Recommendation 11

Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.

Introduction

In January 2021, DHS administered a public engagement feedback survey to collect input on 16 recommendations generated by the Crisis Response Stakeholder Group. In this report, the overall response numbers and a summary of respondents' comments are described. This report summarizes the feedback on Recommendation 11. Then, we provide a deeper dive into the specific suggestions and concerns respondents provided, along with quotes that help to illustrate these comments.

Recommendation Description

Recommendations were briefly described in the survey, while more detail was provided in the Recommendations PDF document. Survey takers had the ability to download the PDF before starting the survey but we do not know who took this step or not. Both descriptions are included below.

Recommendations Document

Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.

In Allegheny County, data shows racial inequities in accessing preventative care: Black adults are less likely to access preventative care and more likely to utilize crisis services, while their White counterparts are more likely to access preventative care and have lower utilization rates of crisis services. Improving and expanding prevention and outreach (in particular for communities of color) can make sure everyone gets the services and supports they need before a crisis occurs. Ideas include:

- Support a large-scale training of Mental Health First Aid in communities to help residents better understand and identify mental health need

- Consider expanding the mobile trauma van response that travels to communities and provides trauma-informed services to individuals impacted by crises

- Consider expanding or creating new community health deputy programs that can conduct community-based check-ins with neighbors and offer preventive support

Survey

Recommendation 11: Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
In Allegheny County, data shows racial inequities in accessing preventative care: Black adults are less likely to access preventative care, and more likely to utilize crisis services while their White counterparts are more likely to access preventative care and have lower utilization rates of crisis services. Improving and expanding prevention and outreach (in particular for communities of color) can make sure everyone gets the services and supports they need before a crisis occurs.

What do you think of this recommendation?

Number of Responses and Rankings

271 respondents wrote comments about Recommendation 11. Responses were organized into three categories: Pro, Against and Unclear.[1] Additionally, 94 respondents ranked Recommendation 11 as one of their top 5 recommendations. See rankings and descriptions for all recommendations in the chart and table below. The top 5 most-ranked recommendations are highlighted in the chart.

Number of Times a Recommendation was Ranked in a Respondent's Top 5
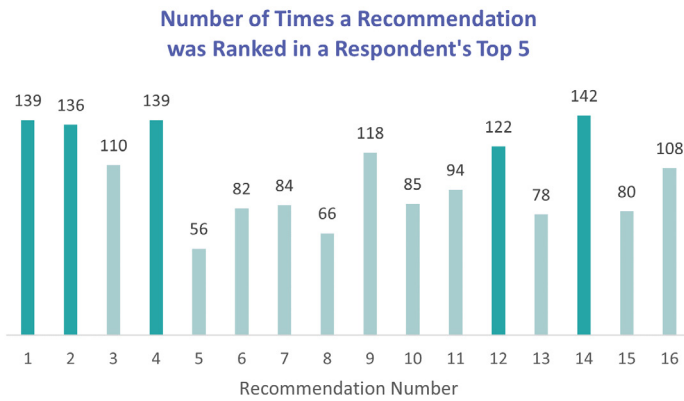
How Respondents Felt about Recommendation 11
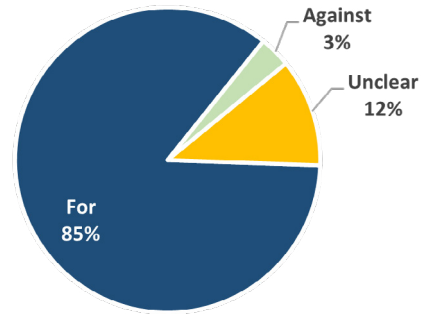
16 Recommendations for Improving Crisis Prevention and Response

Rec	Description
1	Improve the quality and increase the availability of crisis walk-in centers and other services that are available 24 hours a day, 7 days a week to receive a person experiencing a crisis.
2	Improve mobile crisis options and functioning.
3	Support first responders across the county to receive needed, ongoing training.
4	Improve discharge planning from jails, hospitals and emergency departments.
5	Enhance designated phone line(s) for connecting individuals to human services so that healthcare systems, providers and discharge planners have one place to call when patients need immediate human services and supports.
6	Establish a structure and set of protocols that is responsible for overseeing and holding accountable the full crisis system.
7	Develop a system or resource with real time information on service availability (e.g., eligibility criteria, area or population served, appointment availability).
8	Increase availability of easy access, low-barrier respite centers and similar models.
9	Launch co-response teams to respond to 911 calls.
10	Develop awareness around an alternative number to 911 that people can call when someone is experiencing a behavioral health crisis and explore strategies to provide a behavioral health response to 911 calls involving individuals in crisis.
11	Increase the availability of preventative and proactive outreach supports to prevent a crisis before it occurs.
12	Address basic housing needs.
13	Establish and fund more community-led and operated crisis response models.
14	Make sure qualified, trained frontline staff are available 24/7 for individuals experiencing crisis and that these staff have the appropriate compensation, support and caseloads to provide the best services possible, no matter the time of day.
15	Develop a process to address mistrust and hurt between communities and government, including law enforcement.
16	Increase the number of Black, Indigenous and People of Color (BIPOC) behavioral health providers.

The highlighted recommendations were most often ranked in the top 5 by survey respondents.

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[1] For responses were in favor of the recommendation. Against responses were against the recommendation. Unclear responses left it unclear what the respondent thought and included individuals whose comments made it seem likely that they misunderstood the recommendation as well as those who wrote comments responding to something other than the recommendation.

Summary of Comments on Recommendation 11

Respondents overwhelmingly supported an increase in the availability of preventative and proactive outreach supports, though many suggested expanding the scope of who might receive these supports. Respondents noted that there are challenges in building trust with individuals and communities, in reducing stigma, and in addressing the root causes of disparity in the preventative care system. Many respondents stressed the importance of hiring BIPOC individuals to provide these supports, ensuring that communities of color develop and plan these approaches, and forming partnerships with churches and community centers.

Responses to this recommendation were grouped into the following categories, which are described in more detail on the following pages: [2]

- Expanding the Scope
- Building Trust and Reducing Stigma
- Addressing the Root Causes of Disparity
- BIPOC Leadership and Staffing, and Churches and Community Center Partnerships
- Other Ideas/Concerns

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[2] In addition to identifying whether respondents were in favor of or against the recommendation, each response was also assessed for themes. Responses were grouped and counted according to those themes. Some comments were assigned multiple themes and some responses didn't fit into a theme. For example, some comments were simply "Yes!" or "Good idea!" These comments were counted as "Pro" votes, but not assigned any theme.

Expanding the Scope

Many respondents suggested expanding the scope of who might receive preventative and proactive outreach supports. Some respondents noted how individuals with developmental disabilities might especially benefit from these supports.

Respondents expressed the following ideas and concerns in their comments:

1. **Providing supports to everyone:** Some respondents stressed that these supports should be made available to all individuals, regardless of race, socioeconomic status or community.

2. **Focusing on additional communities of color:** Many respondents appreciated the emphasis on improving and expanding outreach in communities of color, but wanted to ensure that this expanded focus would reach all communities of color.

3. **Individuals with developmental disabilities:** Some respondents noted how individuals with developmental disabilities and other special populations might especially benefit from these supports, and that staff may, therefore, require specialized training. Some noted that an intersectional focus on BIPOC individuals with developmental disabilities could be particularly fruitful.

What Respondents Said about Expanding the Scope

"All communities should have the same access."

"I believe everyone should receive the same help."

"I would want to see further expansion in services available to other minority communities."

"Please note that special populations such as autism, hearing impairments need also be addressed within the outreach support. Specialized training for these populations are needed too."

"Stretch your definition to include people with developmental disabilities (intersecting with POC) and you are onto something."

"Preventative and proactive care are needed everywhere - in these communities but also in the north suburbs where there are no drop-in centers and clubhouses. People do not have places to go - they do not know where to go. Reach out - advertise - everywhere!"

Building Trust and Reducing Stigma

Respondents noted two primary needs/challenges: to build trust with individuals and communities and to reduce stigmas around mental health services and substance use disorders.

Respondents expressed the following ideas and concerns in their comments:

1. **The importance of building trust:** Many respondents noted how essential building trust is to increasing the impact of preventive and proactive outreach supports, given past experiences and harm. Respondents also spoke to the ways in which trust-building takes significant time and effort.

2. **Hiring BIPOC clinicians:** Respondents noted that part of the distrust BIPOC individuals have with preventive care services is connected to a lack of BIPOC individuals working in the system as clinicians, liaisons or even as allies.

3. **Reducing stigma:** Many respondents said that the success of outreach supports rests in good part on the ability to reduce stigmas around seeking and receiving support, and even around experiencing a substance use disorder or mental health challenge.

4. **Shifting to outcomes-based funding:** Some respondents suggested that shifting from a fee-for-service model to an outcomes-based model would decrease pressure on providers to "close services."

What Respondents Said about Building Trust and Reducing Stigma

"It's a solid recommendation but this step should also include building trust within these communities, as marginalized communities have been distrusting of health care professionals because their symptoms have often been dismissed, their mental health [diagnoses] are often wrong and are at the higher end of mental health spectrum."

"Agree that this would need to be proactive - building the trust of the Black community but also figuring out how to increase the number of Black clinicians."

"What will be done to form relationships with these communities so that these resources are utilized? Rapport and trust are two of the most important factors when reaching under-served populations who frequently have a distrust of these services/systems. Will there be efforts to employ persons of that color/ethnicity as allies/liaisons and providers to address cultural concerns?"

"It will only work if the stigma of mental illness in some communities is minimized."

"I strongly agree as more awareness and de-stigmatization of mental health services increases overall wellness and normalization of care for all."

"It's not about increasing the availability, it's about the stigma behind mental health and people feeling comfortable asking for help. A lot of people are aware of it, but are not comfortable using it."

"Limiting the stigma of mental health and SUD will allow more people to seek treatment."

Addressing the Root Causes of Disparity

Respondents noted that the success of preventative care is connected to our ability to address the root causes of disparity within our crisis prevention and response system – in particular, systemic racism.

Respondents expressed the following ideas and concerns in their comments:

1. **Prevention success is dependent on addressing root causes:** Several respondents offered examples of root causes and deep disparities that need to be addressed and that have bearing on the success of preventative outreach supports. They most often discussed systemic racism, both within and outside of the crisis prevention and response system.

2. **Expanding access:** Some respondents noted that past preventative outreach was not designed with or for communities of color, and that much of this outreach has not been accessible to these communities.

What Respondents Said about Addressing the Root Causes of Disparity

"I think this would be great, but in order to do so, addressing why POC or low-income communities feel that they cant access preventative care needs to be addressed (racism, lack of insurance, limited transportation)."

"Improving access to preventative care would be beneficial, it would also require addressing issues of systemic racism and concerns for the BIPOC community accessing care due to previous experiences as well as generalized stigma."

"Much of the 'prevention' efforts are not accessible to communities of color because they were designed that way. Expanding access is important."

BIPOC Leadership and Staffing, and Churches and Community Center Partnerships

Many respondents noted a dire need to hire BIPOC individuals throughout the crisis prevention and response system, a need for communities of color to be the ones developing and planning preventative outreach, and the possibilities of partnership with churches and community centers.

Respondents expressed the following ideas and concerns in their comments:

1. **BIPOC Leadership:** Many respondents believe that communities of color (and/or BIPOC individuals) should be the ones planning/developing preventative outreach.

2. **BIPOC Staffing:** Many respondents believe that there need to be far more BIPOC individuals working in crisis prevention – in particular, respondents noted the current lack of clinicians of color.

3. **Church and Community Center Partnerships:** Respondents strongly encouraged partnership with churches, particularly in communities of color, given the relationships of trust they've built with many residents. Respondents also encouraged partnership with community centers, who also have strong individual and neighborhood-level relationships. Some respondents stressed that churches and community centers should be engaged beyond the level of just spreading the word about services, and that they should be offered the resources and skills to better assist individuals who might be seeking preventative care.

What Respondents Said about BIPOC Leadership and Staffing, and Churches and Community Center Partnerships

"POC representation in positions of influence is important in seeing this be successful."

"It's important to include community partners from the Black community in planning for this."

"This must be developed by those in the community of color."

"Yes. Yes. Yes. Work with stakeholders within the communities and provide training for peer support. Develop relationships and support BIPOC mental health professional development."

"If you truly want people of color and other diverse communities then you need to prepare those that they seek assistance from with the resources and skills. These are civic centers and places of worship and other community centers where the stigma barrier can be overcome."

"Leverage community centers and large community centers to support and refer... they know the people and clients."

Other Ideas and Concerns

There were some ideas mentioned that didn't fall into an overarching category. These ideas are outlined below:

Respondents expressed the following ideas and concerns in their comments:

1. **Preventative care should be holistic:** Some respondents noted that preventative care should address physical and mental health, as well as self-care.

2. **More social workers in schools and community centers:** Some respondents pointed to a need for additional social workers to be present in schools and community centers.

3. **Training:** Some respondents made note of how an increase in training is a necessary component of an increase in the availability of preventative outreach.