



Outreach

Introduction

One of the key features of Coordinated Specialty Care (CSC) programs is systematic outreach. The goals of outreach are to recruit clients to participate in CSC programs and, according to the National Association of State Mental Health Program Directors, “to devise a plan that maps out the various portals through which an individual may be identified and to systematically reach out to representatives of each of these portals in order to provide education about psychosis and the ways in which individuals seen in these settings can be effectively approached and linked with specialty care.”¹ Outreach will promote community awareness of the program and be tailored to a wide variety of audiences.²

Outreach strategies will vary, depending on the program. OnTrackNY programs typically designate at least one team member as *outreach and recruitment coordinator* (ORC). Other team members may also engage in outreach activities.³ In NAVIGATE programs, the director may spend several hours a week conducting outreach and will use different methods to approach the community with two important messages:

- early intervention for psychosis is important—programs need to convey (to both the public and to the mental health community) the importance of these young people receiving the treatment they deserve as soon as possible, and
- the program can offer help to these young people who are developing psychosis for the first time.²

Peers may also be involved in outreach activities.⁴ In addition, some programs use team members best suited to the target audience (for example, the Supported Employment and Education Specialist reaches out to schools and the psychiatrist contacts medical practices).¹ Many programs provide outreach in different languages that are spoken in a community.¹ Some core components to outreach planning are described below.

Outreach Business Plan

The outreach business plan encourages programs to:

- Plan where they can target their advertising
- Keep a record of the audience you will target
- Describe the kinds of activities that the program can complete
- Provide a timeline for completion of tasks
- Evaluate benefits of advertising and educational efforts and providing lectures and talks²

Although an outreach business plan should be specific to the program and local context of the community, you can find a useful example of a plan in the *NAVIGATE Director Manual*.²

Planning for Outreach²

These are typical steps for planning outreach:

1. **Create a list of people and places to target.** These include potential referral sources as well as public organizations. Be sure to add pertinent contact information to the list. Use this as the guide for directing education, advertisements, lectures, and talks. After making initial contact, rank the referral sources in terms of their likelihood to be an excellent, good, or poor referral source.
2. **Develop a timeline for the outreach.** You may use a template for efficiently contacting potential resources and for providing follow-up to inquiries.
3. **Use the outreach business plan as an ongoing plan.** Each month, take time to enter notes of activities that were less successful and build successful activities into an ongoing schedule. At the same time, update the contact sources, noting which ones were helpful and which ones were less helpful for recruitment. For example, in a family physician’s office, targeting efforts toward a social worker or nurse who may be more involved in disposition might yield better results than the physician.
4. **Be familiar with the clinic’s catchment area.**

Target Population

Use lists to identify the target population for outreach:

- Potential referral sources that are the most likely to refer clients with first-episode psychosis (FEP), such as family physicians, mental health clinics, adult and adolescent inpatient units, adult and adolescent outpatient clinics, addiction centers, emergency rooms, and mobile crisis teams.²
- Educational institutions that have counseling and psychiatric sources, such as colleges and universities. These may also include counseling services at secondary schools.²
- Public and community sites that routinely disseminate information to the public, such as libraries, community and recreation centers, and sports and entertainment venues.^{1,2}

Other potential collaborators include prodromal clinics, other FEP clinics, health maintenance organizations, behavioral health organizations, specialty courts, and places of worship.³ For each target, determine the most appropriate contact method.²

Materials

The team should use various materials to distribute program information to providers, service seekers, and family members.³ Written information will be available to the public (non-providers), so whenever possible, use benign language to describe the program without using specific mental health terms such as *schizophrenia* or *psychosis*.³ As you prepare material for your catchment area, consider the following options:

- **Brochures for participants and providers.**³ Both types of brochures should include a brief introduction to the program, locations, and relevant contact information including the program's website URL.
 - » Participant brochures: Include the program's overall goals, who comprises the team, and what they provide.
 - » Provider brochures: Include more in-depth clinical information about eligibility criteria and background about FEP and early intervention.
- **Postcards.**³ You can use postcards for mailings although they should feature minimal information (e.g., program name, the intended audience, contact information for the team, and the website URL).

- **One-page flyers for participants and providers.**³
 - » Participant flyers: Include a description of services offered by the program and how to contact the team for an evaluation.
 - » Provider flyers: Provide a summary of services, eligibility criteria, and how to make a referral.
- **Flip chart.**³ This visual tool can provide information about FEP, kinds of symptoms, a brief neurobiological overview, why early treatment is important, and a description of services offered by CSC programs. You can customize this tool to address the needs of the target audience, including providers, clients, and family members.
- **Website.**³ The website should be quick and easy to navigate and can include pages or sections targeting clinicians, clients, and family members. By including a "contact us" page on the website, interested parties can directly submit requests for information about programs. The website can also include a page that highlights additional resources so interested readers can link to informative websites and/or other community support services.
- **Social media.**¹ A strong social media presence can facilitate your program reaching its target audiences. Some programs, for instance, post videos that describe treatment. Update social media regularly.

Distribute brochures and flyers by mail, fax, or email to the potential referral sources. For example, family physicians are a key referral source, and the easiest way to inform them is through mailed brochures.² For other mental health agencies, the most appropriate way may be a brochure, followed by a personal call offering additional program information and the opportunity to receive more material and/or a formal or informal presentation.² The primary purpose of the call is to learn if this is an appropriate referral source and, if so, whether the source will be a major or more minor referral source. The second purpose is to ensure that sources have the needed information to make referrals. The agency and/or location dictates brochure and flyer distribution and the business plan documents their distribution.²

Types of Outreach³

Initially, teams can use a blanket approach to spread information to a wide range of referral sources within geographic proximity. It may be helpful to target hospitals and/or providers affiliated with the local CSC site. Over

time, teams customize outreach efforts based on yield of referrals. When possible, have staff members who are known to the referral sources make initial contact. To optimize initial engagement, a psychiatrist and a member of the ORC team can make the presentations. ORCs can then follow up with referral sources regularly.

- **Individual calls and blast emails.** Emails should include one-page flyers, brochures, and/or referral forms when appropriate.
- **Check-ins and team meetings.** Once staff establish a relationship with a referral source, the ORC can begin regular in-person check-ins to provide information and answer questions. Programs should distribute brochures, postcards, and one-page flyers.
- **Presentations and grand rounds.** Customize presentations to the audience (that is, more teaching based versus clinically focused). Provide brochures and one-page flyers.
- **Articles in newsletters.**

Document positive and negative responses to the outreach within the business plan to improve the ongoing plan. Use returned educational material to update the list of sites.²

Offer a presentation about FEP and your program to resources that are most likely to send referrals, such as college counseling services or inpatient services. Presentations should provide the audience with relevant information about early psychosis, FEP clients, and the CSC intervention; explain the referral process; and invite questions and comments from the audience.² Each site produces its own presentation material and referral process according to agency protocol. Programs use comments to evaluate the effectiveness of the lecture or talk and then add the comments to the outreach business plan. Consider the possibility of hosting a symposium that provides continuing medical education or CME credits on first-episode treatment, or collaborate with a group that is interested in planning such a symposium.² Invite a range of staff members, such as staff from all college counseling centers in locations with a high density of colleges.

Acknowledge referral sources.² This step is essential in sustaining communication with these sources and maintaining your program's visibility as a viable referral option. Programs can do this in several ways, such as:²

- Provide feedback to sources about their referrals. Referral sources will find it helpful to learn if the referral is unsuitable, so that they can make more appropriate referrals in the future.
- Update sources on the outcome of the referral. This may already be part of the clinic's practice.
- Thank the source for its referral, regardless of its suitability.

Tracking

Sites should develop and implement tracking systems to track outreach efforts. You can also use this system as a database to store relevant contact information for each referral source.³ Capture the following information for each referral source:³

- Contact information
 - » Name of organization
 - » Specific department or unit
 - » Address
 - » Phone numbers
 - » Specific persons to contact, title, role, and their direct contact information
- Tracking outreach
 - » Date of contact
 - » Name of ORC team member
 - » Brief notes (who you met, any specific challenges that arose)
 - » Type of outreach (such as team meeting presentation, check-in, email correspondence)
 - » Follow-up plan

In summary, there are several activities that you can use to engage referral sources and increase your visibility as a treatment resource for individuals with FEP. The information in this handout should provide a useful starting point. It is important to remember that your program's outreach plan should be specific to your community's unique context to ensure success.

Additional Source

Mueser, K. T., Gingerich, S., Addington, J., Brunette, M. F., Cather, C., Gottlieb, J. D., ... Penn, D. L. (2014). *The NAVIGATE team members' guide*. Retrieved from <https://navigateconsultants.org/manuals>

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