Outreach and Engagement Practices: Supporting Members Throughout the Services Lifecycle

Logistics

- Zoom video is required for the training
- Please mute yourself when you not speaking
- We will be using Zoom Rooms for our two breakout sessions
- Zoom View options are on the button at top of your screen. The Side-by-side feature may be useful to view the presentation and presenter at the same time.
- Feel free to use the chat box feature
- Use the Raise Hand feature at the bottom of your screen in the Participants option, if needed
- Please mute yourself when you not speaking

Zoom Breakout Rooms

- There will be 2 exercises during the training
- Participants will be broken up into pairs and placed in Zoom breakout rooms to complete the exercises.
- You will get a notification to join a room. Please accept the notification. You will see a screen like the one below. Be patient it may take a few minutes to get everyone sorted to a room.
- There will be 20 minutes for each exercise. You will see a countdown of the time you have in the upper right-hand corner.
- If you have any questions or difficulties, please use the chat to communicate with us. We can join your room to troubleshoot or help you via chat.

Questions/Discussion

- During the presentation, please use the chat box for any comments or questions.
- At the end of each section of the training we will review questions and comments from the chat and take any additional questions during those times.
- We will unmute those who have questions during the question/discussion times.

Session 1
Engaging Initial Referral Sources

- Make yourself known to common referral sources (always good to have a resource list of referral sources and key referral staff)
- Work to establish relationships with key personnel
- Developing a good working relationship with referral source staff, and community service staff encourages them to answer or return your calls and emails

Sample Elevator Speech

Elevator Speech: My name is_____and I am a behavioral health Community Partner Care Coordinator for _____. My job is to connect individuals to an array of their preferred local services and resources to support their recovery, wellness and community independence. We often enhance the services they connect to and help them to stay connected at times when life events may get in the way.

Email Scripts

Send periodic emails to your referral sources:

- To ensure your services are known and not forgotten
- To make sure they know you are still there
- For supervisors to introduce a new staff person so the name will be recognized in future

Sample Email Scripts for Referral Sources

- Hi _____I wanted to send a quick email to thank you for helping me to connect yesterday with the person referred to us. We look forward to working with you again soon.”
- _____, I received a referral from your office today and wanted to thank you and also ask if you could help to facilitate a warm handoff of this person to help me more quickly engage with her. I will call you soon to connect”

More Sample Email Scripts

- “Greetings, I received a referral for care coordination of a person who receives services at your medical office. I will stop by your office tomorrow to see if you can help me to connect with this person. I look forward to meeting you and to providing support for this this person”
- “Greetings, just wanted to send an email to share what we do as a MassHealth Community Partner program (flyer attached). We provide behavioral health care coordination and may support and provide enhanced services for persons enrolled in your program or receiving services from you. We help people to connect and stay connected as they work on their recovery and wellness goals. Please feel free to contact me to discuss how we can support persons we mutually serve.”

Sample Signature “Tag Line”

Signature “Tag Lines” can help to clarify your role and the role of your organization. Use email signature “Tag Lines” to reinforce your services and the value you bring to members

Examples

- We are a MassHealth Behavioral Health Community Partner program and are dedicated to connecting individuals to local services and resources to support wellness, independence, and recovery.
- We are a Community Partner working with ACO/MCO’s to integrate behavioral health care and improve health outcomes for MassHealth members with complex long-term and/or behavioral health needs.

Marketing Materials

- Use the materials you already have (flyers, brochures, business cards, etc.)
- Scan them so that you can email these marketing materials to referral sources
- Drop off copies at referral sources offices so that they can provide these to persons being referred to you
- Make sure your agency is aware if you should need updated, member friendly, alternate language or new/better marketing materials-give them same examples if possible

Questions?

Questions for Session 1 - Engaging Initial Referral Sources?

You and your team/supervisor can add to the scripts and tips over time

Session 2
Initial Outreach and Engagement

- Engagement Principles and Skills/Tools
- First Contact with the Member
- Sample Script for First Call to Support Engagement
- Introduction of the Plan/Goals

Engagement

- Be proactive, persistent and patient
- Outreach with people as early in the service process as possible to begin the relationship building
- Help people to realize that they have access to resources to assist them in reaching their goals (i.e. establishing an independent household-some people may feel that they do not have the financial resources or support to live independently)
- Peer support as role model for recovery and independent living

Engagement continued

- Where we introduce the person to the services relationship
- We explain our role & their role
- We find common ground to build on
- Engagement is not an event it is a process
- Does not happen overnight
- Engagement varies from person to person-some engage easily and others, who may distrust service providers based on past experience, may have difficulty engaging

Engagement Tools

- Use Motivational Interviewing
- “Be present”
- Use of concrete services/basic needs to engage
- Talk about recovery
- Dig into what he/she wants (job, relationship, apartment, kids/family back, etc.)
- Building enthusiasm, support self-efficacy and optimism
- Most successful when doing “with” the individual and not “for” the individual

Goals of Engagement

- Support to meet immediate needs
- Develop a trusting relationship
- Provide service and resource options
- Connect to mainstream services and social networks to maximize independence
- Work toward formulating their individualized plan for reaching their goals

First Contact

- You have one chance to make a great first impression, and a great first impression can become a lasting impression.

Discussing the Goal Plan

- We often begin with concrete services/meeting basic needs as a method to engage. Working with people to help them with food, shelter, income, leaving a hospital stay, etc. requires interaction and time to get to know each other and for you to explain the service.
- Let members know that we often help people with "concrete services/basic needs" at the beginning of our work together, and then once people have their basic needs met, we start working with them on their recovery life goals.
- The initial plan may include short term concrete services/basic needs. Once we are engaged, we can revise the plan to include longer term goals.

More Goal Plan Discussion

- As we engage, we use our MI skills and tools to help members to develop longer term recovery goals. We negotiate the steps to getting there by setting expectations of what we can offer and what the person can do. We include these as objectives in the plan.
- Share that we “do with” people to help them to be more independent (foster the persons sense of self-efficacy)

Sample Long Term Goals

Goals that work

- I will get my own apartment and learn independent living/tenancy skills so that I can be successful living on my own
- I will stay well by learning to recognize and manage my triggers

Goals that do not work

- I will take medication
- I will attend program
- I will go to doctors appointments
- I will meet with my care coordinator every month
- I will not go to the ED if I have a problem

Questions?

Questions for Session 2 – Initial Outreach and Engagement?

Session 3 - Ongoing Outreach and Maintaining Engagement

- Managing Expectations
- Psychiatric Rehabilitation
- Assessment Tools to “Meet them where they are”
  - Payoff Matrix (Exercise in Pairs)
  - ICR Scales
- Motivational Interviewing
  - Cheat Sheet
  - MI Basic Skills (Exercise in Pairs)
- Continuing the Engagement Process or Re-engaging

Managing Expectations

- Be clear about
  - what you can offer
  - what the member can do to meet his/her real life goals
- Explain the phases of your services:
  - Getting to know each other
  - Helping with basic needs
  - Working toward longer term/life goals
- “Do with” the person- not “do for” the person

A Little About Psych Rehab Principles

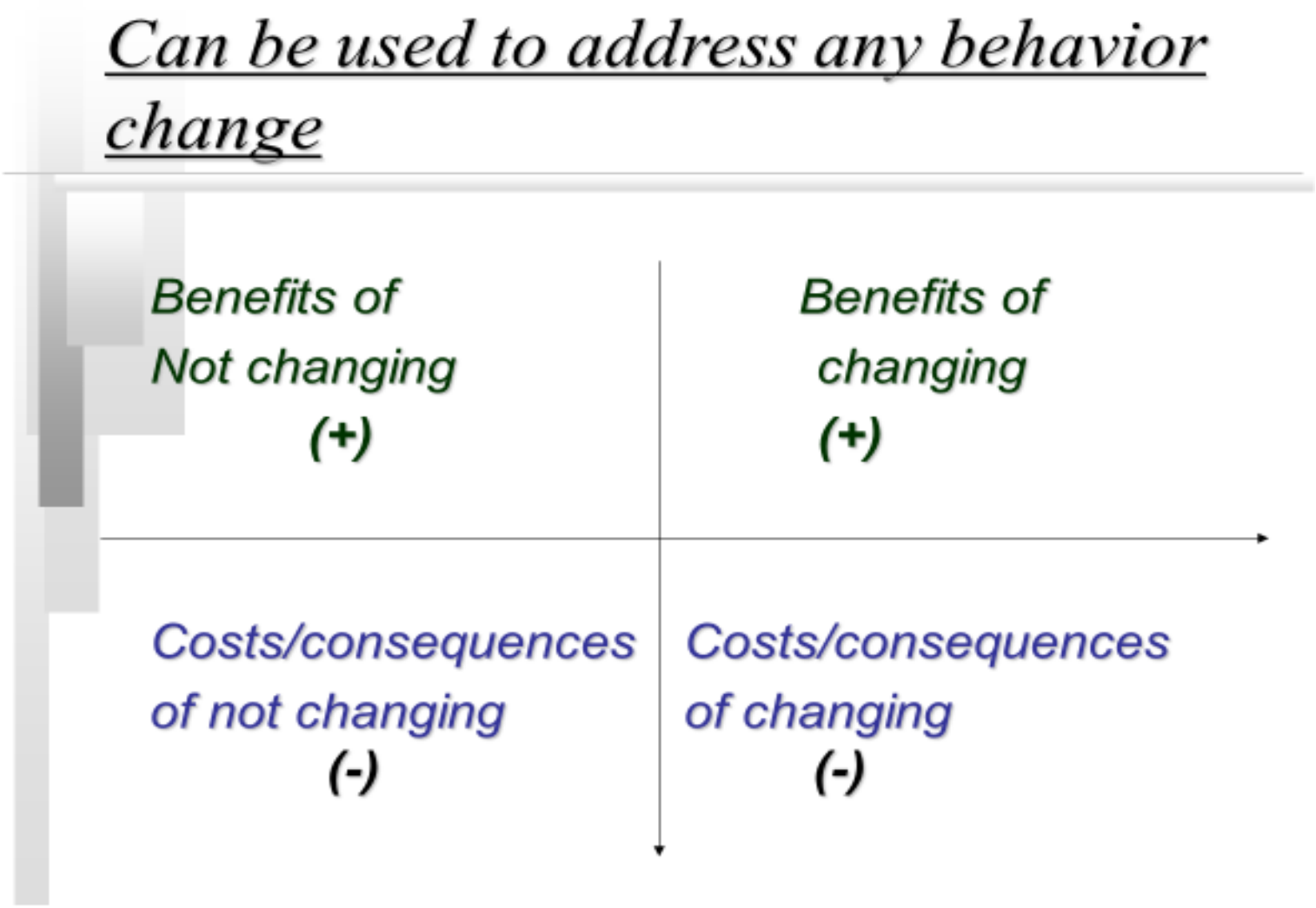
- **Person-Centered Services** - The only goal that is important is the persons goals(s)
- **Strengths Focused Assessments and Services** – We no longer focus on “problem lists” and fixing problems
- **Emphasis on Goal-Related Skills Training** – We teach skill building that helps the person achieve his/her goals
- **Utilization of Natural Supports** – We connect people to community and social supports
- **Utilization of Peer Support** – Peer perspectives and demonstration of recovery is powerful -therapeutic use of story
- **Normalized Environments** –We teach skills in the places he/she will be performing the skills

Meeting the Person Where They Are

How do we know where they are?

- These two assessment tools encourage people to talk with us and let us know “where they are” with respect to change/work on their goals
  - **The Payoff Matrix**
  - **The ICR Scales**

Payoff Matrix



Sample Payoff Matrix
Target Behavior: Exercising

Benefits of not Exercising • Can relax and do what I want • Do not have to plan to exercise/more "me" time • Do not have to join a gym • Do not have to have exercise clothes	**Benefits of Exercising** • Feel better • Lose weight • Better health • Have more energy/sleep better • Better role model for kids • Will be here for my family-see them grow and have families
Costs/Consequences of NOT Exercising • May gain weight/no muscle • Have less energy • Poor health • May not feel or sleep well • Dr keeps telling me to exercise • Live longer for my family	**Costs/Consequences of Exercising** • Have to make the time for it • Have to buy the clothes/shoes • May need to join a gym and pay a fee • Less free time for me

Exercise 1
Payoff Matrix

- In Zoom Room pairs, one person will be in the staff role and the other in the member role. (10 min)
- The staff person will facilitate filling in the Payoff Matrix by first identifying a real behavior for change/goal, then asking the questions at the top of each box (do not give the member any items for the boxes). Continue until the member has no more items per box
- After 10 minutes switch roles and begin again taking 10 minutes to complete the second Payoff Matrix

ICR Scales

- Importance
- Confidence
- Readiness

- These scales give us even more information about what the person has done or is thinking about with respect to making a change

Motivational Interviewing MI/CBT/ED Strategies "Cheat Sheet"

1. **Righting reflex —** if we argue for change, the person will make the argument for staying the same.
2. **"We believe what we hear ourselves saying" —** get the person to talk their thought through.

3. Stages of Change	Use this Skill(s)	While Doing These Interventions
a. Pre-contemplation	MI	Engagement, concrete services, set expectations
a. Contemplation	MI	Education, raise ambivalence, Payoff Matrix
a. Preparation	MI	Build confidence/social support, problem solve
a. Action	CBT/MI/ED	Role play, stress management, enhance coping skills
a. Maintenance	CBT/MI/ED	Support/encouragement, relapse prevention plan
a. Lapse/Relapse	CBT/MI/ED	Prepare for it, what triggered it, new planning

4. **Spirit of Motivational Interviewing (MI)**

a. **Collaboration -** Involves a partnership that honors the person's expertise and perspectives

a. **Evocation -** Resources and motivation for change are presumed to reside within the person. Intrinsic motivation for change requires drawing on the person's resources/ strengths based on his/her values.

a. **Autonomy -** Staff affirms the person's right for self-direction and facilitates informed choice.

5. **<u>MI Principles</u>**

a. Avoid making an argument for change

a. Roll with dissonance (no longer using resistance)
b. Express empathy
c. Develop discrepancy (between where they are and where they want to be)
d. Support self-efficacy and optimism

6. **<u>MI Foundational Processes</u>**

1. Engagement
2. Focusing
3. Evoking
4. Planning

7. **<u>MI Skills</u>**

a. Affirmations

a. Reflections

a. Open-ended questions

a. Summaries

a. Elicit change talk/minimize sustain talk

8. **<u>MI Assessment Tools</u>**

1. Payoff Matrix (What s/he values most)
2. ICR Scales

The Basic MI Skills- AROSE

- **A**ffirmations
- **R**eflections
- **O**pen Ended Questions
- **S**ummaries
- **E**licit Change Talk & Minimize Sustain Talk, Discord and Resistance

Affirmations

- Improves rapport
- Reinforces person's participation
- Reduces negativity
- Should be genuine and personalized
- Is not a compliment
- Why are affirmations difficult?

Reflections

- Allows the person to feel heard
- Allows staff to confirm perceptions (not assume)
- We choose what direction the conversation will take based on what we reflect back
- If you get it wrong, the person will correct you
- Begin with simple declarative statements:
  - ”You’re wondering how I can help you”
  - ”You feel pretty discouraged right now”
  - ”You have mixed feelings about your drug use”

Reflections Continued

- Is a statement, not a question
- End with a down turn in your voice
- Short and sweet
- A word about “but”
- Vary levels of complexity
    - -rephrase
    - -paraphrase
    - -“continuing the paragraph”
        - Reflecting back the thought or the feeling

Not Reflections – Not Reflective Listening

- Ordering, directing, commanding
- Warning/threatening
- Giving advice, making suggestions, providing solutions
- Persuading with logic, lecturing, preaching, telling what to do
- Disagreeing, judging, criticizing
- Agreeing, approving, praising
- Shaming, ridiculing, blaming
- Interpreting or analyzing
- Reassuring, sympathizing
- Questioning or probing
- Withdrawing , distracting, humoring, changing the subject

Open Ended Questions

- Can’t be answered yes/no
- Use person’s own words
- Have few assumptions
- Non-Judgmental/”Preachy”
- Ask one question
- Use to initiate discussion
- Never more than 3 in a row
- Rely more on reflections/reflective listening than questioning

Summaries

- Lets person know you heard all sides of the story
- Let's the person hear what they have said
- Allow you to present the discrepancy
- Use "and" not "but"
- Helps focus the interaction
- Allows you to emphasize crucial points/is directive
- Good for transitions

Summaries Continued

- Let me see if I understand what you have told me so far…..
- OK, this is what I've heard so far…
- Follow up with…
  - -OK, how did I do?
  - -What have I missed?
  - -Anything you want to correct or add?

Exercise #2
in Pairs in Zoom Rooms 25 min.

Please complete the MI Practice Handout

1. Read the quote from the member in the first box together
   - Decide together the best open ended question to ask after the quote
   - Then decide together the best reflection you can think of to elicit change talk based on the quote in the first box
   - Then decide together the best affirmation to support change talk based on the quote
2. Do the same for the second box/Quote
3. Then read the bottom box quote and create a short summary that will encourage change talk

MI Practice Handout: Open-Ended Questions – Reflections – Affirmations – Summary

The person says:	Open-ended question you will ask to have them talk more about their situation	Reflection you will use to encourage "change talk" and not "sustain talk"	Affirmation you will use to help the person to see where there has already been change talk or change thinking
"I would like to find a place to live but I don't have much money and I like to spend my check on other things-I drink too much, I guess. I'm not sure I need you -I can just go to the hospital if I need help"			
"I am so bored since I got my apartment. I don't stay there much because there is nothing to do there and it's lonely. I thought I would make friends but I haven't. What should I do?"			

Summary

(if someone stated this during MI, what summary would you reflect back to encourage/highlight change talk?)

"You all have helped me and I have my own apartment now. I don't even think I need you guys anymore. I know my place is messy and that I probably drink too many beers but I don't have much else to do. Working would be great and I would like to go back to the company I worked for a couple of years ago. I was an assembler, putting parts together. Maybe I could meet more people if I worked and find a girlfriend. People tell me I shouldn't work because I would lose my check and Medicaid. I don't know what to do - this apartment life is not what I thought it would be."

Ongoing Outreach & Engagement

- Make outreach/calls interesting, productive and structured (not Check-ins/Drive By Outreaches)
- Continue to use Motivational Interviewing
- Also use CBT and Educational Teaching Strategies to connect learning with goal achievement

Cognitive Behavioral Techniques/Interventions (CBT)

1. **Reinforcement**
1. **Shaping** (small steps at a time)
1. **Modeling** (you demonstrate the skill)
1. **Role Play:**

a. Discuss the steps of the skill
a. Model how you might use the skill
a. Ask the person to practice the skill
a. Give feedback, starting with the positive
a. If needed, ask the person to repeat the practice
a. Provide additional feedback

5. **Cognitive Restructuring**
6. **Relaxation Training**
7. **Behavioral Tailoring** (i.e. meds by coffee pot)
8. **Relapse Prevention Planning**

Educational/Teaching Strategies (ED)

1. Before teaching skills, assess for and reduce stressors and stressful environment.
2. Assess person's learning style: visual, auditory, tactile/experiencing, reading/writing learners.
3. Use interactive, collaborative teaching. Make it a fun learning experience if possible.
4. Give examples, model skills, and have the person practice.
5. Ask frequent questions to review information and check for comprehension.
6. Modify clinician language to facilitate comprehension of material.
7. Summarize/Repeat key points and review often.
8. Be creative and take your time with teaching of skills and collaborate on practice assignments.
9. Do "with" - Not "for" the person.

Ongoing Outreach and Engagement

- Engagement may ebb and flow over time. It is important to **constantly assess** for how engaged the person is and to always work on maintaining engagement or re-engaging persons who have disengaged.
- When people have disengaged we may have to begin again as we did with initial engagement (redefining expectations, basic needs, revise goals, etc.)

Questions about Ongoing Outreach and Engagement?

- Questions for Session 3 – Ongoing Outreach and Maintaining Engagement?