



Health Equity plan 2022-2023

Bridges Healthcare provides integrated behavioral health services to all people in a welcoming and respectful manner that values the inherent worth of every individual, regardless of race, ethnicity, age, sexual orientation and gender and socioeconomic status. The agency is committed to addressing the health inequities that exist internally and within the communities, it serves to improve access to services in a culturally competent and inclusive manner. Through Bridges' health equity plan, issues of access and health disparities will be addressed using standards set for Culturally and Linguistically Appropriate Services (CLAS). This health equity plan is considered a process that will be reviewed annually as we continue to collect data and develop new goals based on our findings.

Health disparity: a health difference linked to the social, economic, or environmental disadvantage that adversely affects those who systemically experience social or economic obstacles to attaining good health.

Health equity occurs when members of society have access to the resources necessary to attain their full health potential; no one is unable to achieve their potential due to their social position or socially determined circumstances.

Bridges' work toward addressing health equity falls within three primary areas. Much of this work touches on racial and social justice in addition to health equity. Although race and ethnicity are social constructs, they are points of focus in measuring health disparities because race and ethnicity are highly correlated with socioeconomic determinants of health.

1. Continuous Quality Improvement Plan

Bridges' Continuous Quality Improvement Plan includes the work of the **Health, Equity and Wellness** (Diversity, Equity and Inclusion committee) task force at the Agency. This committee meets monthly but few members of the committee meet two times in a month to discuss the higher level information. This committee works to address staff wellness, cultural competency, and awareness. Most recently, the Health, Equity and Wellness committee has assisted with the agency's efforts around diversity, equity and inclusion by offering resources to staff to increase knowledge around racial injustice that often leads to health inequities. Tasks specific to the Health, Equity and Wellness committee include:

- A. Dissemination of information and updates in newsletters and emails to raise cultural awareness and issues around racial injustice.
- B. Cultural events to understand different customs and beliefs in communities served.
- C. Offering resources including books, movies, and short videos focused on different cultures, racial justice, and systemic racism with opportunities for reflection and discussion.
- D. Making recommendations to leadership on ways the agency can better meet the cultural needs and increase racial sensitivity for staff and clients.

2. Diversity, Equity and Inclusion Initiative

Bridges has initiated an ongoing process to focus on systemic racism and promote equity within Bridges staff and toward individuals served through our Health, Equity and Wellness committee. The agency has contracted with a consulting group to assist with this process. Bridges also took part in a six-month process of racial justice and health equity planning and development technical assistance by the Connecting children and families to care initiative at the state level. The focus of early DEI efforts has included:

- A. **Consultation** around common issues that emerge in organizations around racial bias and policies that impact recruitment, hiring, retention, and advancement of people of color.
- B. Agency-wide survey will continue to administer periodically or as needed to staff and the Board of Directors to assess Bridges' awareness and practices around diversity, equity, and inclusion as an employer and healthcare provider.
- C. Include training for all staff on **microaggressions** and **unconscious bias**. Training opportunities will be offered to all staff ongoing basis.

3. Accessibility and Cultural Competence policies to reduce barriers to care

Bridges maintain policies that promote the accessibility to services in communities served regardless of race, gender identity, ethnicity, and socioeconomic status. These policies promote activities that are initiated to assure that the organization is providing services in a culturally and linguistically appropriate manner. Internal activities toward reducing barriers to care and enhancing access include:

- A. Annual demographic analysis of communities served will be done by looking at the census data by town, race and ethnicity (and demographic data in EHR analysis of those served internally) to best plan and respond to racial, ethnic, and age trends.
- B. Developed a process of translation of all agency screenings/intakes of clinical programs, release of information and all required forms, and collateral materials in the second most

utilized language (Spanish). This translated material is available on the website under a Spanish language page.

- C. Offering access to language line translation for individuals served who do not speak English.
- D. Formation of a Consumer Advisory Council comprised of clients across multiple programs in the agency. The members of this council are chosen from various race and ethnicity group. The Advisory Council provides feedback and recommendations around programs and services to assist with increasing access and reducing barriers to care.
- E. It is difficult for clients with no transportation access to attend the services. Which impacts quality of care. We are identifying the transportation as a gateway to achieve greater quality of care by offering an assistance accessing transportation to agency services.

Specific goals for FY 2022-2023

Bridges overall approach around health equity will be ongoing. The agency touches on a number of the CLAS standards through an aforementioned initiative addressing barriers to care and inequities. This year there will be a more targeted strategy to **assess demographic data both agency-wide and by the program**. We will conduct focus groups per program focusing on the survey questions related to the Health equity and access access needs. We will continue to look at the data related to identifying health disparities. Discussions around making program modifications according to the areas identified, to best meet changes and trends will be initiated by program leadership, and the data will be communicated at all levels.

There will also be a continuous focus on updating current **cultural competency** staff training annually and policies that address accessibility. Both Bridges staff and the **Board of Directors** will better understand CLAS standards and the efforts Bridges makes to assure that there is equitable access to services across the agency and that leadership is responsive to barriers that can be remedied internally.

CLAS Standard Addressed

#11- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
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Bridges will assess demographic data of clients and communities served to best inform service delivery Ongoing basis	Bridges will analyze agency-level demographic data of clients and communities served on an annual basis	Agency-level client demographic data will be presented to program leadership, staff, and the Board of Directors	Staff, leadership, and Board will be more informed of demographic trends in the organization that impact program outcomes	QA Department/Executive Leadership	Ongoing/annually
	Bridges will review demographic data across all programs during leadership and program meetings on an annual basis	Client demographics will be presented by the program leadership to teams	Program leadership and staff identify areas to modify service delivery based on demographic trends/data	QA Department/Program leadership	Ongoing/Annually
	Bridges will modify service delivery/programs based on demographic findings	Program leadership in partnership with senior leadership will review demographic trends and changes	Program and agency-level changes will be made based on current demographics to best meet the needs of clients served	Program leadership Program staff Senior leadership	Analyze the appointment reminder calls and address the no shows. Ongoing.

CLAS Standard Addressed

#3- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
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<p>Bridges will assure that leadership, staff, and the Board are educated and trained in culturally and linguistically policies and practices</p>	<p>Bridges will review and update its Accessibility and Cultural Competency policies on an annual basis</p>	<p>Updated policies based on trends and changes around cultural competency practices</p> <p>For example: Policies around providing access to care/ transportation/ language barrier etc.</p>	<p>Enhanced measures to meet needs of diverse populations in service delivery</p> <p>Consumer Satisfaction survey analysis will be done by race and ethnicity vs treatment completion rate and general satisfaction rate.</p>	<p>QA Department</p>	<p>Policies reviewed in 2022</p>
	<p>Staff training on cultural competency and CLAS standards will be provided annually</p>	<p>Review of current staff training on cultural competence. Explore the availability of training on CLAS standards</p>	<p>Up-to-date staff training on CLAS and cultural competence</p>	<p>QA Department/Senior Management</p>	<p>Ongoing policy review</p>
	<p>Educate the Board on existing accessibility and cultural competence policies and practices within the agency</p>	<p>Present accessibility and cultural competence policies and practices on an annual basis</p>	<p>Increased awareness around policies and practices within the agency that impact health equity</p> <p>These policies will be discussed with the staff in the staff meetings to raise the awareness. Developed a training on E learning platform to make sure all the staff members attend this training and review yearly.</p>	<p>CEO</p>	<p>Need to focus this year on cultural competence related policies and trainings agency wide/staff/clients/board.</p>

CIAS Standard addressed

5 Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all care and services.

Strategy	Major Tasks	Performance Measure	Impact or Result	Accountability	Timeline
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<p>Bridges is in the process of translating all the English intake forms and all other required forms in to Spanish and make them available on the website.</p>	<p>Bridges already launched a Spanish language page on the website and translated most of the intake forms in to Spanish. All the intake forms and all other required documents are already on the website for clients to access. They are on Spanish page for clients to understand and access. This will be marketed by our Latino outreach staff.</p>	<p>Bridges is continuing the efforts of translating maximum clinical intake paperwork, flyers and other required forms in Spanish language and make them available to Spanish speaking clients via Spanish language page</p>	<p>Client can learn about the Bridges services on the website in Spanish language and feel out the intake/appropriate forms without any hassles.</p> <p>This will be tracked via website data.</p>	<p>IT Department/ Marketing and Q/A department.</p>	<p>Forms are translated.</p>
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