Addendum

UnitedHealthcare Health Plan of Nevada Medicaid Behavioral Health Cultural Competency Plan 2023-2024

Table of Contents

Overview

The behavioral health cultural competency plan is necessary for UnitedHealthcare Health Plan of Nevada Medicaid (UHPN) to provide high quality equitable and inclusive behavioral health services to all members regardless of their cultural background or identity. The purpose of this plan is to ensure that services are provided in a culturally competent manner. UHPN will work with the department and division to obtain demographic information and technical assistance if needed to carry out the requirements of the plan.

Plan Description

a) The tables below outline the total number and percentage of members in each race/ethnicity, age, and gender group. This data is used as a baseline in identifying disparities across populations.

	Membership Percentage	Average Members
Ethnicity	CY	CY
Hispanic	33%	75,166
White (Non-Hispanic)	26%	58,932
Black	24%	54,942
Other Race or Ethnicity	8%	18,520
Asian or Pacific Islander	7%	16,749
American Indian or Alaskan Native	1%	2,829
Subcontinent Asian American	1%	1,653
Asian Pacific American	0%	947
Not Provided	0%	75
Grand Total	**100%**	**229,815**

	Membership Percentage	Average Members
Age Group	CY	CY
0-17	43%	99,113
18+	57%	130,702
Grand Total	**100%**	**229,815**

	Membership Percentage	Average Members
Gender	CY	CY
F	55%	125,885
M	45%	103,930
Grand Total	**100%**	**229,815**

- **Disparities by Race/Ethnicity:** A thorough analysis was completed for all behavioral health and substance use diagnosis.
    i. **Access to Care:** The analysis revealed that overall white members have the highest rate of disease or diagnosis in every category compared to other race/ethnicities. This data may indicate that white members truly have higher rates of behavioral health conditions or that white members have greater access to care and treatment services. The data shows a disparity in members with claims utilization.
    ii. **Opioid Use Disorders:** The table below outlines percentage of members and number of members with the diagnosis. The outlier disparity calculation compares each racial and ethnic group to the overall population. This calculation reveals where a disparity exists amongst groups. White members had a 157% higher diagnosis rate compared to the overall population.
    iii. **Trauma and Stressor Related Disorders:** White members had 36% higher diagnosis rate compared to the overall population. This data does not necessarily mean that white members have higher rates of diagnosis but instead implies that white members seek care relating to the diagnosis more frequently.

Row Labels	Membership Percentage	Average Members	CY Pct of members with Dx	CY Outlier Disparity
Opioid-related disorders	**2.72%**	**2,189**	0.95%	100%
American Indian or Alaskan Native	1.99%	44	1.54%	162%
Asian or Pacific Islander	2.04%	45	0.27%	28%
Asian Pacific American	0.50%	11	1.15%	121%
Black	11.95%	262	0.48%	50%
Hispanic	13.70%	300	0.40%	42%
Other Race or Ethnicity	3.63%	79	0.43%	45%
Subcontinent Asian American	0.24%	5	0.32%	33%
White (Non-Hispanic)	65.95%	1,444	2.45%	257%
Trauma- and stressor-related disorders	**7.85%**	**6,322**	2.75%	100%
American Indian or Alaskan Native	1.33%	84	2.97%	108%
Asian or Pacific Islander	3.77%	238	1.42%	52%
Asian Pacific American	0.47%	30	3.12%	113%
Black	21.28%	1,346	2.45%	89%
Hispanic	30.64%	1,937	2.58%	94%
Other Race or Ethnicity	7.11%	450	2.43%	88%
Subcontinent Asian American	0.60%	38	2.31%	84%
White (Non-Hispanic)	34.80%	2,200	3.73%	136%

b) **Strategies for Reducing Disparities:** In order to reduce disparities in opioid use disorders and trauma stressor related disorders it is essential to address stigma, increase engagement, and improve access to care for all groups. We will do this by focusing on the following:

- **Access to Care:** Ensure that all members have equal access to behavioral health care by increasing access to telehealth services addressing social drivers of health and enhancing the provider network.
- **Care Management:** Mobilize and leverage behavioral health care management and peer support programs to reduce stigma, increase engagement in care, and improve outcomes for underserved populations.
- **Health Literacy:** Promote health literacy opportunities to ensure members can access behavioral healthcare and manage their conditions.

c) **Goals and Priorities:** These goals and priorities aim to improve the quality of care, reduce disparities, and promote inclusivity in behavioral health services.

- **Goals:**
  - **Access to Care:**
    - Addressing disparities in access to mental health services: Working to reduce barriers to care for marginalized communities and ensuring equitable access to behavioral health services for all members.
  - **Opioid Use Disorder:**
    - Providing culturally sensitive and appropriate care to diverse populations: Ensuring that the behavioral health services offered by the organization are tailored to meet the needs of individuals from various cultural backgrounds.
  - **Trauma and Stressors Related Disorder:**
    - Enhancing communication and rapport with members: Improving communication strategies to build trust and establish strong relationships with members from diverse cultural backgrounds.
- **Priorities:**
  - Community Engagement: Engaging with community organizations, leaders, and stakeholders to build partnerships and increase awareness of cultural competency initiatives within the community.
  - Culturally Tailored Services: Prioritizing the development and implementation of culturally tailored behavioral health services that meet the unique needs and preferences of diverse populations.
  - Client-Centered Care: Prioritizing client-centered care that respects and honors the cultural beliefs, values, and preferences of individuals receiving behavioral health services.

d) **Trauma Informed Care and Intervention Strategies:**
Behavioral health services will be supported and provided through a trauma informed manner that emphasizes physical and psychological safety of members. Trauma informed care creates opportunities for members affected by trauma to rebuild a sense of control and empowerment.

- **Trauma Informed Care Training:** Provide training for providers and staff on trauma informed care. This training can help providers and staff understand the impact of trauma on health and behavior and promotes a safe and supportive environment for trauma survivors.
- **Screening and Assessment:** Implement routine screening and assessments to identify members who have experienced trauma or at-risk of experiencing trauma. The screenings will support the development of treatment plans and interventions to meet the individual needs of members.
- **Integrated Care Model:** Adopt and support integrated care models that address physical health, behavioral health, and trauma informed care services.

e) **Feedback Strategies:** We obtain feedback on our cultural competency plan and activities through our Member Advisory Council, Provider Advisory Council, Provider/Partner Engagement, Behavioral Health Cultural Competency Committee, and Health Equity Collaborative. The Behavioral Health Cultural Competency Committee will meet quarterly with options to attend remotely or in-person and will be open to the public. Meeting schedule and announcements will be posted on the UHPN website. The internal health equity collaborative will meet monthly in-person.

Evaluation Plan

a) **Behavioral Health Cultural Competency Committee** consists of a diverse group of members, providers, community-based organizations, and government entities for the purpose of conducting an ongoing review of the behavioral health cultural competency plan.
b) **Biennially Plan Updates:** The behavioral health cultural competency plan will be updated biennially to reflect changes in the population. The updated plan will be submitted to the Divisions for approval, technical assistance, and feedback regarding implementation.
c) **Public Access of Plan:** The behavioral health cultural competency plan will be posted for public access to the UHPN website.
d) **Biennially Goal Updates:** A report will be completed and submitted to the division and posted publicly on the UHPN website biennially. The report will evaluate progress and achievement of goals.

Behavioral Health cultural competency refers to the ability of providers and organizations to understand, respect, and effectively respond to the cultural, linguistic, and social needs of diverse populations in the delivery of behavioral health services. This plan will ensure that service providers and community partners will be empowered to value the unique beliefs, traditions, and experiences of members from different backgrounds while tailoring care to meet their specific needs.