Pacific Southwest (HHS Region 9)

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Resource Compendium

EVALUATING COMMUNITY-DEFINED EVIDENCE PRACTICES

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Evidence-based practices (EBPs) are critical for ensuring that people experiencing, or at risk for, mental health challenges receive effective treatment and supports. However, EBPs can have serious limitations when they are implemented with diverse racial, ethnic, and cultural groups. EBPs do not typically arise from the real practices of diverse communities, and they may be poorly aligned with a community's cultural norms, unique symptoms, and risk and resilience factors (Gonzalez Castro, Barrera, Holleran Steiker, 2010). There is also limited research to help providers and agencies know how well an EBP will meet the needs of their community. Mental health EBP study participants are predominately white, and mental health EBPs are rarely evaluated for efficacy specifically with non-white populations (Mak, Law, Alvidrez, & Perez-Stable, 2007; U.S. Department of Health and Human Services, 2001). Also, importantly, EBP evaluators are not usually from or representative of these diverse communities.

Cultural adaptations can be made to EBPs to better engage, retain, and serve diverse communities (Griner, D, & Smith, T. B., 2006; Chu, J., & Leino, A., 2017). However, EBP developers recommend high fidelity to their models, and changing an intervention can impact its effectiveness. So, it can be difficult to balance the need for *fidelity* to an evidence-based intervention with the need to appropriately adapt it for *cultural fit* (Gonzalez Castro, Barrera, Holleran Steiker, 2010).

As such, there is a growing movement to **identify, document, and promote community-defined evidence (CDE) practices and strategies.**

Community-defined evidence is "a set of practices that communities have used and 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, 2008). CDE practices are **bottom-up/ground-up practices** that come from the community and the organizations or providers who serve them. Unlike most EBPs, CDE practices are developed specifically to address the unmet needs and strengths of a cultural group; they are rooted in the community's worldview and its historical and social contexts (Community Defined Evidence Project [CDEP] Preliminary Quantitative and Qualitative Findings, 2009). CDE practices are typically developed and evaluated with significant involvement from community members, including the families of participants. They often incorporate cultural activities, cultural education, and exploration of strengths and skill development, rather than focusing solely or primarily on symptoms and health challenges (Swart, Friesen, Holman, & Aue, 2009).

Purpose of This Document

The purpose of this compendium is to compile resources and tools for establishing evidence of effectiveness for CDE practices. First, we briefly introduce CDE and describe some key evaluation challenges and lessons learned. Next, we provide a matrix of useful publications to support evaluation of CDE practices.

This resource is primarily written for community-based and cultural organizations; mental health service providers; evaluators; and state, island, and tribal agencies. We highlight examples from the **Pacific Southwest** region.[i] However, this resource compendium will be useful for a broader audience of stakeholders who are interested in promoting health equity, culturally specific interventions, and bottom-up approaches to community health.

CDE PRACTICES

CDE practices can include more traditional therapeutic interventions (such as counseling), but they are not limited to clinical treatments or interventions. In fact, they are often used as a supplement or complement to evidence-based treatments. For example, CDE practices can include (Martinez, & Callejas; CDEP, 2009):

- **Interventions and treatments** (e.g., partnering with traditional healers; incorporating indigenous practices like drumming or sweat lodges)

- Individual **capacity building and consciousness raising** activities (e.g., positive youth development programs; educating domestic violence survivors about their rights)

- Raising **community awareness** about mental health (e.g., media campaigns using language and consumption preferences of the community, such as through Spanish-language radio)

- Community **outreach** (e.g., use of *promotor/as*; home visiting)

- Increasing **service availability** (e.g., locating services within the community; flexibility in providing services despite lack of funding)

- Innovative **engagement practices** (e.g., culturally accepted roles for family members in treatment process; continually soliciting and using community feedback)

- **Organizational practices** (e.g., staff learn about community's culture in a way that reinforces cultural humility)

- Local, **culturally specific adaptations of EBPs** (e.g., matching clinicians and service recipients based on shared culture; finding culturally appropriate ways to convey value of EBP to parents of participants)

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[i] American Samoa, Arizona, California, Federated states of Micronesia, Guam, Hawaii, Marshall Islands, Nevada, Northern Mariana Islands, and Palau.

Sample Pacific Southwest CDE Practices

Convivencia is a group counseling modality from Humanidad Therapy & Education Services in California. It is an invitation to come together and share personal and collective experiences, with acknowledgement that everyone plays an important role in the community (Espiritu & Nolfo, 2018). Examples of Convivencia topics include supporting children to feel proud of their roots, challenges of being an immigrant, and sexism in Latinx culture.

Essence of MANA is a California Bay Area-based CDE practice that aims to reach Pacific Islander caregivers and youth (aged 13-17), with a focus on Samoans and Tongans, to begin conversations around taboo topics such as domestic violence and mental health that impact community wellness.

Hoʻomau Ke Ola is a Hawaii substance abuse treatment center that provides both "Western" curricula (e.g., cognitive behavioral intervention, dialectical behavioral therapy) and "cultural" curricula such as *kūkulu kumuhana* (statement of purpose), *moʻokuauhau* (geneology), *oli* (chanting), *ka huakaʻi* (migration), *moʻolelo* (storytelling), *ʻike hana lima* (craftmanship), and *paʻani kahiko* (ancient games).

CDE EVALUATION APPROACHES

The standard for EBPs is that they have been shown effective by multiple randomized control trials (however, as noted above, these trials often do not include people of color or culturally diverse communities). CDE practices are shown effective through community-defined evidence such as non-

research-based evaluations, community-based participatory research, small research studies, community consensus and endorsement, and other evidence (Center of Excellence in Culturally Competent Mental Health, 2013).

Even though CDE practices are not necessarily evaluated in the same way as EBPs, there are several reasons why it is important to establish an evidence base for CDE practices. **When an organization evaluates the effectiveness of their CDE practice, they** (Office of Health Equity, 2015):

- Have an opportunity to improve it.

- Can scale and replicate it. This allows other sites and organizations that serve similar communities to adopt or adapt the practice.

- Can lift up the voices of service recipients, communities, and those most deeply invested in the challenge that the practice is addressing as community-based researchers and evaluators.

- Contribute to the wider knowledge base of models and practices that support historically unserved, underserved, and inappropriately served communities. This supports further advocacy for research, programs, and evaluations that work for these populations.

- Can access federal, state, tribal, and other funding streams that require the use of effective and promising practices.

Sample Evaluation Strategies in Pacific Island CDE Settings

Several community programs in the **Federated States of Micronesia** without evaluators on staff drew on the research resources of the Micronesia Seminar, a Jesuit institution committed to developing data and educational information for the Micronesia community.

Circle of Care funding recipients in **Guam** and **American Samoa** built on the evaluation support and technical assistance they received that was tied to that funding stream to refine their own evaluation design. (Echo-Hawk, 2011)

These are critically important reasons to evaluate CDE practices. With that in mind, however, evaluating CDE practices poses a number of challenges for community-based and cultural programs, as well as for researchers or evaluators with whom they work. **Examples of CDE evaluation challenges include** (Echo-Hawk, 2011; Espiritu, & Nolfo, 2018):

- Programs may be using all resources for program implementation, and under-resource or under-emphasize evaluation

- Even when they are able to collect demographic, satisfaction, effectiveness, or other kinds of data, programs may have limited resources to collate and analyze it

- Programs receiving grant funding may struggle with funder-required timelines and parameters

- Evaluators may use traditional models or tools that do not effectively capture data and perspectives from the community served

- Evaluators may not know how to authentically engage community stakeholders in the evaluation process

- Evaluators may over-generalize the "community" served by the CDE practice

A key challenge for evaluating CDE practices is articulating **how a mental health intervention or practice is culturally embedded**. Programs can have difficulty identifying what aspects of the practice are culturally based, and how these cultural elements inform the mechanism of change or effectiveness of the practice. This is especially challenging because culture involves both visible (e.g., ceremonies, arts) and invisible (e.g., assumptions, values) aspects (Abe et al., 2018). Often programs are able to identify more visible cultural elements, such as making materials available in other languages, but not deeper level cultural aspects (Lyon, Pullman, Walker, & D'Angelo, 2017).

The "**culture cube**" helps identify how a CDE practice is shaped by visible and invisible cultural elements. The culture cube was developed in order to support evaluation of the California Reducing Disparities Project (CRDP), a unique statewide initiative to identify, evaluate, and replicate CDE practices. Table 1, adapted from Abe et al. (2018), outlines the six aspects of the

culture cube. Programs can use these questions to facilitate conversations to help define the cultural elements of a CDE practice before developing an evaluation plan.

There are many ways to evaluate practices, and the resources in the matrix below offer some models and methods. **Examples of CDE evaluation activities may include** focus groups; interviews; observations (of drum circles, etc.); case studies; anecdotal reports and testimonials; and completion rate tracking (Silva, Wolf-Prusan, & Wheeler-Zubia, 2018; Los Angeles County Department of Mental Health, 2011). Working within the constraints of limited resources, some programs may initiate evaluations in a limited way – such as by counting the number of people attending events – and then move into more systematic measures, such as by collecting pre and post surveys of participation satisfaction (Echo-Hawk, 2011).

Programs that choose to work with outside or staff evaluators can benefit from having a "**strong partnership relationship**" in which the evaluator (Echo-Hawk, 2011):

- Is involved in community and participates in community events
- Increases his or her knowledge of subtle cultural nuances in the community
- Is alert to dynamic of difference between community worldview and evaluation worldview
- Is culturally sensitive when providing technical assistance to programs
- Makes a deliberate effort to be supportive rather than directive
- Adapts and uses the local approach to meeting objectives
- Shares results and findings in easily understandable terms

To successfully establish evidence of effectiveness for CDE practices, it is important to use **culturally appropriate and community-participatory or community-led evaluation approaches and tools**. For example, *pagtatanong-tanong,* a Filipino word meaning "asking questions," is an indigenous research method in Philippine social science research that has been identified as a tool for cross-cultural studies (Pe-Pua, 1989). Community members should have authentic participation or leadership throughout the process, such as by

Applying the Culture Cube to CDE Practices
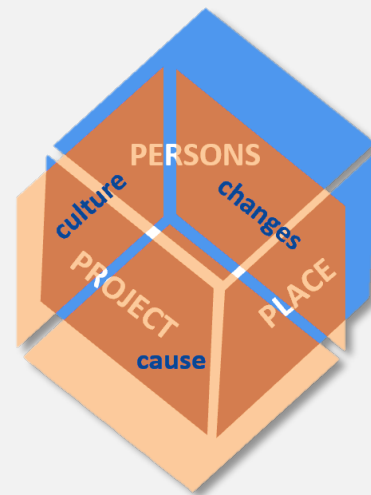
3 Ps: The Visible Dimensions of a Project

The Observable Project	What is the activity or the CDE practice(s)/intervention(s)?
Persons	Who will be involved in delivering and participating in the CDE practice and what are they doing?
Place	Where does our CDE practice take place in terms of organizational and/or community setting and geographic location, and why is this important?

3 Cs: The Invisible Dimensions of a Project

The Invisible Culture	How does our CDE project reflect the cultural values, practices, and beliefs of our community?
Causes	What are the problems the project is trying to address? How did it start and why? (Consider historical context and community values and viewpoints.)
Changes	From our cultural perspective, what are the desired outcomes of the CDE practice for our community?

Culture Cube and Table 1 adapted from Abe et al., 2018

reviewing protocols or developing interview questions. The Young Women's Freedom Center (YWFC) in California presents an "**Ethical Framework**" as one model for community-participatory research (p. 14, YWFC, 2019)**:**

- Research investigators will reflect the community: they will be local and share common life experiences and racial, economic, and sexual orientation and gender identity backgrounds

- During data collection, participants will be continually asked for consent to proceed. Their emotional state is the primary concern

- Research participants will be treated like professional experts (paid, provided with transportation and childcare)

- Upon request, the participant will be provided with local services and programming information

- A group of participants will review findings and project documents to have oversight over how they are represented

- Researchers will use multiple, accessible mediums to represent findings

- Researchers will work to create nuanced and complex understandings of participants' lives, and will speak to the power and resilience of the participants

- The impetus for the research will be as a tool for social transformation, not solely intellectual inquiry

INTRODUCTION TO THE RESOURCE LIST

The resources in the following chart are intended to help you with CDE evaluation, whether you are coming from the perspective of an organization implementing a practice, an agency engaging with the community in a shared evaluation process, an evaluator or researcher wanting to learn more about CDE, a community-based grantee seeking to supplement your required evaluation activities, or another role. Each resource includes a brief description highlighting key areas.

RESOUCE LIST

BEST PRACTICES IN CDE EVALUATION

Community-Defined Evidence: A Culturally-Appropriate Approach to Meeting the Mental Health Needs of Diverse Populations
Borbely, C., & Ortega-Tein, N. Pacific Southwest Mental Health Technology Transfer Center | 2019

This pre-recorded webinar session celebrates culture and communities, and explores community programs and practices that work. The session explores **how we collectively approach the evidence on a spectrum, EBPs and CDE practices, measures for CDE practices (relevance, feasibility, and effectiveness), and the role of the community.**
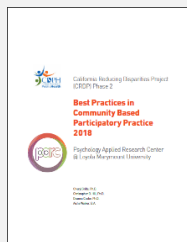
California Reducing Disparities Project (CRDP) Phase 2 Statewide Evaluation: Best Practices in Community Based Participatory Practice 2018
Psychology Applied Research Center @ Loyola Marymount University | 2018

This report describes best practices in community-based participatory practice (CBPP), with a focus on how they are applied in **California** projects funded by the CRDP Phase 2. It discusses research, evaluation, and community engagement practices that are closely aligned with CDE principles.

This report would be most useful for evaluators working with communities and community-based programs. **It outlines actionable "Tips and Strategies for CBPP," key ethical questions and guidelines, and considerations related to institutional review board (IRB) approval.**
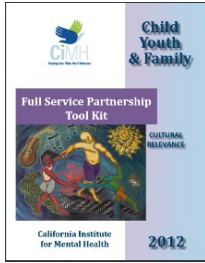
Full Service Partnership (FSP) Cultural Relevance Toolkits
California Institute for Behavioral Health Solutions (CIBHS) | 2012

The FSP Toolkits are intended to support **California**-based FSP programs in identifying and implementing key practices that promote good outcomes for mental health service recipients and their families. The FSP Toolkit series has two components: Philosophy & Practices and Cultural Relevance. Each component includes toolkits for each age group supported by FSP programs: Children, Youth, and Families; Transition Age Youth (TAY); Adults; and Older Adults.

The FSP Cultural Relevance Toolkits present guidelines and practical tools to assist counties and providers in improving the quality of and access to care for unserved, underserved, and inappropriately served ethnic and cultural groups. **Each toolkit has a section on Specific Practices, including CDE practices, as well as examples of CDE practices meeting the needs of racially and ethnically diverse Californians.**
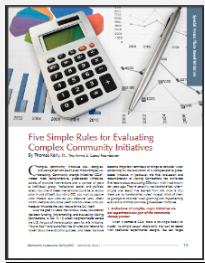
Five Simple Rules for Evaluating Complex Change Initiatives
Kelly, T., Jr., The Annie E. Casey Foundation. *Community Investments,* 10(1) | 2010

This brief document summarizes five principles of evaluating complex community change initiatives. Although these were developed for large-scale, place-based community initiatives, much of the document is applicable to CDE practices as well.

According to Kelly, community change initiative evaluations:

1. Are not experiments but part of the community change process;
2. Need a strong focus on the process 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.

This resource would be most **useful for evaluators seeking to understand how evaluating complex community-based change differs from other kinds of evaluation.**

Building the Evidence: Innovative Partnerships to Move Community-Defined Evidence to Best Practice
NNED | 2019

In this virtual roundtable, panelists describe a brief history of community-defined evidence and explore the potential for partnerships between community-based organizations, culturally responsive evaluators, funders, and policymakers. Panelists discuss lessons learned working with programs serving diverse **Californians**, AI/AN communities, and Latinx populations.
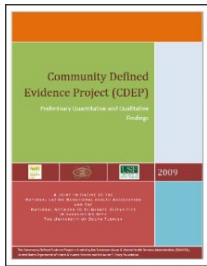
Community-Defined Evidence Project: Preliminary Quantitative and Qualitative Findings

NNED and the National Latino Behavioral Health Association, in association with the University of South Florida | 2009

The purpose of CDEP is to develop an inventory of innovative effective practices in the Latinx community and an approach to community-defined evidence applicable to other communities of color. These findings are from their effort to "establish a process for community use and support of a particular practice that has been deemed to 'work for them' and that can be documented in a systematic way, as well as the degree to which it can be measured given its endorsement by the community" (p. 5).

The report provides a **model for assessing community response to a CDE practice**. It describes findings from interviews with 246 respondents across 16 organizations providing CDE practices for Latinx behavioral health. **The appendices within the report provide the full study protocol, in English and Spanish**, for both the service recipients and the staff members of the organization that offers the CDE practice. Protocol elements include:

- Introduction text to read to service recipients and staff about the purpose of study and informed consent

- Yes/no questions about:
    - How services are provided (e.g., does the organization have staff who share my culture ethnicity?)
    - What the service recipient values (e.g., is it important to me that the provider asks questions about my family's customs and traditions)
    - What the staff member values (e.g., is it important to work in tandem with traditional healers)
    - Populations served (ethnicity, sociocultural factors)
    - Staff member demographics
    - Perceived barriers to service (e.g., fear of identification by police or immigration authorities)

- Open-ended questions about:
    - The organization that provides the CDE practice
    - The CDE practice itself
    - The impact of the organization's services on the community
    - How well the organization understands and works with the community
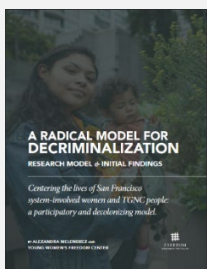
Centering the Lives of San Francisco System-involved Women and TGNC People: A Participatory and Decolonizing Model

Melendrez, A., & Young Women's Freedom Center (YWFC) | 2019

This research paper presents initial findings from a series of youth-led life course interviews with of system-involved and transgender, gender non-conforming (TGNC) women in San Francisco. The report provides detailed information about how they conducted youth participatory research that would respect and learn from survey participants. It includes their study questions, methods, and process, as well as the "Ethnical Framework" described above.
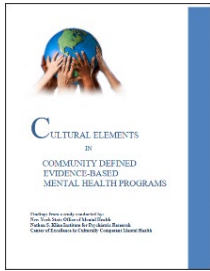
Cultural Elements in Community Defined Evidence-Based Mental Health Programs

Center of Excellence in Culturally Competent Mental Health, Nathan S. Kline Institute for Psychiatric Research, New York State Office of Mental Health | 2013

This report summarizes the results from a research project to document the practices of three well-established CDE mental health programs. Although the three programs serve different communities, they utilize some common elements, including:

- Language/communication accommodations (e.g., multiple languages and dialects used; references to parables)
- Passionate/compassionate bilingual/bicultural staff (e.g., staff peer mentors; staff represent many cultures)
- Family involvement (e.g., support workshops for families)
- Community involvement (e.g., linkages to schools, senior centers, employment)
- Culturally friendly milieu (e.g., culturally appropriate foods served; references to pop culture)
- New/modified/flexible services (e.g., timing and curriculum topics are based on specific needs of enrolled youth; non-traditional mental health techniques such as arts)
- Peer Bridgers (e.g., peer mentors acting as bridge between youth and adults, patients and staff, or staff and family)
- Efforts at Trust Building (e.g., no one dismissed for misconduct; terms of respect used)
- Efforts at Stigma Reduction (e.g., youth program not framed as mental health program; program for Latinx population uses medical terms for mental illness)

This report focuses on one of the three programs, PASS (Prevention, Access, Self-Empowerment and Support). For more information about all three programs, see "Components of Cultural Competence in Three Mental Health Programs" (Siegel, C., Haugland, G., Reid-Rose, L., & Hopper, K., 2011).
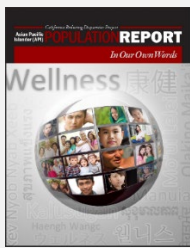
CRDP Phase 1 Population Reports

Five population-specific reports were completed during Phase 1 of the California Reducing Disparities Project (CRDP). Each of these reports was developed with deep involvement from populations that are historically unserved and underserved by the mental health system in California and nationally. Each report lists examples of CDE programs meeting the needs of these communities in the state, and provides information about how the CDE programs were identified and assessed:

- Asian Pacific Islander Report: In Our Own Words (see the Selecting Promising Program Criteria on page xvi)
- "We Ain't Crazy! Just Coping with a Crazy System": Pathways into the Black Population for Eliminating Mental Health Disparities (see SMART Recommendations/Action Criteria, page 250)
- First, Do No Harm: Reducing Disparities for LGBTQ Populations in California
- Community-Defined Solutions for Latino Mental Health Care Disparities
- Native Vision: A Focus on Improving Behavioral Wellness for California Native Americans

ReCAST Office Hour: Community-Defined Evidence: Joining the Movement
Espiritu, R., & Nolfo, T. NITT Technical Assistance Center | 2018

In this webinar, the presenters describe the specific opportunities and challenges of evaluating CDE practices, potential pitfalls, and existing models and resources. They also provide information about the National Network to Eliminate Disparities in Behavioral Health (NNED), which was a partner in the CDE Project. The presenters share **California** examples from the CRDP.

Indigenous Communities and Evidence Building
Echo-Hawk, H. *Journal of Psychoactive Drugs, 43*(4): 269-275 | 2011

Echo-Hawk summarizes lessons learned from developing the *Compendium of Best Practices for American Indian/Alaska Native (AI/AN) and Pacific Island Populations: A Description of Selected Best Practices and Cultural Analysis of Local Evidence Building*. She describes the limitations of both evidence-based programs and cultural competence movements that can make it challenging for community programs to show the effectiveness of their CDE practices.

Echo-Hawk outlines **approaches that community programs serving AI/AN and Pacific Islander populations have used to successfully build their evidence base**. She describes how these programs developed organizational and leadership cultures to support culturally specific evaluations. The "Current Approaches and Conclusion" section summarizes the approaches that these communities employed. Examples from **Guam**, **American Samoa**, and **Micronesia** are included.
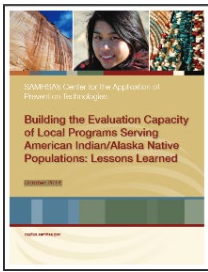
Building the Evaluation Capacity of Local Programs Serving American Indian/Alaska Native Populations: Lessons Learned
SAMHSA's Center for the Application of Prevention Technologies | 2014

This document describes lessons learned from providing evaluation technical assistance through Service to Science to 34 programs serving AI/AN populations in 2010-2014. The report describes the programs; explains for what purposes 20 of the programs hired outside evaluators; **describes challenges the programs experienced in building their capacity to conduct evaluations; and outlines factors that helped them build capacity.**

This resource would be especially helpful for evaluators and technical assistance providers working with **AI/AN communities** and communities with l**imited evaluation resources.** Examples from **Arizona**, **California**, and **Nevada** are included.
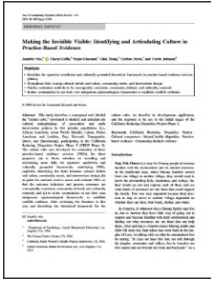
Making the Invisible Visible: Identifying and Articulating Culture in Practice-Based Evidence

Abe, J., Grills, C., Ghavami, N., Xiong, G., Davis, C., & Johnson, C. *American Journal of Community Psychology, 62*: 121-134 | 2018

Abe et al. presents the "**culture cube**" **as a conceptual tool to identify and articulate the cultural elements of CDE practices**. The culture cube is helpful for identifying visible and invisible aspects of culture on which CDE practices are grounded.

This article uses examples from CDE practices undergoing evaluation as part of the CRDP. It describes lessons learned from developing and implementing the culture cube with programs supporting AI/AN and African American populations in **California**.

Praed Foundation Tools

John Praed Foundation

The Praed Foundational assessments are examples of **tools used for consensus-building and developing a shared understanding** within a family, clinical team, or system. They are freely provided in the **public domain**, and trainings are available. They can be used within cultural and community-based organizations, as well as to link service recipients with appropriate CDE practices that will meet their specific needs and strengths.

- CANS (Child and Adolescent Needs and Strengths) is used to support decision making and service planning within children's health services
- ANSA (Adult Needs and Strengths Assessment) supports adult behavioral health service providers and recipients
- FAST (Family Advocacy and Support Tool) is the family version of the CANS and ANSA tools
- TCOM (Transformational Collaborative Outcomes Management) is a conceptual framework for managing complex human services systems and creating consensus
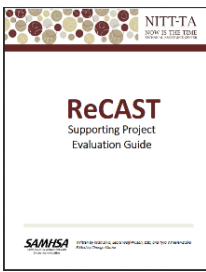
ReCAST Supporting Project Evaluation Guide

Silva, K., Wolf-Prusan, L, Wheeler-Zubia, T., with Change Matrix. Now Is The Time (NITT) Technical Assistance Center | 2018

This guide was developed for Resiliency in Communities After Stress and Trauma (ReCAST) grantees, but it is applicable to other sites. The ReCAST grantees were 10 municipalities that had experienced civil unrest in the last two years; many of the grantees were cities and counties disproportionately impacted by racial and economic disparity. Each community was implementing a community-based and multi-sector coalition, trauma-informed behavioral health services, and youth development and violence prevention strategies.

The project evaluation guide includes an abundance of tools communities can use, including a **tip sheet on CDE; evaluation questions and checklist;** guidance on logic modeling; and detailed steps for evaluating the impact of community trainings.

NNEDShare
National Network to Eliminate Disparities in Behavioral Health (NNED)

NNEDShare is a collaborative online space to share resources and intervention efforts to improve the delivery of behavioral health care interventions for diverse populations. NNEDShare has a **searchable library of interventions and resources** that can be filtered by intervention setting, geographic location, population of focus, and type of practice. Their resource library includes many resources on the development, implementation, and evaluation of CDE practices.
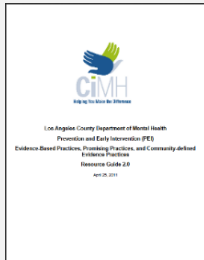
Evidence-Based Practices, Promising Practices, and Community-Defined Evidence Practices: Resource Guide 2.0
Los Angeles County Department of Mental Health Prevention and Early Intervention (PEI) | 2011

This guide includes information about mental health programs (including CDE practices) for supporting underserved cultural populations, individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, trauma-exposed individuals, children and youth at risk for school failure, and children and youth at risk of or experiencing juvenile justice involvement. For each program, the guide provides information about the focus population; risk and protective factors; program evidence; cultural evidence; implementation, including costs and staffing; and intended outcomes.

Appendix D **describes how the California Department of Mental Health defines a CDE practice**. Specifically, a CDE practice must be able to specify:

- Who is this practice intended to serve?
- What is the goal of this practice?
- Core components – what is provided?
- Who are the core practitioners?
- Where is the practice provided?
- Cultural relevance – how does this practice meet the needs of the specific cultural population served?
- Indications of effectiveness – how do we know that the practice is working?

"Indications of effectiveness" can include evidence from experimental evaluation, quasi-experimental evaluation, formal evaluation that includes pre- and post-measures, case studies, informal evaluation that includes post measures only, anecdotal reports, or testimonials.

Community Defined Practices Webinar Series
California Institute for Behavioral Health Solutions (CIBHS) | 2013-2014

The webinar series focuses on CDE and promising practices in Asian/Pacific Islander, American Indian, African American, and Latinx communities. It is designed to promote specific strategies, discuss effective implementation, and creating policy to address systems change. There are examples of specific practices and programs serving Asian American and Pacific Islander, American Indian, and African American communities in **California.**

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