



**“Community Defined Practices  
Capacity Building Project”**

**Articulating CDP Models Webinar**

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## **“Community Defined Practices Capacity Building Project”**

**Articulating Community Defined Practice Models Webinar**

Monday, December 1, 2014

10:00 AM – 11:30 AM

Facilitator: **May Chan, Project Support Specialist**

California Institute for Behavioral Health Solutions (CIBHS)

Presenter: **Will Rhett-Mariscal, PhD, MS**, Associate Director

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## Presentation Outline

- CDP Context
- Theory of Change
- Articulating Practice Models
- Next Steps



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## CDP Context



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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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## **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**



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## 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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## Getting Culturally-Based Practices Funded

- **May get total support**
- **May need “translation”**
  - Articulate practice model and theory of change
  - Present evidence of effectiveness
- **May get funded to disseminate, not just to do it**
  - Dissemination protocol



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## Key Elements of a Practice Model

- **Theory of Change**
  - From imbalance or illness, to wellness and resilience
    - What, why
- **Articulation of the Model**
  - Who, what, how, when



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## Theory of Change



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## Theory of Change

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



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## Articulating the Theory of Change

- **What for?**
  - What is the problem/issue/imbalance this practice addresses?
- **What is done?**
  - What is done to address this problem/issue/imbalance?
- **Why?**
  - What is the reason these actions address this issue?



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## Example Practice 1

- **What for?**
  - Child not eating and has difficulty sleeping
- **What is done?**
  - Provide anti-depressant medications
- **Why?**
  - Because child has depression, a chemical imbalance in brain, affecting desire to eat and causing sleep disturbance



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## Example Practice 2

- **What for?**
  - Child not eating and has difficulty sleeping
- **What is done?**
  - Do a *barrida* (sweeping) with a *curandero* (shaman)
- **Why?**
  - Because child has *susto* (fright) and soul has left the body, need to bring soul back



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## Example Practice 3

- **What for?**
  - Child not eating and has difficulty sleeping - 12-15 yrs old
- **What is done?**
  - Rite of passage ceremony
- **Why?**
  - Because child is reaching an age of more responsibility and is worrying and disconnected, need to strengthen his connection to community and sense of competence and direction



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## Grounded in Cultural Worldview

- **How to translate?**
  - First – articulate fully within cultural worldview
  - Then –can look at ways of talking about it that make sense in western world view
  - But no need to completely remove from cultural explanation



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## Translation Example

- **Drumming**
  - Heartbeat of the community
  - Brings community together
  - Could point out that brain wave research has shown that promotes positive brain waves
  - But don't need to say "This is a brain wave training practice" and completely remove from cultural context



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## Theory of Change Exercise

- **Briefly answer these questions for your practice:**
  - What for?
    - What is the problem/issue/imbalance this practice addresses?
  - What is done?
    - What is done to address this problem/issue/imbalance?
  - Why?
    - What is the reason these actions address this issue?



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## **Articulating Practice Models**



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### **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**



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## Practice Model Components

- **Person healed/strengthened - target population**
  - Who is this for? Who not for? When ok/not ok
- **Intended outcomes - goals**
  - What is expected to happen, when
- **Practice activities - components**
  - Actions
  - Sequence
- **Healer/practitioner**
  - Qualifications, skills, training, recognition
- **Locations/settings**
  - Homes community settings, special healing locations



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## Example Solicitation - LACDMH

- **“In order for DMH or one of its contractors to implement a CDE practice, the practice must be sufficiently well developed and described, teachable to other agencies, and delivered in a consistent manner.**
- **As indicated by SDMH’s description above, a CDE must have some level of demonstrated effectiveness.**
- **If a developer cannot clearly say what the core components of the practice are, what the results of the practice are, how they know those results (and how those results relate to MHSa PEI), and/or if they can’t teach others to do the practice (so they do the practice and get the same results as the developer), then the practice is not yet ready for inclusion in the Resource Guide.”**



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## Target Population

- **Target population refers to a well-defined group of individuals for whom the practice is intended. All CDE practices included in the Resource Guide must have a clearly defined target population that fits in at least one of the MHSA PEI priority populations.**
- **The target group for the practice also needs to be defined in terms of one or more of the following:**
  1. Does this practice focus on a particular cultural group or sub-group? If yes, which group or sub-group is it?
  2. Is this practice intended to be provided in a language other than English? If so, which language?
  3. Does this practice focus on a particular age group? If yes, which age group?
  4. Does this practice focus only on males or females? If so, which?
  5. Does this practice focus on people with a specific need or risk? If so, which need or risk?
  6. Does this practice focus on people in a particular area or setting? If so, which area or setting does this practice focus on?
- **Each CDE practice should describe the intended participants in terms of all relevant criteria for determining when the practice is appropriate to use, answering the question: Who is this practice intended to serve?**



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## Goals

- **Goals are one or more intended results that can be achieved by the practice. The goals need to correspond to MHSA prevention and early intervention outcomes, and may include:**
- **If the practice is a preventative mental health service,**
  1. any specific mental illness (or illnesses) and/or mental health problems that are prevented by the practice
  2. any mental health protective factors that are enhanced
  3. any risk factors for mental illness that are reduced
  4. any other mental health prevention goals achieved by this practice (for example, increasing mental health awareness, outreach and engagement, etc.)
- **If the practice is an early intervention,**
  1. any mental illness that this practice addresses early
  2. improvements in mood or emotional state, thought or cognitive process, behavior
- **Each CDE model should describe the specific intervention goals, answering the question: What is the goal of this practice?**



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## Core Components

- **Core Components should clearly describe features that define the practice so that it can be copied (provided) by others.**
- **A description of the core components may include, but is not limited to:**
  1. The essential components of the practice (activities, steps, stages, procedures, things that must happen for it to work).
  2. The reason for these essential components - how the practice works and why.
  3. The way that a new practitioner learns how to do this practice. Training may involve a training manual, a curriculum that must be followed, a specific set of skills that must be learned, an apprenticeship or an internship. Copies of any training materials can be included in the description of the practice.
  4. Number of sessions to complete the practice.
  5. How often sessions occur.
  6. How long a session lasts.
  7. For how long are services provided to consumers, family members and/or significant others.
- **Specifically, each CDE practice should describe its distinguishing features, answering the question: What is provided?**



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## Practitioners

- **The staff needed to provide the practice.**
- **Practice developers should be able to describe:**
  1. The minimum number of people/practitioners needed to provide the practice.
  2. Whether the practitioner needs to be bicultural and/or bilingual. If so, in which languages and cultures.
  3. The key roles or responsibilities of each person/practitioner needed to provide the practice.
  4. The minimum requirements for each practitioner to be able to provide the practice in terms of educational attainment, training, work or personal experience.
  5. The number of people a practitioner can work with at a time (caseload).
- **Each CDE practice should be able to specify practice staffing, answering the question: Who are the core practitioners?**



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## Practice Setting

- **Practice setting refers to where the practice is provided.**
- **Settings may include, but are not limited to, homes, schools, community settings, mental health clinics, health care centers, resource centers, and faith-based or civic organizations. Some practices may be appropriate for more than one type of setting.**
- **Each CDE practice should indicate any required service delivery settings, answering the question: Where is the practice provided?**



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## Cultural Relevance

- **How the practice meets the cultural needs of the population served.**
- **Each CDE developer should describe any indicators that the practice is culturally relevant to the population targeted by the practice, including but not limited to:**
  1. How the practice provides outreach to the population it serves - specific engagement strategies that are part of the practice.
  2. How the traditions, customs and belief systems of the population the practice serves are incorporated into the practice.
  3. How the practice includes elements that are easily recognizable by the specific population served as important for mental health and well-being.
  4. Whether the community targeted by this practice trusts the practice and how the developer knows.
  5. How the practice was developed, where it comes from, and what is the history of the practice in the population served.
- **Specifically, each CDE practice should describe indicators of cultural relevance, answering the question: How does this practice meet the needs of the specific cultural population served?**



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## Indications of Effectiveness

- **One or more indications that the practice successfully does what it is intended to do.**
- **Types of evidence that the practice works may include, but is not limited to, any or all of the following quantitative and qualitative methods:**
  1. experimental evaluation,
  2. quasi-experimental evaluation,
  3. informal evaluation that includes comparison of pre- and post-measures,
  4. case studies,
  5. informal evaluation that includes post measures only, anecdotal reports, or
  6. testimonials.
- **Each CDE model should describe evidence that supports its effectiveness, answering the question: How do we know that the practice is working?**



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## Example Listing

<b>Program</b>	Asian Mentoring and Advocacy Support to Enhance Resiliency in Youth (MASTERY): A Mentoring Program
<b>Developer</b>	Terry Gock, PhD, MPA
<b>Submitted by</b>	Asian Pacific Family Center-East
<b>Description</b>	<ul style="list-style-type: none"> <li>• Bicultural, community-based program for middle-school Asian immigrant youth; intensive one-to-one mentoring and 42-week Life Skills curriculum focused on self-awareness &amp; identity, cultural identity, goal setting, communication, anger management, selection of prosocial peer group, and refusal skills for alcohol, tobacco, and other drugs</li> </ul>
<b>Population</b>	<ul style="list-style-type: none"> <li>• Middle-school age Asian immigrant youths at high risk of substance abuse and other delinquent behaviors</li> </ul>



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## Example Listing (continued)

<b>Cultural Evidence</b>	<ul style="list-style-type: none"> <li>• Curriculum has been implemented with Asian immigrant youth</li> <li>• Evaluation measures used were specifically developed for and tested with Asian immigrant population</li> </ul>
<b>Risk and Protective Factors</b>	<ul style="list-style-type: none"> <li>• Enhanced self-awareness and cultural identity</li> <li>• Enhanced relationships with significant adults and prosocial peers</li> <li>• Increased school bonding</li> <li>• Increased knowledge and use of prosocial skills</li> </ul>
<b>Level of Evidence</b>	<ul style="list-style-type: none"> <li>• Promising</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Decreased substance use</li> <li>• Decreased association with substance-using peers</li> <li>• Decreased risk of using alcohol, tobacco, or other drugs</li> </ul>
<b>Prevention:</b>	<ul style="list-style-type: none"> <li>• Selective</li> </ul>

## Articulating Model Exercise

- **Briefly answer these questions for your practice:**
  - Target population
    - Who is this for? Under what circumstances (symptoms)?
  - Intended outcomes - goals
    - What is expected to happen, when?
  - Practice components
    - What are some key things that happen in the practice?
  - Healer/practitioner
    - What are the different types of practitioners needed to do this practice?
  - Locations/settings
    - What type of setting can this service be provided in?



## Next Steps



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## Now what?

- **Bring this info back to your community co-developers and discuss to determine what want to do next**
- **Review initial work done during webinar and revise/expand**
- **Bring what you have to regional meeting for more guidance and feedback**
- **Request additional TA as needed**



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*Questions/Comments?*



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*Thank you for  
participating on today's  
Webinar!*



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