[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to our training on Strategies for Outreach & Engagement in CARE, as part of our trainings on Equitable/Person-Centered Care.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

Presenters

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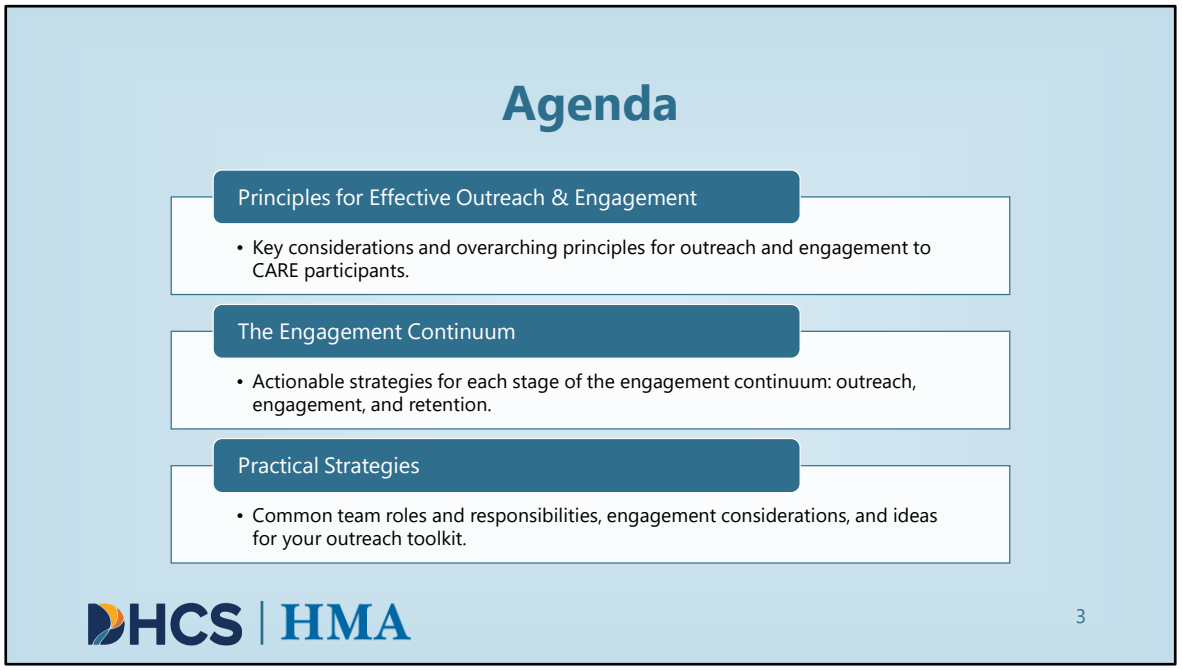
[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Laura Collins, from Health Management Associates, is a licensed clinical social worker with 25 years of experience in psychiatry and across the behavioral health continuum, with extensive knowledge of, and involvement with, civil and forensic processes for persons with mental illness. She has worked both on the ground and at the administrative/systems level in the crisis, acute care, and outpatient spheres. Laura also understands the housing and community support needs of this complex population, having worked at all levels to support success and independence for this population.

Dave Leon has been a social worker in Los Angeles for 20 years. He has extensive experience in front-line social work within the public mental health system, psychotherapy within the college system, and as an adjunct professor. Dave is also a musician. Now a Co-executive Director of Painted Brain, he inaugurated the project with a group of artists in 2006 by launching issue one of The Painted Brain magazine.

Rayshell Chambers is the co-founder of Painted Brain, a mental health nonprofit

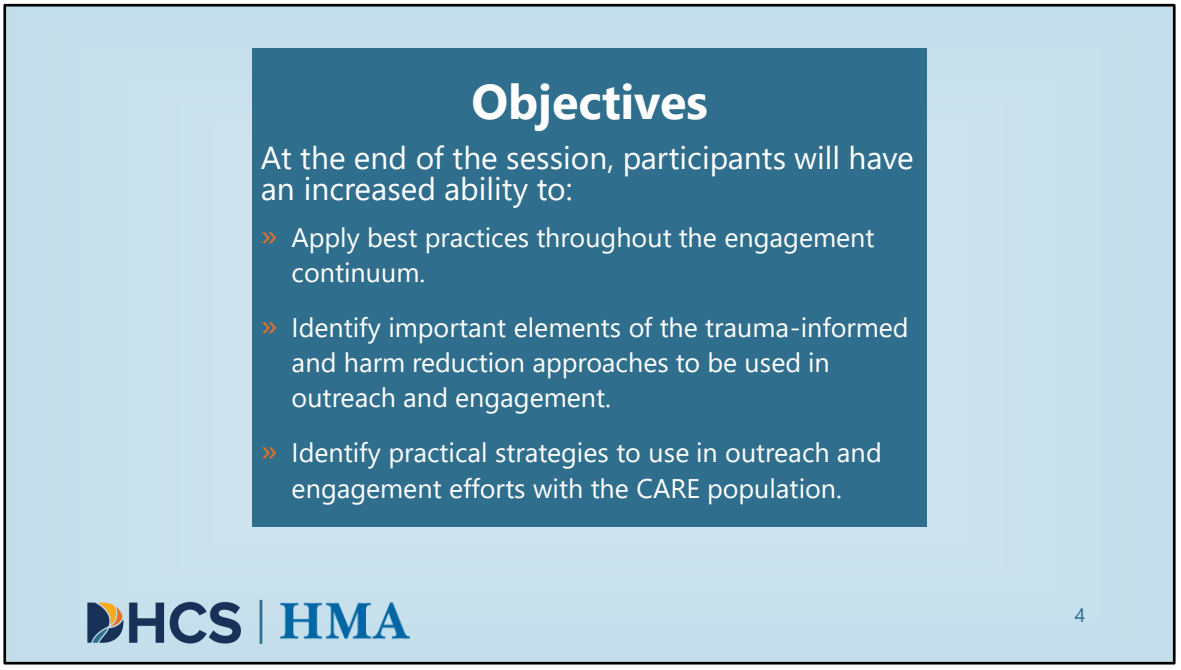
based in Los Angeles that provides peer-based services and practice training. She is also an independent consultant that provides capacity building support and grant writing for small nonprofits that serve communities of color. She has dedicated over 20 years of her personal and professional pursuits to designing and advocating for comprehensive health and human service programs that enhance the human condition of the most vulnerable populations. Rayshell holds a bachelor's degree in sociology and Master of Public Policy & Administration and utilizes both her cultural experiences and lived mental health challenges as a peer to design culturally responsive programs.



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

Agenda for this training:

- Principles for Effective Outreach & Engagement:
  - Key considerations and overarching principles for outreach and engagement to CARE participants.
- The Engagement Continuum:
  - Actionable strategies for each stage of the engagement continuum: outreach, engagement, and retention.
- Practical Strategies:
  - Common team roles and responsibilities, engagement considerations, and ideas for your outreach toolkit.



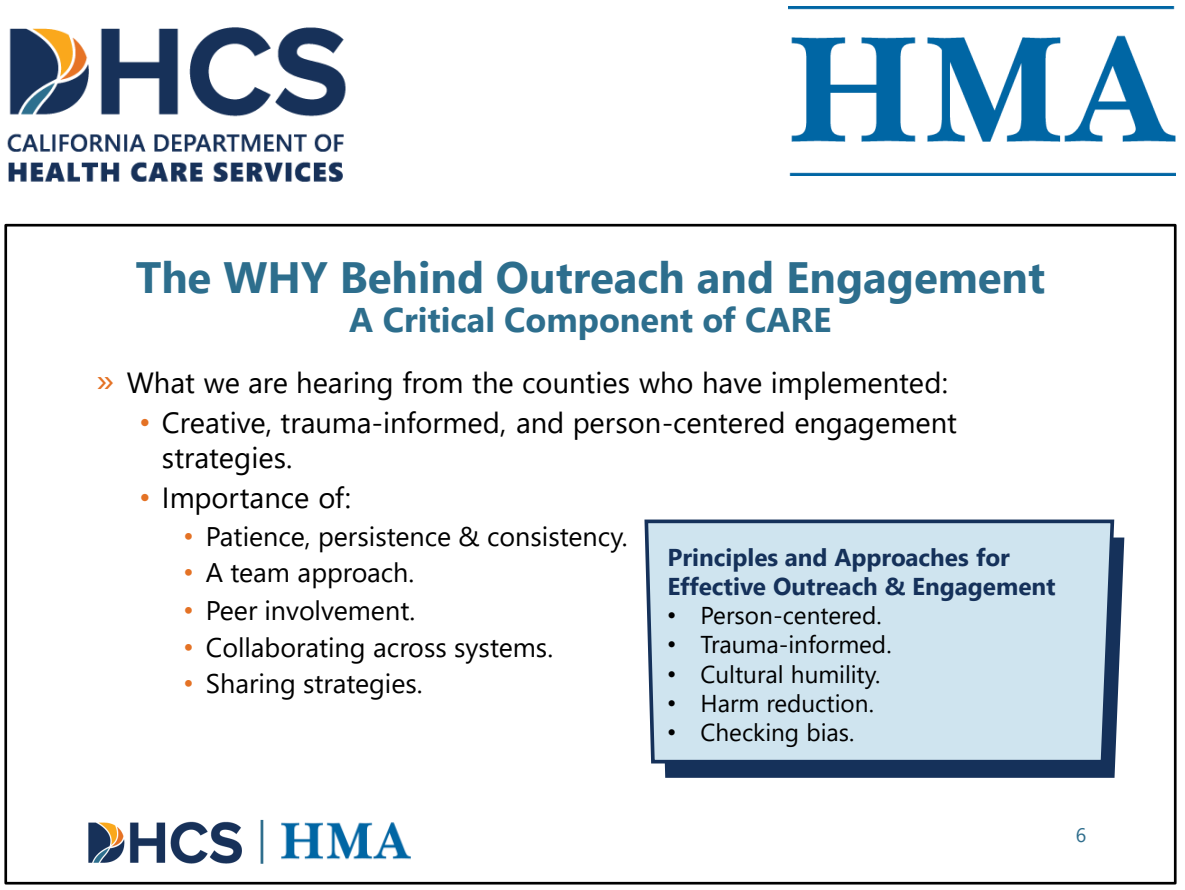
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply best practices throughout the engagement continuum.
- Identify important elements of the trauma-informed and harm reduction approaches to be used in outreach and engagement.
- Identify practical strategies to use in outreach and engagement efforts with the CARE population.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will be talking about principles for effective outreach and engagement.



[Slide Image Description: This slide shows a blue box that lists principles and approaches to effective outreach and engagement.]

We have heard many themes from the sites visits with counties that have already implemented CARE about challenges and strategies from the county behavioral health (BH) teams in their outreach and engagement efforts.

The teams have talked about the critical importance of making a connection with a respondent when court orders the team to begin outreach and engagement efforts.

Teams have shared creative strategies that are based in a trauma-informed and person-centered approach. They talk about the importance of patience, consistency, and persistence in building rapport with the respondent.

Also, across the board, teams spoke about the importance of a “team” approach (at least in pairs) and including a peer on the outreach team. We also heard about cross-collaboration activities between the counsel for the respondent and the county BH teams in supporting engagement.

This is just some of what we have been hearing about the unique aspects of engaging the CARE. Additionally, we have been hearing from counties the importance of sharing these strategies with other county teams – hence, here we are today and tomorrow having this important discussion.

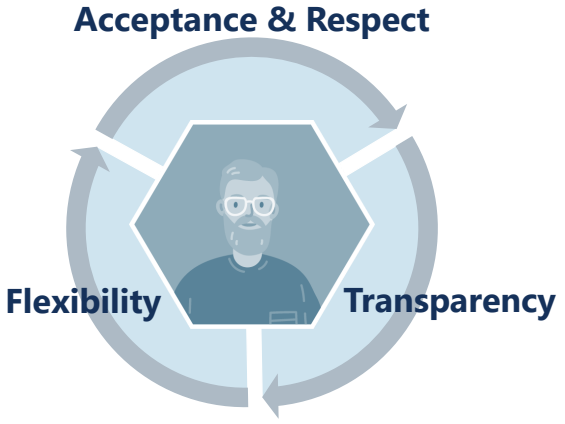
In the next section, we are going to talk about the engagement continuum, which includes initial outreach, engagement, and strategies for continued retention. In this section, we are going to discuss principles that should be applied throughout.

Principles for effective outreach & engagement include:

- Person-centered.
- Trauma-informed.
- Cultural humility.
- Harm reduction.
- Checking bias.

The Person-Centered Approach
Informal Engagement Strategies

- Acceptance and Respect:
  - Non-judgmental.
  - Meet the person "where they are at."
- Flexibility:
  - Altering and intensifying the approach.
- Transparency:
  - Clear communication.



Content adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.

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[Slide Image Description: This slide lists the three factors of a person-centered approach with a blue circular flow diagram that has an icon image of an individual in the center.]

A key element of engagement is about building rapport and trust.

To do this, we are focusing on informal engagement approaches that are person-centered versus the more formal engagement strategies that are more structured. You are likely already familiar with showing acceptance, being flexible, and communicating transparently.

- **Acceptance and Respect:** Acceptance means starting with a non-judgmental approach of accepting clients "where they are at" versus telling them where they should be. This is a phrase we hear a lot in this work, but what does that mean? It is accepting, respecting, and working with an individual's priorities and their immediate needs instead of what we prioritize for them. It is also synonymous with outreach, as we are literally meeting them where they prefer to meet. Meeting with them in their community, in their comfort zone. In practice, try to recognize a person's uniqueness, especially the ways they seem intent on displaying outwardly,

such as things like their tattoos, jewelry, piercings, clothing, and attitude.

- **Flexibility:** Acceptance ties in nicely with flexibility, which is also an important informal engagement approach in working with the CARE population. This means willingness to flex or shift in response to what is not working and try a different approach. It means really listening to the client, using our active listening skills to redirect and change the conversation to keep the engagement. Flexibility is also about thinking outside the box and using alternative, creative approaches that are responsive to where the client is at. Flexibility is also important when one thinks about the actual outreach, and the importance of **alternating the approach** in helping make that early connection. We have heard from experts and teams that this is an important component in supporting effective outreach. Regrouping with your team in terms of when, where, and how often to make these outreach and engagement efforts. Discussing with the respondent what works best for them, and also thinking about what might be the best time of day to make that connection for respondents who also may be using substances,. It could also mean intensifying the approach – increasing the frequency of visits (could be brief – just make the connection), the location of where you connect (ideally the respondent's preference), and the overall approach. Pay attention to verbal and non-verbal feedback from the respondent as to what is working and what is estranging the respondent. Make adjustments as necessary.

- **Transparency:** Be transparent and provide clear communication about who you are, why you are there, any details of next steps, and when you will be back. If you are a peer, you can connect with the individual on that level of shared experience.

These are strategies not written into any protocol but are examples of the many ways we can engage individuals with individualized, person-centered approaches.

Content adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.

Trauma-Informed Approach

Consider these strategies for taking a trauma-informed approach to outreach and engagement:

- Create a non-threatening environment.
- Encourage a person-centered approach.
- Build trust.
- Communicate clearly.
- Use active listening skills.
- Use patience and go at their pace.
- Build community supports.
- Encourage self-care among staff.

For more information on trauma-informed care and implications for the CARE Act, see the Trauma-Informed Care training materials for county BH on CARE-Act.org.

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[Slide Image Description: This slide shows the definition of trauma-informed care with a picture of an individual hugging another individual.]

Trauma-informed care is a set of key principles that promotes a **culture of safety**, **empowerment, support, collaboration, cultural humility, and equity.** A trauma-informed approach means assuming that trauma in someone's past is impacting the way they are responding to situations. For example, a person may be standoffish because they have been hurt by authority figures in the past. A trauma-informed approach shifts the focus from "**What's wrong with you?"** to **"What happened to you?"**

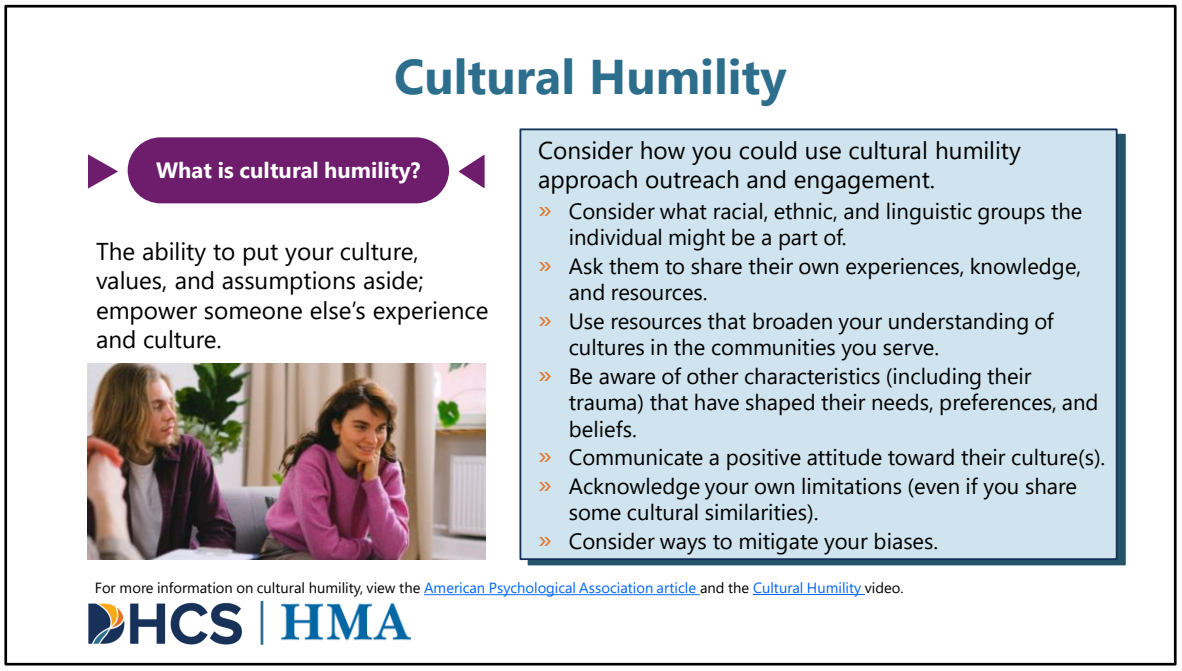
All staff used in outreach and engagement activities should be trained in trauma-informed care and understand the specific needs and challenges faced by people with schizophrenia spectrum and other psychotic disorders. Consider these strategies for taking a trauma-informed approach to outreach and engagement.

- **Create a non-threatening environment:** Create a calming and non-threatening environment. Be mindful of body language, tone of voice, and personal space.
- **Encourage a person-centered approach:** Protocols and scripts encourage

outreach staff to focus on the individual's strengths, preferences, and needs. Avoid a one-size-fits-all approach to outreach and engagement, while using common principles.

- **Build trust:** Establish rapport through consistent and honest communication. Be patient and give individuals time to trust you. Follow through on your commitments to them.
- **Communicate clearly:** Use clear, simple language and check for understanding. Avoid jargon and be explicit about what you are saying and why.
- **Use active listening skills:** Listen actively and empathetically without judgment. Validate their experiences and feelings.
- **Use patience and go at their pace:** Be patient with individuals who may have difficulty with engagement due to symptoms of schizophrenia spectrum or other psychotic disorders or past trauma.
- **Build community supports:** Facilitate connections to community resources and social support networks to help individuals build a broader support system.
- **Encourage self-care among staff:** Ensure that those providing care and support are also taking care of their own mental and emotional health to prevent burnout and compassion fatigue.

For more information on trauma-informed care and implications for the CARE Act, see the Trauma-Informed Care training materials for county BH on CARE-Act.org.



[Slide Image Description: This slide shows an image of an individual looking at another smiling individual. The definition and examples of cultural humility are included.]

In our series on trauma-informed care, we talk about another principle and approach that will also make your outreach and engagement activities more effective: cultural humility, or the ability to center and empower someone else's experience and culture.

Broadly, cultural humility looks like:

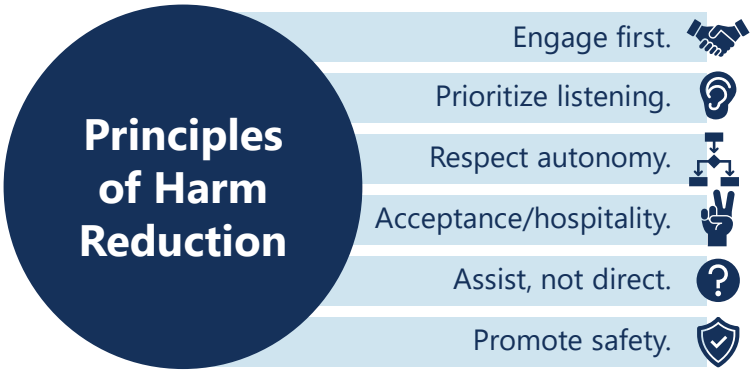
- Recognizing that others are the expert of their own culture, values, and beliefs.
- Asking others to share their experiences, knowledge, and resources so that you can support their well-being.
- Collaboration and learning from each other.
- Lifelong commitment to reflection & self-evaluation; the ability to be humble and flexible.

Consider how you could use cultural humility approach outreach and engagement with cultural humility.

- Consider what racial, ethnic, and linguistic groups the individual might be a part of. Be willing to put assumptions aside.
- Ask them to share their own experiences, knowledge, and resources so that you can support their health and well-being.
- Use resources that broaden your understanding of cultures in the communities you serve.
- Be aware of other characteristics (including their trauma) that have shaped their needs, preferences, and beliefs.
- Communicate a positive attitude toward their culture(s).
- Acknowledge your own limitations in understanding culture (even if you share some cultural similarities).
- Consider biases that might get in the way of building rapport through your outreach and engagement and consider ways you can mitigate that bias.

For more information on cultural humility, view the American Psychological Association article and the Cultural Humility video.

Taking a Harm Reduction Approach



For more information on harm reduction, see SAMHSA's Harm Reduction Framework Resource.

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[Slide Image Description: This slide lists principles of harm reduction accompanied by related icon images.]

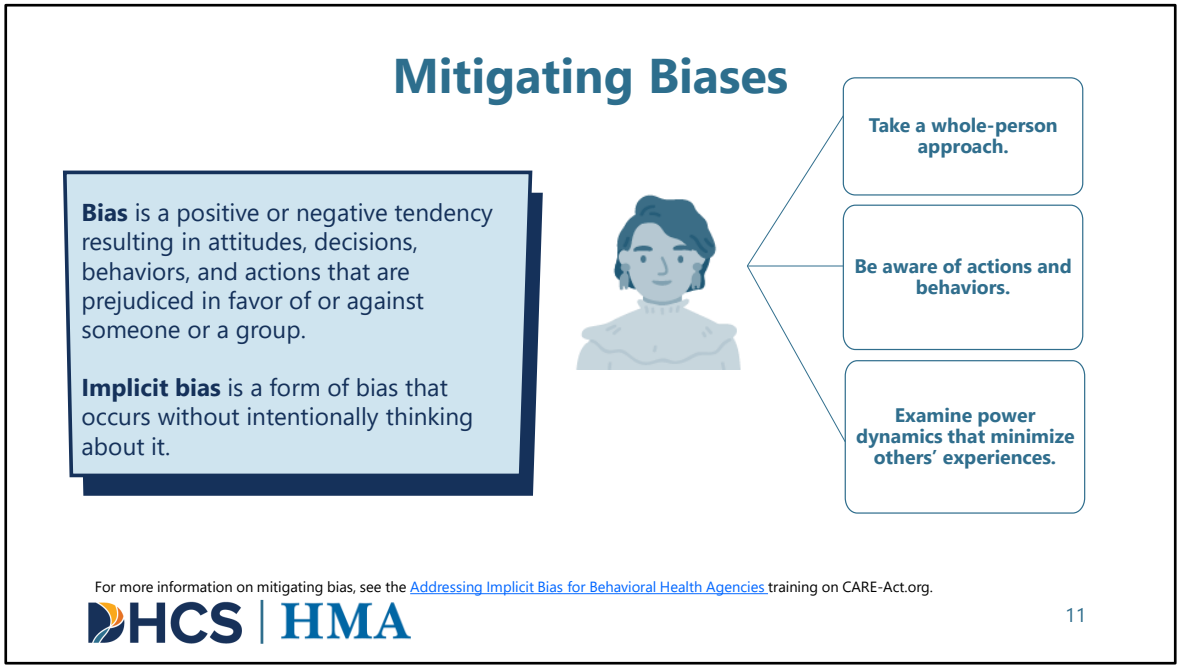
Harm reduction is a public health strategy aimed at minimizing the negative consequences associated with various human behaviors, often those related to substance use, but also apply to other behavioral health issues including serious mental illness. With regards to mental illness, the harm reduction philosophy is about approaching individuals without judgment and supporting individuals where they are at. Harm reduction means approaching someone from a place of supporting the individual's basic safety needs and well-being versus jumping right into treatment recommendations, especially before any trust or rapport has been built.

During outreach and engagement, consider ways you can incorporate harm reduction principles into your approach.

- Engage first:
    - Begin by establishing a connection with the individual.
    - Build trust through genuine and non-judgmental interaction.
- Prioritize listening:

    - Focus on understanding the individual's experiences and needs.
    - Show empathy and validation through active listening.
- Respect autonomy:
    - Empower individuals by acknowledging their right to make their own choices.
    - Encourage self-efficacy and personal responsibility.
- Acceptance/hospitality:
    - Create a welcoming and non-threatening environment.
    - Show unconditional positive regard, accepting individuals as they are.
- Assist, not direct:
    - Offer support and resources rather than imposing solutions.
    - Collaborate with the individual to identify their goals and steps towards improving their well-being.
- Promote safety:
    - Emphasize strategies to reduce immediate risks and ensure safety. This could be related to their immediate situation in their environment and addressing their immediate needs in that environment.
    - Be prepared to provide information, resources, and other expressed needs that can help the individual stay safe.

For more information on harm reduction, see SAMHSA's Harm Reduction Framework Resource.



[Slide Image Description: This slide shows a blue box that defines "bias" and "implicit bias." Additionally, there is an icon image of an individual with three boxes branching out that describe mitigating biases.]

It is really important that throughout outreach and engagement you work to check your bias.

Bias is a positive or negative tendency resulting in attitudes, decisions, behaviors, and actions that are prejudiced in favor of or against something or someone compared to another.

"**Implicit bias**" is one form of bias that occurs **unconsciously.** For example, let's say I move to a new area and only seek out those who look like me to learn more about the area. I may not consciously be aware that the only strangers I speak to look like me, but if someone points it out to me, then I can reflect and recognize it. Biases (and the actions we take based on these biases) are developed through our life experiences, our cultural contexts, our learnings (parents, teachers, others in our environment), and the media.

While we are doing the work to identify and address our biases, we must still work to control our biases and reduce their impact on the individuals around us. It takes skill, patience, and self-control to control your reactions in the moment, and you should give yourself grace as you practice these skills and become better at them.

1. Take a whole-person approach. Often, biases arise when we rely on stereotypes based on something we can see (e.g., their race, gender, a disability). Taking a whole-person approach challenges you to consider their own unique situation rather than rely on stereotypes.

- **Action Steps:**
  - Seek out additional information about the individual.
  - Seek out strengths of individuals.
  - Use active listening skills by maintaining an open and curious approach, providing validation, positive reinforcement, and reflecting on the clients' thoughts, which can foster trust and encourage open communication.
  - Avoid interrupting them.

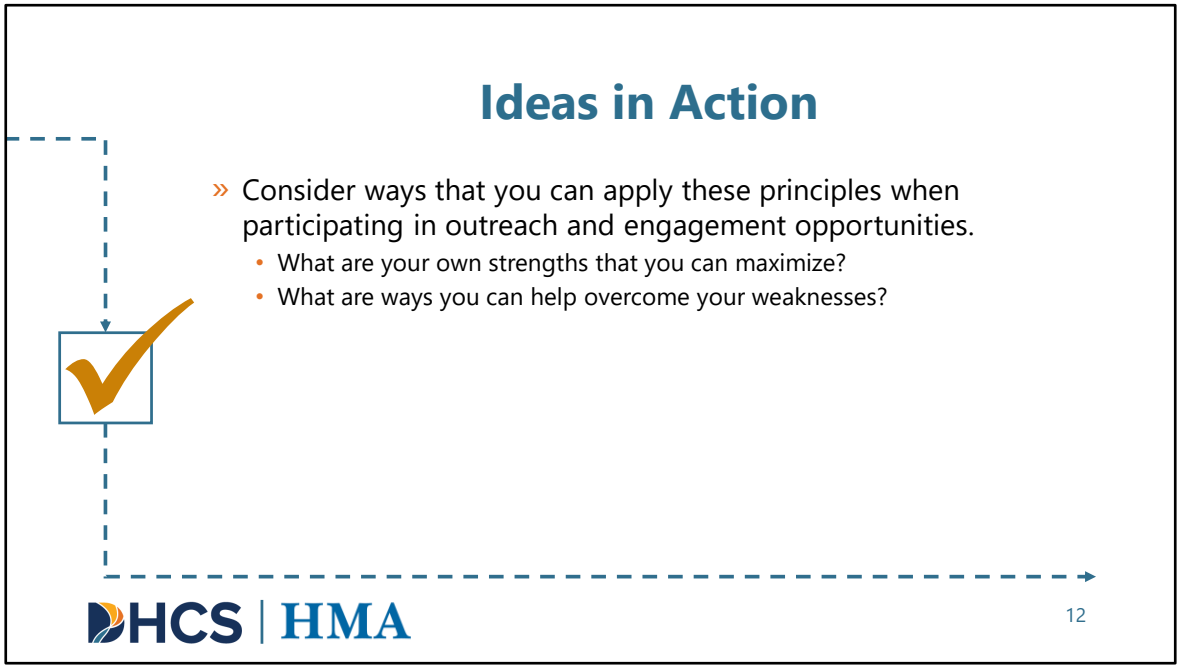
2. Be aware of your actions and behavior. Self-awareness allows individuals to recognize their biases, assumptions, and potential barriers to understanding and empathizing with individuals. By being aware of our facial expressions, reactions, and body language, we can communicate respectfully and inclusively, avoiding unintentional displays of discomfort or judgment. This heightened self-awareness enables allies to approach interactions with sensitivity, openness, and empathy, fostering a safe and welcoming environment.

- **Action Steps:**
  - Avoid judgmental facial reactions and body language.
  - Find ways to put the person at ease.

3. Examine power dynamics that minimize others' experiences. There are inherent power dynamics throughout our culture, but especially in the types of relationships inherent in the CARE process: patient/clinician, respondent/judge, participant/counsel. It can be easy to rely on your own expertise in a way that minimizes the experience of the other person.

- **Action Steps:**
  - Turn to clients as experts in their own experience.
  - Avoid physical shows of power (like always sitting behind a desk).
  - When possible, adopt a supported decision-making approach to help build their autonomy and honor their preferences.

For more information on mitigating bias, see the Addressing Implicit Bias for Behavioral Health Agencies training on CARE-Act.org.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

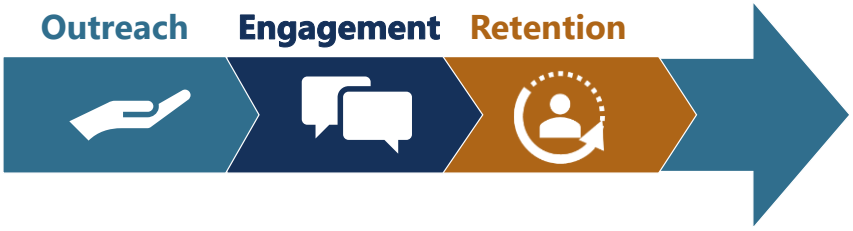
When preparing for outreach and engagement, members of county BH teams could consider ways that you can apply these principles when participating in outreach and engagement opportunities.

- What are your own strengths that you can maximize?
  - For example, if you have lived experience, you can connect with the individual on a personal basis. If you are observational, use that to build connection and rapport.
- What are ways you can help overcome your weaknesses?
  - For example, if you have trouble making a connection during a brief interaction, slow down further, observe, and allow the person to feel comfortable with you by working on being comfortable with yourself in *their* presence.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

We have been talking about general principles to apply through the engagement continuum. Now, let's take a closer look out outreach, engagement, and retention.

The Engagement Continuum: Outreach



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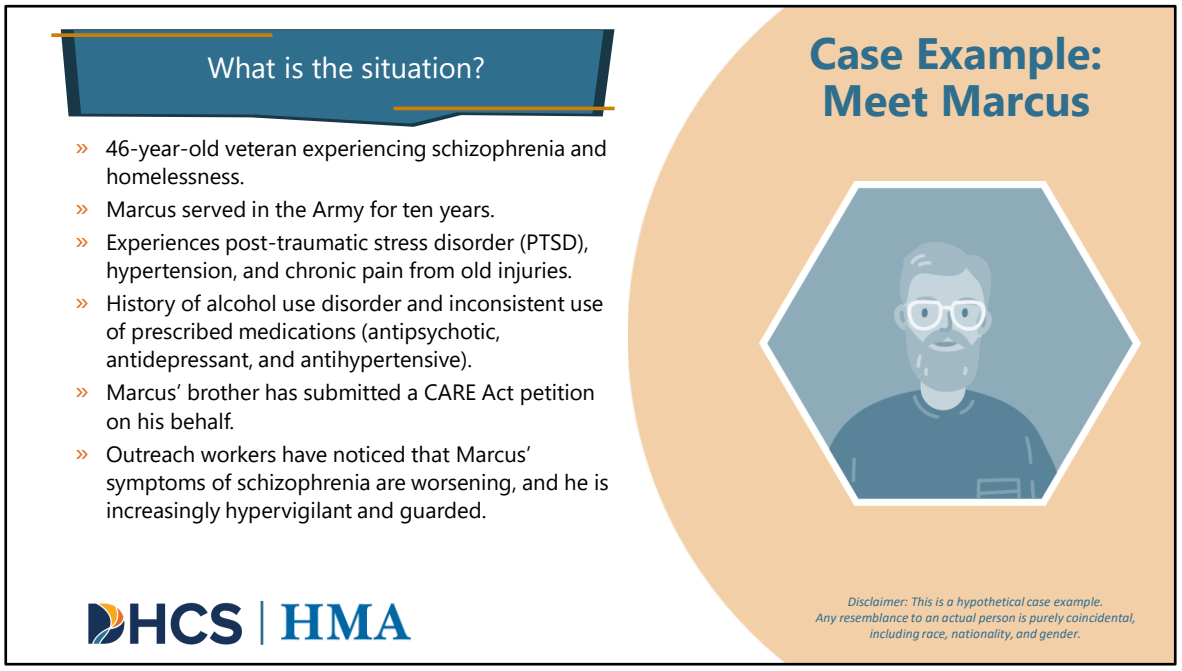
[Slide Image Description: This slide shows a colored arrow that depicts the three stages in the engagement continuum.]

The engagement continuum involves several stages: initial outreach, ongoing engagement, and retention.

- During the initial **outreach**, the focus is on establishing contact and beginning to build rapport. This short-term connection is crucial for reducing immediate distress and laying the groundwork for future interactions.
- As **engagement** progresses, maintaining consistent communication and support helps strengthen this rapport, fostering a deeper connection.
- Long-term **retention** involves sustaining this relationship, which encourages continued treatment adherence and promotes better outcomes.

We will break down this continuum to consciously think about strategies to foster trust and connection at all stages of the relationship. But in reality, these phases can blend together, and strategies you might use in one phase would be appropriate in another. Overall, building a strong, trust-based relationship from the outset enhances the likelihood of successful long-term engagement and retention.



[Slide Image Description: This slide shows an image of an individual depicting Marcus and a description of Marcus' situation.]

As we talk about outreach, engagement, and retention, let's consider a case example and how you might use this full engagement continuum to build trust and rapport with him.

What is Marcus's situation?

- 46-year-old veteran experiencing schizophrenia and homelessness.
- Marcus served in the Army for ten years.
- Experiences post-traumatic stress disorder (PTSD), hypertension, and chronic pain from old injuries.
- History of alcohol use disorder and inconsistent use of prescribed medications (antipsychotic, antidepressant, and antihypertensive).
- Marcus' brother has submitted a CARE Act petition on his behalf.

- Outreach workers have noticed that Marcus' symptoms of schizophrenia are worsening, and he is increasingly hypervigilant and guarded.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Outreach

Preparing for Outreach

- Coordinate with other organizations.
- Review the petition and other supporting documentation.
- Consider reaching out to the petitioner for more information (e.g., location, status, communication style, treatment history, etc.).
- Consider the right people to participate in outreach.

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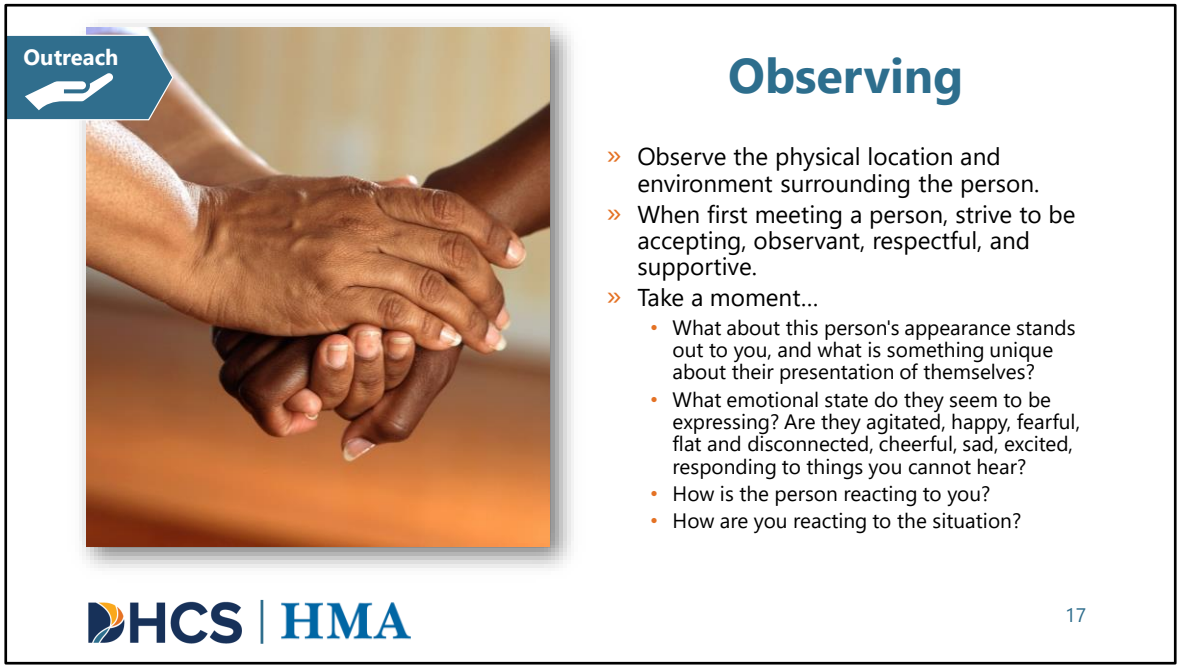
[Slide Image Description: This slide shows an image of magnifying glasses.]

You are preparing to conduct outreach to an individual, consider ways you can prepare.

- **Coordinate with other organizations.** Consider who else may be familiar with the individual who can support/inform your outreach efforts. Coordinate with organizations/agencies who may know the individual, such as local shelters, homeless outreach workers, social service organizations, healthcare providers, law enforcement. If the individual is transitioning out of a carceral setting, you may need to reach out to contacts in these settings.
- **Read over the petition and other supporting documentation (e.g., declaration).** The petition likely contains helpful information about the person's background that can inform your approach. When prepping for outreach, be sure to review the petition and other supporting documents and glean information that will help you in your outreach. Also consider the petition is being written from a specific perspective, so allow yourself to be open to the individual's experience.

- **Consider reaching out to the petitioner** for more information (e.g., location, status, communication style, treatment history, etc.). The petitioner likely has useful information about how to successfully engage with the individual. You can ask them about known locations, cultural preferences, communication styles, things that may be comforting or agitating, language preferences, or treatment history. You can also ask for general recommendations about how to build trust and rapport.
- **Consider the right people to participate in outreach.** Consider the right people to bring along in outreach activities, including who on your team should join the outreach. We are hearing that outreach teams tend to include a peer or a team of two peers for that initial engagement. We have heard that some teams include the petitioner (which may be a family member, outreach worker, roommate), but only if appropriate and supportive to the engagement process.



[Slide Image Description: This slide shows an image of two individuals holding hands with a description of questions to consider when introducing oneself to an individual with schizophrenia spectrum or other psychotic disorders.]

Before you even meet an individual, it’s important to first observe their surroundings and the individual.

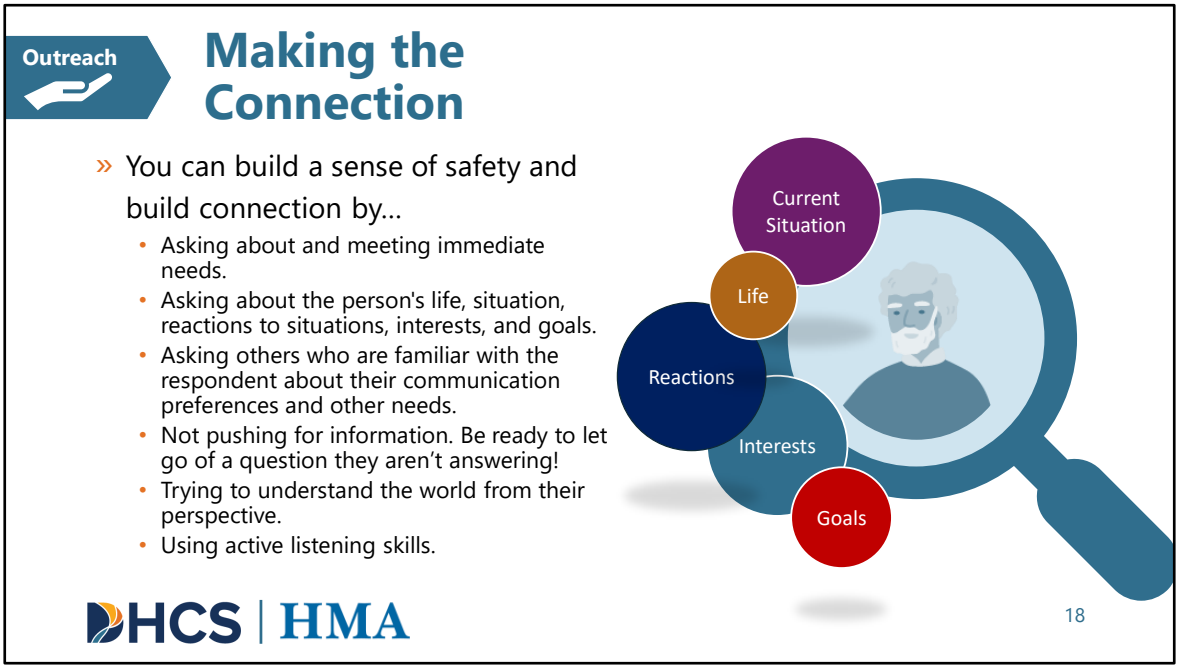
Observe the physical location and environment surrounding the person. Who are their neighbors? Do they have pets? What establishments are nearby? Is it a loud area? Is there a lot of background noise? Is the location peaceful or chaotic? How much privacy does the location afford?

When first meeting a person living with a serious mental disorder, it is helpful to recognize that you are about to talk with a person whose mind may operate in a way that is truly foreign to you. Don’t panic! Bring a beginner's mind to the situation:

curiosity, openness. Let go of the need to understand everything and allow for awe and wonder. As a new person in their life, aim to be accepting, validating, observant, respectful, and supportive. Try to observe both the person's appearance and state of mind.

- What about this person's appearance stands out to you, and what is something unique about their presentation of themselves? Do they have tattoos? Jewelry? Clothing? Hairstyle? Shoes?
    - "Hey that is a really interesting hat that you are wearing. Would you be OK telling me about it?"
- What emotional state do they seem to be expressing? Are they agitated, happy, fearful, flat and disconnected, cheerful, sad, excited, responding to things you cannot hear? Demonstrate that you are paying attention and offer space for a personal connection. Take some time to talk about this person's interests and then bridge towards your observation of their emotional state of mind. Say something that normalizes or validates a person's state of mind based on the situation and environment.
    - "This place is intense. Are you feeling a little stressed? That would make sense for this situation.".
- Try to also observe how the person is reacting to you, the outreach worker.
        - "You might not feel very trusting toward me which makes sense since I am still a stranger to you. Want to ask me any questions?"
- In addition to how the person is reacting to you, take stock of how you're reacting to the situation or person in front of you. How is the conversation flowing? Does the interaction make you feel uncomfortable?

Let's say you are conducting initial outreach to Marcus. First, observe Marcus and his environment. Consider his appearance, his emotional state, and how he's reacting to you.



[Slide Image Description: This slide shows an image of an individual in a magnifying glass with circles surrounding the image that show factors of life an individual can ask a person with schizophrenia spectrum or other psychotic disorders about when meeting.]

The initial moment of outreach can set the tone for a supportive relationship. It is important to meet people where they are at and build a sense of safety and connection.

You can do this by:

- **Asking about and meeting immediate needs.**
  - A very important component of engaging with an individual during outreach – and something we have heard from CARE teams – is to meet the **individual's immediate needs first.** This could be water, coffee, food, pet treats, a hygiene kit, blanket, or an "ask" from the respondent that the team is able to quickly respond to. Or take a moment to observe and bring something the person might like receiving to your next visit, like a water bottle. These "quick wins" help build trust with the team, reinforcing that they really are there to help.
- Asking about the person's life, situation, reactions to situations, interests, and

goals. These questions should be open ended and demonstrate curiosity and interest.

- Asking others who are familiar with the respondent about their communication preferences and other needs. If engaged, family members and/or friends can be a great resource to help you get to know the respondent and learn more about their immediate needs.
- Not pushing for information. Remember that the person does not have to tell you everything. Be ready to let go of a question that seems to agitate or shut them down.
- Trying to understand the world from their perspective.
- You could intentionally use active listening skills (like summarizing what they say, asking them follow-up questions, nodding), as well as waiting for them to finish a thought.
    - Consider how their behavior might be impacted by multiple factors, not just their diagnosis. How has toxic stress or traumatic experiences impacted them, for example?
    - You do not have to validate paranoia or hallucinations but consider how that might *feel* to them and acknowledge that feeling.

The end goal is about strengthening that relationship by building this rapport and successfully engaging with the individual which leads to improved outcomes.

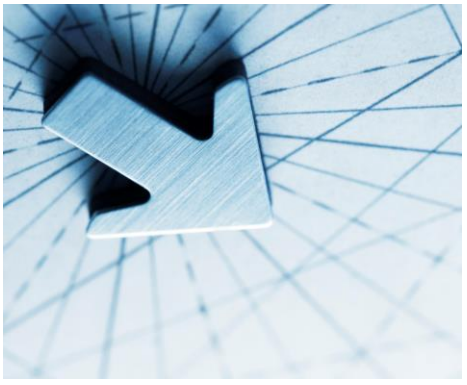
Consider how you could make the connection with Marcus. In addition to what you have observed of him, you have information from the petition, and you are aware of Marcus's connection to homeless outreach. You could ask him about his military service (gauging if it is a sensitive topic), gently asking him for information about his living situation, or asking how you can help him with his immediate needs.

Outreach

De-escalation during Outreach

Tips from the Crisis Prevention Institute

- Be empathetic and non-judgmental.
- Respect personal space.
- Use non-threatening nonverbals.
- Avoid overreacting.
- Focus on feelings.
- Ignore challenging questions.
- Set limits.
- Choose wisely what you insist upon.
- Allow silence for reflection.
- Allow time for decisions.



For more information on de-escalation, see the Crisis Prevention Institute's Top 10 De-escalation Tips.

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[Slide Image Description: This slide shows a list of de-escalation techniques and an image of an arrow.]

There might be situations during CARE outreach and engagement where you need to de-escalate a situation. It is important everyone involved in the process remains safe and comfortable, so we offer the following tips related to de-escalation.

The Crisis Prevention Institute offers 10 tips to help you respond to difficult behavior in the safest, most effective way possible.

Practice empathy and do not judge. When the individual says or does something that seems odd or irrational, pay attention to the feelings behind that behavior, even if you do not think the feelings/behavior are justified.

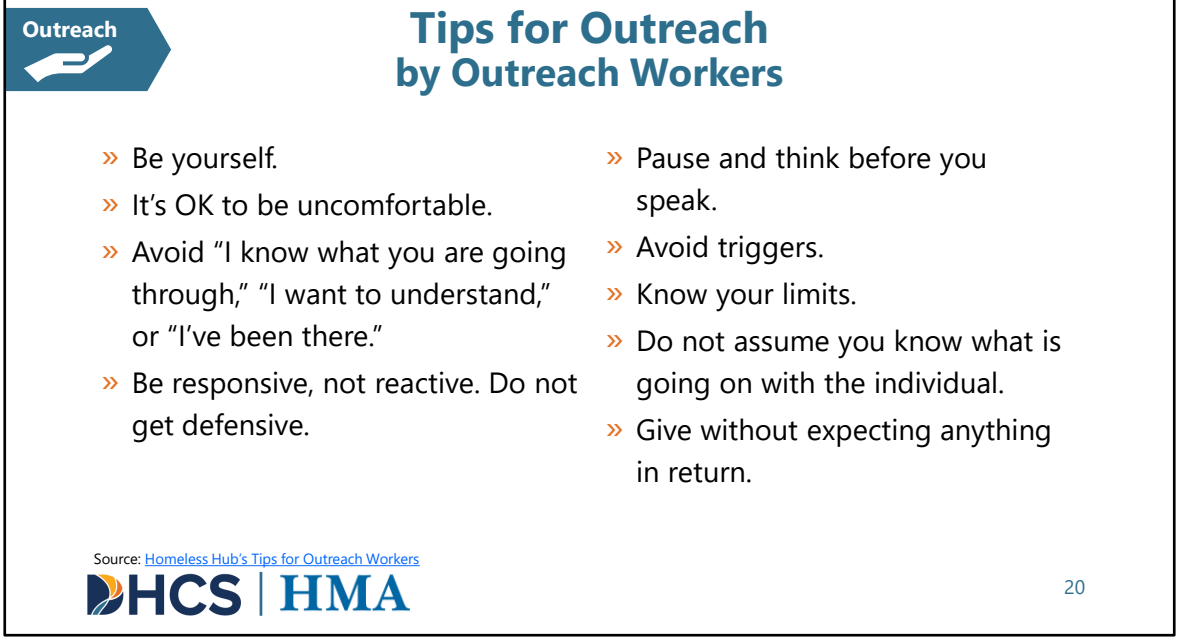
1. Work to stand 1.5 to 3 feet away from the person. Giving personal space can decrease anxiety and help prevent someone from acting out.
2. As someone is losing control, they pay less attention to words and more attention to your nonverbal communication. Keeping your tone and body language, facial expression, and movements neutral and calm will help in diffusing a situation
3. On that note, think about how you are reacting in the moment. Remaining calm on

the exterior and rational can have a direct effect on which direction the situation goes.

4. As the Crisis Prevention Institute puts, “Facts are important, but how a person feels is the heart of the matter.” Listen carefully for the person’s feelings about what they believe is really happening to them. Further, validate those feelings in the moment (e.g., “you have good reasons to be upset right now.”).
5. Answering challenging questions when first engaging someone may result in a power struggle. Work to bring their focus back to how you can work together to solve the problem.
6. There are times when you may need to set limits. Be clear, speak simply, and offer the positive choice first.
7. When you are engaging someone, it is important to be flexible and offer options. This can help avoid a situation from escalating.
8. Silence is important and can sometimes give someone time to reflect on what is happening and how they might want to proceed.
9. This ties into the last tip. Allow the individual time to think about what you have said and to make a decision.

One tip not included by *Crisis Prevention Institute* but important to note: it may be necessary is simply leaving the situation if it is still escalating. This is both an important safety tip and engagement approach. It’s important to wait for the right moment to make that connection, and it may not be today, but tomorrow.

For more information on de-escalation, see the Crisis Prevention Institute’s Top 10 De-escalation Tips.



[Slide Image Description: This slide lists outreach tips for outreach workers.]

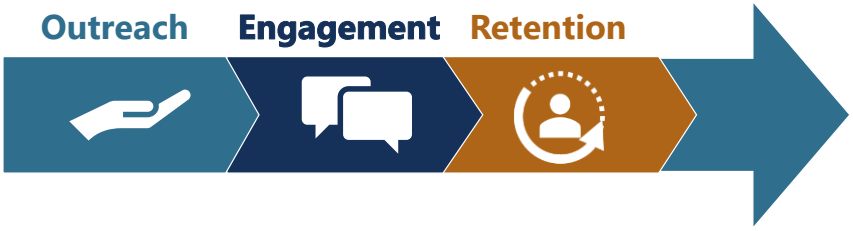
We are also bringing you some additional insights from outreach workers who provide specific tips based on their experiences. These tips nicely tie in with de-escalation strategies.

- First and foremost, be human. Be yourself. People know whether you are being authentic and genuine.
- Be comfortable outside your comfort zone. Know that you do not have to be in control.
- Avoid saying "I know what you are going through," "I want to understand," or "I've been there." Even if you have been through something similar, everyone's story is different.
- Be responsive, not reactive. Do not get defensive. Often negative situations have nothing to do with you. This ties in with the need to be right, or problem-solve for the person, which may only escalate the situation.
- Take a few seconds to think before you speak. Being reactive is about you; being responsive is about the other person. Work to not personalize.
- If you find yourself going into an emotional or physical place that might trigger you, do not go there.

- Know the limits of your own skills. If you feel yourself getting agitated, take some deep breaths and calm yourself before continuing the interaction.
- People often jump to conclusions and diagnose too quickly. Do not assume you know what is going on with them.
- Give without expecting anything in return.

Source: Homeless Hub's Tips for Outreach Workers

The Engagement Continuum: Engagement



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[Slide Image Description: This slide shows a colored arrow that depicts the three stages in the engagement continuum.]

Now we are going to focus on the engagement phase of the continuum. Like we mentioned, these phases can blend together, and strategies you might use in one phase would be appropriate in another. As we discuss these concepts, think about how you could engage with Marcus.

Building Rapport & Connectedness

» Strategies to build rapport and connectedness include:

- **Verbal Techniques:**
  - Active/Reflective listening skills.
  - Calm, clear tone, moderate pace.
- **Psychological Techniques:**
  - Finding common ground.
  - Positive reinforcement.
  - Validating feelings.
- **Nonverbal Techniques:**
  - Eye contact.
  - Body language, gestures.
  - Personal space/boundaries.
  - Other non-verbal techniques.

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[Slide Image Description: This slide describes strategies to build rapport with an image of a group of connected arms.]

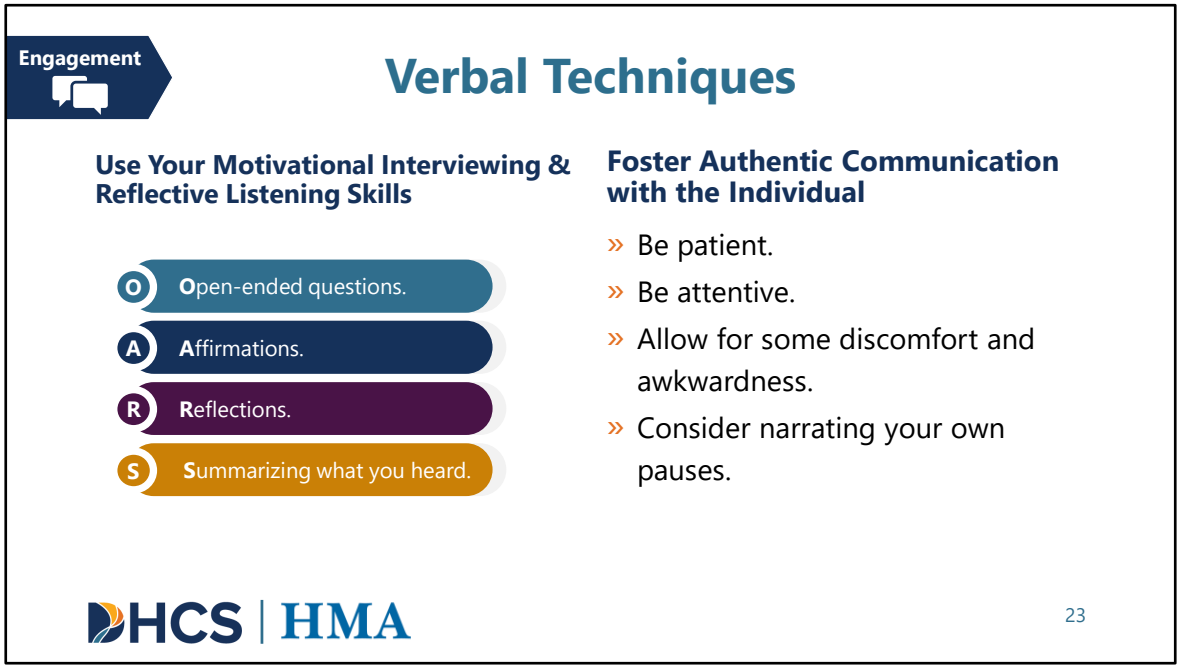
As you are engaging with the respondent, consider ways that you can build rapport and connectiveness.

Strategies to build rapport and connectedness could include:

- **Verbal Techniques:**
  1. Use your active listening, or reflective listening skills or as motivational interviewing skills, which we will touch on shortly. Key in these skills are open-ended questions to encourage dialogue, and reflections to show understanding and empathy.
  2. Use calm and reassuring language.
  3. Speak clearly and at a moderate pace.
- **Psychological Techniques**:
  1. Establish common ground to build a connection, such as, “This hallway is a bit intense for me. How is it for you?”
  2. Provide positive reinforcement for calm behavior and engagement, such as, “You are really keeping it together in this place”

3. Validate the individual's feelings without necessarily agreeing with delusions or hallucinations. This is something we will touch on further shortly.

- **Nonverbal Techniques**:
    1. Maintain appropriate eye contact without staring. Try matching the person's own eye contact style.
    2. Use open and relaxed body language.
    3. Utilize gentle and controlled gestures to emphasize points.
    4. We talked about the importance of respecting personal space or boundaries when discussing de-escalation tips earlier. This includes interpersonal boundaries, such as refraining from intrusive questions during early interactions.



[Slide Image Description: This slide lists verbal techniques for authentic communication and displays a four-point colored list explaining the components of OARS.]

There are some other key approaches that support engagement and building that rapport. Using your motivational interviewing skills—such as "OARS" skills—encompass an active listening or reflective listening approach, an approach that helps keep the conversation going.

- **Open-ended** questions versus closed questions. Open-ended questions ask about who, what, when, where, how, or "tell me about…" Asking open-ended questions will get the individual talking and give you more accurate information about them. Closed questions yield a yes or no response, and they can stop the conversation.
    - For example, "What is your living situation like?" versus "Is this where you are living?"
- An **Affirmation** is really a specific acknowledgement of a strength or success. It is sort of a compliment but articulated in a way that shows you were paying attention to what they were telling you. You are helping your client see what you see.
    - For example, "You are clearly working hard to connect with your

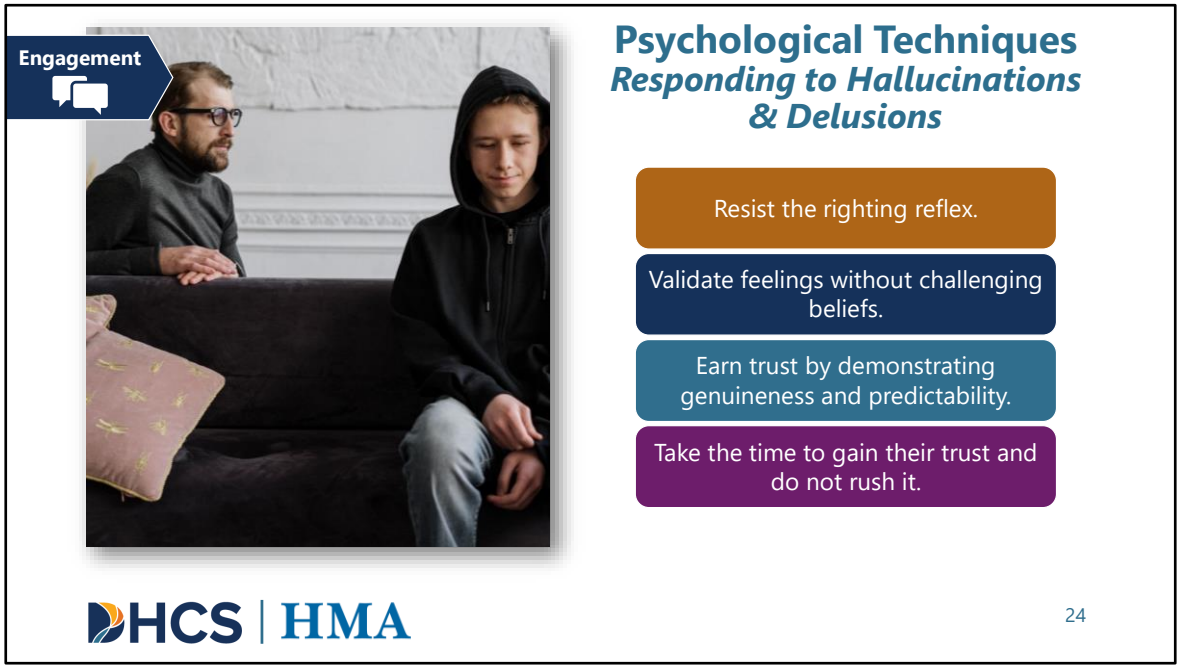
daughter."

- **Reflections** are an excellent active listening skill. Reflection means paraphrasing, rewording, or reflecting back what you just heard. Again, this is another skill that demonstrates you are listening without making your own comments or judgements. This is also a way to validate your client's feelings about a topic.
    - For example, "I am hearing that you are feeling overwhelmed right now." or "It sounds like what you are saying is…" or "What I hear you saying is…" or "Am I right?"
- **Summarizing** is another great way to demonstrate that you are listening. You can also check if you are understanding by finishing with a clarifying question.
    - For example, "Let me make sure I understand you. You would like to talk with your housing coordinator about a problem you are having as soon as possible. Is that right?"

Authentic communication is essential when establishing, building, and maintaining trust. It is easy to not truly listen when people are speaking. However, most people know when you are not paying attention or really hearing them. Here are some listening skills you can use:

- **Be patient.** You can help organize the conversation but allow the CARE respondent to lead it as much as possible.
- **Be attentive.** We are unable to listen and communicate skillfully when we are doing something else.
- **Allow for some discomfort and awkwardness.** Do not feel like you have to jump in immediately and give them time to gather their thoughts.
- **Consider narrating your own pauses.** Comments like "I am just thinking about what you just shared…" or "I want to sit with that, for just a minute. It sounds so important, what you just said." This can help convey we are still with the other person and show them that we are not judging them but really listening.

These are all skills that let the other person know that you are listening and at least trying to understand.



[Slide Image Description: This slide shows an image of an individual talking to another individual who is sitting on a couch. Four bullet points detail how to respond to hallucinations and delusions.]

Circling back to one of the psychological approaches we can use to build that trust and rapport, people who experience psychotic symptoms need to be able to talk about these symptoms. Sometimes the person will seek your support or confirmation directly. They may say, "I am hearing children screaming in my head. Do you hear that?" More often the person will talk about their hallucinations or delusions as real things that exist and want to involve you in their experience.

The person's experience is very real to them, and it is not effective to discount, discredit, minimize, or argue with their experience. Taking a neutral stance in reaction to a delusion might mean acknowledging that a lot of things are possible. It is okay to share an opposing view.

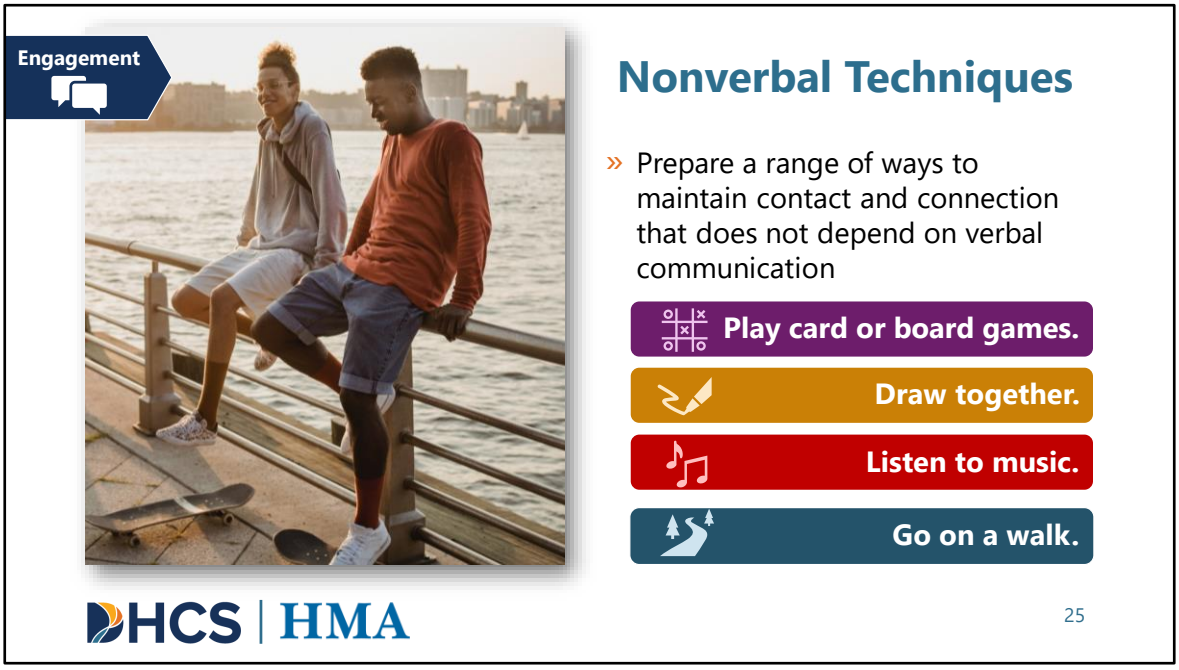
- For example, "Hmm, well I do not see it that way myself, but I do not know everything."

We need to confront our own **"Righting Reflex"** and know that we cannot fix everything. If the person has very intense emotions about the topic they bring up, respond to the emotions more than to the content. **Validate their feelings without challenging the belief**.

- For example, "That must be really scary for you!“

It can feel uncomfortable if someone does not trust or like us. Think about how long it takes you to really trust someone yourself and try to use this awareness to role with their mistrust. **Earn trust by demonstrating genuineness and predictability**. Again, as we mentioned, it is important to follow through with things you say you will do. **Take the time to gain their trust and do not rush it**.

- For example, “It is OK that you do not really trust me. Is it OK if I show up again next week?"



[Slide Image Description: This slide shows an image of two individuals sitting on a railing overlooking water. Four bullet points list nonverbal interactions that can help build rapport with an individual with schizophrenia spectrum or other psychotic disorders.]

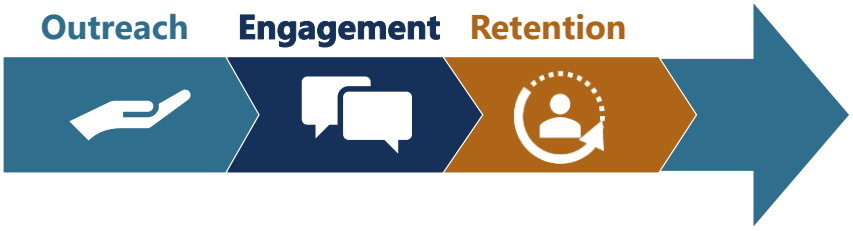
Another rapport-building approach we have mentioned are those non-verbal techniques to engage with an individual. This entails preparing a range of ways to maintain contact and connection that does not depend on verbal communication. Card games, board games, drawing together, doing a puzzle, listening to music the person likes, or taking a walk together provide ways to develop connection while de-emphasizing the need to talk. Often doing a secondary activity like walking makes talking easier. It is also okay to sit with someone in silence and allow yourself to relax. Consider asking them how they like to spend time with people.

For example, if you are connecting with Marcus, and he is somewhat agitated or not engaging. Consider asking Marcus how he likes to spend time that doesn't involve

talking.

- For example, "There is a lot going on right now, and we are just getting to know each other. How about we work together on one of these puzzles I brought so we can hang out for a bit?“

The Engagement Continuum: Retention



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[Slide Image Description: This slide shows a colored arrow that depicts the three stages in the engagement continuum.]

Now we are going to focus on the retention phase of the continuum.

You have been building trust and rapport with Marcus through effective outreach and engagement. Now, how can you build on that to retain Marcus in services?

Retention

Maintaining the Connection

- Maintaining the connection and building the therapeutic relationship.
  - Demonstrate genuineness.
  - Remember life details.
  - Continue curiosity.
  - Encourage support systems.
  - Follow through on promises.

Information adapted from Persistent and Committed Engagement: Practical strategies for Difficult to Reach Clients.

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[Slide Image Description: This slide lists ideas for maintaining connections with a photo of three individuals smiling and sitting on a bench.]

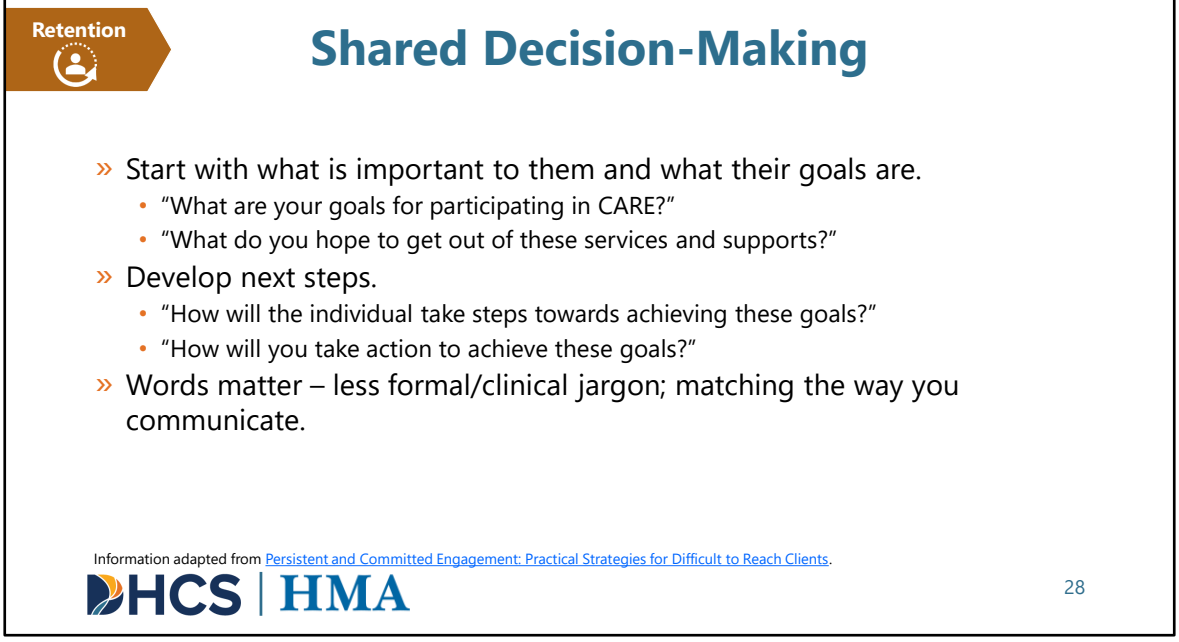
Retention is a critical piece of the engagement continuum. It is about building that therapeutic relationship and keeping the engagement going, keeping the momentum. All these engagement activities do not stop once the respondent agrees to participate in CARE, so all the strategies and approaches we have been discussing continue.

Specifically:

- Demonstrate **genuineness** with the respondent. Being genuine includes also being transparent. This means being honest with your actions, thoughts, and feelings, as necessary and appropriate. This can prompt more open and honest dialogue that can help with ongoing engagement, allowing you to validate feelings, struggles, etc.
- **Remember life details** about the respondent. They notice this, that you are paying attention and genuinely want to know who they are.
- **Continue curiosity** about the individual.
  - For example, “Last time we met you were telling me about your dog. Have you had other pets? What is your favorite animal?"

- Continue to encourage their **connection with supports**, including the natural or informal supports that the respondent prefers.
    - For example, “You mentioned your buddy Joe last time, have you seen him since we last talked?”
- We have already mentioned the importance of **following through on promises.** Use caution and discretion in making guarantees or other concrete statements. If you realize you are not able to follow up on or deliver something, verbalize that.
    - For example, ”I know I said I would…but I realized after I left that I cannot follow through on that, and I apologize for offering.”

Information adapted from Persistent and Committed Engagement: Practical strategies for Difficult to Reach Clients.



[Slide Image Description: This slide describes shared decision-making.]

Using the shared decision-making model is also an effective strategy in building and maintaining that therapeutic rapport. We want CARE participants to be fully engaged in their care, and to do this, they need to feel informed and a part of the decisions they are making. This means paying attention and asking what is important to them. It could be helpful to lay out all the decisions that need to be made as part of the CARE process and offer explanations for why the court wants or needs this information. The client will be managing many decisions, and you can help validate those feelings and work through them one by one.

- For example, "There are a lot of things to think about. Which one do you want to think about today?"

Start with what is important to them and what their goals are. Differentiate your goals and priorities from the CARE participant. Recognize where they overlap and where they are very different. This process is about focusing on their goals and finding a way for you both to participate moving forward. If someone is having trouble articulating goals, help them work through their options

- "I could imagine wanting to focus on X, but how about you?").

- "What are your goals for participating in CARE?"
- "What do you hope to get out of these services and supports?"

Develop next steps together. Work together to identify what the immediate next steps are.

- "How will the individual take steps towards achieving these goals?"
- "How will you take action to achieve these goals?"

Throughout this shared decision-making remember that words matter. Focus on using less formal or clinical jargon. Match the way you communicate.

For example, talking to Marcus about what is important to him and how services and supports can help him reach his goals can increase his retention. For example:

- Marcus has some other health concerns, including hypertension, chronic pain, and alcohol use disorder. Does he want to work toward addressing these health issues? Does he have quality of life goals or activities he can no longer do because of his health issues?
- His brother completed the petition for Marcus to participate in CARE. Does Marcus want to foster his relationship with his brother or other family members?

Information adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.

Ideas in Action

- Think about Marcus. How could you seek to build trust and rapport throughout the outreach, engagement, and retention continuum?

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow, as well as an icon depicting Marcus.]

Outreach stage – if Marcus is wearing anything that references his service in the Army, ask about it. Thank him for his service. Normalize his wariness. “I appreciate how aware you are of your surroundings.” or “It would make sense if you did not trust me, a total stranger, at first.”

Engagement Stage – reference things discussed in previous sessions. “Last time I saw you, you mentioned your friend Joe. Have you seen him since we met?” or ”I liked how you told me about… and it left me wondering….”

Retention Stage – “You seemed to feel comfortable when we were walking and talking last time, want to do that again this week?” or ”Do you have other ideas about what would help you feel comfortable talking to me next time?”

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will discuss practical strategies for outreach and engagement.

Common Team & Roles

- Assertive Community Treatment (ACT) or Full-Service Partnership (FSP):
  - Multidisciplinary and wrap-around approach.
  - Work "in the field" to ensure engagement.
- Outreach in pairs or teams:
  - Include a peer.

Typical Roles in Outreach Teams:
- Social worker/licensed mental health counselor/case manager.
- Prescriber – nurse practitioner/psychiatrist.
- Peer support specialist.
- Community health worker.
- Homeless outreach worker.
- Other ancillary provider (e.g., nurse, substance use counselor, housing navigator).

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[Slide Image Description: This slide shows a blue box with typical roles in outreach teams and a photo of two individuals collaborating at a desk.]

Generally, what we have been hearing is that teams leverage existing Assertive Community Treatment (ACT) or Full Service Partnership (FSP) models. These types of teams are multidisciplinary and specifically set up to provide a wrap-around approach, including after-hours support. These are teams that are responsible for outreach and engagement in the field as needed, as their clients are more complex and acute and may have had difficulty engaging in-clinic.

The roles listed here are an example of what may comprise an ACT or FSP team. The key is that this is a team who works closely together, coordinates daily, and is planful with their outreach efforts.

- Social worker/licensed mental health counselor/case manager.
- Prescriber – nurse practitioner/psychiatrist.
- Peer support specialist.
- Community health worker.
- Homeless outreach worker. Some counties rely on their "IHOT" teams (in-home outreach team) to make the first contact. We'll hear more about this team and their

coordination with the FSP/ACT teams in the open-forum tomorrow.
- Other ancillary provider (e.g., nurse, substance use counselor, housing navigator).

One strategy we specifically hear from these teams is that at a minimum, they are outreach in pairs. We have heard about outreach workers partnering and strategizing in their approach – who approaches first, who stands back and stays present and available. Across the board, we have heard that having at least one peer on the outreach team helps support the person-centered approach of meeting people where they are at and appropriately sharing some of their lived experience to develop trust and connection with the individual.

Peer Outreach & Engagement in CARE

- Peer teams.
- Strategizing prior.
- Letting the respondent "choose" who to talk with.
- Building rapport before discussing CARE.
- Supporting immediate needs.
- Connecting on lived experience.
- Explaining "rights" and providing basic information about the CARE process.
- Working with team in supporting longer-term needs.
- Regular check-ins.

A peer is an individual self-identified as having lived experience with the recovery process (either as a consumer of these services or as the parent or family member of the consumer) and can help others experiencing similar situations.

For more information on peers, see the Role of the Peer in the CARE Process training.

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[Slide Image Description: This slide shows a picture of an individual talking in a group with a definition of a peer and how a peer can be involved in outreach and engagement activities, specific to CARE.]

A peer is an individual self-identified as having lived experience with the recovery process (either as a consumer of these services or as the parent or family member of the consumer) and can help others experiencing similar situations.

Including a peer in outreach and engagement for an individual with schizophrenia spectrum or other psychotic disorders can be highly beneficial. Peers can provide unique support and understanding.

Here are several ways to include a peer in outreach and activities:

- **Working in teams (of peers).** We have heard from county teams about the importance of conducting outreach in teams, and as pairs, specifically. We have also heard that these teams may often be comprised of at least one peer, but often both are peers/individuals with lived experience to make those first attempts of connecting with these individuals.
- **Strategizing prior.** We have also heard about the importance of team planning prior

to outreach, including strategizing about who may take the lead and who will support.

- That said, it's important to let the **respondent "choose" who they wish to connect with**, which member of the team to engage with, and be flexible with the approach from there.
- **Building rapport, before discussing CARE.** We've heard about teams going out for multiple visits to engage an individual, before discussing the CARE process. This is in an effort to make that connection and build trust before introducing and explaining the CARE process.
- That means that the peer may be more focused on **supporting the individual's immediate needs.**
- **Connect on their common lived experience** before discussing CARE. A peer is more prepared to talk about their own mental health history, their SUD history, their carceral history. The peer can provide a sense of safety for the person the team is trying to reach and is making that connection by sharing their story. Moreover, CARE participants may have had adverse experiences with the court and mental health system and their may be distrust of these systems, which the peer can acknowledge/validate. The peer can help explain that this experience is intentionally different – that the CARE process is voluntary in nature and can support better access to services and supports.
- When that connection is made, and trust is in place, the peer can play an important role in **explaining the individual's "rights" and providing basic information about the CARE process.** The peer can ensure the individual knows they are a part of this process and that they have a voice with their choices and preferences.
- The peer also plays an important role in **working with the county BH team in supporting longer-term needs**, as well as communicating these activities with the individual/respondent and ensuring that the individual's preferences are heard and understood by the team, related to housing preferences, health and social needs, and overall personal goals.
- **Regular check-ins** with the individual are critical in establishing and building that trust. This reinforces the themes of persistence, consistency, and flexibility. Letting the individual know that you'll be back and when, but also working with them in terms of timing and location.

For more information on peers, see the Role of the Peer in the CARE Process training.

Engagement Takes Time

- Patience, persistence, and consistency:
  - Quality over quantity.
  - Creativity and curiosity are key.
- Reframe team expectations/definition of success.
- Highlighting client rights/strengths:
  - Supporting self-advocacy.
- Identify new means of engagement:
  - Conversational and non-conversational approaches.
  - Client-directed approaches.
- Working with the court on timelines.

Information adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.

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[Slide Image Description: This slide describes best tips for engagement and a picture of a huddle with people putting their hands in.]

Engagement takes time, persistence, and creativity.

- Consider the quality of connection over quantity, depth, time, etc. Making a connection, even if it's short, is better than asking a bunch of open-ended questions and getting broad answers.
- Stay open as the outreach team to be creative. Try a lot of different approaches and see what worked. Remain open and receptive to trying new things. You will try a lot of different methods, don't get discouraged by a failed outreach attempt.
- Be observant and curious - what is unique about how this person is presenting themselves (tattoos, clothing, piercings), what are they choosing to show to the world - "that's such a cool tattoo, could you tell me about it" - find curiosity around what's unique about this person's self presentation.

Reframe team expectations/definition of success.

- Success develops in increments, so it is important to recognize and validate the

small wins and partial, incremental gains or changes you observe.

Highlighting client rights/strengths.

- Help the respondent understand both their own strengths and their rights.
- Describe and explain supported decision-making and help the respondent engage in this practice.

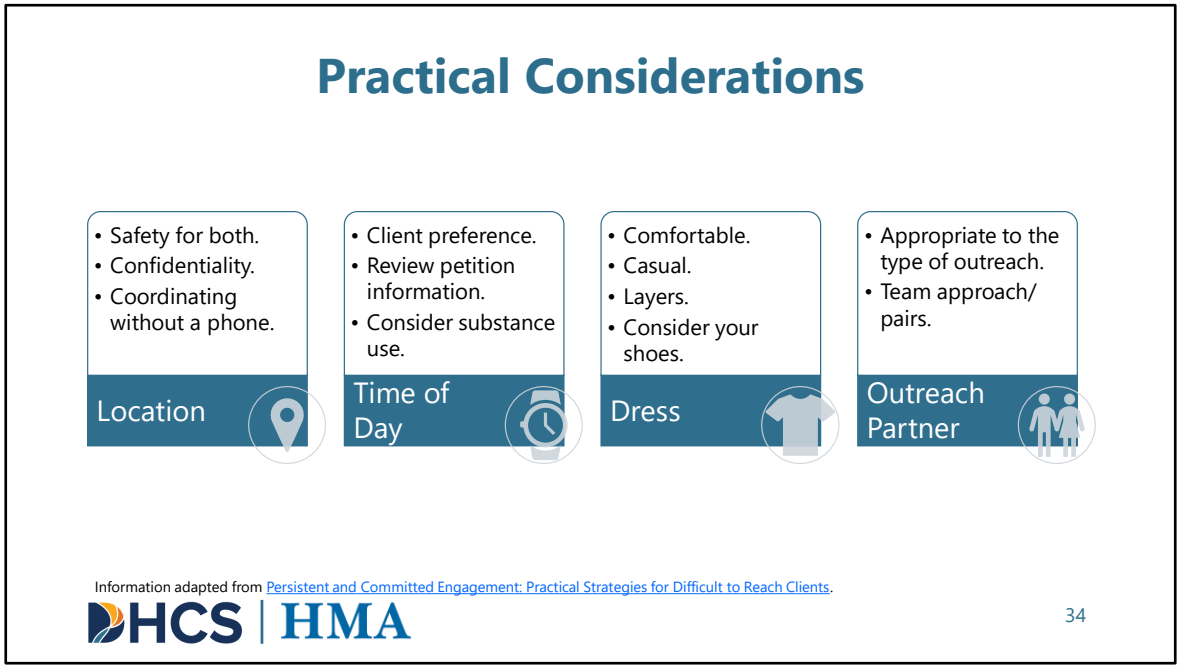
Identify new means of engagement.

- Be creative in mutually finding how best to facilitate communication. Sometimes taking a walk or playing a card game makes the conversation move more smoothly.
- Considers ways to take a client-directed approach. Ask the respondent, "What might make it easier to spend time together?“ See the respondent as an expert in their own life/experiences and try to take an open and active learning stance towards them (i.e., “What is unique about this person, their interests, their motivations and how can I connect with them on that?).

Working with the court on timelines.

- As we are seeing that engagement takes time, we hear that county BH teams have been approaching the CARE court with requests, as appropriate, for continuances/extensions to support their engagement with the respondent at different points in the CARE process.

Information adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.



[Slide Image Description: This slide shows four blue boxes that give practical considerations for outreach and engagement regarding location, time of day, dress, and outreach partner.]

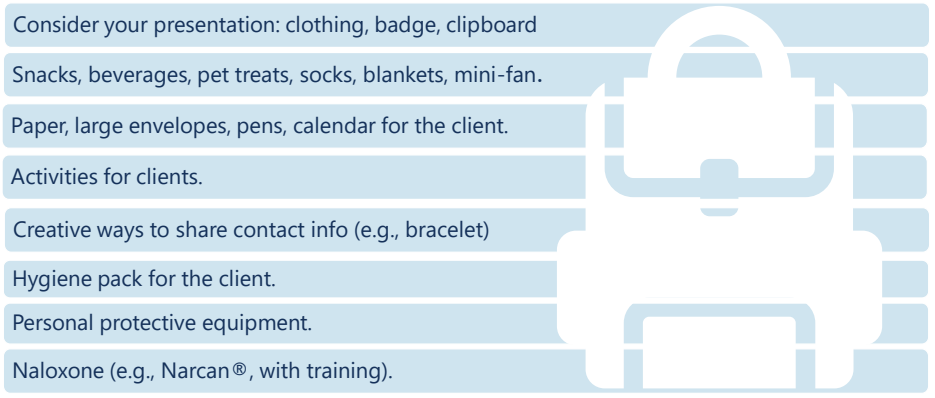
Summarizing some practical considerations for outreach and engagement:

- Thinking about location:
    - You want to take into account safety for both you and the respondent, including pre-planning your route in getting there.
    - Consider if there will be an issue with confidentiality in the location and make a plan for discussing personal information.
    - Also, the respondent may not have a phone, or have inconsistent access to it, so planning with the client about when and where to meet in person. And of course, helping them get a phone would be one of those "quick wins."
- Time of day:
    - Client preference: setting up a consistent time, day, and location for meeting weekly. For example, "I'll be in this location every Wednesday at this time. Does that work for you? Is there a better location?"
    - Review petition information – that may have some information about the respondent's behaviors, activities, and typical locations.

    - Consider substance use – as mentioned earlier, keep this in mind in terms of timing and working with them when substances are less likely to be used.
- Dress code:
    - Comfortable, casual, layers – there are no rules but consider the community you are entering. Also, think about your shoes.
- Outreach partner:
    - Think about the purpose of the outreach; if you are going to be talking about medications, you may want a prescriber with you. For example, if it is an initial outreach, think about bringing someone that may already have a connection to the individual or a peer.
    - And of course, there is always safety in numbers, but be thoughtful of how many are outreaching at a time so as not to overwhelm the respondent; we are hearing that outreaching in pairs has been fairly successful.

Information adapted from Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients.

Your CARE Outreach Toolkit



Source: Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients

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[Slide Image Description: This slide lists components of an outreach toolkit with an icon image of a backpack.]

Moving to specific practical considerations with regards to your outreach bag or toolkit. This is informed by the LA DMH/UCLA Partnership training that provided great dialogue regarding recommended tools to bring along during your outreach, and we have tailored it based on what we are hearing from CARE teams.

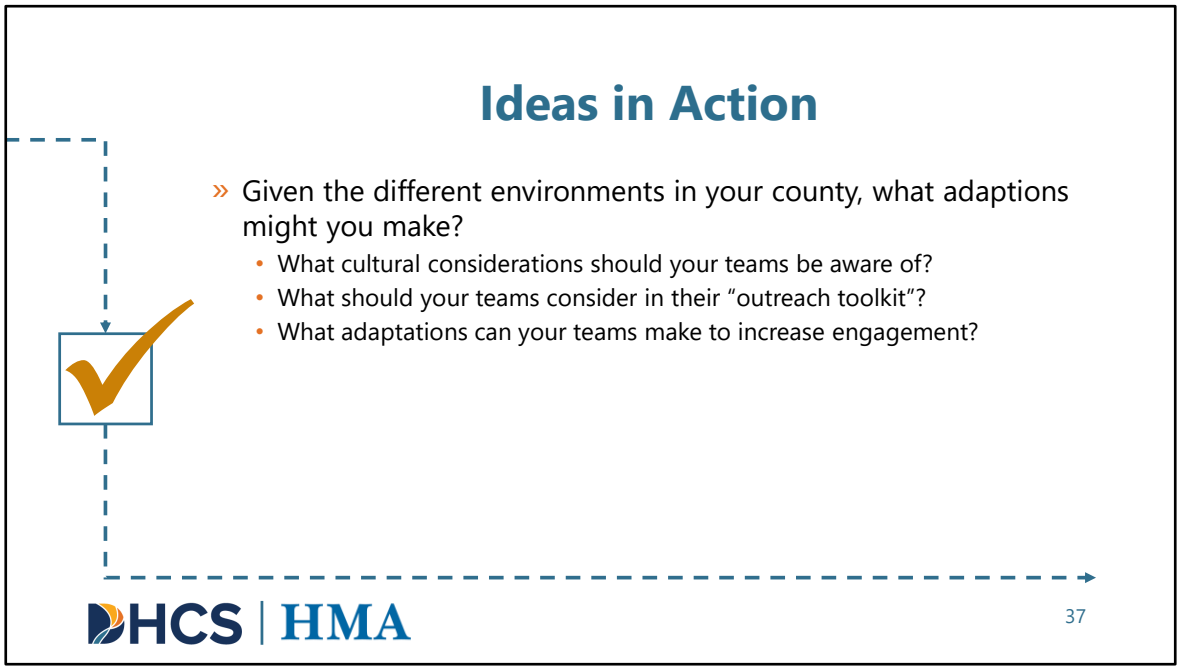
- Consider your presentation: we've talked about casual clothing, plus removing the badge for the conversation, and not bringing a clipboard for notes (may be off-putting to the respondent), but instead coordinating with your team member in terms of paying attention to the conversation and documenting it quickly afterwards. However, there is a chance – if engagement is going well – that you may have an opportunity to ask the respondent to agree to release their information to other participating individuals (e.g., family members). It may be helpful to have an release of information form available.
- Having items that you can offer to meet immediate needs and build trust/rapport, such as snacks, beverages (coffee, water), socks, blankets, pet treats, battery operated portable fan, and other supplies.
- The respondent may ask for things to help them track the CARE process, so having

paper, large envelopes, pens, a calendar may be helpful.
- Activities for clients such as magazines, headphones, books, and games.
- Think about leaving something different than a business card for the client, such as a rubber bracelet with your contact info.
- Hygiene pack – which could include sewing kits (e.g., for help with tent repair), sanitary pads, or condoms.
- Personal protective equipment, such as gloves, masks, shoe covers, and hand sanitizer.
- Naloxone (e.g., Narcan®,with training).

Source: Persistent and Committed Engagement: Practical Strategies for Difficult to Reach Clients

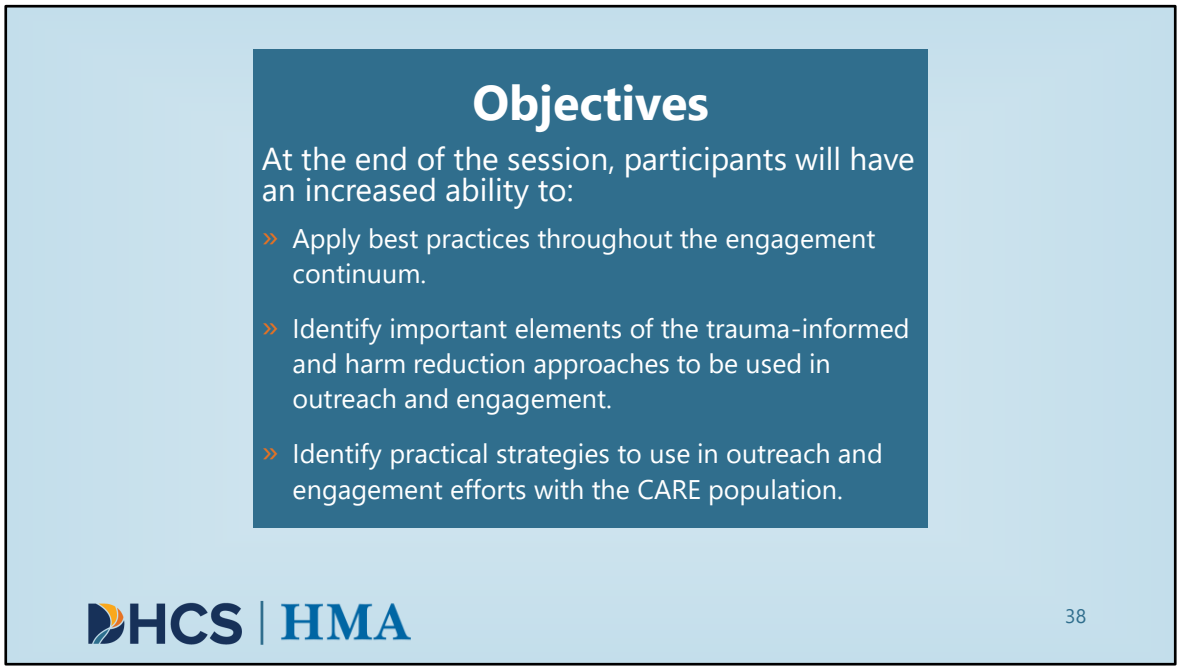
[Slide Image Description: This slide lists lessons learned on the ground through the presenters experiences.]

- **Collaboration** before, during, and after outreach and engagement is critical. Consider court staff, public defenders, and other contracted providers as part of the outreach and engagement team.
- If appropriate, the outreach team can **engage with the petitioner** to get additional contextual information to support outreach and engagement efforts; Petitioners are not legal or BH experts and appreciate being kept updated on the progress of their petition.
- **Peers can help facilitate authentic engagement** with petitioners and respondents. The role of the peer is key to the outreach and engagement process from beginning to end
- **Have persistence,** re-frame your definition of success, and appreciate the small wins in outreach and engagement efforts.
- Being **trauma-informed** is essential. CARE respondents likely have good reason to not trust. Continue to show up and acknowledge the realities of CARE respondents past interactions.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

In reference to Marcus, what environment is going to help him feel most at ease? He might be more comfortable in an open setting where he can see everything around you at once, or he may feel more comfortable in a more controlled setting. How does he like to spend his time? What allows for the best engagement? It might be that playing cards allows him to talk more openly. Does he feel more comfortable (or less) around other veterans? Does he like, or not like, talking about his own time in the service?



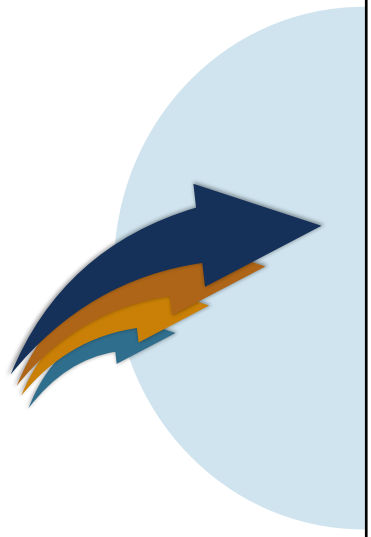
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply best practices throughout the engagement continuum.
- Identify important elements of the trauma-informed and harm reduction approaches to be used in outreach and engagement.
- Identify practical strategies to use in outreach and engagement efforts with the CARE population.

Next Steps

- Contact your county liaison with clarifications, questions, or technical assistance requests.
- Consider the following resources:
  - Role of the Peer in the CARE Process.
  - Trauma-Informed Care training materials for county BH.
  - Addressing Implicit Bias for Behavioral Health Agencies.



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[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Consider the following resources:

- Role of the Peer in the CARE Process.
- Trauma-Informed Care training materials for county BH.
- Addressing Implicit Bias for Behavioral Health Agencies.

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org,** and our email address is **info@CARE-Act.org.**