



MA Association of
Community Health Workers

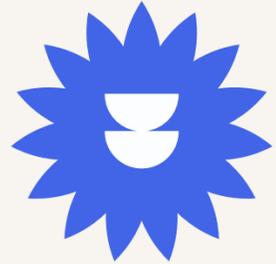
MENTAL HEALTH MATTERS

Outreach Essentials for CHWs

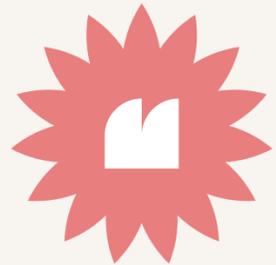
Presented By: **Tara Pacheco, CCHW, HRS**



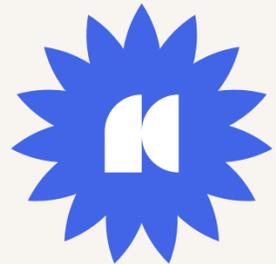
Overview



Introduction



Common outreach barriers



Tips & tools



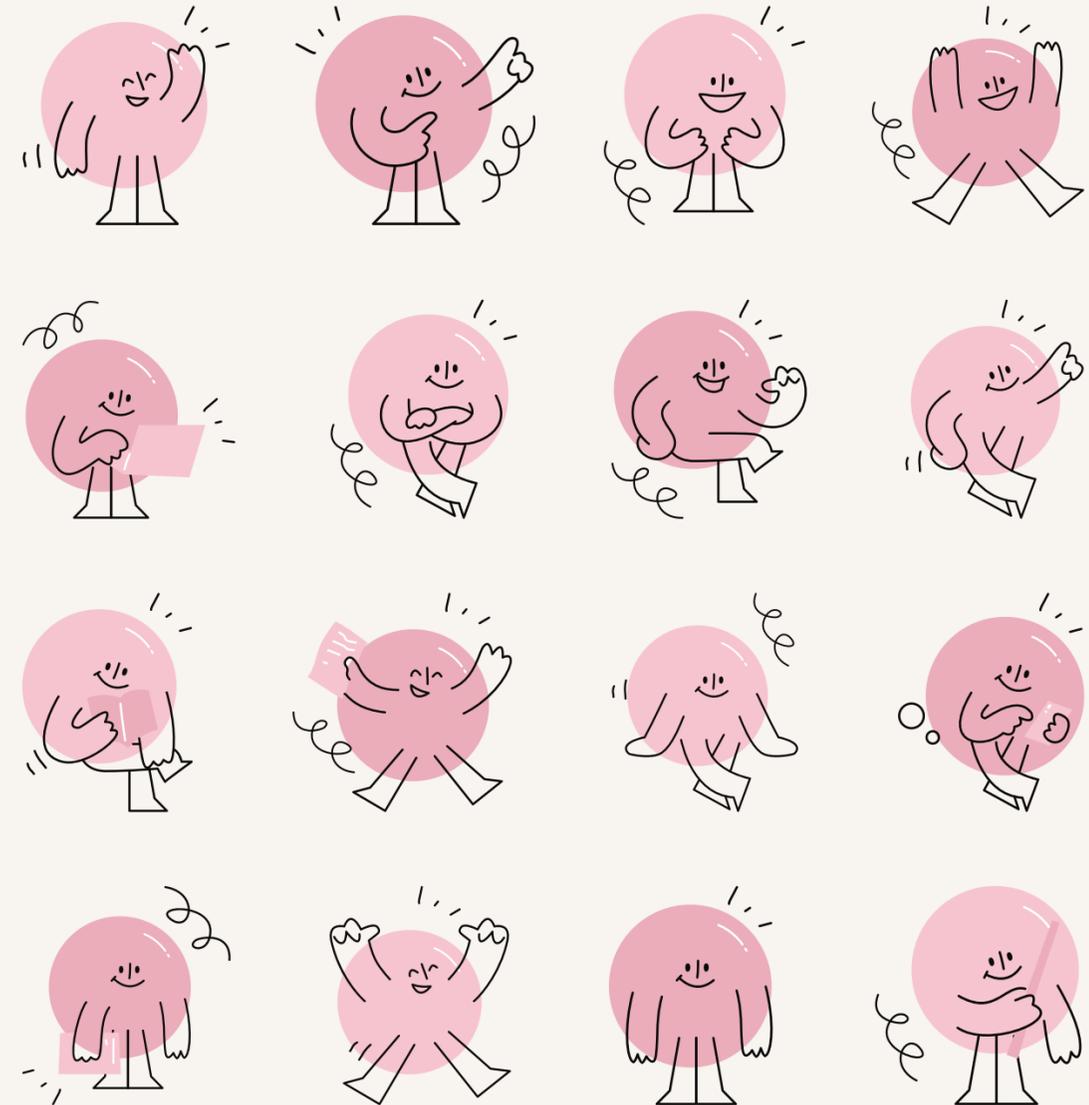
Breakout Session/Case Study

Mental Wellness Month

January is nationally recognized as Mental Wellness Month, a time to focus on emotional, psychological, and social well-being,

Take time this month to center self-care, stress management, and resilience building as a gentle start to the new year.

We can only support others sustainably when we tend to our own well-being.



Introduction

In Massachusetts, Community Health Workers play a vital role in outreach and client engagement as part of their broader public health and community support responsibilities. Their outreach work is centered on building trust and connecting people with services that improve their health and well-being.

Today, we will identify and discuss creative strategies to engage with hard-to-reach clients, focusing in on those who may experience mental health barriers and disparities.



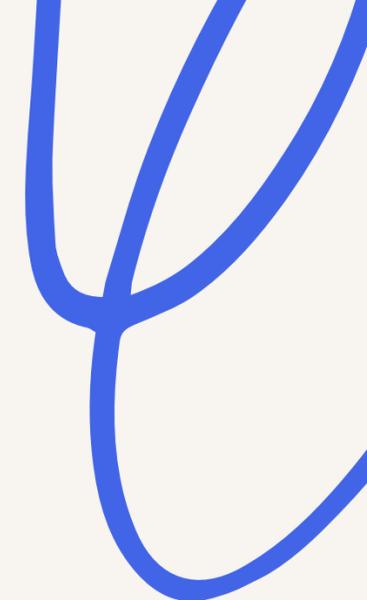
Getting to know your community.

Effective outreach begins with truly knowing your community. This means going beyond surface-level data to understand people's lived experiences, cultural values, strengths, and challenges. When we take time to listen and learn, we build trust and demonstrate respect, which are foundational to meaningful engagement.





Tips for community-centered outreach:



- **Build trust through consistency.** Show up regularly, follow through on commitments, and be transparent about your role and limitations.
 - **Honor culture and lived experiences.** Use culturally responsive language and practices, and recognize traditions and resilience within the community.
 - **Share power and center community voices.** Involve community members in planning, decision-making, and feedback to ensure outreach is relevant and respectful.
 - **Practice self-reflection and humility.** Regularly examine your assumptions, biases, and impact to ensure your outreach remains equitable and person-centered.
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Meeting people where they are.

Many community members with mental health challenges may be reluctant to initiate new services or respond to common outreach methods. This means CHWs may need to think outside of the box! Once you have identified and gotten to know the populations you are serving, outreach can be achieved in a variety of settings, to include street outreach, tabling events, and collaborative partnerships with shared providers.



*Meeting individuals where they are also involves recognizing their current life circumstances. We engage with people at their respective stages of their journeys, acknowledging that everyone has different capacities that can evolve over time.



Removing barriers.

What are the barriers preventing communities from reaching and engaging with you? Common barriers can include:

- language
- limited understanding or access of technology
- overly complicated forms
- transportation
- cultural norms
- stigma
- fear or uncertainty
- systematic trauma
- ineligibility due to application criteria
- childcare
- transient populations





Health Access

Disparities in health access mean marginalized groups face greater barriers to care, including higher costs, lack of culturally competent providers, and systemic discrimination, leading to lower utilization of services, poorer quality treatment, and worse outcomes, even with similar or higher rates of need. Key issues involve provider shortages, insurance problems, lack of diversity in the workforce, and cultural misunderstandings, creating a multi-tiered system where quality care is often tied to ability to pay.

Key Disparities & Affected Groups

- Racial/Ethnic Minorities (BIPOC, Hispanic, Native American): Less likely to access care, receive quality care, or stay in treatment; face provider bias and lack of culturally relevant services.
- Low-Income Individuals: Struggle with high costs, lack of insurance, and provider networks that don't accept Medicaid.
- LGBTQ+ Individuals: Experience higher mental health needs but face stigma and discrimination.
- Rural Populations: Often lack nearby providers and resources.
- Older Adults: May have limited access and higher rates of mental health issues.



Let's talk about solutions!

- Staff diversity and collateral materials to be accessible in common languages used throughout your catchments areas
- Accessibility of forms in a variety of touchpoints, to include manual and digital
- Clear and simple application instructions
- Participation incentives
- Identify available transportation supports
- Have readily available referral sources for ineligible parties
- Relationship building/education
- Offer what they need

What creative solutions have you used in your role as a CHW?

Partner with local groups & community organizations.

Create an outreach plan that includes resource sharing and communication pipelines with local groups and community organizations.

Pro tip: If you're getting referrals from external agencies, make sure to provide them with the necessary consent and ROI forms. Request that they return these documents along with the referral. This will allow for smoother communications and opportunities to collaborate.





Trauma-informed approaches.

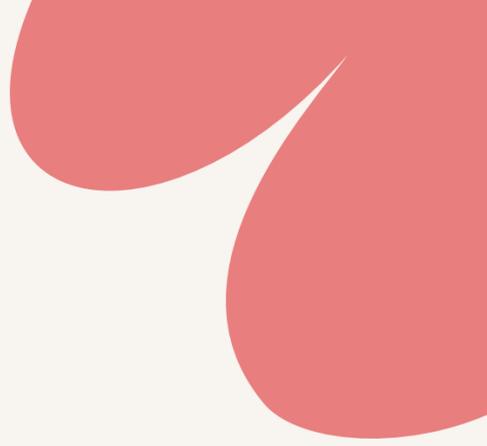
Trauma-informed outreach strategies are achieved by shifting from "doing to/for" to "doing with" individuals, and avoiding re-traumatization through transparent, respectful, and responsive engagement.

Key strategies involve:

- centering community voice
- creating physically and psychologically safe environments
- using routine screening
- offering peer support
- ensuring cultural relevance
- training staff in trauma recognition and response



CASE STUDY





Thank You Very Much

Reach out any time!

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