



UPMC

University of Pittsburgh
Medical Center

Engagement and Outreach Module 4



Engagement and Outreach Program Description

This session provides a brief outline of points to consider when initially engaging individuals in case management services. Interviewing techniques to aid in this process will also be illustrated using video segments. In this section we will examine methods of outreach which support this process.

Educational Objectives

Upon completion of this section, you will be able to:

- Identify positive approaches in engaging individuals to access services
- Describe methods of outreach to these individuals

How to Engage – First Meeting

Inpatient

- Meet face to face prior to discharge
- Attend treatment team meeting
- Review medical record

How to Engage – First Meeting (Continued)

Outpatient

- Set up first appointment with outpatient treatment team to meet the individual
- Review medical record (if able)

How to Engage *after* the First Meeting

Inpatient

- Discuss with Inpatient Supervisor involved in the individual's case when you can meet with him or her
- Meet with Treatment Team
- Discuss what worked/what did not work (With team *and* individual)
- What can *you* do differently?
- Discuss discharge planning (FROM DAY 1)

How to Engage *after* the First Meeting

(Continued)

Outpatient (but not meeting with you)

- Review with primary Treatment Team
- Barriers to meeting with you
- What can *you* do differently?

Engagement Process

- Engaging individuals in the case management process begins with the initial interview.
- Motivational Interviewing techniques to help in this engagement process are presented in the following video segment:
<https://www.youtube.com/watch?v=s3MCJZ7OGRk>
- Please return to this PowerPoint after viewing the video

Assertive Outreach

Despite our best efforts, individuals are often ambivalent regarding case management services.

This may be caused by the circumstances surrounding their lives and/or the illness itself.

Case Managers/Service Coordinators need to continue their efforts in reaching out to these individuals.

Assertive Outreach (Continued)

The following are some helpful tips in assertive outreach:

After first missed appointment

- Phone call, leave message
 - Done immediately after first missed appointment
 - Do this while still at home or apartment if possible
 - If able to reach, determine why appointment was missed, and re-schedule
 - Determine if need to be seen is urgent or routine
 - Missed due to symptoms of illness
 - Missed because of conflict

Assertive Outreach (Continued)

Drive By Home or Apartment

- This should be done within first week of missed appointment (if unable to reach by phone)
- Leave a note in door (if able)
- Talk with staff (if residential site)
- Talk with Supportive Housing Case Manager (if the individual has one).

Assertive Outreach (Continued)

Contact and review with treatment team

- Therapist, Psychiatrist, other professionals working with consumer

Send a Certified Letter

- Did a receipt come back to you?

Assertive Outreach (Continued)

Contact Managed Care (If Applicable)

- Care Manager

Contact Emergency Contact

- Anyone on a Release of Information

Attempt to determine if in jail or hospital

- Liaisons available?

When Do I Increase My Attempts?

Is this a pattern?

- History of “*disappearing*” ?

What does the treatment team think?

- Cause for concern?

Is this a *dramatic* change from normal?

- Doing well vs. *Decompensating*

When do I “Let Go”?

How long has the person been MIA?

- Rule of thumb (but not regulation)
 - 90 days of no contact, but documented assertive outreach (If signed in to program)
 - 30-45 days if not signed in

Has the person told you they do not want services?

- Stated they did not want to work with you, and you have not seen them since (despite multiple documented assertive outreach attempts)

Things to Remember

Be Proactive!

- Call to remind of appointments if necessary
- Give appointment cards

Individuals *CANNOT* fail in their treatment

- We need to continually adjust treatment methods to engage
- We need to allow individuals to choose not to work with us, without feeling like they failed

Things to Remember (continued)

Observe your limits and boundaries

- Do Not work harder than the individual accessing services
- You cannot *FIX* them

Know when to extend your limits

- Is this individual too sick to do it for themselves?
- Is the individual appearing more competent than they really are (*Apparent Competence*)?
- Is it clinically appropriate to extend your limits?

To Sum It Up

- Remember, this is not “Rocket Science”!
- There are many ways to engage, be creative!
- It's OK to ask for help from your team
- It's OK when our folks don't want us

Resources

The following are several websites which can provide you with valuable information in performing your duties as a case manager. Please feel free to review them at your convenience.

- <http://www.pacode.com/>
- [Mental Health Procedures Act \(pdf\)](#)
- [MH/Intellectual Disability Act of 1966 \(pdf\)](#)
- <http://www.cms.hhs.gov/default.asp>
- <http://www.dhs.pa.gov/>
- <http://www.nami.org>
- <http://www.namikeystonepa.org/>
- <http://www.pmhca.org>
- <https://www.samhsa.gov/find-help/disorders>
- <http://www.grants.gov/>

Summary

Please continue by completing the following quiz:
<https://www.oerp.pitt.edu/wp-content/uploads/2019/04/TEST-Module-4.pdf>

Return the completed quiz to your supervisor.

Comments

Please refer any comments or questions regarding this training to:

Doreen Barkowitz, LSW

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or via email to: barkowitzdh@upmc.edu

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