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CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS

LEADERS IN POLICY, TRAINING, EVALUATION AND RESEARCH

"Community Defined Practices Capacity Building Project"

Key Ingredients of CDPs Webinar

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"Community Defined Practices Capacity Building Project"

Key Ingredients of Community Defined Practices Webinar

Wednesday, October 15, 2014

1:00 PM – 2:00 PM

Facilitator: **Sheron Wright, Project Coordinator**

California Institute for Behavioral Health Solutions (CIBHS)

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

California Institute for Behavioral Health Solutions (CIBHS)

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Presentation Outline

- *CDP overview*
- *Practice models*
- *Practice evidence of effectiveness*
- *Practice dissemination*
- *CIBHS CDP capacity building project*
- *Next Steps*

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CDP Overview

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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**
- **Concern about "imposition" of practices on communities**

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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

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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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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

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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**

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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

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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

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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.

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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
  - Present evidence of effectiveness
- **May get funded to disseminate, not just to do it**
  - Dissemination protocol

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Practice Models

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Key Elements of a Practice Model

- **Theory of Change**

- **Articulation of the Model**

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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**

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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?**

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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

- **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

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Practice Evidence of Effectiveness

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"Evidence" of Effectiveness

- **How do you know the practice works?**

- **How would you know if it didn't work**

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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)

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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

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Practice Dissemination

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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**

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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

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CIBHS Project

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"Community Defined Practices Capacity Building Project"

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

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"Community Defined Practices Capacity Building Project"

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

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"Community Defined Practices Capacity Building Project"

Project Objectives:

Increase capacity of Community Based Organizations to:
- Articulate their mental health and substance use disorder prevention or treatment Community Defined Practices (CDPs) for underserved and un-served ethnic and cultural populations to potential funders and implementers
- Present the evidence of effectiveness for their practice to potential funders and implementers
- Train others in the practice so it can be implemented in additional communities with a similar target population

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**"Community Defined Practices
Capacity Building Project"**

Project Requirements:

- Acceptance to Cohort based on project fit – Up to 20 CBOs

- Capacity building goals, strengths, needs assessment

- Webinar participation (4 webinars)

- Regional training participation (4 meetings in a region)

- Share learning with Peers

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Conclusion

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Where are you?

- **Do you have a practice that fits this project?**

- **Where would you like help?**

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Questions/Comments?

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Thank you for participating on today's Webinar!

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