

# QCCP

Effective Outreach & Engagement  
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# Objectives

- \* Increased understanding of the roles and responsibilities as it pertains to outreach within Health Homes
- \* Increased understanding of skills related to development of effective engagement
- \* Understanding Progressive Outreach

# Welcome

- \* Fairness
- \* Purpose
- \* Identity
- \* Growth
- \* Culture
- \* Message
- \* Follow up

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- \* **Fairness:** How am I treated? How do we treat others? Am I valued?
  - \* **Purpose:** Why do we exist? Are we doing good? Do we make the world a better place?
  - \* **Identity:** Am I proud of what I do? Are others proud of me? Am I important?
  - \* **Growth:** Am I being challenged? Do I develop?
  - \* **Culture:** Do we live our words? Do I agree with the culture? Does it help us?
  - \* **Message:** I was clear? Did I miss lead?
  - \* **Follow up:** Did I call back? Did I do what I promised to do?

# Outreach

- \* Outreach efforts should be **Strategic...**  
.....**Aggressive**.....  
.....and **Quick** .



# Outreach

- \* Finding the person:
  - \* Being an INVESTIGATOR
  - \* Explaining health homes
  - \* Maintaining safety
  - \* Understanding Community



# Outreach

## Finding the person

- \* Finding people, Resources and Supports of the Individual, Family & System within his/her community and culture context



# Engagement

- \* Understanding your own culture and how it influences engagement
- \* Understanding the basic and unique needs of the individual, developing rapport, using health literacy language
- \* Both your culture and clients culture are centered for.





# Engagement



- \* Understanding the basic and unique needs of the family, provider and a valuable community to engage in person's care
- \* Example: Beauty Parlor

# Individual Outreach

- \* Outreach begins when the outreach worker learns about the community they have been assigned and leaves the office to engage with community members in order to locate and inform individuals about their
- \* eligibility for Health Homes



# Individual Outreach



- \* Health Homes information about the individual is limited and therefore requires

**Investigative Skills**

# How- Where do you look?

- \* Phone calls, letters, home visits and your agency records are a start.....
- \* Real Outreach takes you to....
- \* Canvas Outreach
- \* Person's home, neighbors, landlord
- \* Community locations (corner store, drop in centers, faith based organizations..etc...)
- \* Last know service providers (Doctors, hospitals, dentist,.. etc.) Family members (who is listed as next of kin or emergency contact)
- \* Homeless shelters or social services agencies
- \* Jail
- \* Faith Organizations

# Progressive Outreach

- \* Is the process by which a care management organization.
  - \* Locates potential patients
  - \* Informs patients about their eligibility
  - \* Educated patients about the health homes and what it means to be a patient
  - \* Answers questions regarding the Health Homes
  - \* Obtains consent for enrollment
  - \* Connect patients to any emergency needs/services



# Progressive Outreach

- \* Mail
- \* Phone Calls
- \* Home Visit
- \* Online –Search
- \* Loyalty List

# Effective Outreach

## What makes outreach effective?

**Compassion:** caring deeply about the people targeted for health homes

**Persistence – Diligence:** being willing to search thoroughly for the person

**Interactive:** building of relationships with other people on the streets and in the community where people are likely to be

**Informative:** Clearly explaining the eligibility and the benefits of health homes care management and providing written information that can be understood



EFFECTIVE

# Effective Outreach

- \* **Non- Judgmental- Accepting:** knowing and understanding each person culture perspectives and biases, as well as you own, avoidance of stereotyping, understanding the individual where they are at – receive health care and connecting with health homes may not be their priority – priority may be food, housing, heat, winter coat, transportation, etc.



EFFECTIVE  
EFFECTIVE



# Effective Outreach

- \* **Empowering:** assist person to feel in control over their health outcomes and the choices of the services he/she will use to help achieve those outcomes



# What type of issues might you encounter?

Feeling out of your element

Witness to something illegal

Management of your “sixth sense” your biases and prejudices

Being asked for money, food, rides and other basic needs

Person in acute distress

Witness to violent situations

Having to make judgment calls

# Tips for Enhancing Safety



- \* Safety must be a consideration for both the outreach worker and the patient.
- \* Many of these safety tips can or should be included in policy and procedure manuals

# Tips for Enhancing Safety

- \* Have a plan – Make sure someone knows where you are and when you will be back
- \* Conduct outreach in pairs – especially in remote and high risk places
- \* Get organized before you go
- \* Don't wear or carry valuables, wear your work ID at all the time
- \* Be aware of surroundings – use your common sense – recognize your sixth sense – position yourself near exits- be aware of weather conditions

# Tips for Enhancing Safety

- \* Know when you are putting the person family at risk
- \* Use smart phones
- \* Carry snacks – water
- \* Know when to approach – void
- \* Do what you say you are going to do
- \* Develop a safety plan



# Individual Engagement



- \* Engagement includes the level of interaction, involvement, interest between the individual and the health home outreach worker
- \* The level of engagement can be influenced by many factors – within your control and outside of your control
- \* Understand the basic and unique needs of individuals within their cultural context in order to successfully engage

# Build Relationship First!!

- \* Hope
- \* Shared power
- \* Availability
- \* Openness to a wide variety of interventions
- \* Honestly
- \* Benefits



Why are some  
folks more  
challenging to  
engage?



Pervasive lack of trust

Lack of confidence in the services

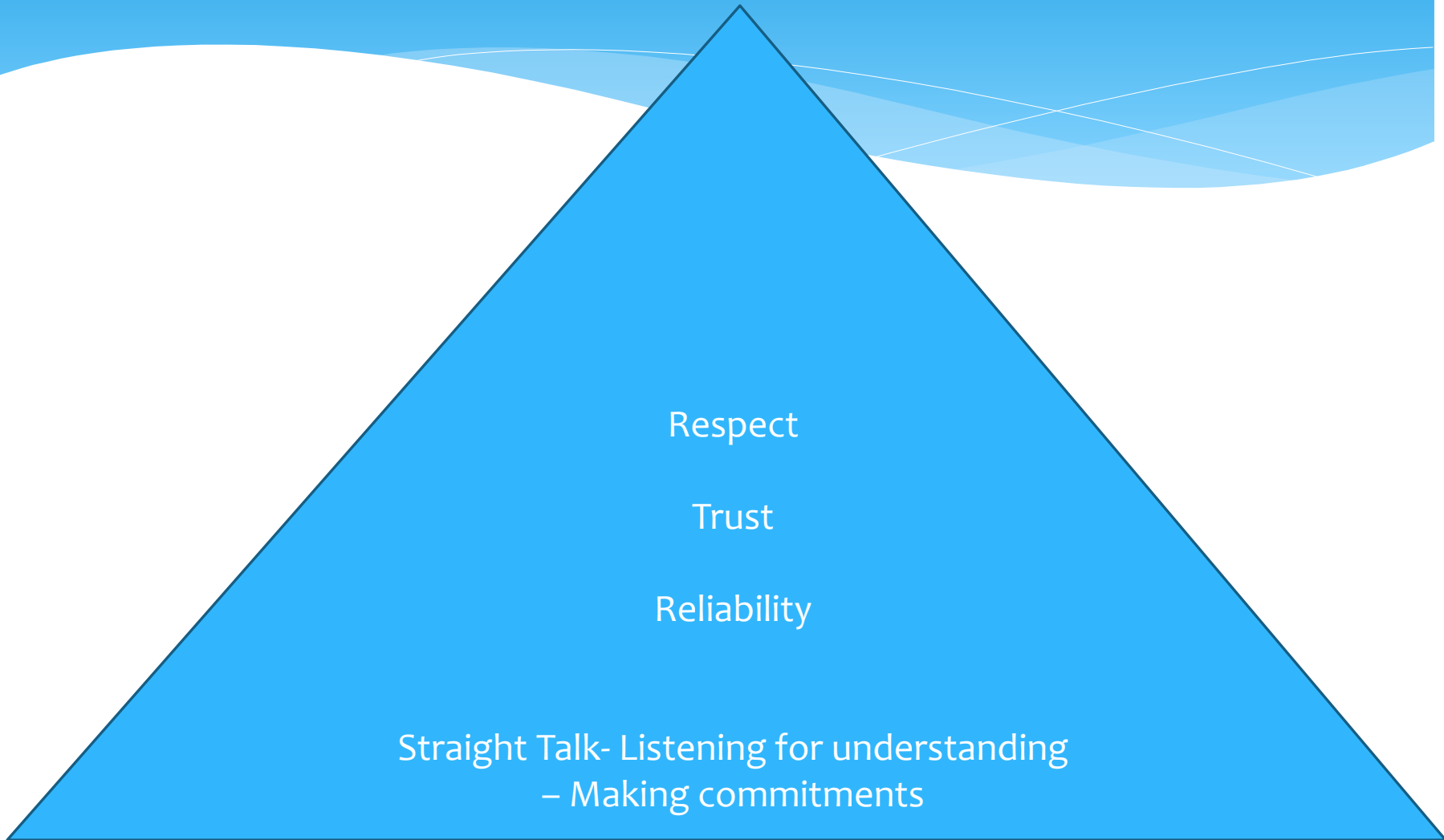
Wants to feel respected and valued



# What are some things you can do to build trust and show respect?

- \* Create mutual and shared goals
- \* Leave the personal decision to the person
- \* Relate to people – NOT “at”, “on”, or “down to” them
- \* Design and implement services and supports that are unique to the person

# Respect Model - Trust Triangle



# Emphasize Listening

- \* **When the person feels heard, they also feel:**
  - \* Affirmed (Understood)
  - \* Accepted (open, not defensive)
  - \* Approachable (willing to talk more)

**By listening,** we understand the person's dilemma-ambivalence and values

**Every good conversation starts with good listening.**

# Reflections – Seek to understand what the person means

- \* **Simple Reflections:**

- \* Repeat: Restatement of what the person said
- \* Rephrase: Same thing with slightly different words

# Reflections – Seek to understand what the person means

- \* **Complex Reflections (Paraphrase)**
  - \* **Double sided reflections:** Includes both client sustain talk and changes talk, usually with conjunction “and”
  - \* **Amplified reflection:** Reflect back in an exaggerated form, avoiding sarcasm
  - \* **Metaphor:** A story of comparison
  - \* **Affective reflection:** Affective reflection looks at what the person feels as a result of personal experiences
- \* ***sometimes silence is the best response\****

# Partnerships



- \* Health Homes are encouraging us to focus on partnerships like never before
  - \* Partnerships between services provider and service recipient
  - \* Partnerships between providers
  - \* Partnerships among providers, supervisors and administrators
  - \* Partnerships with communities

# Principles for Meaningful Conversation

- \* Acknowledge one another as equals
- \* Stay curious about one another
- \* Recognize we need each other's help to become better listeners
- \* Slow down to have time to think and reflect
- \* Remember that conversation is the natural way humans think together
- \* Expect it to be messy at times



# Negotiation Tips



- \* Seek the other person's perspective
- \* State your needs
- \* Avoid arguing – maintain emotional control
- \* Consider timing – avoid negotiation when tempers are flaring or if the process will be rushed
- \* Move thinking from “either/or” to “and”



# Stay Focus



- \* Don't get sidetracked by people who are not in track. YOU ARE !!
- \* Never give up – stay focused- stay positive- stay strong
- \* Don't work with auto pilot ON

# Challenges

- Inadequate contact information
- Case complexity
- Limited upfront data on member needs
- Cultural and linguistic barriers
- Lack of awareness of Health Homes



# Challenges

- \* **Inadequate contact information:** individuals eligible for health homes services may have transient and unstable living situations, or lack sustained access to phone services
- \* **Case Complexity:** The population targeted has a high degree of medical and psychosocial complexity and many of them have multiple chronic conditions compounded by mental health and substance use disorders, all of which often go untreated .
- \* **Limited upfront contact information:** Initial data on eligibility provided by DOH often shed little light on eligible member's medical and psychosocial needs
- \* **Cultural and Linguistic barriers:** Given the diverse nature of the population many members are non- native English speakers who come from a broad range of cultures.
- \* **Lack of awareness of Health Homes:** Although health homes have been operating for four year now – many people noted that there is much confusion and limited public awareness

# How to improve your Outreach Pitch



- \* Have a plan
- \* Control your presentation
- \* Be a good listener
- \* Ask questions where “NO” is not an option
- \* Remember to loop back
- \* Enhance your relationship
- \* Be prepared to close your enrolment
- \* Showcase your passion

# Outreach Pitch

- \* When it comes to outreach in the professional world, you should have a **plan** and you should know everything about what are you presenting.
- \* Control your presentation- if you have an amazing plan, do not veer from it. **Enrolling is part of your plan** and show confidence that you know what is Health Homes is all about.
- \* This is your Outreach Pitch. Yes, the patients can show judgment and ask questions, but is your JOB to bring him/her back to where you want him/her to be. If you do not control your enrollment, the patient will take it over and the final outcomes will be out of your hands.

# Outreach Pitch

- \* Be a good listener – talking is easy – Enrollment is related to talking and silence – if your potential patients asks you a question, listen to the question, and answer that question. Do not rambling on about 10 other features and benefits if that is not what the patient asked.
- \* Ask questions where “NO” is not an option- if you planning, you should know your patients and his/her needs and the benefits of being part of Health Homes.
- \* Remember to loop back- a lot of people tend to think the more information , the better; if you tell the potential patient every single thing about Health Homes services, there is no way he/she can say no. The truth is, the patient is only going to latch onto few of your point, so your goal should ne to give him/her the main benefits that you have identified.

# Outreach Pitch

- \* Enhance your relationship – you need to set a light mood, letting the patient know it's not all about the deal. It's about relationship. Be prepared – everyone has a lot of things going on in life and for some reason, it really takes people by surprise if you show genuine interest unexpectedly- Utilize relationship with the person and set the mood for what is to come.
- \* The way you end things with a patient is crucial because when it comes down to it, your closing the enrolment is everything.

# Outreach Pitch

- \* **Showcase your Passion**

*Enrollment takes practice, but it also takes the ability to demonstrate passion.*

**No one will agree** with someone who does not look like he/she believes in his/her product.

*should eventually come naturally .*





# In Summary..... you have a vitally important role to play

- \* Outreach to non- traditional settings for persons who might otherwise be ignored or underserved
- \* Engagement of “ hard to serve” individuals
- \* Partnering with providers/others in the community to support/guide the recovery goals of persons being served
- \* Advocating for trauma informed services
- \* Understanding the cultural nuances of yourself, the person and his/her family, and the community
- \* Lending hope and possibility

# Resources

- \* Outreach to High-Cost Individuals: Best Practices for New York Health Homes, 2014 by NYS Health Foundation & Center of Health Care Strategies.
- \* Effective Outreach, Engagement and Partnership with Individuals, Providers and Community Supports, 2012 by New York State Council for Community Behavioral Healthcare (NYAPRS) – NYS Care Management Training Initiative.
- \* Building Motivational interviewing skills: a practitioner workbook by David B. Rosengren , 2009. Guilford Press.
- \* Motivational Interviewing in Health, Helping Patients Change Behavior by Stephen Rollnick, William R. Miller and Christopher C. Butler, 2008. Guilford Press.

# That's all Folks

