2024
Health Equity
Mid-Year Work Plan

Submitted by:
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Mission:

CalViva Health's Health Equity mission is to be an industry leader in ensuring health equity for all members and their communities.

Goals:

CalViva Health's Health Equity goals are based on providing support, maintaining compliance, and creating cultural awareness through education and consultation. These goals support the overall goal of promoting cultural responsiveness between Plan staff, members, and contracted providers. The goals are equally important and reinforce each other to fulfill the mission:
1. To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
2. To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
3. To advance and sustain cultural and linguistic innovations.

Objectives:

To meet these goals, the following objectives have been developed:
A. To ensure compliance with applicable Medi-Cal contractual requirements, state and federal regulations and other requirements of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC).
B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff.

Selection of the Cultural and Linguistics Activities and Projects:

The Cultural and Linguistics Work Plan activities and projects are selected based on the results from the CalViva 2022 Population Needs Assessment Report (PNA) (i.e., demographics, health status, risk factors, and surveys), regulatory requirements, department evaluation report from the previous year, HEDIS results, contractual requirements, and strategic corporate goals and objectives. After review and input from senior management staff, projects and new departmental activities are identified and incorporated into this work plan. Programs and services are developed with special attention to the cultural and linguistic needs of our membership. This work plan addresses the needs of our Medi-Cal (MC) members.

Strategies:

The Health Equity Work Plan supports and maintains excellence in the cultural and linguistics activities through the following strategies:

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A. Goals and objectives are translated into an annual work plan with specific activities for the year to fulfill its mission of being an industry leader in ensuring health equity for all members and their communities;
B. Work plan objectives and activities reflect the Office of Minority Health's national Culturally and Linguistically Service (CLAS) standards, and directly address various contractual and regulatory requirements;
C. Support information-gathering and addressing needs through Population Needs Assessment (PNA), data analysis, and participation in the CalViva Health Public Policy Committee (PPC);
D. Interacting with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The Health Equity Work plan is divided into the following areas in support of the Principal CLAS Standard (To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs): 1) Language Assistance Program Activities, 2) Compliance Monitoring, 3) Communication, Training and Education and 4) Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity.

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^ revision
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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/24 - 6/30/24)	Year-End Update (7/1/24 - 12/31/24)
	Language Assistance Program Activities					
1	**Rationale**	**The LAP and applicable policies and procedures incorporate the fifteen national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care developed by the Office of Minority Health. Standards 5, 6, 7 & 8 provide the basics for language support services for CalViva Health members.[1]**				
2	**Responsible Staff:**	**Primary: P. Lee, I. Diaz**	**Secondary: D. Fang, L. Espinoza**			
3	Audit	Assure C&L audit readiness to support DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: collecting requested documentation, submitting documents as requested, participate in on-site interviews as requested	Annual	Completed audit requirements for CalViva Behavioral Health & CalViva Health Equity Oversight Reviewed Provider Operations manual to ensure compliance with Medi-Cal and LAP requirements.	
4	Contracted Vendors	Conduct language assistance vendor management oversight	Review and update vendor contracts to ensure alignment with requirements	Ongoing	Amended 3 language vendors' contracts, amendment includes adding CART & tactile service and updated rates.	
5	Interpreter	Monthly collection of language utilization data for CalViva	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log	Semi-annual	Interpreter requests include 735 face-to-face, 128 ASL, and 1 VRI. 4,021 calls handled with 2,218 being bilingual calls.	

^	**6**	Data	Conduct membership data pulls. Facilitate alignment and collection of demographic data. Coordinate race/ethnicity/language membership data and document.	Validated membership reports. Coordinate 5579 report and review monthly membership data pulls.	Monthly	Reports collected and stored on a monthly basis, from January to June 2024.	
	7	Operational	Create language and alternate format standing request report	Number of reports generated and posted	Weekly	These reports were uploaded and posted weekly for a total of 25 weeks.	
	8	Compliance	Monitor provider bilingual staff; ensure systems are capturing provider and office language capabilities	Annual provider communication and monitoring grievances, review of provider Ops manual	Ongoing	26 providers were audit. All received 100% compliance, except one with 92% compliance.	
	9	Regulatory	Update and provide taglines and Non-Discrimination Notice (NDN) insert in support of departments and vendors that produce member informing materials	Annual review and update as needed and distribute updated documents to all necessary departments, maintain tagline and NDN decision guides, answer ad-hoc questions on the use and content, assure most recent documents are available on Health Equity SharePoint	June and December	Ongoing. No updates.	
^	**10**	Member Communication	Annual mailing to members advising how to access language assistance services and sending language assistance notice to assess language needs. Annual LAP mailing to survey REAL and SOGI.	Write or revise annual language assistance article distributed to CalViva members	Annual	The newsletter is scheduled to be mailed to members in September.	
	11	Operational	Ensure bilingual staff maintain bilingual certification; generate reporting and support to departments to identify staff who need bilingual certification updated	Number of staff certified annually	Annual	145 staff were assessed or reassessed.	
	12	Operational	Complete LAP Trend Analysis, including year over year LAP trend analysis	Report to summarize utilization of LAP services, number of bilingual staff and provide year over year trends for the utilization of LAP services	Q2	2023 EOY LAP report was completed, submitted, and approved by committee in April.	

13	Operational	Oversight of interpreter and translation operations. Review of metrics for interpreter/translation coordination	Conduct oversight meetings to review metrics for timeliness. Hold quarterly meetings with Centralized Unit and escalate when metrics are not being met. The number of interpreter/translation coordinated.	Quarterly	Quarterly meetings conducted 1/24/2024 and 4/22/2024.	
14	Operational	Review interpreter service complaints (exempt grievance) reports and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process	Monitor interpreter service vendors through service complaints	Annual (trend)	Interpreter service Call Center complaint logs are being received and monitored on a monthly basis.	
15	Operational	Coordinate and deliver Health Equity Department Quarterly meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Quarterly meetings conducted 1/24/2024 and 4/22/2024.	
16	Operational	Complete Population Needs Assessment (PNA) in collaboration with Health Education. Review new PNA requirement and participate in PNA Workgroup to complete assessment report.	Support PNA data collection, interpretation for member demographics, disparity analysis and development of an action plan that addresses identified member needs	June	Ongoing and on track to be completed in 2025.	
17	Operational	Develop, update and maintain translation, alternate formats, interpreter services, bilingual assessment, and all Health Equity policies and procedures (P&Ps)	Annual update of P&Ps and off cycle revisions as needed and submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health Equity P&Ps	Annual	Annual updates completed in March 2024.	
18	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of tagline, NDN, translation process and interpreter coordination	P&Ps will be reviewed and placed in Health Equity LAP compliance folder	Annual	Annual tracking and updating of vital documents to be completed in Q3.	
19	Operational	Complete Health Equity Geo Access report documenting Provider Network Management (PNM) findings every two years	Data collection and data analysis for Health Equity Geo Access report, production of HEQ Geo Access report.	Q3 2025	On track to complete in 2025.	
20	Operational	Complete annual Timely Access Reporting on the Language Assistance Program Assessment	LAP Assessment Timely Access Report	Annually	TAR report completed in March and presented to committee in June.	

21	Operational	Coordinate and provide oversight to translation review process	Number of translation reviews completed	Ongoing	From January to June, done a total of 8 translation reviews.	
22	Training	Review, update and/or assign LAP online Training	Number of staff who are assigned training and percentage of completion	Annual	Updated training content in May/June 2024.	
23		Lead IT projects related to language assistance services such as standing request and website modifications. Submit JIRA (name of the system, Jira) and PID (project identification) requirements when appropriate and ensure C&L requirements are represented through project. Maintain SME knowledge for REAL and SOGI codes and categories	Successful implementation of IT projects	Ongoing	SOGI implementation ongoing; data fields successfully built through IT work streams in May 2024. REL updates pending for Q3.	
24	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners semi-annually. Update report template to indicate delegation status of LAP, use of NOLA, any comments forwarded from delegation oversight and review of P&Ps	Ongoing	Strategic partner contracts were collected in Q2 of 2024	
25	Translation and Alternate Format Management	Develop and maintain Translation and Alternate Format Tracking (TAFT) database with comprehensive list of members informing materials available and department responsible. Database will help support prompt identification of document and department responsible. Ongoing updating with bi-annual requests to all departments to review/update their list. Oversee implementation, management and updating of TAFT database	List of available materials	Ongoing	2024 document updates in April 2024.	
	Compliance Monitoring					
26	**Rationale**	**Compliance monitoring conducted to ensure CalViva Health members receive consistent, high quality C&L services. The following processes are in place to ensure ongoing CalViva Health oversight of the Health Equity and C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.**				
27	**Responsible Staff:**	**Primary: P. Lee, A. Said**	**Secondary: I. Diaz, N. Buller**			

28	Complaints and Grievances	Oversight of complaints and grievances related to LAP or C&L services, including monitoring and responding to all C&L related grievances. Collect grievance and call center reports. Maintain contact with the call center to ensure C&L complaints are monitored. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials, develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing	Investigated, responded, and provided resolution to 4 complaints. There were 20~~1~~ cases sent to C&L. A total of 20 cases coded to C&L with the following codes: 1) Cultural [C] code and 2) Linguistic [L]. 1 Cases was classified as a Quality of Care and re-coded as a non C&L Case. Of all of the cases, a total of 3 cases required a corrective action and/or a provider intervention. Information, tools and resources addressing each individual case were compiled and delivered via provider engagement to these providers.	
29	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers	Production of trend analysis report	August	2023 trend analysis completed and submit in Q2.	
30	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Annual Review and updates of desktop procedures for grievance resolution process to be completed in Q4.	

31	Oversight	Complete all CalViva required Health Equity/C&L reports	Develop Health Equity CalViva work plan, write/revise and submit Health Equity CalViva Program Description. Prepare and submit work plan, LAP mid year and end of year reports	Ongoing	Completed and presented HEQ 2023 EOY LAP report, 2023 HEQ EOY Workplan report, 2024 HEQ Program Description, and 2024 HEQ Workplan. Reports were accepted by committee in April.	
32	Oversight	Participate in CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings. Provide support for Regional Health Authority meetings as needed or requested.	Ongoing	Attended weekly QI/UM meetings quarterly Access workgroup meetings.	
33	Oversight	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings as required.	Quarterly	Attended quarterly PPC meetings in March and June.	

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34	Regulatory	Provide oversight of findhelp platform and coordination of social service referrals for members.	Provide 2 training on findhelp to internal departments, members, and providers on to promote the Social Needs Self-Assessment, quarterly. Produce analytics and segmented utilization reports to ensure 40 social needs assessments are completed each quarter. Review completed social needs assessments monthly and ensure that at least 85% of qualifying members are referred to an appropriate internal program; 60% referrals are closed. Add 50 social need programs within findhelp to address social risks within each month.	Ongoing	One provider training in May where 56 providers attended. 121 SNA completed 930 referrals 193 closed loops 147 members got help 871 referrals 193 closed loops 147 members got help 584 program added in Q1 and Q2. Added between 46-197 programs every month (Jan 131, Feb 70, March 79, April 61, May 46, June 197).	
	Communication, Training and Education					
35	**Rationale**	**To provide information to providers and staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP program, C&L resources, and member diversity.**				
36	**Responsible Staff:**	**Primary: P. Lee, S. Rushing**	**Secondary: L. Espinoza, N. Buller**			
37	Training and Support	Provide support and training to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and process on sending to Health Equity, etc.	Ongoing	Training to be completed in September.	
38	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations).	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Hosted and completed HEQ Collaboration Workgroup quarterly.	

39	Staff Communication	Maintenance and promotion of Health Equity SharePoint site	Timely posting of important information on Health Equity SharePoint e.g. vendor attestation forms, threshold languages list, etc.	Ongoing	Completed and ongoing support.	
40	Provider Communication	Prepare and submit articles for publication to providers. Potential topics: LAP services, culture and health care, and promotion of on-line cultural competence/Office of Minority Health (OMH) training	Copies of articles and publication dates	Ongoing	Provider Update on LAP: N/A for Q1 and Q2; pending for Q3 2024.	
41	Provider Communication and Training	Promote C&L flyer and provider material about Health Equity Department consultation and resources available, inclusive of LAP program and interpreter services.	Provider material made available on provider's library.	Ongoing	Provider materials inclusive of LAP program and interpreter services are available on the provider library. Provider's findhelp How to Guide posted in Q2.	
	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	Health Literacy					
42	**Rationale**	**To ensure that the information received by members is culturally and linguistically appropriate and readability levels are assessed to ensure they comply with required readability levels mandated by regulatory agencies.**				
43	**Responsible Staff:**	**Primary: A. Kelechian**	**Secondary: A. Schoepf**			
44	English Material Review	Conduct English Material Review (EMR) per end-end document production guidelines (review of content and layout of materials for C&L appropriateness and low literacy)	Completion of all EMRs as tracked through the C&L database	Ongoing	8 EMRs were completed in Q1 and 20 completed in Q2.	
45	Operational	Review and update Health Literacy materials as needed inclusive of list of words that can be excluded during the readability assessment, database guide, checklists, readability assessment guide and other relevant materials	Update and post materials on Health Literacy SharePoint Explore new system platform to host EMR data	Ongoing	Review and updates completed in Q2. Fully migrated the EMR platform from IBM notes to Workfront in April.	

46	Training	Quarterly training for staff on how to use the C&L database and write in plain language, including online training.	Number of staff trained. Quarterly training	Quarterly	Quarterly training was offered for staff in Q1 & Q2. In Q2, 2 staff trainings were completed for the new Workfront EMR Request form. Plain language training to be scheduled for Q4.	
47	Training	Conduct activities and promotion of National Health Literacy Month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October	On track for Q4.	
	Cultural Competency					
48	**Rationale**	**To integrate culturally competent best practices through provider and staff in-services, training, education, and consultation. Training program offers topic specific education and consultation as needed by staff, contracted providers and external collaborations.**				
49	**Responsible Staff:**	**Primary: P. Lee, S. Rushing**	**Secondary: L. Espinoza, I. Diaz**			
50	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) for Health external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Meetings attended 1/8/24; 3/11/2024; 5/13/2024; HICE Provider Toolkit update committee participation for 2024 toolkit. HICE Health Equity Accreditation Workgroup meetings attended 4/11/2024 HICE Ad Hoc C&L Meeting DEI 2/16/24 HICE Sub group meeting DEI/SB923 attended 2/16/24	

51	Provider Training	Conduct cultural competency, implicit bias, and gender identity training/workshops for contracted providers and provider groups upon request. Training content to include access to care needs for all members from various cultural and ethnic backgrounds, with limited English proficiency, disabilities, and regardless of their gender, sexual orientation or gender identity. Work with provider communication to implement ICE for Health computer based training through provider update and/or provider newsletters and/or medical directors, promote Office of Minority Health (OMH) cultural competency training through provider operational manual and provider updates. Work with provider engagement to publish invites for trainings and as warranted create on-demand trainings. Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented.	Output number of providers who received cultural competency training by type of training received	Annual	Language Assistance Programs and the Use of Plain Language for Health Literacy; 06/26/2024; 93 attendees	
52	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Online tracking. Event summary and activity specific participation totals	Q3	On track to complete in August	
	Health Equity					
53	**Rationale**	**To support the health of CalViva Health members and promote the reduction of health disparities across our membership. In order to accomplish this, staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.**				
54	**Responsible Staff:**	**Primary: P. Lee, D. Fang,**	**Secondary: A. Schoepf**			

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	55	Operational	Increase interdepartmental alignment between population health, SDoH, cultural competency and disparity initiatives across departments on disparity reduction efforts. Facilitate quarterly meetings. Provide consultation and support to internal departments on SDoH and disparities.	Facilitation of health disparity collaborative quarterly meetings and intra departmental collaboration on Health disparities. Conduct trainings and share resources to staff/departments on disparities model, SDoH, and disparities in health outcomes among disparate population. Consultation provided to other departments.	Quarterly	Health Equity Collaboration Workgroup meetings held 1/22; 3/11; 4/29; 6/3; 7/15	
^	**56**	Operational	Implement disparity model for PIP projects (W30-6+) include formative research, community, member and provider interventions	Development of modules; meet PIP disparity reduction targets	Ongoing	Ongoing. Complete KIIs with 8 community members and 2 community leaders. Completed 1 focus group with 4 participants. Barrier Analysis report presented to Team in Jan.	
*	**57**	Operational	Provide support for SUD/MH non-clinical PIP project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Ongoing. Completed KIIs with 3 providers (CRMC, Saint Agnes, and internal Behavior Health Team). Presented barrier analysis in Feb.	
*	**58**	Operational	Provide support for IHI/DHCS Child Health Equity Sprint project.	Disparity reduction project work plan; evaluation, documentation of process outcomes	Ongoing	Ongoing, attended bi-weekly meetings	
	59	Operational	Provide consultation to departments on cultural competency and improving health care outcomes (including enrollment) for key demographics and key metrics to support health equity	Consultation and /or trainings provided	Ongoing	Ongoing support for material review and provide consultation to internal teams.	

60	**Responsible Staff:**	**Primary: S. Xiong-Lopez**	**Secondary: J. Nkansah**			
61	HEQ Project/ Activity	Distribute DEI survey to CVH Leadership, and Staff Members to identify opportunities/ improvement needed surrounding DEI	**Survey completed 8/2024-** 61.05% of staff and leadership Disagreed/Strongly Disagreed that CVH took time to celebrate/ acknowledge most celebrated cultures. **Goal:** Decrease the percentage of staff disagreement (CVH takes time to acknowledge/ celebrate most celebrated cultures) to below 50% by Q3 2025 Implement Cultural celebration and heritage month 2x a year Rearrange settings of staff meeting with ice breakers and team activities to promote inclusivess	Annually	Rearrange settings of staff meeting with ice breakers and team activities to promote inclusivess (implemented 10/14/2024) Cultural celebration and cultural potluck to be implemented Q1 2025	
62	HEQ Project/ Activity	Distribute DEI survey to CVH Board, Committee, to identify opportunities/ improvement needed surrounding DEI	**Survey Completed**- No major concerns as it relates to DEI. **Action:** Review of CVH Bylaws to account for changes such as equity, inclusion, or cultural humility for governance bodies. **Goal:** Implementation of new Bylaws to include HEQ initiatives Q3 2024	Annually	2/2024- Review Bylaws 7/2024 RHA approval of Bylaw changes Implemented by 10/2024	
63	HEQ Project/ Activity	Assist and/or serve as consultant witth Fresno County Network Improvement Committee Pilot to address leading health indicators focusing on upstream measures such as risk factors and behaviors, rather than disease outcomes (focusing on pregnant moms, families with children ages 0-9)	**Data:** 39% of the 53 identified students are reading grade level. Identified impact of reading level influenced by, poverty, socioeconomically disadvantage, access to health care. **Goal:** 100% of the 53 identified students are reading at grade level by 6/2025 **Action:** Children and families are set up with trained CHW to assist in community navigation. School liason, Social workers, representative will recieve training to become CHW. CBOs, and policy makers to identify strategies to help with SoDH, improve health, wellness and academics outcomes	Ongoing	2 identified locations (93722, and 93648) identified as rural and high poverty. 53 children and their families from 2 schools were identified as most in need. School employees started CHW certification training 10/2024	

64	HEQ Project/ Activity	Provide support for SUD/MH non-clinical PIP and QMIP project.	**Data:** CVH does not meet minimum performance level for FUA/FUM (54.87/36.34). A majority of members in this population in Fresno and Madera are Hispanic, cultural drivers negatively impact follow up care rates. **Goal:** This is a Year over year Improvement project. HEQ Dept. goal is to provide assistance with development of Cultural training curriculum for ER staff such as Social Workers, CHWs and Substance Use Counselors to be receptive to the Hispanic patients' needs and to provide comprehensive treatment information and range of available treatment options to improve follow up care. **Action:** Utilize community trusted CBO to deliver Cultural training	Ongoing	CBO identified: BiNational and we are currently developing a cultural training to meet the needs of members and the hospital.	
65	HEQ Project/ Activity	Staff Training	Conduct annual cultural competence education through Heritage/CLAS Month events including informational articles / webinars that educate staff on culture, linguistics and the needs of special populations	Q3	Scheduled for 11/1/2024	

Ongoing support for material review and consultation.

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 health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

^ Indicates revision.

*** Indicates new.**

REPORT SUMMARY TO COMMITTEE

TO:	CalViva Health QI/UM Committee
FROM:	Pao Houa Lee, MBA, Senior Health Equity Specialist Sia Xiong Lopez, Health Equity Officer
COMMITTEE DATE:	October 17, 2024
SUBJECT:	Health Equity 2024 Work Plan Mid-Year Evaluation – Summary Report

Summary:

This report provides information on the Health Equity Department work plan activities, which are based on providing cultural and linguistic services support and maintaining compliance with regulatory and contractual requirements. The Health Equity Work Plan is broken down into the following four sections: 1) Language Assistance Program (LAP), 2) Compliance Monitoring, 3) Communication, Training and Education, and 4) Health Literacy, Cultural Competency, and Health Equity. As of June 30, 2024, all work plan activities are on target to be completed by the end of the year with some already completed.

Purpose of Activity:

To evaluate the mid-year progress against the work plan activities and identify changes to be made to meet end of year goals. CalViva Health (CVH) has delegated all language services to Health Net's Health Equity Department.

Data/Results (include applicable benchmarks/thresholds):

Below is a high-level summary of the activities completed during the first six months of 2024. For complete report and details per activity, please refer to the attached 2024 Health Equity Work Plan Mid-Year Evaluation Report.

a. Language Assistance Services

a. Completed audit requirements for Behavioral Health and Health Equity Oversight.
b. Amended 3 language vendors' contracts, amendment includes adding tactile and CART service and updating vendors' rates.
c. One hundred and forty-five staff completed their bilingual assessment or were re-assessed.
d. Eight translation reviews were completed.
e. Completed annual report of the LAP assessment results for the Timely Access Reporting.

b. Compliance Monitoring

a. Health Equity reviewed 20 grievance cases with no intervention identified and 4 interpreter complaints.

b. Completed, presented and received approval for the 2023 End of Year Language Assistant Program, 2023 End of Year Work Plan reports, the 2024 Program Description, and 2024 Work Plan.
c. Attended all Public Policy Committee meetings.
d. Completed one findhelp training for providers.
e. 871 referrals for CalViva Members were made in findhelp, 147 members got help, and 584 new programs were added to the platform.

c. Communication, Training and Education

a. Annual coding and resolution of grievance training for new hires and current A&G staff on track to complete in Q3.
b. Provider newsletter on track to complete in Q3.
c. Provider materials available in provider library, materials include LAP program and findhelp How-to guide.

d. Health Literacy, Cultural Competency and Health Equity

a. English material review completed for a total of 8 materials.
b. Hosted two Readability and EMR Database training.
c. National Health Literacy Month on track to complete in Q4.
d. Trained providers on LAP and the use of plain language in Q2 with 93 attendees.
e. Cultural Competency and Implicit Bias Training for providers and staff are on track to complete in Q3 & Q4.
f. Completed key informant interviews and focus group for W30-6+ and MH/SUD PIP projects.

5) CalViva Health Equity

a. Administered Diversity, Equity and Inclusion (DEI) survey to Board, Public Policy Committee, Leadership and Staff Members. Opportunities identified surrounding DEI and results presented to Commission. Implementation of actions to start in Q4 2024.
b. Collaborated with Fresno Superintendent of Schools and the Cradle to Career Project of the Fresno Network Improvement Committee. The focus includes upstream measures to improve reading levels for children grades Pre-K to 3rd. Two schools identified in Fresno County rural areas to initiate project pilot to address Social Determinants of Health impacting performance.
c. To assist in improving follow up after an ED Visit for SUD or Mental Health issue in Fresno and Madera Counties, HEQ staff will utilize trusted community CBO to deliver cultural training for hospital staff serving this population. Binational, was identified as the CBO to deliver cultural training. Additional opportunities with Binational will also be considered.
d. DHCS/NCQA mandatory annual DEI CLAS training for all staff is on track to be completed in Q4 2024.

Analysis/Findings/Outcomes:

All activities are on target to be completed by the end of the year with some already completed. The Health Equity Department will continue to implement, monitor, and track C&L related services and activities.

Next Steps:

Continue to implement the remaining six months of the Health Equity 2024 CalViva Health Work Plan and report to the QI/UM Committee.