trying & learning new things; wanting to teach others; needing less support
- **Relationships.** Building relationships with multiple staff; trusting staff with information; demonstrating respect to staff; building relationships with informal social network; involving informal network in care
- **Commitment.** Young person following through with plans between appointments; wants to make progress; motivated to change; asks questions
- **Sharing**. Opening up about needs, worries, & past with staff & peers; when feels unsafe or frustrated with process, communicates this
- Identity Development. Getting to better know self and feel comfortable with who one is; authenticity
- **Communication.** Not needing as much assertive outreach; young person reaches out to check appointment or communicate success or a struggle; responds to provider texts & prompts reschedule when needed
- Getting to mental health. When the young person is working on their mental health directly with intention

The Transition to Adulthood



Recognize where the Engagement Process is & major contributors.



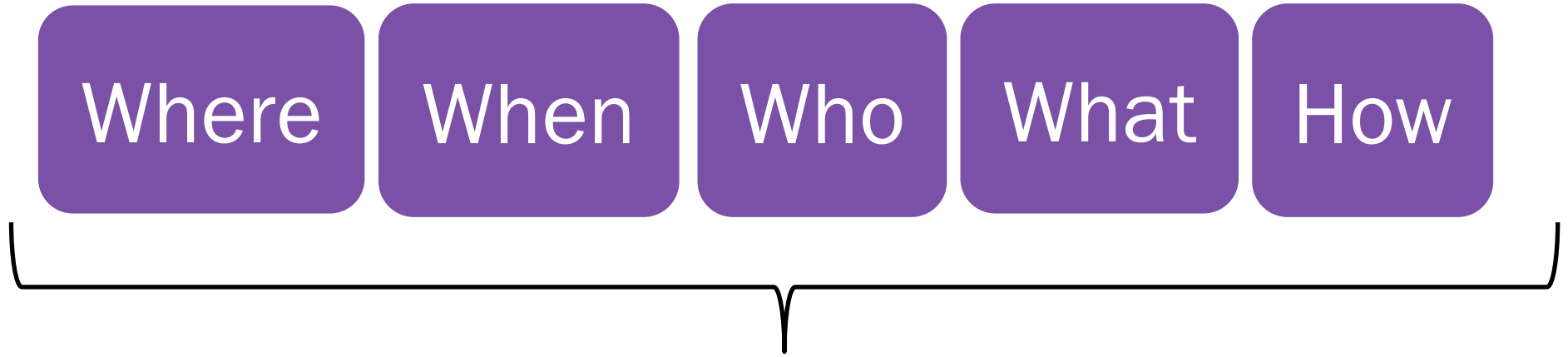
Recognize this process as dynamic & individual!!

Each young person will change! It's what it means to be a young adults.

Embrace change (in any direction).

Need for Provider Flexibility

(on multiple levels)



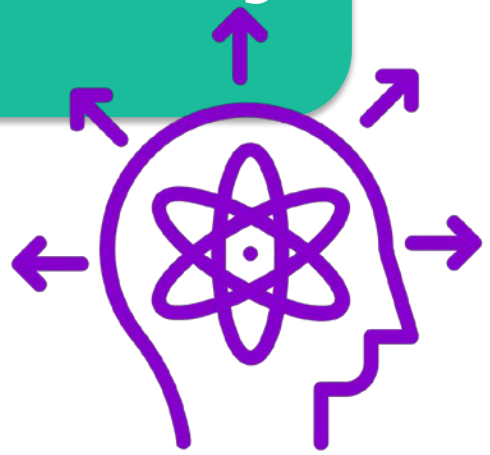
Must Respond to Developmentally Appropriate Young Person Change & Instability

Focus shift from:

Recovery

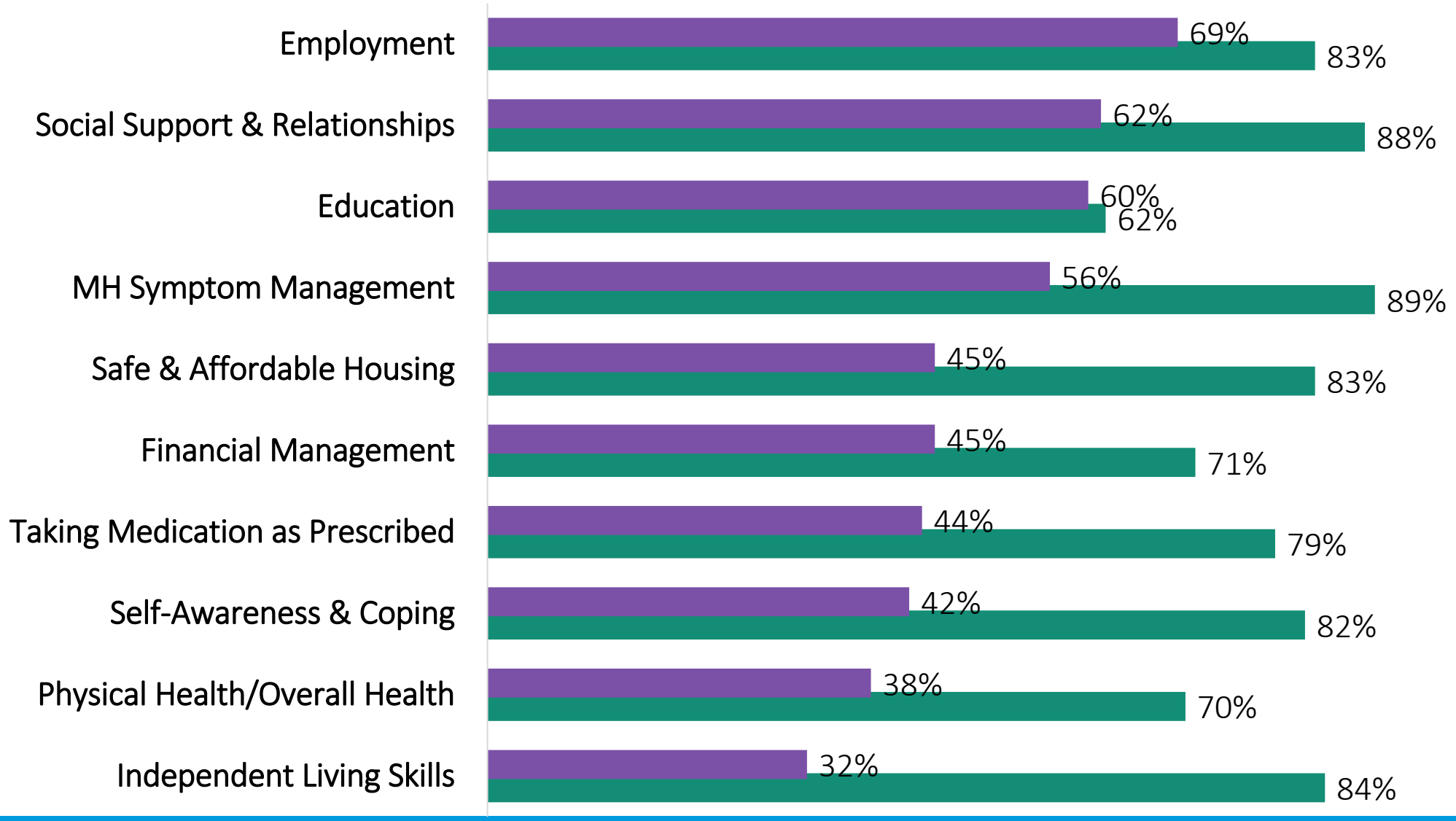
to

Discovery



WHO AM I?

Goal Types & Progress



% who had at least 1 goal in this domain while enrolled.

% who made progress on this goal while enrolled.

What kind of success do you think you're going to achieve with Emerge?

Oh, well, hmm, let's see. Financial stuff, they help me with my ***education*** *and stuff, & also* ***emotional success****.*

Build human capital + psychological capital

What would that look like? *Well, just like* ***being laid back****. I'm not laid back with everything, like first of all I'm not laid back with anything.*

Managing stress, but also changing who one is…

What do you mean? *Well, when it comes to* ***relationships****, not everyday relationships, like the relationships the ones that involve dating, marriage, you know.*

Intimate relationships

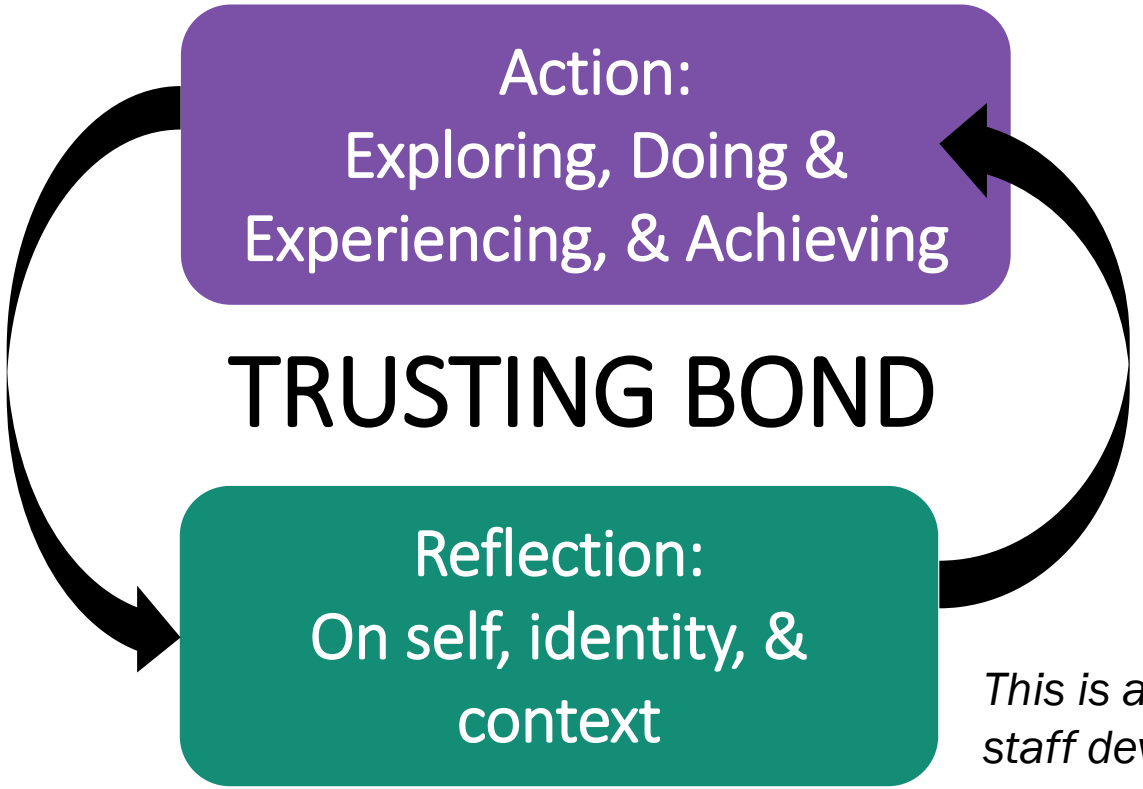
What kind of progress have you made with Emerge?

Oh, well, ***I'm finding out a lot more about myself.*** *I am a lot further than I was before without them. Also, I have gotten more laid back.* More laid back? *Yeah, when it comes to like things that like being laid back with like helping be gentle.* ***I've gotten more familiar with me and who I am.***

Self-Awareness & Identity

Balance Action & Achievement with Reflection & Identity Building

- Embracing ah-ha moments together around identity!
- Recognize, celebrate, & integrate
- Ask, what am I learning about myself? Why is this?



= Self-Discovery

This is all 1 BIG parallel process for staff development too!

*…**It's hard to go in with**: "Let's talk about your **symptoms**." "Let's talk about **medication."** "Let's talk about how many **coping skills** you are using." **I know that by saying stuff to them, they won't want to work with me.***

Shifting focus away from mental health

*And I even say, like, **"I want you to want to work with me."** So, I just kind of break it down very blunt sometimes. And like, I tend to, I think that if I had- I don't know, I feel, personally I feel that I shouldn't say it, but because this interview is confidential [I'll say it], **I feel like I'm the least clinical person on the team, but I'm clinical in my own way,** like I'm very more like… Like I listen to how [my colleagues] talk, and they are good. They feel like therapists I've had. And I'm more like, **"Nah," that's not for me. I don't know what to call it, but I'm more like- ME, and that's how I engage. Like being myself and real. I can relate to what they're experiencing and I share that.***

Strategic Use of Self & relating to transition to adulthood struggles

*My supervisor helped me to learn **how the practical can really help with the long term clinical goals** of mental health symptom reduction.*

Navigating Transition to Adulthood & having support in doing so

Balance Support Experiences

Individual Interaction

Face-to-Face Communication

Casual Conversation & FUN

Doing with

Risk & Learning

Instrumental Support

Group Interaction

Other Communication Types

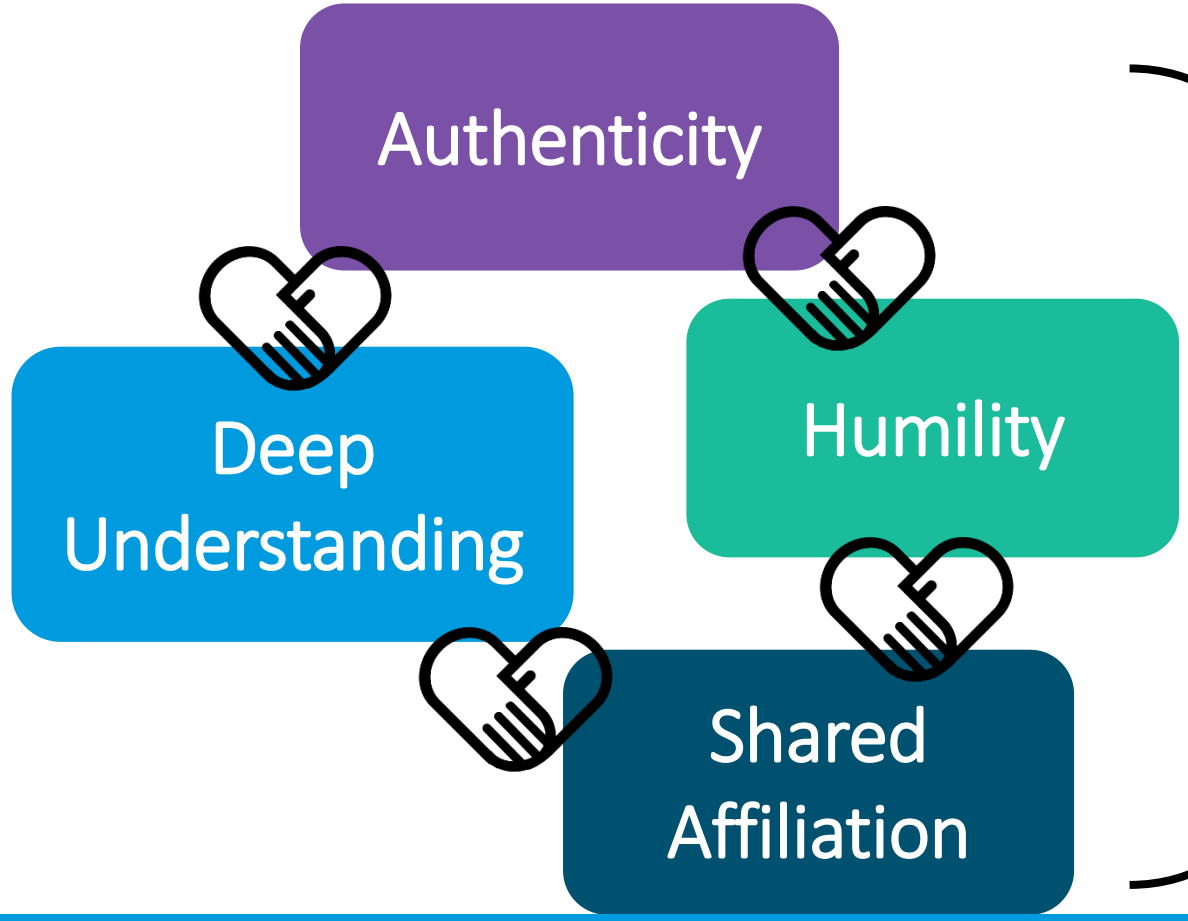
Goal-Driven Activities

Doing for

Prevention & Protection

Emotional Support

Consider Mutuality



- How are you relating to the young person?
- Are you really trying to understand where they are coming from?
- How is the young person relating to you?
- How much are you *you*?

What do you like about Emerge? I think like the format of the program I guess. ***Like it wasn't like I went to an office once a week and talked to someone for fifteen minutes.*** Like we could go out and eat, and like meet for like two hours if I wanted to, and like ***I could do it more if I needed to.***

Was there anyone one team that you particularly connected with? Jessica, …and Ella.

Okay, and what was your relationship like with Jessica?

I don't know, we joked around a lot, but at the same time I felt like, I don't know I feel like I'm a hard person to understand, but ***I feel like she got me***. But at the same time***, it wasn't all serious all the time***, like ***we could joke around.***

What about Ella? What was your relationship like with her?

It was less like goofy, but it was the same kind of like, ***I felt like she understood me,*** and ***respected me.***

Respect & Seek to Understand Exits

- **Consider language & conceptualization.** Exit vs. discharge.
  - Positive vs. Negative. Passive vs. Active. Planned vs. Unplanned.
  - Longer service length doesn't always mean better outcomes.

- What does a step-down in care look like? Why are participants exiting? How might you examine exits at your agency?

- For our project, our team reviewed all exits over 5 years (N=124)

Planned (n=71)
planned service exit & transfers to appropriate service level.

Unplanned (n=53)
no planned exit or exit plan not enacted.

Overall enrollment length ranged from 7 days to 3.8 years; M=11 months (SD=10.8)

Comparing Planned v. Unplanned

- **No differences** observed between age, gender, diagnosis, or education level
- **African American** participants were more likely than **white** participants to have **unplanned exits**, X^2 (4, N = 124) = 14.21, p = .007)
- **Unplanned exits** were more likely to occur within the **first 6 months**; **planned exits** occurred more at **10-12 months** & **24+ months**, X^2 (8, N = 124) = 20.24, p = .009)
- **Overall, 1/3 of exits were prompted by a physical relocation.** Planned exits were more likely to be associated with a move than unplanned exits, X^2 (2, N = 124) = 10.99, p = .004)
- Those with **housing instability & homelessness** were **8x** more likely to experience an **unplanned exit**, X^2 (2, N = 124) = 31.49, p = .000)

Planned Exits (n=71)

Similar LOC

- 25% prompted by a move, including returning to a university setting

Higher LOC

- 100% experienced increased MH symptoms
- 50% occurred within 1st 6-months of enrollment
- 50% move to residential, in part due to their name coming up on the housing waitlist
- 90% experienced psychiatric hospitalization

Lower LOC

- 100% made progress on care plan goals
- 50% had work or school commitments interfering with engagement

Declines; stays with previous provider

- Has therapist &/or psychiatrist already; team is too much

*mean enrollment=12.7 months (SD=12.2 months)

THRESHOLDS

Unplanned Exits (n=53)

Unable to Contact

- 75% had insecure housing or were homeless
- 45% occurred within first 3 months; 81% within first 9 months
- More likely to be male

Declined Services

- 100% repeated missed appointments
- 54% employed
- 31% mental health symptom increase

Abrupt far move out of geographic catchment

Other

*mean enrollment=8.6 months (SD=8.4 months)

THRESHOLDS

Assertive Engagement

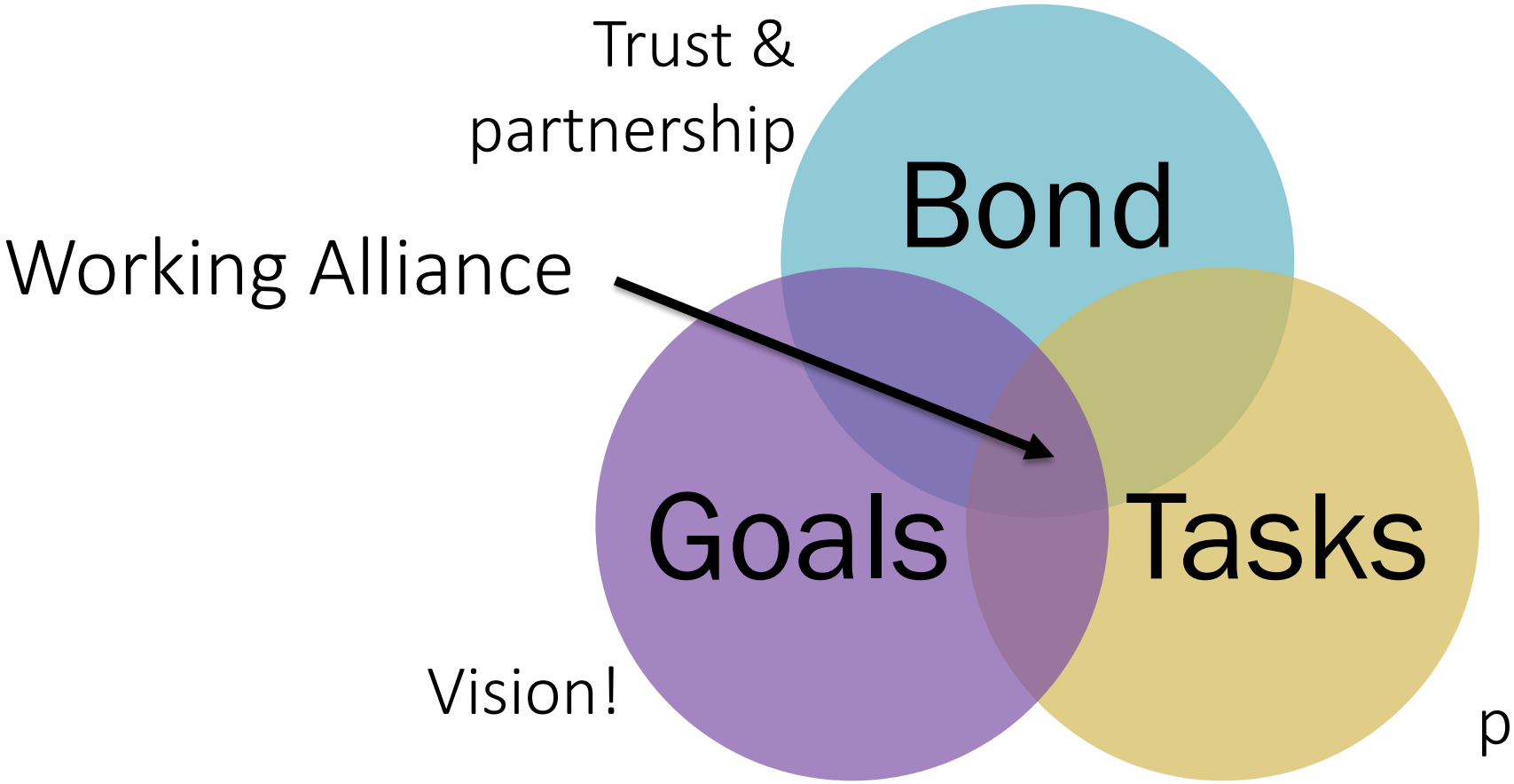
But what I do know is that we [the team] are very, I don't know of like what word, buzzword you want to use for like, ***transformed, or flexible, or malleable.*** *But I feel like we don't just do three strikes you're out.*

Consider revising eligibility criteria & being creative in where & how services are delivered.

*Like we are very flexible…"****I will go to you, I'll find you. I'll go to your home, I'll find a way to engage you through a family member. I just feel like it's kind of like it feels relentless, and almost feels stalkery, but I feel like sometimes you need to put that extra effort in to just show young people that you can be trusted.*** *Or you are like going to work for it, you know? And like that's a big deal for a lot of young people.*

This may feel uncomfortable, process with team to allow young people to decline support, but keep opportunity to connect again open.

Embrace the **evolving** working alliance.



- Revisit, discuss, & build a joint understanding of goals & tasks
- Examine your bond with young people – & your team members.
- Consider using the working alliance as a tool

Limitations & Future Directions

- Electronic health record data validity & reliability
- Need for simple concrete forms for staff to use in documenting engagement
- Interviews need to be more young people with unplanned exits
- Unpacking SSI, social network, & housing instability
- Culturally responsive approaches to address disparities

Thank you!

Questions? Comments? Ideas?

Want to…

…learn more about the Emerge Model?

…integrate evidence-based peer & vocational supports into teams like Emerge?

…figure out simple ways to integrate continuous quality improvement into your practice?

…help your staff learn new engagement practices & evidence-based practice enhancements for young adults?

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THRESHOLDS