API – What works in our communities

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CDE Guidelines

As part of its Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) program planning, the los Angeles County Department of Mental health (DMH) developed resource guides of PEI interventions from which individual practices could be selected for inclusion in DMH's PEI Plan. Practices that targeted PEI priority populations and outcomes were included in the *Prevention & Early Intervention (PEI) Evidence-based Practices, Promising Practices, and Community-defined Evidence (CDE) Models Resource Guide 2.0 (April 25, 2011).*

Definition of CDE

A CDE has been defined as *"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 (CDEP WORKING GROUP, 2007)."*

The California State Department of Mental Health (SDMH) Describes CDEs as follows:

"Community-defined evidence validates practices that have a community-defined evidence base for effectiveness in achieving mental health outcomes for underserved communities. It also defines a process underway to nationally develop specific criteria by which practices' effectiveness may be documented using community-defined evidence that eventually will allow the procedure to have an equal standing with evidence-based practices currently defined in the peer reviewed literature.

(PEI Resource Materials. SDMH, 2007. Retrieved October 7, 2009 from http://www.dmh.ca.gov/DMHDocs/docs/notices07/07_19_Enclosure6.pdf)."

PEI PRIORITY POPULATIONS

1. Underserved cultural populations – those who are unlikely to seek help from any traditional mental health services whether because of stigma, lack of knowledge, or other barriers
2. Individuals experiencing onset of serious psychiatric illness – first break
3. Children/youth in stressed families
4. Trauma-exposed – traumatic events over prolonged conditions
5. Children/youth at risk for school failure – due to emotional and behavioral problems
6. Children/Youth at risk of or experiencing juvenile justice involvement

Requirements for Inclusion for LACDM CDE Application

1. Be well articulated with description of the core component
2. Be able to be replicated by others – so it can be taught to o
3. Have demonstrated effectiveness – range of levels
4. Have a local emphasis – developed and used primarily in L described in academic or commercial publications, not a national model.

Questions that must be answered

t population well-defined for whom the practice is intended

ral relevance – explain how the practice meets the cultural needs of the population served

actors – individual or environmental factors that are related to the increased likelihood that a negative
ccur

ctive factors – safeguards that enhance a person's ability to resist stressful life events, risks or hazards a
ote adaptation and competence

of evidence – describe how the practice works with quantitative and qualitative evidence

omes – goals or intended results by using this practice

ription of the core components of the practice

ng requirements to provide the practice

ce delivery setting

ementation costs and service delivery costs

dard training protocols

ietary rights

cability

inability – training beyond the original practioners

References

Martinez, K., Callejas, L., and Hernandez, M. (2010). Community-Defined Evidence: A Bottom-Up Behavioral Health Approach to Measure What Works in Communities of Color. *Winter 2010 Emotional & Behavioral Disorders in Youth,* 10, 11-16.

LACDMH Application Guidelines and Instructions for Prevention and Early Intervention Community-Defined Evidence (CDE) Practices. August 2013. Revised February 2014. MHSA

CDE Application Revised 2/7/14