

## **GBRICS Community Engagement**

### Interim Report on Insights from Community Roundtables

#### **Approach**

The Greater Baltimore Regional Integrated Crisis System (GBRICS) Community Engagement Committee (CEC) is conducting a series of roundtables from July 2021 through January 2022 to learn about the experiences, perspectives, and concerns of community residents across the GBRICS region regarding behavioral health crisis services. The roundtables are intended to be informal conversations consisting of a brief synopsis of the GBRICS Partnership and a discussion with attendees focused on two questions:

1. What sort of response do you think would be most helpful when a person is in distress because of substance use or a mental health challenge?
2. Would you call a dedicated hotline or phone number to get help for yourself or someone else who needs urgent mental health or substance use care? Why or why not?

To support this effort, the CEC established four local community engagement subcommittees for each local jurisdiction that is part of GBRICS. Each of these local subcommittees has met several times to plan the community roundtables. Several other roundtables have been held with the membership of community partners or focusing on certain stakeholder types, as listed below. The themes in this interim report are drawn from the discussions held at the following roundtables or listening sessions:

- Congressional Depression Awareness Program Roundtable, July 28
- Black Mental Health Alliance Clinicians Network Roundtable, September 23
- On Our Own, Inc. Wellness and Recovery Center Roundtable, September 24
- NAMI Metro Baltimore Roundtable, September 8
- Black Mental Health Alliance Organizational Members Roundtable, October 7
- Howard County Regional Roundtable, October 21

#### **Additional roundtables that have taken place or are planned are (future dates subject to change):**

- On Our Own/HOPE Wellness and Recovery Center, October 27
- On Our Own of Carroll County Wellness and Recovery Center, October 28
- On Our Own of Howard County Wellness and Recovery Center, October 29
- East Baltimore County Regional Roundtable, November 3
- Carrol County Regional Roundtable, November 4
- West Baltimore County Regional Roundtable, November 10
- North Baltimore County Regional Roundtable, December 8
- West Baltimore City Regional Roundtable, December 9
- South Baltimore City Regional Roundtable, December 12
- East Baltimore City Regional Roundtable, TBD before Jan 31
- Healing Youth Alliance Roundtables, TBD before Jan 31
- Immigrant Community Roundtable, TBD before Jan 31
- Intellectual/Development Disabilities Roundtable, TBD before Jan 31

## Themes

The following themes from the views and perspectives shared by a variety of community members are drawn from summaries of the roundtables and events as noted above.

*NOTE: While the themes are generally listed in the order of magnitude of the frequency of mentions at the community roundtables, this is an informal approach of hosting community discussions and listening closely, rather than formally structured focus groups using qualitative research analytics.*

### **1. Must Earn Trust, Overcome Skepticism, and Educate the Community to be Successful**

For GBRICS to succeed, current viewpoints about mental health, crisis hotlines, and seeking professional help must be addressed and changed. There is a great deal of skepticism of the current system based on personal experiences and general impressions. GBRICS-funded services and the crisis response system must educate the public and earn its trust by providing high quality services.

- Many residents have had negative experiences in the past with crisis services
  - Roundtable participants reported crisis service and hospital staff were “condescending”, that they “felt disrespected”, or that the intervention was “not helpful”.
- There is an opportunity to build trust. Many residents have had positive experiences with the crisis system. Many others are excited about the possibility of changes GBRICS could bring.
  - One participant said an alternative to 911 and law enforcement intervention like 988 “does something for my spirit.” Another said communities are “hungry for something that works”.
- Getting people to use the crisis response system requires building trust in the system and overcoming stigma associated with seeking help. Many participants suggested working with credible leaders in various communities (Black community, Asian community, faith community, specific neighborhood figures who are well known) so they can be ambassadors of the system and vouch for it.
  - Trust will only come when the system lives up to what it promises.
  - Work with “Ms. Mabel on the Block” who knows everyone in the community.
  - Partner with family members to be allies.
- Residents need education about the crisis response system. People do not understand when to call a crisis hotline vs. 911. They do not know what to expect will happen when they call.
  - Questions included ‘will I be safe?’, ‘what will happen?’, and ‘what choices will I have?’
- Terminology must be simple, both in promotional messages and for call center staff.
  - “No one knows what behavioral health is”

### **2. Integrate Community Partners and Other Supports into the Crisis System**

Crisis services are just one piece of a broader continuum of services that support community health and wellness. The GBRICS implementation process must deliberately engage community partners of all types, including both mental health and substance providers and other community partners and supports.

- Communities need access to a range of mental health, substance use and other services such as peer support. The crisis system should be an access point to these other services and different providers must collaborate and work together.
  - Provide a directory of services all in one place.
  - Fully integrate peer support and other peer-led services into crisis response and stabilization
  - Those in crisis need follow up services in the community like “follow up care after surgery”.
- Consider innovative partnerships that leverage community expertise
  - Look at models like Safe Streets
  - Engage communities as “co-creators”
  - Communities know what they need “better than outsiders”
  - Create community advisory boards
  - Hire community leaders who can provide support and be a “buffer” between communities and the traditional system
- Suggestions of community partners include: peer recovery specialists, people with lived experience and those who are familiar with the person in crisis, NAMI, youth, SNAP recipients, detention centers, foster care, people with developmental disabilities, Asian community, professional associations (e.g., Baltimore Psychological Association), multi-lingual professionals and interpreters (language including ASL), congregations, community members (“anchors”) who can offer a safe place to de-escalate, community schools, libraries.

### **3. Provide Timely, Consistent, and Accessible Help**

Many spoke to the urgency and immediacy of a crisis situation and the need for timely response. Residents will continue to call 911 or go to the ER if 988 and other crisis response services like mobile crisis teams (MCTs) cannot provide consistent, timely response.

- Multiple participants reported waiting hours for MCTs to arrive, up to eight hours after a call was made.
  - There needs to be enough staff in the call center and for MCTs so the response is quick
  - One participant called at 3am and got no help, so went to the hospital ER instead
  - A call system needs to connect callers quickly without multiple prompts or buttons to push.
  - “I will use it if it works”
- Allow texting for more options to communicate
  - Especially important for people who are nonverbal on the autism spectrum
- Call centers should allow family members to call on behalf of a loved one in crisis
  - “How can a person undergoing auditory and visual hallucinations call the hotline?”

### **4. All Staff and Partners Need High-Quality Training**

Proper training is essential for everyone who has a role in the crisis response system, including call center staff, MCT members, law enforcement officers, EMTs, and hospital staff. Training must address tone (compassion and respect), cultural competency, process and content such as knowledge of community resources. Increase scrutiny of whether people are properly trained.

- Many were concerned about the counseling skills of who would respond to a person in distress: must be calm, compassionate, empathetic, and respectful; trauma-informed; skilled in de-escalation; know symptoms associated with certain diagnoses and how this impacts the person and their family
  - Need to be “treated as a human being”
  - Understand triggers for aggressive kids
- Many recommendations on training to understand unique needs of specific communities, such as the Black community, youth, unique needs of those with development disabilities, experience with the foster care system, and the transgender community.
  - Howard County 911 has a system with flags for homes with family members living with dementia or autism. This helps police and MCTs know when the person in crisis has autism or another disability.
- Several training suggestions were offered.
  - Use peer professionals or others with lived experience could help train call center staff such as NAMI In Our Own Voice program
  - Focus on cultural competence and unique needs of Black communities
  - Expand Mental Health First Aid

## **5. Limit Police Involvement in the Behavioral Health Crisis Response System**

In addition to comments noted above regarding overarching needs to decriminalize behavioral health, keep people safe, and for everyone in the system to be properly trained, many shared their experiences and views on police involvement in the crisis response system.

- Overall, there is a preference for the crisis system to be led by clinical counselors rather than police
  - A person in crisis is often vulnerable and a police encounter can be embarrassing or traumatic. It can have a lasting negative effect.
  - Use of handcuffs on someone in crisis came up several times, as that alone can escalate a crisis.
  - Police who do response to crises need specific training
  - If police are involved, they should arrive in plain clothes and “remain in the background”
  - Police have been helpful but are “sometimes not the best” for mental health situations
- Many people had strong views, as some communities do not access the crisis response system out of fear it will make the situation worse
  - Don’t want the person to be harmed
  - When the police officer and social worker responded, the person was more anxious and upset by their presence

## **6. Representation and Cultural Responsiveness**

Beyond the general need to provide culturally competent services, this theme also involved making sure that the crisis response system meaningfully reflects and connects with specific communities. Many examples were offered, including people with lived experience, Black and other communities of color, Asian

communities, immigrants, LGBTQ, youth, people with experience in the justice system, foster care, people with autism (including those who are non-verbal) or with physical or developmental disabilities.

### **7. Access to Coordinated Services, Including Crisis Follow-up**

As noted above, services provided during a crisis are just one point in the continuum of helping someone with mental health or substance use needs. Community members want to see expanded access to all behavioral health services, before a crisis happens, follow-up after the crisis and coordination across the whole spectrum of care.

### **8. Think Upstream: Be Strategic and Proactive**

Consistent with this being about systemic change, several comments noted the importance of being strategic in this process, to identify ways to prevent such crises in the first place and proactively address the social determinants of health that may be the underlying cause of such crisis. Identify outcomes and make decisions that will achieve the desired results while avoiding the outcomes that no one wants.

### **9. Insurance Coverage and Payment Issues**

Several comments arose regarding ensuring that everyone has access to the crisis response system and follow-up services, regardless of insurance status. One group noted that if crisis response system staff are paid well, they will provide better service. A few groups commented that community partners who are part of the crisis response system should be compensated as well.

*This interim report on Community Engagement is based on Roundtables events held through October 21, 2021. A final report including all subsequent Roundtables and related research will be developed in early 2022.*