Promoting Community Defined Evidence Practices through the California Reducing Disparities Project

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Thursday, March 16, 2017
“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Source: California Health and Safety Code Section 131019.5
OFFICE OF HEALTH EQUITY MISSION

Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.
Addressing the Causes of the Causes

The Office of Health Equity is mandated to report on the “the underlying conditions that contribute to health and well-being.” by the California Health and Safety Code Section 131019.5.
Delete unnecessary words to shorten titles: "Mandate to report on social determinants"

Allen, Dante (CDPH-OHE), 2/16/2017
PORTRAIT OF PROMISE:
The California Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California by the Office of Health Equity, California Department of Public Health, 2015
Strategic elements of plan

Eliminate Health and Mental Health Inequities
The California Reducing Disparities Project
CRDP Phase I Population Reports
California Reducing Disparities Project
Strategic Plan to Reduce Mental Health Disparities

Developed by the California Pan-Ethnic Health Network
In Partnership with the California Reducing Disparities Project Partners

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As the California population grows, the State has a responsibility to address inequities in both physical health and mental wellbeing. Our communities have long been poorly served by a system that is often inadequate to provide adequate and appropriate services to all persons, regardless of our race, ethnicity, gender, age, sexual orientation, or gender identity. In addition, other communities remain underserved, such as the homeless, Limited English Proficient, persons with disabilities, immigrants and refugees, and those living in rural areas. This report is a call to action to move us from a one-size-fits-all approach to one that recognizes and embraces our unique characteristics.
CRDP Phase II Roll Out
CRDP Phase II

- Prop. 63-funded $60m initiative to identify promising practices and systems change recommendations to address persistent disparities in historically underserved populations.

- Priority Populations:
  - African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning; and Native American communities

- In total, over 40 contractors and grantees will be funded over six years to implement Phase II of the CRDP.
CRDP Guiding Principles

- Do Business Differently
- Build Community Capacity
- Fairness
- Systems Change
CRDP Framework

- Loyola Marymount University: Statewide Evaluator
- Population-specific Technical Assistance Providers
  - African American: ONTRACK Program Resources
  - Asian and Pacific Islanders: Special Service for Groups
  - Latino: University of California, Davis
  - LGBTQ: The Center for Applied Research Solutions
  - Native American: Pacific Institute for Research and Evaluation
- 11 Capacity Building Projects & 24 Implementation Projects
CRDP Foundational Components

- Statewide Evaluator
- Technical Assistance Providers
- Pilot Projects
  - Capacity Building
  - Implementation
- Education, Outreach and Awareness
## CDPH California Reducing Disparities Project Phase II Organizational Chart

### Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University

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- **ONTRACK Program Resources**
- **Special Service for Groups (SSG)**
- **UCD - Center for Reducing Health Disparities**
- **Center for Applied Research Solutions (CARS)**
- **Pacific Institute for Research and Evaluation (PIRE)**
- **California Black Women’s Health Project**
- **Cambodian Association of America**
- **Health Education Council**
- **Asian & Pacific Islander Wellness Center**
- **Catholic Charities of the East Bay**
- **East Bay Asian Youth Center**
- **Humanidad Therapy and Education Services**
- **Gay & Lesbian Center of Bakersfield**
- **Healthy Heritage Movement**
- **Fresno Center for New Americans**
- **Integral Community Solutions Institute**
- **Indian Health Center of Santa Clara Valley**
- **Safe Passages**
- **HealthRIGHT 360**
- **La Clinicia de la Raza, Inc.**
- **Gender Health Center**
- **The Village Project, Inc.**
- **Hmong Cultural Center of Butte County**
- **La Familia Counseling Center, Inc.**
- **Gender Spectrum**
- **West Fresno Health Care Coalition**
- **Korean Community Services**
- **Latino Service Providers**
- **On the Move**
- **Whole Systems Learning**
- **Muslim American Society: Social Services Foundation**
- **Mixteco/Indigena Community Organizing Project**
- **San Joaquin Pride Center**
- **To Be Announced**
• Serving African American foster and adjudicated youth at risk for homelessness

• Community Defined Evidence Practice (CDEP):
  • TRIBE (Turning Resilience Into Brilliance For Eternity) has a central focus on Brain-Based Trauma Therapy that involves reframing experiences to build positive self-concepts
Serving South Asian Muslims and Middle Eastern Muslims residing in the Sacramento area with culturally and linguistically competent and religiously sensitive mental health services that address unmet needs of individuals and families.

CDEP:

“Shifa” (health in Arabic) aims to identify and treat people at-risk for and/or already suffering from symptoms signaling the onset of severe mental health illness. “Shifa” has been delivered by peer counselors and interns.
Latino: Humanidad Therapy and Education Services

• Serving children, adults, couples and families in Sonoma County by providing counseling classes, educational workshops about psychological issues, and therapy services

• CDEP:
  • HTES utilizes a group counselling modality called “Convivencia”, — an open and inviting coming together to share personal and collective experiences, with mutual understanding and respect, knowing that everyone plays an important role in the community
LGBTQ: The Gay & Lesbian Center of Bakersfield

• Serves LGBTQ persons, family members, and allies

• CDEP:
  • Reducing Isolation through Support and Empowerment (RISE) program provides structured, facilitated group sessions customized for each distinct population identified as having the highest need for prevention and early intervention in reducing the incidence of mental illness
The Statewide Evaluation (SWE)

Psychology Applied Research Center at Loyola Marymount University
PARC@LMU
The Statewide Evaluator will be responsible for evaluating CRDP overall, CDEP effectiveness and viability, and for supporting CDPH

**Overall Evaluation**
Evaluates CRDP Phase 2 as a whole

- Evaluates the success of each component, including Pilot Projects, Technical Assistance and State and Local Education, Outreach & Awareness Contractors
- Develops a business case for the CRDP model

**CDEP Evaluations**
Evaluates the effectiveness and viability of CDEPs

- Provides programmatic (non-clinical) evaluation of the success of Pilot Projects in reducing severity of targeted mental health conditions
- Evaluates status and potential for acceptance and funding as evidence based
- Identifies best practices and develops a model framework for future CDEP evaluations

**Support CDPH**
Provide guidance and communicate evaluation results

- Develops guidelines for Pilot Project evaluations to ensure necessary consistency of data and credible results, while allowing Pilot Projects to develop an appropriate community participatory evaluation model
- Provides recommendations to CDPH on the Pilot Project evaluation plans and results
- Organizes final convening and presents at stakeholder briefings and other meetings
A Delicate Balancing Act

LocalIPP and SWE Evaluation

As Usual

Different
CDEP Evaluation - Balancing Act

CDPH Agenda

Western Empiricism

Policy/Systems Organizational Realities

“Doing Business Differently”

Community Centric, CBPR, Context, Culture + Research Activism
Role of the CRDP Partners

- **Culturally specific local evaluations**
- **Use the 3x3\textsuperscript{CDEP} cube**
- **Capture culture/context**

- **Community outreach to raise awareness**
- **Inform systems change processes**
- **Meso level evaluation support**

- **Capacity building**
- **Evaluation TA re: 3x3\textsuperscript{CDEP} cube +**
- **Guidance to capture culture/context**

- **Cross-site evaluation**
- **Guidance on local evaluation**
- **Accountability support to CDPH**
- **Business case**
The SWE Core Measures
How They Work

Shifts in policy and awareness re MH disparities

Shifts in negative outcomes from untreated mental illness (e.g., substance abuse) & changes in county mental health delivery systems

Changes in organizational capacity & cultural/linguistic competency

Differences for CDEP individuals served to those served by comparable County PEI programs; business case

1) Demographics of who got served by CDEP
2) Prior to CDEP: level of unmet need, stigma/discrimination with services, level of psychological distress & functioning (CHIS, NUSDH)
3) Quality of CDEP services (MHSIP, CBCI)
4) Protective factors (e.g., spirituality, connectedness)
Elements of a CDEP

• Three-dimensional model—cannot be separated from context
• Contains visible and invisible elements
• Represents a cultural activity

CDEP Visible Elements:
• Project
  What is the activity?
• Persons
  Who is involved?
  What do they do?
• Place
  Where does it take place?

These elements are:
• Objective
• Explicit
• Manifestation of Culture

CDEP Invisible Elements:
• Conceptualization of the Problem,
• Perceived Causes and Influences,
• Expectations for Consequences of Intervention

These elements are:
• Subjective
• Implicit
• Expression of culture
SWE + CDEP Evaluation = Synergy  
Balance Inside and Outside Positivist Box

Incorporate Qualitative and Quantitative Data

- Qualitative data to substantiate, nuance, and augment, quantitative data—for example, to obtain a deeper cultural and community contextual understanding of the quantitative outcomes connected to mental health access, utilization, availability, reduction of MI, etc. and to yield culturally based insights not readily accessible through quantitative methods alone.

Determine Feasibility of Various Research Designs to Maximize Rigor and Validate CDEPs

- Use triangulation to allow for methodological flexibility and adaptation of procedures without total loss of outcome data.
- Consider where possible use of assessment tools that permit comparison of IPP data with extant data and norms from other populations and EBPs.
- Discern effective population specific evaluation frameworks.
- Articulate costs and benefits of methods decisions where standard research designs and tools are not acceptable.

Measure Demographics (e.g., gender, ethnicity, and presenting problem) in Basic Outcomes

- Access & Utilization, Availability, Mental Health Conditions, Stigma & Discrimination, Negative Outcomes Untreated MI, Population Specific Outcomes – to be determined with TAPs and IPPs.
- Validated CDEPs.
- CDEP Business Case.
Five Simple Rules for Evaluating Complex Community Initiatives (CCIs)

1. are not experiments but part of the community change process
2. need a strong focus on the processes of community change
3. need to measure ongoing progress towards achieving outcomes and results in order to help a community guide its change process and hold itself accountable
4. need to understand, document, and explain the multiple theories of change at work over time
5. need to prioritize real time learning and the community’s capacity to understand and use data from evaluations