COMMUNITY ENGAGEMENT PRINCIPLES
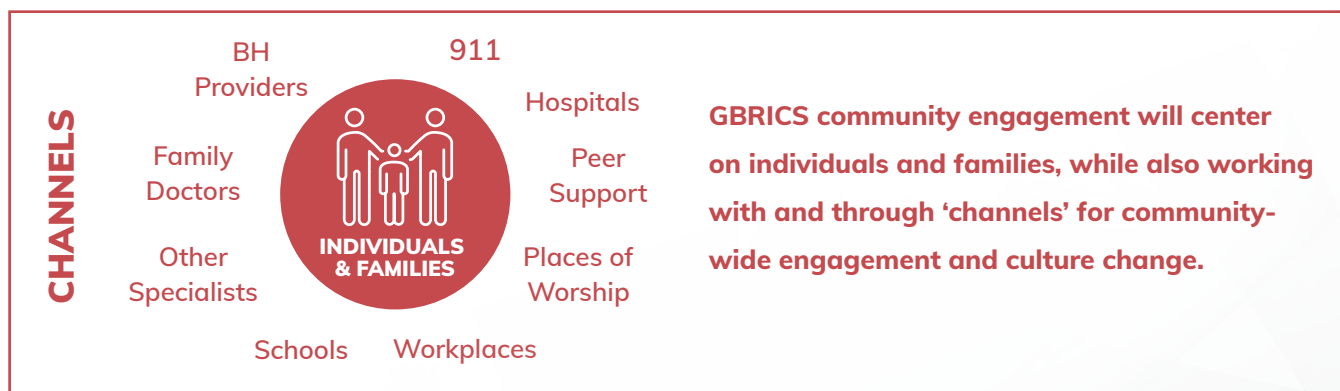
DEFINITIONS

Behavioral Health Crisis: Any event or situation associated with real or potential disruption of stability and safety as a result of behavioral health challenges or conditions.

Behavioral Health Crisis System: An organized set of structures, processes and services that are in place to meet all the urgent and emergent behavioral health crisis needs of a community, as soon as possible and for as long as necessary.[1]

Community: A specific group of people, often living in a defined geographic area, who share common culture, values, norms or circumstances, and who are arranged in a social structure according to relationships developed over time.[2] Defining communities by zip code, for example, can identify marginalized groups for whom social determinants of health result in disparities in health equity.[3]

Community Engagement: Process of working collaboratively with and through groups of people, who comprise a community, to address issues affecting the well-being of those people.[4]

CHANNELS

BH Providers · 911 · Hospitals · Family Doctors · Peer Support · Other Specialists · Places of Worship · Schools · Workplaces

INDIVIDUALS & FAMILIES

GBRICS community engagement will center on individuals and families, while also working with and through 'channels' for community-wide engagement and culture change.

Engagement: Individuals, families, their representatives, and professionals working in active partnership at various levels—direct services, organizational design and governance, and policy making—to shape, improve, and sustain GBRICS.[5]

Greater Baltimore Regional Integrated Crisis System (GBRICS): A five-year $45 million initiative to expand and strengthen the behavioral health crisis system across Baltimore City, Baltimore County, Howard County, and Carroll County.

Health Equity: The state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from that due to social position or other socially-defined circumstances.[6]

BASIC ASSUMPTIONS

1. GBRICS will be more effective and more trusted if:

- Power to design and implement GBRICS is shared with the community, including people with lived experience and their family members, to reflect their unique expertise
- It is built to be a system of care that is meaningful to the people who use it

2. GBRICS community engagement will be:

- Grounded in an evidence-based framework[7] for working in active partnership with ommunity
- Informed by data and lessons from the community engagement efforts of other groups

PRINCIPLES FOR COMMUNITY ENGAGEMENT

1. **We will build true community partnerships for GBRICS, involving:**

- Mutual learning, deliberate attention, active listening, and respectful collaboration
- Being guided by trusted leaders who know their community
- A variety of culturally and geographically responsive strategies
- Building trust and relationships, with authenticity and transparency about what we are doing and learning, including what is and is not possible and why
- Long term commitment and follow through with communities, in and beyond the first five years ···

2. **We will respect communities' diverse characteristics yet honor the spirit of our shared humanity by:**

- Recognizing the historical harms and breaches of trust that have occurred throughout the region and using an equity and anti-racist lens in conducting community engagement
- Acknowledging the power to act in one's own interest is the right and responsibility of all people
- Ensuring that people representing GBRICS in the community are trained in trauma-informed approaches, to be aware of our own biases and the value of emotional intelligence

3. **We will engage communities in a dialogue about behavioral health crisis and seek to raise public awareness and reduce stigma associated with behavioral health**

RESOURCES FOR ADDITIONAL LEARNING:

Communities in Action: Pathways to Health Equity. National Academies of Sciences, Engineering, and Medicine. 2017. Washington, DC: The National Academies Press. https://doi.org/10.17226/24624

Patient and Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies Carman, Dardess, Maurer, Sofaer, Adams, Bechtel & Sweeney. Health Affairs, 32, no.2 (2013): 223–231

Principles of Community Engagement, First Edition. CDC/ATSDR Committee (1997)
Roadmap to the Ideal Crisis System. Group for the Advancement of Psychiatry/National Council on Behavioral Health (March, 2021)

[1]First two definition are from Roadmap to the Ideal Crisis System. Group for the Advancement of Psychiatry/National Council on Behavioral Health (March, 2021)
[2]Based on definition from the CDC, https://www.cdc.gov/healthyplaces/terminology.htm
[3]Communities in Action: Pathways to Health Equity. National Academies of Sciences, Engineering, and Medicine. 2017
[4]Based on definition from Principles of Community Engagement, First Edition. CDC/ATSDR Committee (1997)
[5]Based on definition from Carman, et al, Patient and Family Engagement: A Framework Health Affairs, 32 (2013)
[6]Communities in Action: Pathways to Health Equity. National Academies of Sciences, Engineering, and Medicine
[7]Carman, et al, Patient and Family Engagement: A Framework Health Affairs, 32 (2013)