



Our Journey Towards Increased Cultural Competency

PBHCI Project: Union Square Health Home
Organization: Jefferson Center for Mental Health
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Racial and Ethnic Composition

Race/Ethnicity	Union Square Health Home	Jefferson Center for Mental Health FY2012 Clients (Center-wide)	2010 Census Data (Jefferson, Clear Creek, Gilpin Counties)
African American	5.8%	2.6%	1%
American Indian	0.8%	1.5%	0.88%
Asian	1.7%	.7%	2.5%
Hispanic/Latino	14.2%	20.2%	14.05%
Native Hawaiian	0.8%	0.2%	<0.1%
2 or More and Other	2.5%	17.1%	4.1%
Caucasian/White	90.8%	77.7%	88.6%

Population of Focus

- While Jefferson Center's service is predominately Caucasian, the community has been becoming more diverse in recent years
- Jefferson Center's overall patient population reflects the ethnic, racial and demographic composition of the community –there do not appear to be severe access barriers for minority populations
- The largest subpopulation is Hispanic/Latino; However only 3% of Jefferson Center clients speak Spanish as their primary language.
- The second most common language spoken at home other than English is Russian, and is less than 1%.
- Jefferson Center's work to address health disparities has focused on increasing our overall cultural and linguistic competencies
- However we have also specifically designed outreach and programmatic strategies to more effectively serve the Hispanic/Latino population



JEFFERSON CENTER'S VALUES STATEMENT

“We embrace the diversity in our community and are committed to providing culturally and linguistically competent services.”

- Adopted by the Board of Directors
October 2008



Implementation Practices-

Focused Outreach and Services Targeting the Hispanic/Latino Population

- Centro Dones, a community based clinic in which all staff are bilingual in Spanish and English and “promotora” model is used to ensure easy access to behavioral health prevention and counseling services
- Wellness classes, suicide prevention, peer run recovery support groups, and nurturing parent program classes available in Spanish
- Participation in, and joint hosting of community health and wellness fairs
- Translation of all client related materials into Spanish (including prescription drug labels)
- 10% bilingual premium offered as incentive to recruit more bilingual staff; use of interpreters as appropriate; expanded use of language line and Spanish language training for staff
- Extensive Navigation Department assists all clients with benefits acquisition (including Medicaid Expansion and the Exchange) and accessing needed community resources; strong partnership with Jefferson County Department of Human Services

Broader Staff Education and Competency-building activities

- Brown Bag trainings on working with GLBTQ, Native American, and other subpopulations
- Annual cultural competency and diversity training required for all staff
- Diversity training module part of New Employee Orientation
- Language policy disseminated and training provided at team level
- Section of monthly staff newsletter devoted to cultural competency



Implementation Practices- Organizational Commitment to the CLAS Standards

- Development of formal policies that support cultural competency and diversity including language policy and HR policies
- “CLAS- Y Committee” meets bi-monthly; HR & health disparities subcommittees
- “Cultural Competency Community Advisory Board” meets quarterly
- “Clinical Consultation Group” available to do case review when cultural issues are present
- Formal QI processes in place
- Patient input gathered through representation on Board of Directors and Consumer Services Committee, consumer satisfaction surveys, periodic focus groups, and peer support staff



Challenges

- An initial challenge in doing the Disparities Impact Statement is that Jefferson Center's work has focused more on building overall competencies and an environment which supports diversity, than on a specific health disparity or subpopulation. Also the geographic setting of the Union Square Health Home is in a predominately Caucasian community
- With that said, the Hispanic/Latino population seems the best place to focus given that they are the largest subpopulation served
- Limited pool of qualified and credentialed bilingual and bicultural applicants, particularly among medical and other clinical staff
- Continued stigma and other cultural barriers
- Hispanic/Latino population disproportionately represented among the uninsured (though this is likely to change come January 2014.)
- Bridging cultural competency and health disparities work across three integration partner organizations at Union Square Health Home
- Limited financial resources to support translation and interpretation services
- Relatively small proportion of clients (3%) speak Spanish as their primary language, and less than 1% speak any other language at home other than English. This makes it harder to justify paying for additional staff
- We were not previously collecting data to identify patients as GLBT or Q. However, beginning in November 2013, the State of Colorado is making changes to the Colorado Client Assessment Record (which is required of all community mental health centers) to be in compliance with the new federal race and ethnicity data standards.



Data and Collection Measures

1. Health outcomes: We will compare each of our subpopulations to the individual objectives for Goal 2 and Goal 4. We anticipate that each of our gender, race and Hispanic sub-populations should meet or exceed the objective such as Objective 2.2 – 70% will receive an annual physical and have an identified PCP.
2. Our data collection is standardized to enable us to collect a wide variety of data that may be applicable to any given client depending on his or her needs: physical health data, behavioral health data, and functioning data.
3. It is too soon to actually show outcomes,
4. To look at individual improvement we will compare baseline and follow-up data. Sub-population improvement will aggregate individual data. In the future, it may be possible to compare improvement to other PBHCI grants, depending on the indicator.
5. It is likely that how we compare outcomes will evolve over time.
6. Over time, we might add benchmarks that are based on the JCMH population or other data, such as from national studies.



Successes to Date

- Extensive organizational commitment to addressing health disparities and increasing cultural competency
- Development of formal policies that support cultural competency and diversity including language policy and HR policies
- Beginning to collect GLBTQ data for first time
- Union Square Health Home (USHH) SBIRT and PHQ 2 and 9 documents available in Spanish
- Medical provider and Navigation Specialist that serve USHH are bilingual
- Extensive evaluation component built in to USHH



Looking Ahead

- In the next six months we plan to establish a health disparities subcommittee of the Union Square Health Home advisory board to identify and address any issues specific to the PBHCI funded implementation
- The CLAS-y committee will continue to assess evolving community needs and Center-wide training opportunities
- As USHH patients are reassessed, we will work with Tri-West, the evaluator to identify apparent health disparities and track patient health outcomes
- The USHH Advisory Board Subcommittee on Sustainability will assess the impact of health care reform on the project and patients served, and engage in scenario planning around the potential impact of payment reform and other changes to the healthcare landscape

