Achieving Health Equity Through a Community-based Approach at a County Level

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Presenters

Solano County Behavioral Health (SCBH)

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Overview

Community Engagement: Consumer & Family Voices Matter!

Interdisciplinary Collaboration & Cultural Transformation Model: Solano’s INN Plan

Simple Strategies to Deploy in “Countyland”

Examples of ICCTM QI Action Plans
How do you do meaningful community-engaged work?

Follow the Principles of Community Engagement

Online English and Spanish: http://www.atstdr.cdc.gov/communityengagement

Print copies: www.atstdr.cdc.gov/communityengagement/pce_printcopy.html
Continuum of Community-Based Research

Source: Wallerstein, 2014
Continuum of Community Engagement

Inform
Low level of public engagement

Consult

Involve
Mid level of public engagement

Collaborate

Empower
High level of public engagement
- Be clear what the purpose or goals of the engagement effort
- Be aware of the community’s perception
- Build relationships, establish relationships, build trust, work with the formal and informal leadership, and seek commitment
- Ask the community what it wants
- Host community events
- Identify long-term community leaders
- Creatively use media
- Identify and address barriers

Best Practices for Community Engagement
## Nine Principles of Community Engagement

1. **Principle 1**
   Be clear about the population/communities to be engaged and the goals of the effort.

2. **Principle 2**
   Know the community, including its norms, history, and experience with engagement efforts.

3. **Principle 3**
   Build trust and relationships and get commitments from formal and informal leadership.

4. **Principle 4**
   Collective self-determination is the responsibility and right of all community members.

5. **Principle 5**
   Partnering with the community is necessary to create change and improve health.

6. **Principle 6**
   Recognize and respect community cultures and other factors affecting diversity in designing and implementing approaches.

7. **Principle 7**
   Sustainability results from mobilizing community assets and developing capacities and resources.

8. **Principle 8**
   Be prepared to release control to the community and be flexible enough to meet its changing needs.

9. **Principle 9**
   Community collaboration requires long-term commitment.

Source: [http://www.atsdr.cdc.gov/communityengagement](http://www.atsdr.cdc.gov/communityengagement)
WHAT IS CLAS?

Cultural and Linguistically Appropriate Services

For us, CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.

CLAS is about respect and responsiveness:

• Respect the whole individual and
• Respond to the individual’s health needs and preferences.

Required for all federally funded programs - Government Requirements Compel Organizations to Take on CLAS. Title VI of the Civil Rights Act and the CLAS Standards are required for equity in health care.
Making the Case: CLAS is Cost-Effective and the Right Thing to Do

- Increases in access, enrollment and client services among the insured. Cultural competency attracts business.
- Substantial reductions in outsourced language interpretation services and subsequent savings in related costs.
- Increased patient and provider satisfaction with the healthcare process.
- More efficient use of staff time by reducing communication delays between patients and providers.
- Efficient and culturally competent solutions to providing discharge instructions and education in a language other than English have resulted in improvements in practices and have yielded significant savings.
- Cost-effective spending leads to subsequent savings. Implementing CLAS projects can be cost effective for health care organizations.

Source: https://minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf
The Themes and 15 CLAS Standards

<table>
<thead>
<tr>
<th>Principal Standard</th>
<th>1. Provide effective, equitable, understandable, respectful, and quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs</th>
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| Theme 1: Governance, Leadership, and Workforce | 2. Advance and sustain governance and leadership that promotes CLAS and health equity  
3. Recruit, promote, and support a diverse governance, leadership, and workforce  
4. Educate and train governance, leadership, and workforce in CLAS |
| Theme 2: Communication and Language Assistance | 5. Offer communication and language assistance  
6. Inform individuals of the availability of language assistance  
7. Ensure the competence of individuals providing language assistance  
8. Provide easy-to-understand materials and signage |

Source: https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf
### Theme 3: Engagement, Continuous Improvement, and Accountability

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<td>9.</td>
<td>Infuse CLAS goals, policies, and management accountability throughout the organization’s planning and operations</td>
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<td>10.</td>
<td>Conduct organizational assessments</td>
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<td>11.</td>
<td>Collect and maintain demographic data</td>
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<td>12.</td>
<td>Conduct assessments of community health assets and needs</td>
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<td>13.</td>
<td>Partner with the community</td>
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<td>14.</td>
<td>Create conflict and grievance resolution processes</td>
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<td>15.</td>
<td>Communicate the organization’s progress in implementing and sustaining CLAS</td>
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Source: https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf
CLAS Standards: The Basics

Fostering Cultural Competence:

- **Step 1.** Identify committed champions of cultural competency within the organization who can help focus its cultural competency-related efforts.

- **Step 2.** Embed a commitment to culturally competent care in the vision, goals, mission, and strategic plan of the organization.
  - Incorporate cultural and linguistic competency and health literacy considerations into organization-wide written policies, practices, procedures, and programs.

- **Step 3.** Allocate organizational resources to educate all senior leadership, management, staff and volunteers about cultural competency.
Solano County MHSA Innovation Project: Interdisciplinary Collaboration & Cultural Transformation Model (ICCTM)

FIRST COUNTY TO DESIGN A MULTI-PHASE INNOVATION TRAINING AND TRANSFORMATION PROJECT THAT COMBINES CLAS WITH COMMUNITY ENGAGEMENT
Data Tells the Story

Ethnic minority groups are generally under-served in healthcare. To improve health outcomes we need to improve their access to care.

Latinos and Asians (i.e., Filipinos) in Solano County are much less likely to utilize mental health care, but they are not less likely to have mental health conditions.

LGBTQ individuals are widely understood to be under-served, though there is no historical data.
ICCTM Project Overview

• 5-Year Multi-Phase MHSA Innovation Project

• The UCD Center for Reducing Health Disparities (CRHD) conducted a comprehensive health assessment of the mental health system of care in relation to the three identified communities of focus: Latino, Filipino and LGBTQ.

• The project is education-based and anchored in the nationally recognized Culturally and Linguistically Appropriate Services (CLAS) standards and is the first project of its kind combining CLAS with community engagement.

• Community engagement includes providing qualitative and quantitative data and participation in CLAS-based trainings to develop culturally and linguistically relevant quality improvement QI action plans designed to improve mental health service delivery for consumers.
Solano County Project Goals

Communities of Focus
- ↑ Community engagement and partnerships
- ↑ Awareness of MH services
- ↓ Stigma

Quadruple Aim
- ↑ Patient experience
- ↑ Provider satisfaction
- ↑ Outcomes
- ↓ Per-capita cost

Mental Health Services
- ↑ Access & utilization
- ↑ Delivery of CLAS-informed care
Community Narrative Reports

Also available in **Spanish** and **Tagalog**

https://www.solanocounty.com/depts/mhs/cc.asp
Barriers to Accessing and Receiving Quality Services

“Coming out could increase their [transgender individuals] risk... people are afraid... its hard to tell where is safe and where is not. To make things harder, transwomen are being murdered.” – Consumer/Provider

“Filipino Americans worry so much about confidentiality. It’s really like Confession when you confess to a priest. The other part of it’s the shame. Its complex, but I think the cultural aspect of it, of shame and weakness that are associated with coming to therapy. You really have to be soft and accommodating.” – CBO Staff Member

“The language does have a lot to do with it. It would be worthwhile that...the psychologist, well, the professional in this case, speak the language of the person that they are serving...[also] to have a little more knowledge of the person’s life experiences...in other words, know a bit more about one’s cultural upbringing.” – Family Member
CLAS in Action & Impact

UTILIZATION OF SOLANO COUNTY MENTAL HEALTH PLAN SERVICES
BY RACE/ETHNIC GROUP BY YEAR

- White/Caucasian
- Native American
- Hispanic/Latino
- Black/African American
- Asian/Pacific Islander
Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
SCBH Culturally Responsive Strategies

Trainings Provided During Last 3 Years

- Cultural Competency 101 and 102
- LGBTQ Cultural Competence & Clinical Considerations (2nd version for reception staff)
- Advancing Racial Equity (ARE)
- Gender Diversity – The Transgender Experience
- 3 CLAS Training Cohorts – MHSA Innovation Plan
- Behavioral Health Interpreter Training – Sessions for English & Bilingual Staff
- A Pathway to Healing: The Native American Experience
- Diversity and Social Justice Training – WEBINAR
- Promoting Culturally Sensitive Clinical Supervision – Dr. Kenneth Hardy
- Trauma in the Trenches – Dr. Kenneth Hardy

Targeted Outreach

- KAAGAPAY Asian American Outreach Clinician
- Hispanic Outreach and Latino Access (HOLA) Outreach Clinician
- African American Faith-Based Initiative - Mental Health Friendly Communities
- LGBTQ Outreach and Access – Solano Pride Center
- Native American Support Group
SCBH
Culturally Responsive Strategies

Contracting Practices
- Add CLAS language into RFPs
- Ensure contracts include language to use CLAS standards as guide
- Require contracted vendors to have their own Cultural Responsivity Plans

Policy Development
- Add a section “Cultural and Linguistic Considerations”

Interpreter & Translation Services
- Extend County’s contracted interpreter service to vendors
ICCTM CLAS QI Action Plans
Cultural Game Changers: QI Action Plan

- Focus on recruitment, hiring and retention practices
  - Job Postings
  - Change job descriptions
  - Hiring questions focused on cultural responsibility and competencies

- Focus on careers pipelines
  - Middle & High schools
  - Community Colleges
  - State colleges

Solano County Inclusion Statement

Solano County Behavioral Health is committed to equity, diversity, and inclusion. Our services aim to empower all community members throughout their journey towards wellness and recovery.

It is also of equal importance for us to improve access to quality care for underserved and under-represented ethnic and minority populations who have been historically marginalized by health care systems.

We value the importance of employing staff who possess valuable life experiences and expertise to ensure our workforce is culturally and linguistically responsive and leverages diversity to foster innovation and positive outcomes for the people we serve.
LGBTQ Ethnic Visibility: QI Action Plan
Takin’ CLAS to the Schools: QI Action Plan

School-Based Wellness Centers
- Culturally inclusive spaces where ALL students are welcome
- Enlisted youth group to conduct focus groups at each site prior to launching
- Will open up to 35 wellness centers on school campuses K-12 and adult ed sites, 5 pilot sites open already
- Scaffolding in services already funded by County BH MHSA, Public Health, Child Welfare, etc.

Wellness Centers Philosophy
- Culturally inclusive spaces where ALL students are welcome
- Calm and supportive environment for students needing a place to re-center and re-calibrate
- Trauma-Informed space and staff
- Access point to link students to behavioral health services including crisis support as needed
- Peer delivered services when appropriate
Questions
References

• Principles of Community Engagement: http://www.atsdr.cdc.gov/communityengagement


• Office of Minority Heath: https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

• Implementing the CLAS Standards: https://thinkculturalhealth.hhs.gov/

• A Blueprint for Advancing and Sustaining CLAS Policy and Practice: https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

• UC Davis Center for Reducing Health Disparities: https://health.ucdavis.edu/crhd/solano-innovations.html

• Solano BH Cultural Competence Page: https://www.solanocounty.com/depts/mhs/cc.asp
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https://www.solanocounty.com/depts/bh/default.asp

Website:
https://health.ucdavis.edu/crhd/

Thank You!