



Ensuring Cultural Competency in New York State Health Care

Problem New York State (NYS) has begun to reform its Medicaid system with the aims of improving care, improving health and providing quality care to its coverage population, aims that are fundamental to the federal Patient Protection and Affordable Care Act (PPACA). As part of this effort and in order to reduce costs, Medicaid is enrolling clients with complex medical and mental health needs into Health Homes. Regional Behavioral Health Homes have been established to manage inpatient behavioral health care and improve discharge planning. Health Homes provide care management, coordinate services and contract with a network of providers to provide the required services. Given the growing diversity of NYS, cultural competency should be at the forefront of reform activities. Ensuring that cultural competence (CC) is embedded in the emerging service models is imperative for people with mental disorders, as communication is the “principal investigative and therapeutic tool” for provision of services to consumers with these conditions. Engagement and retention in care may be unnecessarily compromised if culturally competent care is not provided.

In order to aid the state in ensuring cultural competence in its initiatives, the Office of Mental Health’s Bureau of Cultural Competence (BCC) and the Centers of Excellence for Cultural Competence at the Nathan Kline Institute and the New York State Psychiatric Institute have developed a White Paper to demonstrate why health care reform in NYS must include culturally competent care and to discuss ways in which cultural competence can be ensured in the State’s newly emerging care delivery models. This edition of the Cultural Competence Matters highlights the main findings of the White Paper.

Findings The goals of cultural competence in the delivery of health care are consonant with the triple aims of health care reform: 1) improve population health and access to care, 2) increase quality of care, and 3) reduce cost. There is extensive evidence that cultural competence activities improve outreach, engagement in care, treatment retention and adherence, and clinical outcomes and functioning. They also reduce cost through the use of bilingual clinicians and culturally adapted interventions, and reduce the risk of medical errors and malpractice.

To infuse cultural competence in the various service components of the emerging models, the White Paper provides specific recommendations for activities that should be undertaken to ensure cultural competence. Recommendations are made for ensuring that cultural competency is included from the beginning in the design of RBHOs, health homes, and health home network partners. These recommendations are based on the evidence of the efficacy of culturally competent health care systems, along with the experience of the BCC and Centers in developing, implementing and evaluating culturally competent models of care. Organizational activities that set the stage for cultural competency include having a CC plan, organizing a CC advisory committee, recruiting and hiring culturally diverse staff (including peers), and providing training on CC to staff at all levels.

Recommended Activities to Infuse CC in Reform Initiatives

RBHOs and HHs

- Enhance data collection systems to allow more specific identification of cultural groups
- Develop centralized interpreter services
- Translate relevant documents
- Disseminate CC health promotion materials to communities in coverage areas
- Disseminate ‘vetted’ training materials for CC training to community providers/network partners
- Assess performance measures of the quality of care provided by community providers/network partners specifically with respect to underserved cultural groups
- Assess CC of community providers/network partners and provide them with actionable feedback
- Assist providers in adopting and adapting culturally-relevant EBPs
- Promote the use of evidence-based practices (EBPs) that have evidence for the cultural populations served

HH Network Partners

- Conduct client and family cultural assessments
- Ensure language and communication competencies of staff
- Develop programmatic strategies for trust building and stigma reduction
- Provide services in culturally appropriate milieus
- Involve family or consumer-valued persons in the care process, as desired by consumer
- Ensure that referrals for care and social supports are CC
- Provide linkages to culturally-valued community supports (e.g., churches, clubs)
- Monitor outcomes by cultural group

The full text of the White Paper is available on the website of the BCC under the *Resources* tab (http://www.omh.ny.gov/omhweb/cultural_competence) as well as the websites of the two Centers of Excellence (<http://cecc.rfmh.org> and <http://nyspi.org/culturalcompetence>).

References:

¹Farooq, S., & Fear, C. (2003). Working through Interpreters. *Advances in Psychiatric Treatment*, Vol. 9, 104-109.