

# You had me at “hello”

## Characteristics of Culturally Proficient Initial Engagement Practices

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## Massachusetts: MHSPY Mental Health Services Program for Youth



- Integrated, multi-dimensional model of care delivery
- Coordinated medical, mental health, substance abuse social services, court, and education resources
- Voluntary, strengths-based, family-driven
- Individualized, child-focused
- Community based; strives for cultural proficiency

## MHSPY Mission

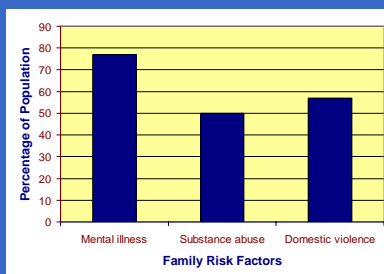
To redesign health care delivery for vulnerable children and families using a strength-based, integrated system of care.

Resulting improvements in outcomes, and any lowered costs, will be used to enhance community access to care, prevention and earlier intervention.

## MHSPY Target Population

- Urban youth ages 3-19
- Medicaid recipients
- Sustained functional impairment by CAFAS
- Eligible for services from two or more state agencies, including Special Ed
- In placement or at risk of out-of-home placement

## MHSPY Family Risk Factors



## Recognition of the Problem

- Health care access disparities contribute to health status disparities (DHHS, 2003)
- 9 -11% children and adolescents suffer from serious emotional disturbance; only 1 in 5 of those SED youth receive specialty mental health services (Burns, et al., 1995)
- 39% of children scheduled for intake appointments were no-shows (McKay, McCadam, and Gonzales, 1996)
- 26% - 29% drop-out rates even when ecological models are employed (Staudt, 2003)

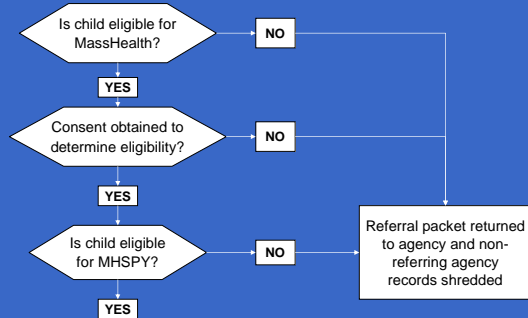
## Theoretical Basis

- MHSPY “Engagement” strategy is guided by social exchange theory
- Power and equity are integral to the bargaining process
- Strength-based model; child, family, community
- Partnership: “Doing with, not doing to or for”
- First step toward sustainable change

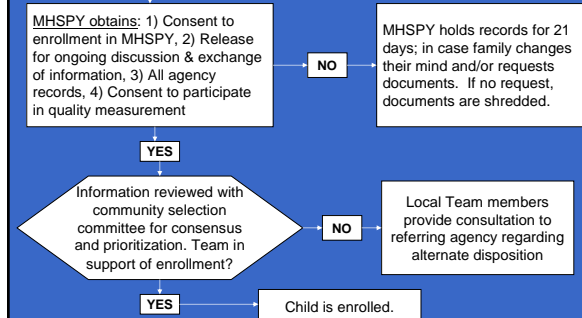
## Cultural Proficiency

- Staff trained to readily adapt to new and different cultural situations
- Model holds cultural diversity in high esteem
- Clinicians seek to expand knowledge base by developing new approaches
- Role includes advocacy for cultural competence throughout collaborative systems
- Key role for Family Coordinators; “walked in the shoes” of family with special needs child

## Referral Process



## Enrollment Process



## Methods

- Enrollment meetings take place in the home
- Youth included from the start
- Confidentiality respected, move at family's pace
- Referral preparation encouraged via coordination and collaboration among providers
- Shared effort completing assessment materials adds level of trust in process
- Flexibility; multiple calls or visits, used as needed to respond to real-life barriers to participation
- Opportunity to meet with Family Coordinators for “pre-enrollment interview”

## MHSPY Engagement Outcomes

- **Invitation/Initiation:**  
Despite prior difficulty engaging, 95% of families agree to participate after initial enrollment visit
- **Participation/Completion:**  
Program drop-out rate is 3%
- **Satisfaction:**  
Families/caregiver satisfaction pre-MHSPY program 34%; post-MHSPY 87%  
Families refer friends and other family members on completion of program

### Barriers / Limitations

- Labor intensive (travel, multiple face-to-face encounters)
- High degree of clinical sophistication; ability to identify clinical needs while building relationship
- Combination of research skills and “street savvy”
- Proficiency in cultural dynamics
- Multi-lingual, multi-cultural capacity desirable but not always possible

### Advantages/Opportunities

- Builds on strengths from family culture; defines needs
- Repeated chances to clarify expectations; re-contract, and/or address concerns about the process and procedures; many chances to “succeed”
- Sets the stage for sustainable, collaborative relationship
- Focus begins on immediate and practical concerns important to the family and youth; establishes connection
- Chance to initiate new approach/attitude toward help-seeking
- Can create shifts in access to resources that remain after child graduates

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