Presentation Outline

• Introduction

• Efforts Advancing CDPs

• CDP Capacity Building Project
Introduction
Rationale for Focus on CDPs

• Concern about “business-as-usual” mental health services
• Concern about how well EBPs fit clients from various different cultural and linguistic backgrounds – conflict of worldviews
• Concern about “imposition” of practices on communities
• Recognition of community strengths/resiliency factors
Cultural Context

• Worldview
  – The overall perspective from which one sees and interprets the world
  – A set of beliefs about the world and how things are

• Healing is culturally grounded
  – Definition of what is illness and wellness
  – Definition of what healing looks like
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Community-Defined Evidence
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)
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Key Terms in Definition

• “Community” – a group with a common historical or cultural heritage, sharing common characteristics or interests, and perceived or perceiving itself as distinct
• “Determine” – to find out by getting information, to decide based on evidence
• “Consensus” – general agreement, majority opinion
• “Acceptance” – assenting, believing, approval
CDE Definition Paraphrase

- Practices used by a group with a common heritage and shared interests and who see themselves as distinct, that have been found by members of that group to have good results based on information they have gathered, and they have a common general agreement about those good results, to the point that the group in general approves of the practice and believes in it.
Factors to take into Account

CDE takes into consideration:

• A population’s worldview and historical and social contexts that are culturally rooted.

• It is not limited to clinical treatments or interventions.

• CDE is a complement to Evidence Based Practices and Treatments, which emphasize empirical testing of practices and do not often consider cultural appropriateness in their development or application.
What does this mean?

• Agency/agency staff ≠ community
  – Community can be an ethnic, cultural or regional group served by an agency

• Clients served by an agency ≠ community
  – Community is the broader group of people including those not served by the agency

• Disconnected populations ≠ community
  – One population that has a distinct identity is a community

• Community acceptance ≠ we serve X number of clients/ year
  – Acceptance is that if you ask people in the community about the practice they would agree it works
Examples of CDP Interventions and Therapies

Types of practices derived from a specific cultural tradition and targeted to members of that community:

- Rites of Passage
- Drumming
- Dance Therapy
- Spirituality/Faith-based healing
- Healing Circles or Talking Circles
- Spoken Word
- Community Healers
- Mentoring
Terminology

- **Community-defined evidence**
  - Used to indicate type of evidence and also used by some to talk about the practices

- **Community-defined practices**
  - Term we use to indicate practices that have been validated using community-defined evidence

- **Community-defined evidence practices**
  - Term used by State Office for Health Equity

- **Evidence-based practices**
  - Practices that have been validated using research methods to determine their effectiveness

- **Promising practices**
  - Practices that show some early evidence of effectiveness but don’t have enough to call them evidence-based
Types of CDE Practices*

- **Capacity Building and Consciousness-Raising**
  - Focused on building capacity and/or raising the consciousness of individuals to prevent negative behaviors or improve behavioral health or well-being.

- **Raising Public Awareness about Mental Health**
  - Focused on raising awareness within Latina/o communities about a range of mental health issues and services that can help.

- **Community Outreach**
  - Focused on outreach to the community in a variety of ways, to increase service reach, identify needs or provide follow-up services.

- **Increasing Service Accessibility**
  - Focused on reducing barriers and increasing access to behavioral health and other services for Latina/o individuals, families, and children.

* From the 2009 Community Defined Evidence Project Preliminary Qualitative and Qualitative Findings
Types of Practices (continued)

• **Innovative Engagement Practices**
  – Focused on engaging Latina/o consumers to establish rapport and increase provider acknowledgement of consumer values and preferences.

• **Organizational Practices**
  – Practices implemented within organizations to enhance their administrative functions and/or other aspects of their organizational infrastructure in support of a program adapted specifically for the local population.

• **Local Adaptations of EBPs for Latino Populations**

• **Interventions and Therapies**
  – These practices varied widely, but they were all identified as interventions or therapies that were developed specifically for local Latino/Hispanic populations. These interventions identify or address mental illness, violence, and chemical dependency.
Getting Culturally-Based Practices Funded

• May get total support
• May need “translation”
  – Articulate practice model
  – Present evidence of effectiveness
• May get funded to disseminate, not just to do it
  – Dissemination protocol
Efforts Advancing Community Defined Practices
National Efforts: Community Defined Evidence Project

Joint initiative between the National Latino Behavioral Health Association (NLBHA) and National Network to Eliminate Disparities in Behavioral Health (NNED) in association with the Department of Child and Family Studies in the Louis de la Parte Florida Mental Health Institute, University of South Florida

- Advance current body of knowledge on community-based practices “that work” for Latino populations.
- Develop an evidence base that uses cultural and/or community indices
- Influence the research and evaluation agenda, policymakers and funding agencies, to implement and use innovative community-based practices
- Reduce disparities and improve availability, quality, and outcomes of behavioral health care for all individuals and families
Statewide Efforts
California

California Reducing Disparities Project
• Mental Health Services Act (MHSA) supports development of California Reducing Disparities Project (CRDP) Strategic Plan (2007)
• Statewide Prevention and Early Intervention (PEI) project including ethnic and cultural specific programs and interventions
• The CRDP seeks to move away from “business as usual” and provide a truly community-focused approach to reducing disparities.

Phase I: Focuses on developing strategies to transform the public mental health system and identifying community-based promising practices in each of the five targeted populations.
• Strategic Planning Workgroups (SPWs) for 5 communities – African American (AA); Asian/Pacific Islanders (API), Lesbian Gay Bisexual Transgender, Queer/Questioning (LGBTQ); Latino; and Native American (NA) – and the California MHSA Multicultural Coalition (CMMC) and Facilitator/Writer
CRDP PHASE I STRUCTURE

Strategic Planning Workgroups (SPWs)

- African American SPW Contract #1
- Asian / Pacific Islander SPW Contract #2
- LGBTQ SPW Contract #3
- Latino SPW Contract #4
- Native American SPW Contract #5

CA MHSA Multicultural Coalition

- Establish, Convene, Sustain a Statewide Multicultural Coalition
- Establish Emerging Community Leader Mentorships
- Collaboration and Support of the Five SPWs
- Implementation of CA Reducing Disparities Strategic Plan
- Assessment of MHSA Implementation
  #6

CRDP Facilitator/Writer

Collaborate with the five SPWs and the CA MHSA Multicultural Coalition to complete an analysis and produce a comprehensive statewide Reducing Disparities Strategic Plan
  #7
CRDP Phase II

• Focus on funding and evaluating the promising practices identified in Phase 1, as well as advancing the strategies outlined in this plan.

• Large scope of this project - recognizes and elevates community practices and identifies strategies for systems change.

• California will present this work on the national stage so that other states can learn from our efforts.
CIBHS CDP Project

• Building the Evidence for CDPs (2013-14)
  – Webinar Series Ethnic Specific CDPs
  – Building the Evidence Summit

• African American CDPs (Refining Definition)
  – Focus Groups
  – Toolkit

• CDP Capacity Building
CDP Capacity Building Project
Capacity Building Areas of Focus

- Articulating the model and theory of change
- Building and presenting evidence of effectiveness
- Disseminating the practice
The Practice Model
Key Elements of a Practice Model

- Theory of Change
- Articulation of the Model
Theory of Change

• Treatment practices should have the following:
  – An understanding/explanation of what the problem is that will be treated
  – An understanding of what is needed to heal/address the problem
  – An explanation of why “treatment” actions address the problem and help lead to wellness

• Grounded in cultural worldview
Example

- Child is sleeping a lot and not eating
- Understanding of “problem”
  - Physical illness
  - Emotional illness
  - Spiritual illness
  - Energy imbalance
  - Normal
- What is needed? How do you get there?
Clear Articulation of Practice

• From what needs to be done to how to do it

• Specify the who, how, what, when

• For cultures that value written tradition, this usually involves creating a manual “manualizing” the practice
Practice Model Components

• Healer
  – Qualifications, skills, training, recognition

• Person healed
  – Who is this for? Who not for? When ok/not ok

• “Treatment”
  – Actions
  – Sequence

• Outcomes
  – What is expected to happen, when
Practice Evidence of Effectiveness
“Evidence” of Effectiveness

• How do you know the practice works?

• How would you know if it didn’t work
Evidence Considerations

• **Source**
  – Client report
  – Observation (healer and/or others)

• **Data types**
  – Numerical (quantitative)
  – Non-numerical (qualitative)
  – Subjective (reflects experience of source, e.g., an opinion)
  – Objective (supposed to be independent of source, e.g., something observable)
Evidence Concerns

• Validity – is it right or could there be a mistake?
  – Errors in how it is collected
  – Errors in what is collected

• Reliable – can you count on it?
  – Maybe results are inconsistent

• Cultural appropriateness
  – Maybe methods of collecting not appropriate
  – Maybe what is collected not appropriate
Practice Dissemination
Dissemination

- Practice is accepted, funders want to fund others to do it
- Shift from service provider to practice developer/trainer
- Need a protocol for training others to do it
Some Dissemination Concerns

• **Quality**
  – People are qualified to do the practice
  – People are learned how to do the practice correctly

• **Clarity**
  – People know what they are supposed to do and how to do it

• **Fidelity**
  – People know how to be flexible and how not – when they are doing the practice, when not
Examples of Participants
What Practices are we talking about for this project?

• Practices derived from the traditional practices of a particular racial, ethnic, and cultural community that have been determined effective by the community.

• “Bottom-up” practices that arise out of a specific cultural community, based on the community’s ideas of illness and healing, and target members of that community.

• Treatment and prevention practices addressing mental health and substance use concerns
What practices are we not talking about?

- **“Top-down”** practices developed in an academic setting, **based on universal principles**, and meant to be **applied to a broad range of target populations**.

- Standard clinical practices learned by clinicians of color in professional training programs, applied with cultural sensitivity or some cultural modifications, in agencies serving a range of ethnically diverse clients.

- Outreach and engagement strategies (e.g. ethnic and multilingual media)

- Practices that don’t impact mental health and substance use concerns
Tribal Community in Napa

• Nearly exterminated
• Not federally recognized
• Granted land
• Bringing healing through drumming and dancing
Latino Serving Organization

- Used Day of the Dead initially as a cultural practice that might benefit immigrants suffering loss
- Discovered healing power of the traditional practice
- Transforming into a healing practice
African American Male Youth

• Rites of Passage Program in Los Angeles
• Intergenerational mentorship and peer support for 5th graders, 7th graders and TAY
• Utilizing traditional African and cultural methods to engage youth ("It takes a village"); use of music/arts)
Questions/Comments?
Thank you!

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