Community Defined Evidence

Lynne Marsenich, LCSW

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Overview

- Definition
- Target Population
- Describing population for whom the program was developed
- Program description
- Evidence of "effectiveness"
- Training for potential implementers

Definition

- Most commonly accepted definition:

 A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community.

(Martinez, Callejas, & Hernandez, 2010)

Definition (2)

- In California there are additional criteria for community defined evidence (CDE) practices and programs that are codified in the Mental Health Services Act (MHSA)

- CDEs must reduce or eliminate specified negative outcomes as a result of mental illness
  - Suicide
  - Incarceration
  - School failure or dropout
  - Unemployment
  - Prolonged suffering
  - Homelessness
  - Removal of children from their homes

Target population

- In California, CDEs are intended for specific underserved populations:
  - Ethnic/Racial groups
  - Lesbian, Gay, Bisexual and Transgendered individuals
  - Veterans
  - Deaf-hard of hearing
  - Visually impaired

Describing the population for whom the program was developed

- CDEs developed for a specific underserved population should demonstrate an understanding of culture's impact on mental health and its treatment.
- The CDE may include a description of cultural influences in one or more of the following domains:
  - Prevalence of mental illness
  - Etiology – the cause
  - Experience of distress
  - Diagnostic and assessment issues
  - Coping styles and help-seeking strategies
  - Treatment and intervention issues

Describing the population (2)

- CDEs are developed for specific populations and include strategies and or interventions that address the *cultural* expression of distress and or coping.

- There is a distinction between practices used with underserved cultural populations and practices developed for underserved cultural populations.

Describing the population (3)

- Examples:
  - Family Coping Skills program –a depression prevention program developed specifically for low income Latina mothers.
  - The AAKOMA project – a depression identification and suicide prevention program developed for African American adolescents.
  - Cognitive behavioral therapy for depression has been used with several underserved populations but was not developed for any specific population

Why include CDE's in the PEI Resource Guide?

- To reach populations that do not access services or support from our traditional mental health organizations.

Writing a Program Description

- An effective program description should include a strong statement of need that describes the problem the program addresses. There is an underlying **theory of change** about how your program works which includes:
  - Expected effects - what the program must do to be successful
  - Program activities - what the program does to effect change

Program Description (2)

- Resources needed - time, talent, equipment, information, technology, money and other assets available to conduct the program activities.

- You may also want to include the stage of program development which reflects its maturity.

- The context should describe the setting within which the program operates

- Logic models can be very useful in helping you think about how to write your program description

Questions to consider

- Why does your program exist? What is the need?
- Who is engaged in and effected by the program?
- What do you want to change as a result of your efforts?
- What activities do you perform as part of your program?
- Who develops and performs these activities?
- Who funds these activities?
- What is the context in which your program operates?

Evidence of Effectiveness

- Describe the evidence that the program is likely to achieve one of the MHSA outcomes for the intended population
  - You are answering the question – how do you know the program works?
- Clearly define the outcome(s) achieved
  - Maybe the outcomes is a decrease in a risk factor or an increase in a protective factor
  - Example- Removal of children from their homes
  - Short term versus ultimate outcomes

Evidence (2)

- How are you measuring your program outcomes?
- Examples:
  - Interviews with program participants
  - Questionnaires or surveys
  - Checklists
  - Focus groups
- You want to be systematic and reduce as much bias as possible

Evidence (3)

- Client satisfaction is not sufficient for demonstrating program effects.
- Client satisfaction is an important aspect of program quality – if clients are not satisfied they quit coming.
- It is also true that clients can be satisfied with services and not show change.

Training

- What resources are available for training others to implement your program?
- Manuals, DVD's, PowerPoint slides?
- Who provides the training?
- What are the training formats?
  - Face to face at your site?
  - Face to face at the implementers site?
  - On line?
  - Is consultation available?
- What might it cost to train others?

Conclusion

- CDE's must prevent or mitigate one of the MHSA specified negative outcomes as a result of mental illness.

- CDE's must be developed for a specific underserved population.

- Program description must describe a problem and how the program operates to effect change for the intended population.

- There must be evidence that the program works.

- Training resources should be available so that others can implement the program.