Person and Family-Centered Care Design

Implementing Successful Engagement Practices to Support Motivation and Engagement

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## Change Package

### Family and Patient-Centered Care Design
- 1.1 Patient & family engagement
- 1.2 Team-based relationships
- 1.3 Population management
- 1.4 Practice as a community partner
- 1.5 Coordinated care delivery
- 1.6 Organized, evidence-based care

### Continuous, Data-Driven Quality Improvement
- 2.1 Engaged and committed leadership
- 2.2 Quality improvement strategy supporting a culture of quality and safety

### Sustainable Business Operations
A statewide coalition of people who use and/or provide community mental health recovery services and supports dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their Recovery, Rehabilitation and Rights.
Today’s Outcomes

• Learn the importance of participant engagement and the relationship between participant and organizational outcomes
• Review the various Elements of Engagement that support Person-Centered Care
• Explore barriers to engagement and techniques to overcome them
• Learn Empowering Language that will support recovery
Engagement refers to the process through which participants become **active** and **involved** in their treatment.
Team Work

Participants have contact with various staff throughout all phases of engagement.

• Administrative Support
• Clinical Staff
• Program Management
Why focus on Engagement?

• Many organizations are increasing their use of engagement practices for **financial** as well as **quality** issues

• It takes specific skills and knowledge to effectively engage participants

• Ongoing engagement and attendance is often a challenge

**Value Based Payments**
THE GOALS

Stronq Partnership with participants

Participation in services

Positive Outcomes!

Participation in Treatment is the Goal

Adapted from McSilver CTAC
Elements of Engagement

- Empower to Speak and be Heard
- Policies and Practices
- Philosophy
- Relationships
- Capacity Building
- Respect for Participant's Expertise
- Partnership
- Addressing Needs of the Participant
- Addressing Barriers
- Collaborative
- Strengths Based
- Creating Opportunities for Involvement

N. Chovil, 2009
Phases of Engagement

1. Initial Phone Contact
2. Initial Interview/Meeting
3. Ongoing Services/Retention
4. Terminating Services
Initial Phone Contact

Overall Goals:
1. Be welcoming
2. Validate the caller
3. Express empathy and understanding
4. Assess for urgency
5. Request to ask a few questions
6. Wrapping up the call and problem solve any presenting barriers

Adapted from McSilver CTAC
The First Meeting

Overall Goals:

1. Help participants make informed decisions about treatment and clarify the helping process
2. Encourage shared decision-making: setting the foundation for a collaborative relationship
3. Instill hope, reinforce strength, and foster resilience
4. Focus on immediate concerns and needs
5. Attend to participant’s past experiences with mental health services and problem solve around barriers
6. Create an opportunity for participants to ask questions and agree to future services

Adapted from McSilver CTAC
Working Together

Partners in Successful Treatment
Objectives:

• Validate and identify strengths
• Express empathy and understanding
• Encourage shared decision-making
• Build hope and foster resilience
• Continue to problem-solve around concrete and perceptual barriers

Consider the A.R.C.H. principles
Barriers to Engagement

What are they?
Barriers to Engagement

Concrete Obstacles

• Cost of mental health care
• Child care concerns
• Not knowing where to get help
• Difficulty in scheduling appointments
• Location of facilities
• Transportation
• Difficult to get time off from work
• Lack of documentation
• Complex systems

Perceptual Obstacles

• Stigma; being viewed as weak
• Feel as if I will be blamed for problems
• Perception of quality of services
• Fear that others would lose confidence in me
• Fear of being prescribed medication that would have negative side effects

Which is more important?

(RAND 2011; Hoge 2004)
Early Termination: Two Opposing Views

Participant

- Satisfied with gains made within therapy
  - 14% to 45.5% (Todd et al, Roe et al)

- Dissatisfaction with clinician or the sessions
  - 8% to 34% (Todd et al, Hunsley et al)
  - Sample client statements
    - Felt therapist was making treatment worse
    - Weren’t confident in the therapist abilities
    - Did not like the therapist

- Circumstantial Barriers (Scheduling issues, child care conflicts, financial barriers)
  - 8.5% to 54.6% (Hunsley et al, Roe et al)

Clinician

- 25.8% believed that clients had successfully completed treatment goals

- 20.59% believed it was due to environmental factors
  - Participant relocated
  - Lack of financial resources or insurance
  - Clinician left the agency

- 23.2% believed that Participants were no longer interested in therapy

- Only 3% of clinicians believed that the participant left due to dissatisfaction
Establish Agency Culture

• Ensure all staff are on the Engagement Team
• Provide a safe place for people to share who they are
• Educate people on the impact of trauma
• Set no expectation for people to divulge
• Help people to practice their resiliency skills
• Be genuine and thoughtful in all interactions
• Refrain from judgments
• Create and sustain support systems
• Create an environment that is reflective of warmth, respect, and care
<table>
<thead>
<tr>
<th>Empowering Language</th>
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<tbody>
<tr>
<td>You should</td>
</tr>
<tr>
<td>You need</td>
</tr>
<tr>
<td>You must</td>
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<tr>
<td>You can’t</td>
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<tr>
<td>No one can do that...</td>
</tr>
<tr>
<td>Problem</td>
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<tr>
<td>It only works when...</td>
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<tr>
<td>The best way is...</td>
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<tr>
<td>Your only option is...</td>
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<tr>
<td>My advice to you is...</td>
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<tr>
<td>You can’t do that</td>
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</tbody>
</table>
The ARCH Principles

- Acceptance,
- Respect,
- Curiosity, and
- Honesty

Handouts

1. Engagement Guidelines for:
   • Initial Phone Contact
   • First Meeting
   • Ongoing Contact
   • Termination

2. Working Together Brochure

Guidelines were created by McSilver CTAC along with their collaborators. These guidelines were created to be used by practitioners in a Clinic setting. However, the skills provided can be extrapolated and used in various settings and professions interested in improving their Engagement practices.
Resources

www.ctacny.com – McSilver’s Community Technical Assistance Center for archived webinars on Engagement practices and other clinical topics

www.nyaprs.org – for information on recovery, rehabilitation and rights. On-site trainings offered at no cost for providers across NYS on various topics. Please contact ruthcw@nyaprs.org


https://www.chc.edu/faculty/joseph-micucci - The ARCH Principles: Micucci, Joseph A.
Q &A

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Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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In-Person Value Based Payment Event – June 28, 2016

From Volume to Value: Transitioning Behavioral Health Services to Value-Based Payments (VBP)

Hosted by the Care Transitions Network
Tuesday, June 28, 2016
9am-1pm
Cherkasky Auditorium
111 E. 210th Street, Bronx, NY 10467

During this event you will have access to:
Lessons learned and discussion on one provider’s experience with Full-Risk Contracts
How data available through the Care Transitions Network will help your transition
Action planning to prepare your practice for VBPs

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or email us at CareTransitions@thenationalcouncil.org