



Community Engagement and Planning for Depression Services

Approach to Community Behavioral Health Homes

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How can we translate the benefits of
high quality depression care
into **better lives**
for under-resourced,
communities of color today?

“Little is known about the independent contribution
of community linkages to improving health and
behavioral health outcomes.”—SAMSHA 2012

Challenges of engaging minority communities in services and research

- Tragic historical legacy of research abuses of minority populations
- Distrust of government programs and health services
- Community-based participatory research approaches are recommended to build trust in research and services

Structure of CPPR

- Partnered Council frames and guides initiative
- Community Partnership Forum for broad input
- Partnered Work Groups
 - Develop action plans for community approval
 - Implement and evaluate approved plans
 - Disseminate programs and findings
- Stages: Vision, Valley and Victory—equally important
- Jones and Wells, 2007; Wells and Jones 2009;
www.communitytrials.org; Jones et al., 2009



SKID ROW
HOUSING
TRUST
HOMES
SUPPORT
SUCCESS



New Vision
Church of
Jesus Christ



COMMUNITY PARTNERS IN CARE
Compañeros Comunitarios en la Salud



DEPARTMENT
OF
MENTAL
HEALTH



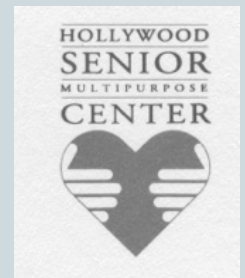
Working together in an *equal* partnership
to learn how to improve depression care
and build community strength



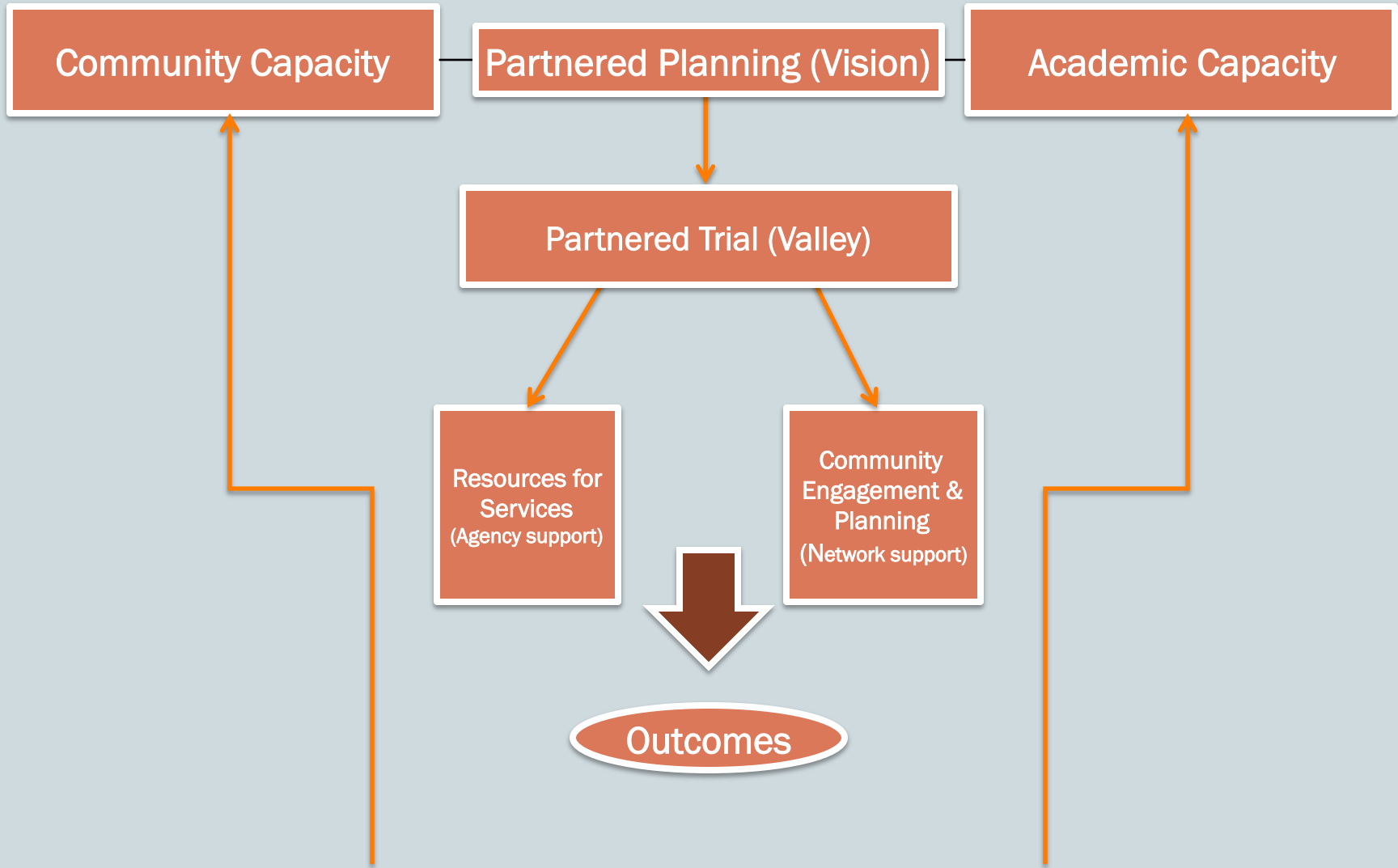
Watts Counseling and
Learning Center



RAMI URBAN LOS ANGELES
The Community's Voice on Mental Illness



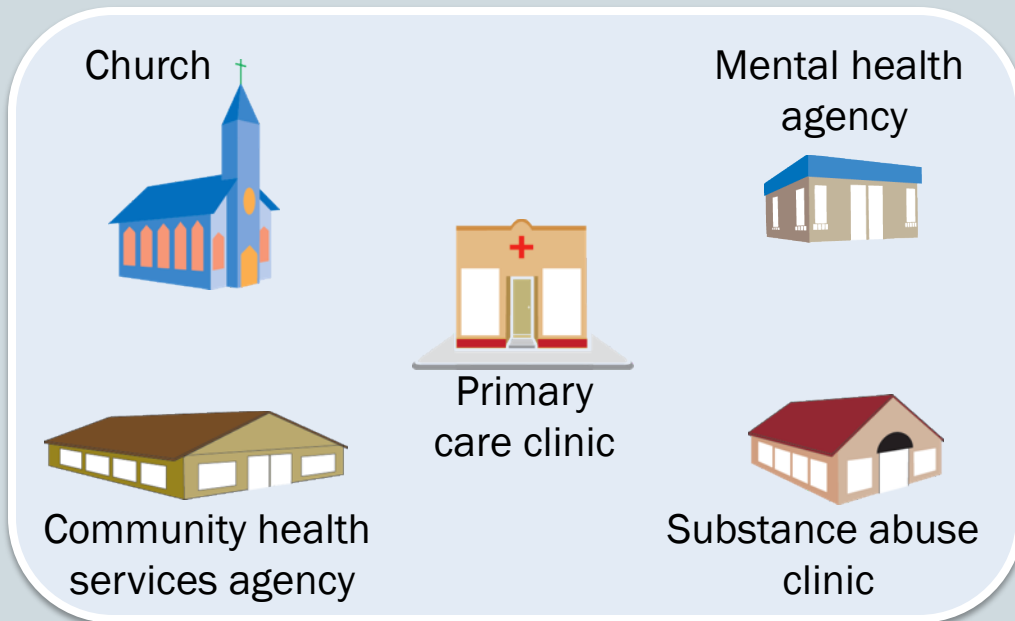
Community Partners in Care (CPIC)



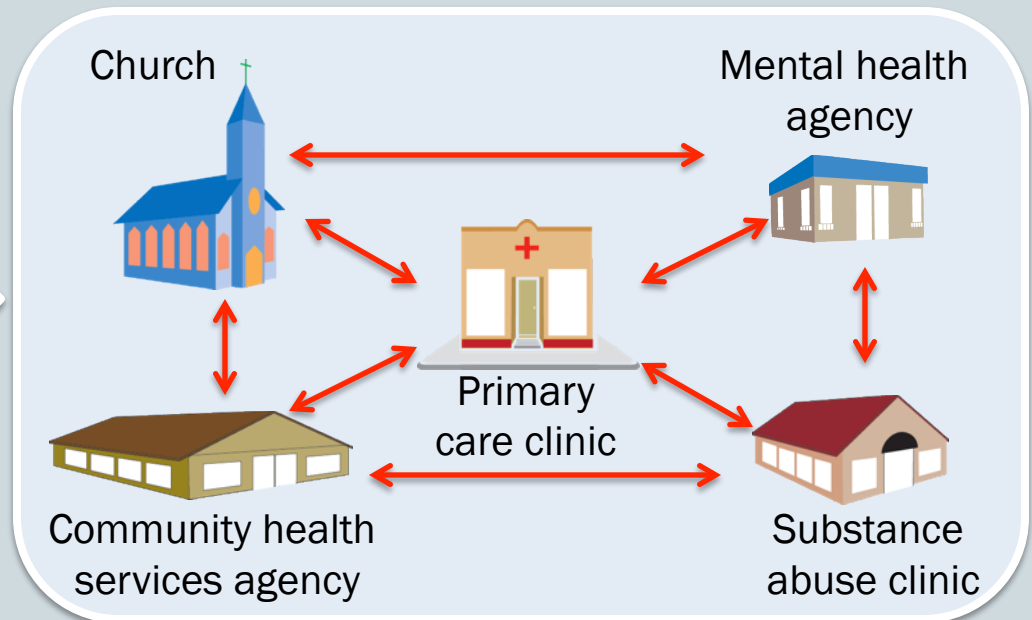
Partnered Dissemination (Victory)

Design of CPIC

- 2 Communities: > 2 million residents
- 95 programs in 50 agencies (MH, PCP, substance abuse, social services, homeless, faith-based, community centers, hair salons, exercise clubs)
- Programs randomized to technical assistance or community building to implement evidence-based *quality improvement toolkits for depression*
- 4436 clients screened for depression
- 1322 eligible with depression enrolled & asked to complete baseline, 6 and 12 month and 3 year surveys



95 Programs in
Los Angeles



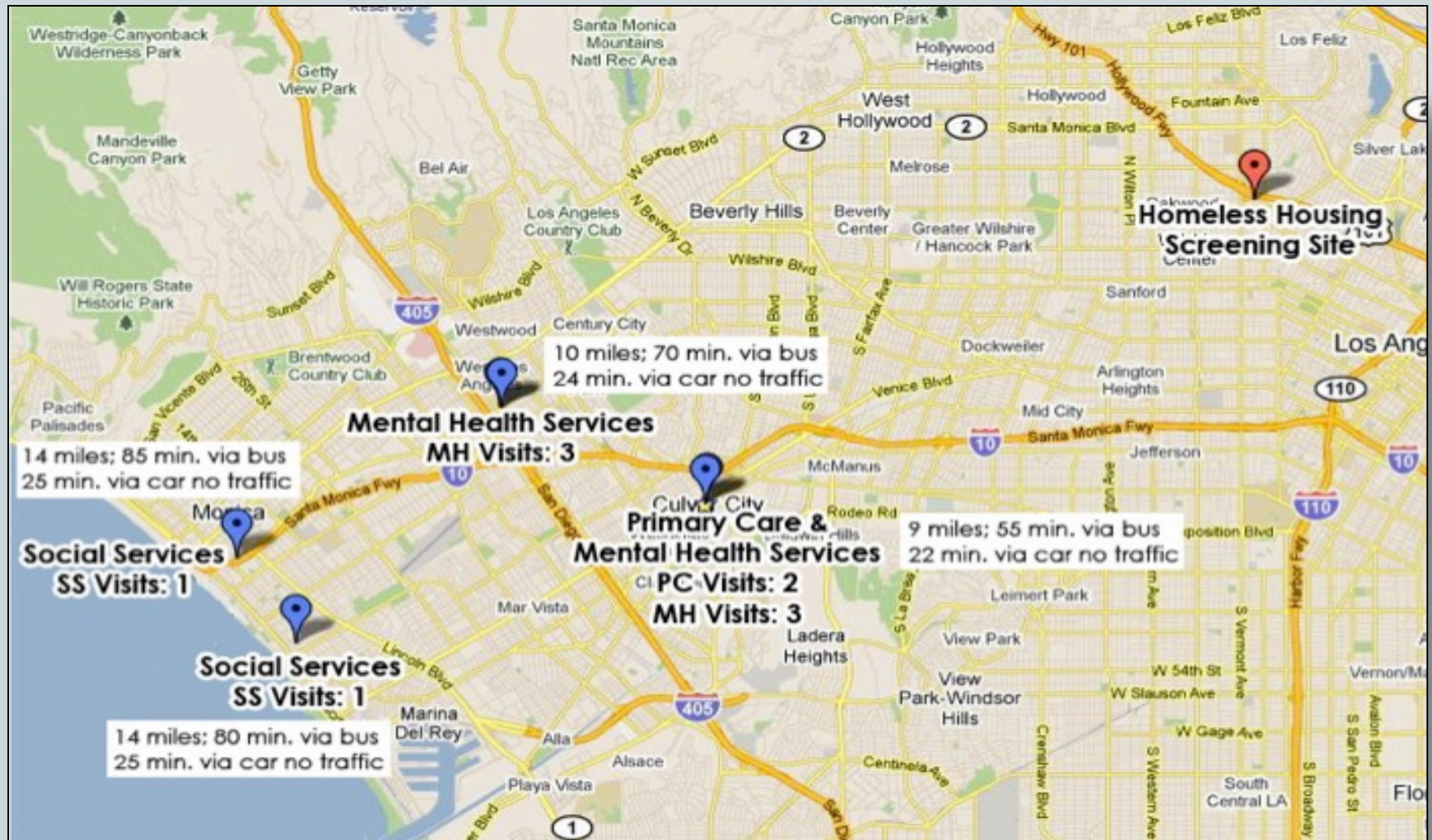
CPIC Depression Quality Improvement Toolkits

- Team management (IMPACT)
- Clinical assessment, medication management and alternative health practices (PIC)
- Cognitive behavioral therapy (CBT) for depression (We Care)
- Case management/health workers (MHIT/PIC, New Orleans REACH-NOLA)
- Patient education resources (PIC)
- CEP: Resiliency class based on CBT developed with community leadership

Community Engagement: Keys



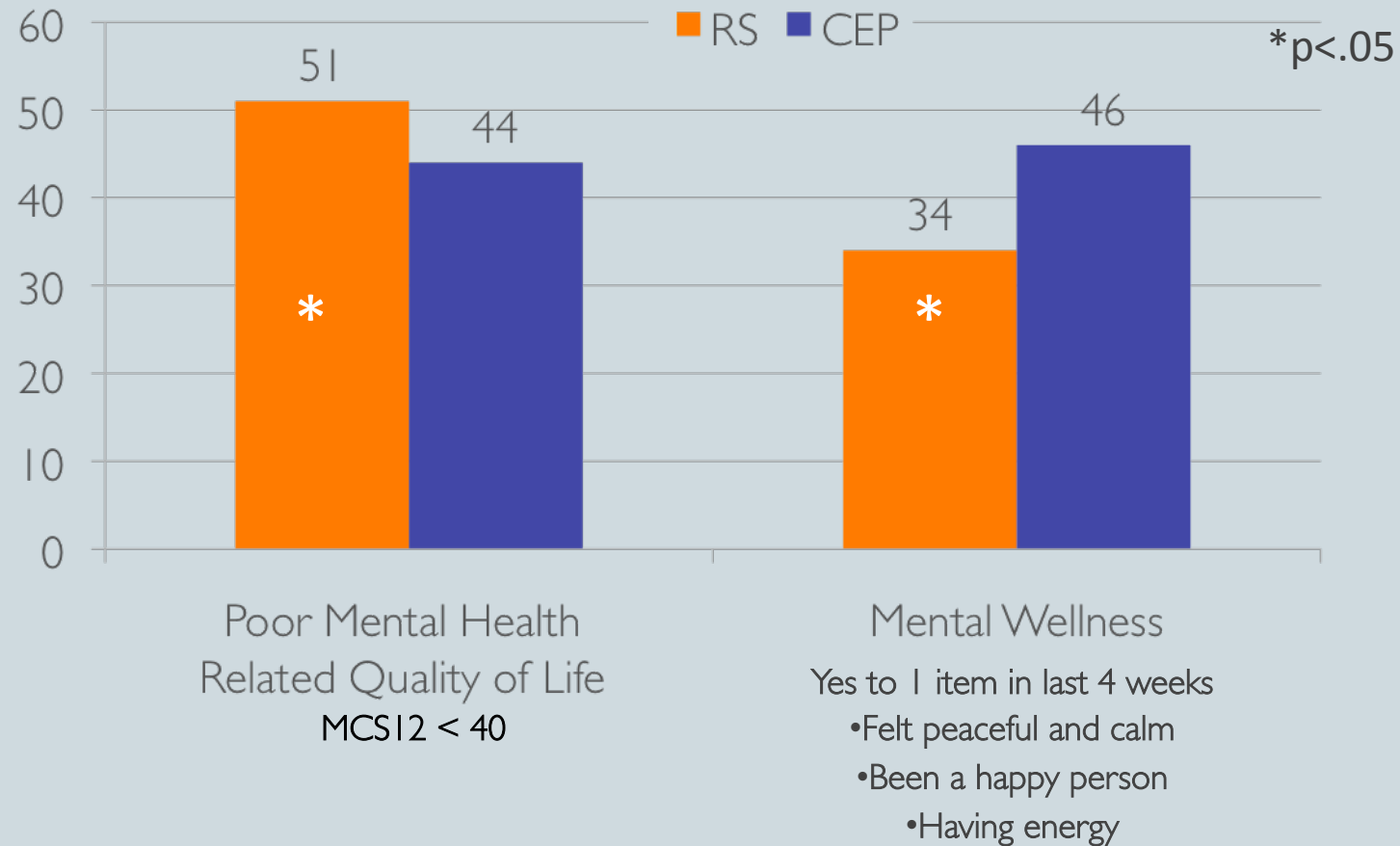
One Homeless Participant's Quest for Services



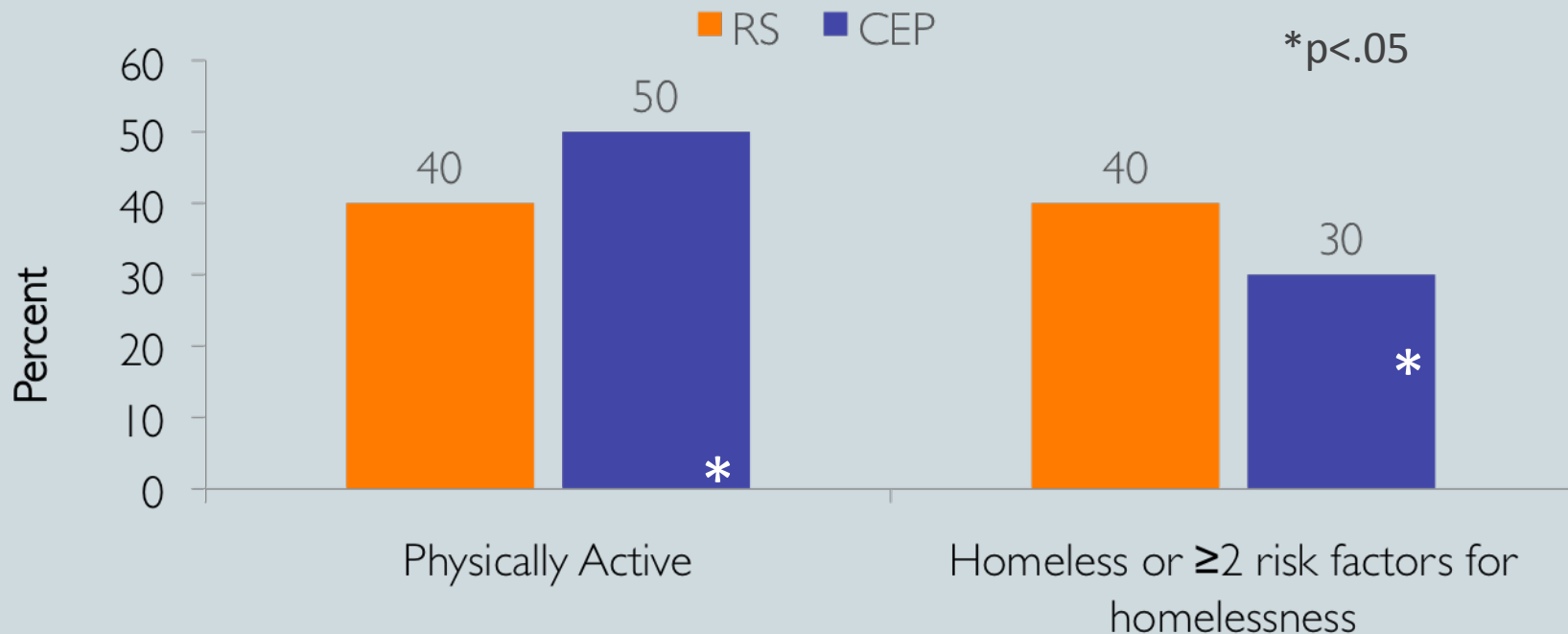
Summary of 6-month Outcomes

- **Both CEP and RS improved client mental health quality of life – both supported evidence-based treatment**
- **CEP more effective than RS in**
 - improving mental health quality of life and physical activity
 - reducing homelessness risk
 - reducing behavioral health hospitalizations
- **CEP shifted** outpatient depression services away from specialty medication visits toward primary care, faith-based and park services for depression
- **BUT:** No difference in depressive symptoms, use of antidepressants or healthcare counseling for depression
 - So difference is not more “formal” treatment*

CEP Improved 6-month Client Mental Health (N=1,018)



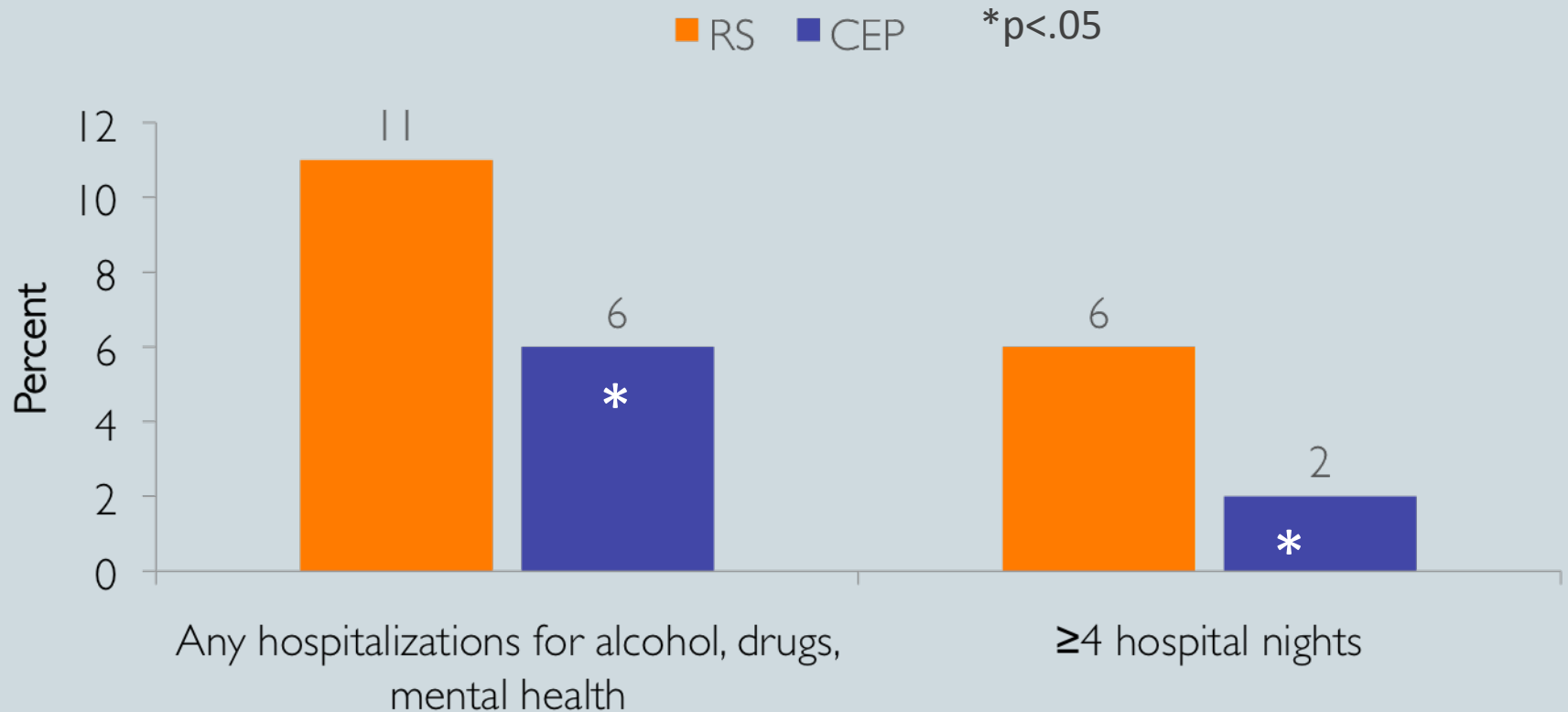
CEP Increased 6-month Physical Activity and Reduced Homelessness Risk Factors (N=1,018)



- Yes to all health limits
- Moderate activity
 - Stairs
 - Physical activity

- Risk Factors:
- food insecurity
 - eviction
 - severe financial crisis

CEP Reduced ADM Hospitalizations over 6 Months (N=1,018)



12-month Outcomes

- Modest improvements in mental health QOL for CEP vs. RS
- Continued reduction in ADM hospitalizations for CEP vs. RS
- Findings sensitive to analysis methods

CEP Start-Up Training Costs More but Total HealthCare Costs Similar

	RS	CEP
Training Costs	\$47,523	\$249,459

No significant difference
In healthcare or total
behavioral health costs
Over a year



Community Benefits

- Over 150 training events in 18 months
- Community leaders trained as experts (24 in CBT alone)
- CME, CEUs, certificates of appreciation for all providers
- \$-matching requirements for community grants
- Research opportunities
- Data for community programs and policy makers
- Website, toolkits and resources
- Hope: We can improve outcomes, save lives, and inform policy debates locally and across California

CPIC Policy Impact

- LAC Agencies (DMH lead) piloting Health Neighborhood Initiative to coordinate behavioral health care and address social determinants of health (e.g., trauma) in 10 pilot neighborhoods
- California Center of Excellence for Behavioral Health at UCLA supports evaluation of HNI
- PCORI Community and Patient Partnered Research Network (LAC and New Orleans)
- National Community Centers of Participatory Research Excellence in Health

California Center of Excellence for Behavioral Health (UCLA)

- **Theme:** Addressing MH disparities through translational and applied science
- Health Neighborhood Study
- Information Technology and Communication
- Disparities Leadership
- Population Behavioral Health Infrastructure
- Translational Science Research Development and RRAPID Awards

2014 ACTS Team Science Award 2015 Campus-Community Partnerships for Health Annual Award



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UCLA Clinical and Translational Science Institute