



Enhanced Care  
Management (ECM)

# Outreach Toolkit

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# Enhanced Care Management Outreach Toolkit

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# Overview

Enhanced Care Management (ECM) is a Medi-Cal managed care benefit that addresses clinical and non-clinical needs of high-need individuals through the coordination of services and comprehensive care management. ECM is intended for the highest risk Medi-Cal members with multiple chronic conditions and social needs.

ECM covers a large and diverse population of Medi-Cal members. There can be challenges locating and engaging eligible members to encourage them to enroll in ECM, and in maintaining engagement once they are enrolled. Challenges include geographic, cultural, and linguistic barriers, as well as difficulties introducing members to a new benefit.

This toolkit provides strategies and promising practices for outreach to successfully engage and enroll eligible members in ECM, as well as maintain engagement once the member is enrolled.

This toolkit:

- Outlines key challenges to outreach and engagement;
- Provides promising practices for ECM provider outreach and Medi-Cal health plan oversight; and
- Supports ECM provider outreach staff and Medi-Cal health plans.



# Building Your Outreach Team

The first step to successful outreach is to identify roles and responsibilities related to outreach and engagement, and then build the necessary infrastructure to support these activities. ECM providers, Medi-Cal managed care health plans, or community-based partners may conduct these activities, depending on the situation.

## Assigning Staff Roles

**Two general approaches can be used to assign staff roles:**

### 1. Dedicated Outreach Staff

One option is to hire staff or assign internal staff who are solely responsible for conducting outreach to members who may be eligible for ECM. Given that outreach to members (particularly members experiencing homelessness) can be challenging, it is critical to give staff adequate time to conduct comprehensive outreach and follow-up activities.

#### Advantages

Outreach activities are conducted by qualified and trained staff, in efforts to maximize enrollment in ECM.

Outreach staff are trained for this role, which requires a certain skillset.

#### Challenges

After outreach staff develop relationships with members and encourage them to enroll in ECM, they have to transition them to ECM lead care managers whom members have not yet met. It will take additional time and effort to build those relationships.

## 2. Outreach Conducted by Care Management Staff

Another option is to have ECM care management staff conduct initial outreach to members while simultaneously serving as ECM lead care managers for enrolled members.

### Advantages

The person who initially conducts outreach and enrolls members can start to build a relationship and trust, which is important in maintaining member engagement. This approach promotes continuity of care and minimizes handoffs.



### Challenges

Given that both sets of activities are time-intensive, it may be difficult for staff to maintain a balance between conducting outreach and providing care management services to enrolled members.

If staff prioritize providing care management services to already-enrolled members, this could reduce outreach activities and therefore program enrollment. If staff prioritize outreach activities, ECM members may not receive appropriate support.

If taking this approach, it is critical to have enough staff to ensure that both sets of activities continue at the necessary level. Staff need to have the skillset and cross training for both sets of activities.



## Hiring the Right Outreach Staff

**Providers should consider the following strategies for hiring outreach staff:**

- Hire outreach staff from the communities where members live and receive services and ensure they have lived experience or knowledge about the communities and populations being served.
- Prioritize hiring outreach staff that speak the languages of eligible members and understand the cultural differences and needs of the members they are trying to reach.
- Look for outreach staff who exhibit compassion, strong people skills, creativity, and who are friendly and good listeners.
  - These skills and qualities will help outreach staff establish credibility and trust with members.
  - Community health workers often possess many of these attributes and can be considered strong candidates for outreach work.





# Training and Supporting Outreach Staff

Training and support can help outreach staff effectively reach and engage with eligible members.

## Training

### Training for outreach staff should include:

- Tips for talking about ECM and its services in a simple and clear manner;
- Strategies for building relationships with eligible members and within communities;
- Approaches to enhance understanding of medical and social service needs (including housing) of eligible members with chronic physical health, mental health, and substance use conditions;
- Strategies for building relationships with entities who support eligible members in the community, and how to leverage these community partnerships to reach and build trust with eligible members;
- Role-playing exercises that help outreach staff practice approaching and engaging with eligible members; and
- Information about the specific populations being served by ECM (such as individuals, families, and children experiencing homelessness or children involved in Child Welfare).

## Ongoing Support

**In addition to training, providing ongoing support to outreach staff can help increase their effectiveness.**

Ongoing support for outreach staff may include the following approaches:

- 1 Provide staff consistent messaging and materials;
- 2 Convene staff; and
- 3 Incentivize staff.

## 1. Provide Staff Consistent Messaging and Materials

- Develop messaging that resonates with members eligible for ECM and incorporate this messaging into materials and trainings.
- Provide outreach staff clear and simple marketing/outreach materials to share with members. Materials should be:
  - Written at a sixth-grade reading level or below; and
  - Accessible to members who may come from different cultures, have disabilities, or speak different languages.
- If Medi-Cal health plans are also conducting outreach, they should co-brand materials with ECM providers to help ensure cohesion and legitimize the outreach activity.
- Develop outreach scripts, including call scripts, that outreach staff can use for training as well as when they engage with eligible members.



**Appendix A** of this toolkit includes a sample outreach call script.



### 2. Convene Staff

- Outreach work can be challenging and isolating since staff primarily work independently. Bringing outreach staff together creates a network and support system so they can work together to improve their effectiveness, share successful outreach/engagement techniques, identify barriers, and collaborate on improvement tactics.
- Outreach staff can be brought together for trainings, to brainstorm effective ways to conduct outreach, and to share challenges and creative solutions for overcoming those challenges.
- Convenings of outreach staff should include representation from leadership, clinical and program staff, and other relevant team members to ensure that everyone is on the same page.

### 3. Incentivize Staff

- Consider offering incentives to outreach staff who meet or exceed goals (or demonstrate improvement) to keep them motivated. This could include recognizing successful milestones through awards, small financial bonuses, or extra time off.
- Consider recognizing good outreach work in internal communications or publications.





# Leveraging Community Partnerships

Many health care providers, county and social service agencies, and other community-based entities already work with members who may be eligible for ECM. Members often have established relationships and trust with these organizations and view them as credible sources of information.

## Examples of community partners that may have established relationships with individuals eligible for ECM:

- Housing agencies
- Homeless services agencies
- Social service organizations
- Law enforcement and/or the Department of Probation
- Community clinics
- Health centers
- Hospitals
- County behavioral health and social services departments
- Health consumer centers or legal organizations

Working with community partners, including providers of Community Supports<sup>1</sup>, is a relatively low-cost approach to supporting outreach efforts and effectively engaging members. To leverage these community-based providers and organizations, ECM providers should:

- Build relationships with these entities and provide them with ECM information and materials.
  - Once relationships are established, these organizations can be leveraged to share ECM information with eligible members and potentially help outreach staff locate members if a data sharing process/agreement is established.
- Leverage trusted communication channels that members use such as websites, community boards, and newsletters.
- Embed outreach staff in the organization to help locate and engage members.

<sup>1</sup> Community Supports, previously known as “In Lieu of Services” or ILOS, are certain community-based services and supports that address health-related social needs. Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services.



# Locating Eligible Members

Locating members that are or may be eligible for ECM is the first step in the outreach process, but it can be challenging for the following reasons:



## **Incomplete, Incorrect, or Outdated Contact Information**

Contact information from health plan data may be insufficient, incorrect, or outdated. Members do not always keep their Medi-Cal information and/or contact information updated in county systems and county systems do not always work well with external systems. Any of these issues can leave ECM providers with inadequate contact information to conduct outreach activities.



## **Transient Location**

Some members are transient, experiencing homelessness, unstably housed, or residing with a family member, friend, in a shelter, or other temporary housing.



## **Lack of Access to Communication Channels**

Not all members have access to a reliable telephone, computer, email service, and/or broadband.

## **Leverage Data Sharing Across Partners**

A key first step in successfully locating eligible members is for Medi-Cal health plans to provide accurate and up-to-date member information to ECM providers. Additionally, if the health plan and/or ECM provider has established a data sharing agreement with a community partner, that partner relationship could help locate and share information with the member.

For example, local emergency departments, providers, pharmacists, and county agencies often have frequent contact with members. Data-sharing can enable these entities to alert outreach staff of the member's location and relay information from outreach staff to the member.

## Use Multiple Communication Channels

ECM providers should approach eligible members through multiple communication channels to increase the likelihood of making contact. Possible communication channels include:

- In person
- Telephone and/or text message
- Mail
- Email
- Social media, such as Facebook (in compliance with Health Insurance Portability and Accountability Act [HIPAA] regulations)
  - If outreach staff can verify that the profile is that of an eligible member, sending them a note through Facebook can be effective

## Seek to Connect In Person

While all the methods should be attempted, in-person conversations are the most effective approach for reaching members. Outreach staff should attempt to meet members where they live or receive health or social services. Additionally, if the ECM provider is a medical provider, they can figure out when the member has an appointment, and outreach staff could try to connect with the member at that time.

While in-person outreach is the most effective method, it is also time and resource intensive. Therefore, a good practice is to start with a mailed letter, email, phone call, or text message before attempting to meet in person.

### Promising Practices

- ✓ Vary the time of day, day of the week, and location where outreach staff are attempting to reach the member.
- ✓ Leave a business card/note in a sealed envelope if the member is unavailable. A member's personal health information should never be left because the information could be picked up by someone else.

## Rural Areas

In rural areas, in-person outreach may require hours of travel, and may not be the best use of time and resources. Some additional challenges the outreach staff can face while locating and engaging members in person in rural areas include:

- The member's address might be incorrect or the member may have moved.
- Some remote rural areas lack public transportation or require long periods of travel to access.
- Some rural areas may be unfamiliar or unsafe for outreach staff.

### Promising Practice

- ✓ First establish contact via another outreach method and then visit the member in person at the earliest opportunity.

## Conduct Outreach Quickly Upon Receiving Member Contact Information

Outreach activities should be conducted quickly upon receiving a member's contact information because members can move or change their contact information. This occurs frequently among ECM populations, such as transient members, members in unstable housing, and those experiencing homelessness.

### Promising Practice

- ✓ Employ multiple, varied outreach methods concurrently or in quick succession to achieve the best results.





# Engaging Eligible Members

Engaging members is critical to the success of ECM. It is important to educate members about ECM, what it offers, and how they can join. Below are some challenges outreach staff may face when engaging members, as well as strategies for overcoming them.

## Challenges

**Outreach staff should be prepared for the following types of challenges when engaging with members:**

### 1. Member Hesitancy

Some eligible members may not be interested in exploring new programs and benefits, such as ECM, and may resist engaging with outreach staff and providers. Member hesitancy can arise for various reasons, including:

- Members may have not heard of ECM or they may be confused by the name and the services provided since it is similar to other benefits and programs.
- Members may not fully understand their Medi-Cal benefits.
- Members may assume there are financial costs associated with ECM.
- Members may distrust outreach staff, governmental entities, health plans, and providers due to past negative experiences.



## 2. Cultural and Linguistic Barriers

Members represent a broad and diverse range of cultures and backgrounds and speak different languages. This richness in diversity can create outreach challenges since the goal is to use communication strategies related to a person's culture and language. The following are helpful tips for engagement with diverse populations:

- Messaging that resonates with one population will not work for all populations and is best when tailored to each population.
  - Some phrases and terminology do not translate well to other languages.
  - It can be difficult for non-native English speakers to understand the information being conveyed.
- Members may value services and programs differently and may respond to messaging and outreach differently.
  - Cultural stigma surrounding behavioral health issues or substance use can keep certain populations from seeking support. These issues can be exacerbated for non-native English speakers.
  - If members live with individuals who are undocumented, they may fear certain ramifications if they accept Medi-Cal benefits.
- Preparing messaging and materials in languages other than English requires more resources and most likely requires employing outreach staff that speak the languages of eligible members.



## Strategies

### 1. Communicating Effectively with Members

To effectively talk with members, outreach staff should:

- Speak with members in a way that will encourage ongoing dialogue, ideally in their preferred language.
- Begin with clearly identifying themselves, their role, and the purpose of the contact. This can help alleviate any mistrust the member may have.
- Start the conversation with a neutral topic. As the conversation progresses, attempt to read the member's body language (or vocal cues) to see how they are responding to information.
- Avoid jargon, acronyms, and do not rush through the conversation since the new information may be difficult for the member to understand.

### 2. Describing ECM

When describing ECM to eligible members, outreach staff should:

- Talk about ECM in a positive way and express excitement when communicating how the benefit can help.
- Listen carefully and identify any concerns and potential barriers to the member joining ECM.
- Provide real stories of how ECM has helped other members.
- Give examples of goals the member could work on if they joined ECM.
- Let the member know that they have time to think about the decision to join ECM and arrange another time to connect with them. Establish their preferred time, location, and method for future correspondence.
- Before ending the communication, give the member your business card, ECM materials in their preferred language, and other relevant materials they may need such as a list of local resources, or a plan on how you can get such resources to them.

### 3. Key Messages

Outreach staff, clinical and program staff, and Medi-Cal health plans play critical roles in explaining ECM to members. When talking to members, consider sharing the following messages:

- You will have a care team, including an ECM lead care manager, which works together to help you get the care you need.
- To get ECM services, you must have certain physical health, mental health, or substance use conditions and need extra help with your care.
- You receive extra services at no cost as part of your Medi-Cal benefits, including help with:
  - Finding doctors or other health care providers and making appointments
  - Understanding your prescription drugs
  - Setting up transportation to your doctor and other medical visits
  - Getting follow-up services after you leave the hospital
  - Connecting to and applying for community programs and services
- You can keep your doctors and get an added layer of support.





# Reaching Members Experiencing Homelessness

Reaching members who are experiencing homelessness often requires creative strategies. For most members experiencing homelessness, it is critical to conduct in-person outreach. This work is time and resource intensive and may include outreach in unfamiliar and unsafe areas. It is important to prepare a strategy that is specific to locating and engaging this population.

## Strategies

**Strategies for engaging members who are experiencing homelessness include:**

To locate members, **partner with homeless shelters, homeless service agencies, agencies that provide street outreach or medical outreach, and/or drop-in centers.**

Provide outreach staff contact information and a brief message explaining why they are attempting to contact the member through the shelter/agency and ask staff at the partner organization to share it with the member.

Once the member is located, it is important to **help with housing and other resources**, such as a safe place to store documents or connection to social services that can help meet immediate needs before discussing ECM and related services. Some members will likely have many unmet needs, and may not be able to focus on and consider joining ECM until some of their immediate needs are met.

Once a connection is established, **offer members the option to accept further outreach.** If they decline, let them know how they can get in contact with outreach staff if they changed their minds. Clearly communicate what the member can expect if they choose to accept further outreach.





## Reaching Members of the LGBTQ+ Community

The lesbian, gay, bisexual, transgender and queer (LGBTQ+) community faces social stigma, discrimination, and barriers to care which are not necessarily experienced by people outside of this community. These added stressors put members of the LGBTQ+ community at higher risk of experiencing behavioral health conditions, including mental health diagnoses and substance use disorders. This is true for LGBTQ+ community members of all ages and across many different identities.

These factors, and others, contribute to the likelihood that ECM outreach staff will encounter members of the LGBTQ+ community in their work. Therefore, it is important that outreach staff are knowledgeable about the LGBTQ+ community's unique social and medical needs. One example is using the correct pronoun when referring to a member of the LGBTQ+ community (for example, when a singular individual chooses to be referred to as 'they/ them' instead of the binary 'he/him' or 'she/her').



**[Appendix B](#)** in this toolkit provides several free educational resources, including reading materials, online trainings, and web-based curricula, that can assist ECM outreach staff in developing cultural competency to more successfully engage members of the LGBTQ+ community. Language surrounding these issues is constantly evolving and more research on LGBTQ+ health disparities is emerging daily. ECM outreach staff are encouraged to stay current on these topics by revisiting these and other resources.

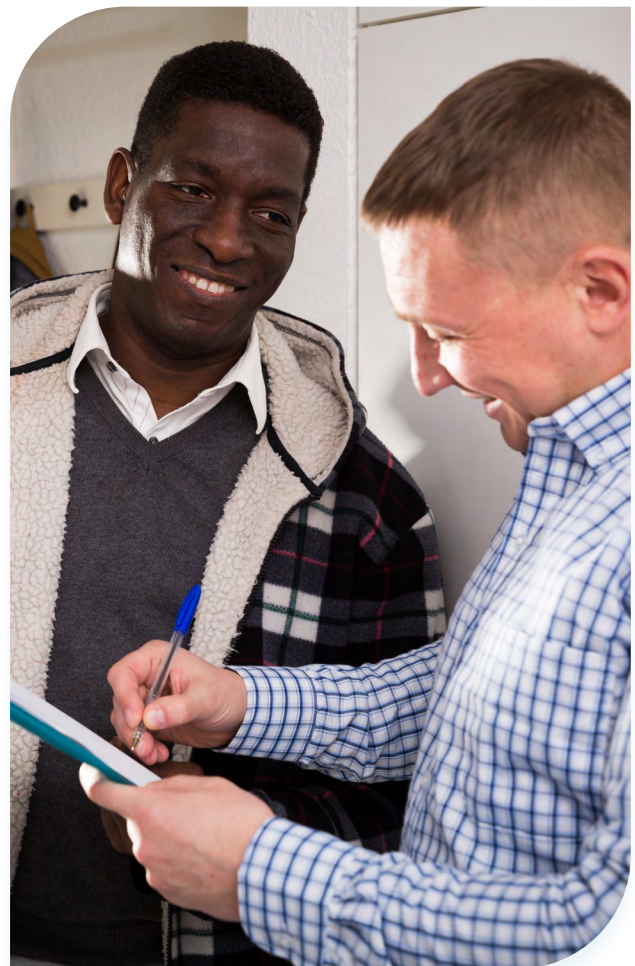


# Ongoing Member Engagement

Once a member is enrolled in ECM, it is important to maintain engagement and communication with the member to keep them motivated to continue with ECM. Care management staff at the ECM provider organization should keep in touch with the member on a regular basis, even if the member is not contacting them.

## Strategies for Ongoing Member Engagement

- Establish a regular time, date, and place to meet with the member to discuss their needs and progress.
- Schedule appointments in advance and send reminders to help keep the member engaged and participating in ECM.
- Check in with the member periodically about their satisfaction with ECM and to identify if there are ways to better engage them or if they have new unmet needs.
- If a member has new unmet needs, discuss how ECM can help.
- Discuss the member's health and social goals and check in on their progress on a regular basis.
- Communicate progress, even if it is a small gain, to help the member recognize and celebrate their success. This will help them see how ECM is continuing to help them.





# Safety Tips & Outreach Supplies

The well-being and safety of outreach staff is a top priority. Below are some ways to keep staff safe while conducting outreach.

## Outreach Safety Tips

- Bring a fellow staff person if the location is an unfamiliar or unsafe area.
- Conduct outreach during daylight hours.
- Tell a supervisor or colleague where you are going and when you plan to be back.
- If a member appears highly agitated, walk away and let them know that you will try to contact them again another day.
- Program important phone numbers (for example, a crisis line or a supervisor's number) into your cell phone prior to conducting outreach.
- Consult and adhere to state, local, and organizational COVID-19 protocols for your protection and the protection of members.

## Outreach Supplies to Carry with You

- ☒ **Business Cards**
- ☒ **Envelopes**
- ☒ **Hand Sanitizer**
- ☒ **Charged Cell Phone**
- ☒ **Paper**
- ☒ **Pens**
- ☒ **Applications for bus passes, housing, and other local resources**
- ☒ **A list of local resources with contact information**
- ☒ **ECM outreach materials in different languages**

# Appendix A: Sample Outreach Call Script

Hello, my name is [CALLER NAME] with [ORGANIZATION NAME], here in [COUNTY OR TOWN]. Am I speaking with [MEMBER NAME]? (verify demographics here)

How are you doing today? (pause and listen)

I am calling because you now are eligible to receive a free service as a part of your Medi-Cal health insurance through [ECM PLAN NAME].

## Question 1:

Is it okay if I share more information about this benefit with you?

### Option 1: Member says "NO"

I understand it might not be the best time. Would it be okay if I call you next week to check back in? Or is there a time and day that works better for you?

Again, my name is [CALLER NAME] with [ORGANIZATION NAME] and my phone number is [CALLER PHONE NUMBER] if you would like to talk again. I will call you next week to check in again. Have a great day!

### Option 2: Member says "YES"

Great! Before I describe the new benefit that I'm calling about, which is called Enhanced Care Management, I have a few questions so that I can get a better understanding of your current situation.

[ASK PERSONALIZED QUESTIONS] (This is a good time to begin building a relationship with the member and showing that the caller/ECM provider cares and is there to support the member. Ask a few questions and listen.)

**Option 2:  
Member  
says  
“YES”  
(cont’d)**

**Examples of questions that could be asked:**

- Do you feel like you’re getting the most out of your Medi-Cal?
- Do you have any questions about your Medi-Cal services?
- Could you use any help coordinating with your doctors or other medical providers?
- I understand you recently went to the hospital – are you getting what you need?

[CALLER SHOULD IDENTIFY HELPFUL RESOURCES BASED ON THIS DISCUSSION THAT CAN BE GIVEN TO THE MEMBER AT THE END OF THE CALL]

Thanks for sharing. Now I’m going to briefly describe Enhanced Care Management and how it can help you.

Enhanced Care Management is free and provides you with new services and other help to meet your needs. If you join Enhanced Care Management you will have your own care manager who will work closely with you, your doctors, and others that help you with health-related and other support services. Enhanced Care Management can help you:

- Connect with low-cost or free community and social services, like in-home help
- Make appointments and find doctors
- Schedule transportation to go to doctor visits
- Better understand your medications
- Get follow-up services after a hospital stay



**Question 2:**

Does this seem like a benefit you might be interested in?

**Option 1:  
Member  
says  
"NO"**

I understand it might not be the best time. Would it be okay if I call you next week to check back in? Again, my name is [CALLER NAME] with [ORGANIZATION NAME] and my phone number is [CALLER PHONE NUMBER] if you would like to talk again. I will call you next week to check in again. Have a great day!

**Option 2:  
Member  
says  
"MAYBE"**

Since you're not sure, do you currently have any questions?

If not, I certainly understand that this might not be the best time to discuss Enhanced Care Management. Would it be better if I call back tomorrow? Or is there another day and time that would work better for your schedule? (Move to Call Close.)

**Option 3:  
Member  
says  
"YES"**

Great, do you have more time now to go over the program in detail or could I meet with you in person today or sometime this week to tell you more about Enhanced Care Management. Are there days or times that work better for you? (Offer an appointment day and time.) This is the address I have for you [MEMBER ADDRESS].

**Question 3:**

Would you like to meet me at this address?

**Option 1:**  
**Member**  
**says**  
**"YES"**

OK great,  
thank you!  
(Move to  
Call Close.)

**Option 2:**  
**Member**  
**says**  
**"NO"**

Is there a place where you would  
prefer to meet? I can meet you at  
your doctor's office, or another place  
that is convenient for you. (Ask what  
neighborhoods they are in during the  
day and offer to meet them at a public  
place like a bus stop, restaurant,  
community center, etc.)

**Member**  
**says "YES"**  
**and gives**  
**location**

Thank you!  
I look forward  
to meeting  
there. (Move  
to Call Close.)

**Member**  
**says "NO"**  
**to in-person**  
**meeting**

I understand that  
you don't want to  
meet in person.  
Can we schedule  
another phone  
meeting?

**Member**  
**says "YES"**  
**to phone**  
**meeting**

Great,  
thank you!  
(Move to  
Call Close.)

**Member**  
**says "NO"**  
**to phone**  
**meeting**

OK, thank you - I'm here if  
you have any questions. Is  
it OK for me to call you in a  
couple months to check in  
about ECM? (Move to Call  
Close.)



## **Call Close**

Is this the best number to reach you? Are there other numbers that you would like to share where I can reach you?

Is there someone else, like a friend or family member, who you would like to be at the meeting? If so, please feel free to invite them to our meeting.

Do you have any questions I can answer now?

Are there any resources that I can help you with at this time? (Have a list of local resources ready to share with the member and include any resources identified throughout the call that might be helpful).

If something comes up and you need to change our meeting time, you can reach me at [CALLER PHONE NUMBER]. Again, my name is [CALLER NAME]. I can wait if you want to write this information down.

Thanks for your time today. I look forward to meeting you on [DAY] at [TIME] at [LOCATION].

# Appendix B: LGBTQ+ Outreach Resources

## **GLMA: Health Professionals Advancing LGBTQ+ Equality**

GLMA is a national organization with a multidisciplinary membership that provides resources, advocacy, and support for LGBTQ+ patients, providers, and researchers. They have a cultural competency webinar series directed towards providers and researchers.

## **OutCare**

OutCare provides resources and education for both patients and providers. They provide CME-certified provider trainings for LGBTQ+ health care and cultural competency.

## **National LGBTQIA+ Health Education Center**

The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for LGBTQ+ people. They have free videos and webinar recordings on a variety of topics to do with LGBTQ+ cultural competency and LGBTQ+ health care.

## **National Resource Center on LGBT Aging**

The National Resource Center on LGBT Aging is a technical assistance center aimed at improving quality of services and supports offered to LGBTQ+ older adults. They provide a variety of educational resources.

## **SafeZone**

SafeZone is a free online resource that provides a 2-hour curriculum, which covers the basics of LGBTQ+ identity, community, preferred language, and cultural competency. This training provides a broad, introductory level overview of these topics for a general audience.

## **Standards of Care for Transgender Patients**

This is a free-to-access PDF that details standards of care in clinical health care settings for transgender patients; available in 18 languages.

## **The World Professional Association for Transgender Health (WPATH)**

WPATH is a nonprofit organization that promotes evidence-based care, education, research, advocacy, public policy, and respect in transgender health.



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