Community Engagement and Planning Offers a New Approach to Improve Outcomes of Depressed Clients of Healthcare and Community Based Agencies in Under-Resourced Communities

What is Community Engagement and Planning? This is a model to bring together agency leaders and community members from diverse sectors of the community—mental health, primary care, public health, substance abuse, homeless-serving, other social services, and "trusted locations" like faith-based programs, community centers, hair salons and exercise clubs—into a collaborative. That collaborative is supported through 4 months of planning to review evidence-based approaches to improve services and outcomes for depression, and fit those programs to their agencies and community. The planning process is also designed to build a network across agencies to more comprehensively support outcome improvement for depressed clients. The key features of the approach are *community engagement* with equal power sharing and authority in the planning process, and grounding that planning in an *evidence-based toolkit for depression*. The planning is followed by a phase of training agencies in the evidence-based toolkits as directed by the community planning group which leads and monitors training implementation. The planning and training is led by *strong community leaders and clinical experts*.

What's the alternative model? The current "best practices approach" for improving depression outcomes focuses primarily on healthcare sectors alone, using the same evidence-based toolkits to improve quality and outcomes of care. The implementation is based on a technical assistance model, such as would be provided by a disease management consulting firm that is also sensitive to the needs of individual agencies. In our new study, Community Partners in Care, we also applied this "standard" technical assistance model to the full range of community-based agencies described above.

What's more effective? In Community Partners in Care, we compared the *community engagement and planning model* and the *expanded technical assistance model* in a rigorous randomized trial involving over 1000 depressed clients drawn from 93 healthcare and community-based programs. The clients were primarily African American and Latino, the majority met federal poverty criteria, and nearly half were uninsured and at high risk for being homeless. Also, the majority had multiple chronic medical conditions and many had multiple psychiatric conditions and substance abuse problems.

Our findings are being submitted now for publication and show that the community engagement approach compared to technical assistance:

- Improved mental health-related quality of life and physical functioning and activity;
- Lowered risk for homelessness (homeless nights, food insecurity, eviction or financial crisis);
- Lowered rate of hospitalization for a behavioral health condition; and shifted outpatient services from specialty medication visits toward primary care, faith-based, and park depression services.

Implications: The community engagement model activated the community to provide more complete support for recovery; people received more support where they were already receiving other services in the community, felt better, and did not seek as much intensive specialty services. Community Engagement and Planning offers a feasible and effective way of improving depression outcomes for vulnerable clients in diverse services sectors working together in a community-oriented collaborative.