



Creating Common Ground

To advance the uptake of Community Defined Evidence Practice

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Making Connections for Mental Health and Wellbeing Among Men and Boys




The Community of Practice is inclusive of 16 sites, with diversity in geography, organizational leadership, and population

Moving Upstream

A photograph of a river flowing through a forest. In the background, there is a dam with water cascading over it, and a bridge with a truss structure. The river is surrounded by trees and rocks, with some water splashing over rocks in the foreground.

We are still standing on the bank of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in.

That is the 21st century task.”
Gloria Steinem



What can be done to prevent the problem from occurring *in the first place?*



Project Goal and Outcomes

Goal: To build a shared vision for moving prevention and innovation further upstream by creating common ground between county behavioral health and community advocates.

Anticipated **outcomes** include:

- A shared vision among county and community stakeholders on what is needed to advance community defined evidence practice (CDEPs).
- Improved communication and dialogue between county and community stakeholders to expand the common ground.
- An increased readiness and capacity among county behavioral health to partner with community stakeholders to implement CDEPs.
- An identified set of community-focused metrics or measures to keep prevention strategy moving upstream.
- A set of recommended policy, practice, and regulation changes to support more equitable mental health outcomes (e.g., regulations to support upstream prevention and partnerships, streamlining contract processes and funding streams to support upstream prevention).

Project Activities

- Conversations with key county and community stakeholders
- Regional dialogues to discuss and refine potential strategies and policy change
- Convenings to lift up examples of county/community partnerships that are elevating community defined evidence practice
- Recommendations to the MHSOAC on how to sustain long-term systems change that allows for implementation and funding of community defined evidence practice on a broader scale

Project Update

- Background dialogues with partners including MHSOAC commissioners and committee members, CPEHN, CBHDA, and CA Office of Health Equity
- 11 conversations with state, county, and community stakeholders
- Identification of several potential case examples to lift up

Findings and Themes To Date

- Several efforts are happening simultaneously to expand uptake of CDEPs
- There is exciting work happening in several counties that could and should be lifted up as examples of county/community partnership
- A need exists for CDEPs to be embraced, and policy change and funding streams are potential levers
- Workforce remains a key issue that could meet several needs (increased cultural and linguistic competence, stigma reduction, norms change, and improved economic opportunity)

Themes to Explore

- Importance of community engagement
- Meaningful sustainability
- Workable framework for CDEPs – with flexibility for each community to define their strategies
- Strengthening equity and racial justice with realistic measures and metrics
- Identifying policy levers to strengthen CDEP efforts

Where do you see strong county/community partnerships?



What change would facilitate further uptake of CDEPs?

How can we improve readiness on the part of both county mental health and community organizations/advocates?





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