

**Outreach defined:**

The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources. Outreach results in increased access to and utilization of community services. Outreach may include methods such as distribution of flyers and other written information, public service announcements, and other indirect methods.

Outreach may also include “inreach,” defined as when placement of outreach staff is in a service site such as a school, shelter, community resource center, (other) and direct, face-to-face interactions occur at that site. In this form of outreach, individuals seek out outreach workers.

***Possible measures:***

- # hours of outreach activity
- cost/hour
- number of individuals contacted during outreach activity ( regardless of enrollment, eligibility, relocation, or refusal of services)
- number of new individuals enrolled in service at CMHC as a direct result of outreach activities

**Engagement defined:**

Identification of individuals in need, screening for eligibility, development of rapport, offering support while assisting with immediate and basic needs, and connection with appropriate resources. (# of new intakes and enrolled as direct result of outreach/engagement activities).

***Possible measures:***

- # individuals who received assisted referral to community services who made contact and/or attained the service
- # of new intakes and enrolled as direct result of outreach/engagement activities

**A Systematic Review of Measures of Therapeutic Engagement in Psychosocial and Psychological Treatment**

Amanda Tetley, Mary Jinks, Nick Huband, and Kevin Howells

“It is proposed here that engagement refers to the extent to which the client actively participates in the treatment on offer. It is assumed that this participation is manifest behaviorally. To participate in therapy, clients must consistently attend the arranged therapy sessions and complete the specified course of treatment” (Fiorentine, Nakashima, & Anglin, 1999; Hatcher & Barends, 2006; Krause, 1967; Otani, 1989; Siebel & Dowd, 1999; Scott & King, 2007).

Factors that increase the likelihood of engagement:

- understanding the treatment rationale
- confidence in treatment
- attitudes to treatment care and staff
- goal directedness
- perceived usefulness of treatment
- desire to attend treatment

- level of trust for peers and staff
- motivation for therapy
- collaboration with treatment and commitment
- seeking help when required

Six core dimensions underlying the construct of treatment engagement:

- treatment attendance,
- treatment completion,
- completion of expected between-session tasks (e.g. homework),
- expected contribution to therapy sessions (including self-disclosure and/or other tasks or activities),
- appropriate working alliance with the therapist, and
- supportive and helpful behavior towards other participants (in group therapies).

### **The Strengths Model** Rapp, Goscha

Emphasis on the importance of the *relationship* between the client and the professional. Relationship with the case manager is the “primary mechanism for increasing confidence, identifying goals and risking dreaming and recognizing talents and strengths.”

- Purposeful
- Reciprocal
- Friendly (empathy, genuineness and unconditional positive regard)
- Trusting
- Empowering

Methods of engagement:

- First several meetings occur where and when the client specifies, community locations preferred
- Conversational interaction (informal process, “chatting”) as opposed to interrogation
- Case manager uses empathy and reinforcing comments
- Case manager discusses purpose and mutual expectations
- Doing the concrete task, identify and attend to immediate needs
- Role induction
  - “The purpose: The case manager will assist a person to achieve the goals he or she desires
  - The client is the director of the helping process
  - The case manager helps the person locate opportunities, options, resources desired
  - The case manager works with the person to ensure his or her personal rights are made known, respected and enforced
  - The case manager gets to know what’s working well in a person’s life despite the challenges the person may face.”

### **Example of a program offering outreach and engagement**

#### **Intensive Case Management Services**

Service population includes individuals who often have “burned bridges” with community providers and lack the ability to access needed services without assistance and/or intervention.

The Intensive Case Manager (ICM) meets with the potential client to initiate a comprehensive service plan that focuses on the whole person. Initial work involves meeting individual basic needs like locating safe housing, and/or getting a good meal. Simultaneously, an assessment of mental health needs and/or substance abuse is conducted and a treatment or recovery plan begins to develop. Additional services are provided and/or purchased through partnerships with community agencies to coordinate physical health, safety, housing, employment, legal and financial issues. Individuals are also assessed for their potential to receive federal disability benefits through the SOAR Program.

*Performance Measures:*

For a designated percentage of the population in a given geographic area of the state:

- Access state and federal benefits
- Secure safe, sober housing
- Access mental health services including medication management and TCM
- Access substance abuse services
- Address physical health issues
- Seek earned income

*Process reporting:*

- i. the total number served;
- ii. total/percentage ICM clients admissions to a state psychiatric;
- iii. total number of bed days needed for stabilization
- iv. total/percentage of ICM clients who obtained or maintained permanent housing;
- v. total/percentage of ICM clients who obtained or maintained transitional housing;
- vi. total/percentage of ICM clients who were engaged in ROSC services;
- vii. total/percentage of ICM clients who were engaged in mental health services
- viii. total/percentage of ICM clients who were engaged in substance use treatment
- ix. total number of ICM clients who received assistance applying for federal disability benefits and the total number of ICM clients who attained federal disability benefits (baseline);
- x. total of ICM clients who received assistance applying for state or third party benefits and total number who attained state or third party benefits (baseline);
- xi. total of ICM clients who were assisted to secure primary medical care and the number of people who attained primary medical care (baseline);
- xii. total number of people had an interest in seeking earned income and the number of people who attained earned income (baseline);
- ~~xiii.~~ total/percentage of ICM clients who are accessing a reduced level of ICM services based on need and status: Gradual Disengagement
- xiv. total number of clients who disengaged from ICM services;
- xv. total number of ICM clients whose quality of life improved as measured by the Quality of Life Scale (baseline).

### **Suggested Outcomes for CMHC Contract Re-Design**

Housing obtained and maintained (transitional, supportive, or permanent).

Employment obtained and maintained

Decreased admissions to hospitals and PRTFs

\_\_\_% personal goals attained as a result of CMHC services

\_\_\_% report improved quality of life as a result of CMHC services

### **Suggested Process Measures:**

# hours of outreach activities

# persons contacted as a result of outreach activities

# persons enrolled in CMHC services as a result of outreach activities

# of persons served

# persons applied for state or federal benefits

# persons referred and connected to primary health care provider

# persons referred and connected to substance abuse provider