



2025 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:

- 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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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/25 - 6/30/25)	Year-End Update (7/1/25 - 12/31/25)
	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 Health Equity/C&L audit readiness to support DMHC and DHCS Language Assistance Program (LAP) audit standards	Coordinate LAP audit requirements to include: review of TAG to identify risk areas, collecting requested documentation, submitting documents to regulator as requested, preparing all supporting documents for on-site visit by regulator, fill out DHCS C&L questionnaire Conduct internal audit to ensure compliance with Medi-Cal and LAP requirements (ensure systems are capturing provider and office language capabilities per SB137 for HN)	Vary by year	4 audits completed: CalViva Behavioral Health Oversight CalViva Health Equity Oversight CalViva QM Oversight CalViva DHCS	
4	Contracted Vendors	Conduct language assistance vendor management oversight. Review and update vendor contracts to ensure alignment with requirements; participate in vendor oversight calls; align and submit reports as needed. Ensure risk assessments are completed, annually.	Number of vendor contracts updated or amended; date of JOC meetings; number of risk assessment completed	Ongoing	Amended contracts to include TGI and DEI trainings for 3 vendors. Updated rates for 1 vendor. Renew contracts for 1 vendor. Completed annual risk assessment for 11 vendors.	

5	Data	Collect and conduct analysis of language utilization and demographic data to identify emerging language needs and threshold languages.	Updated LAP utilization report to contain: monthly summary of bilingual phone calls answered by call center, in-person and telephonic interpreter utilization log. Production of report showing emerging language need and threshold languages.	Semi-annual	Ongoing; data received and input on a monthly basis. Data used to analyze findings for LAP reports.	
6	Operational	Document emerging and threshold language for fiscal year and deploy process and timeline for incorporation of languages into member materials. Specifically identify whether new languages meet threshold criteria and write on document that threshold analysis was completed.	Documentation of notification to impacted departments; documented process and timeline for incorporation of emerging and threshold languages	March	Completed in March. Ongoing deliverables for 8/1 (Q3) implementation date.	
7	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	Ongoing; data received and input on a monthly basis.	
8	Operational	Gather and upload reports to the Member Preferred Written Format SharePoint site. Upload files to Unified Member View (UMV) through the PREFAPI Wrapper Tool.	Weekly reports posted on SharePoint site. Monthly upload to UMV.	Weekly	These reports were uploaded and posted weekly for a total of 25 weeks.	
9	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	Four criteria were reviewed with the following providers who were audit and their respective compliance rate 29 audits at 97% (Office Mgmt. D_1), 26 audits at 100% (Office Mgmt. D_2), 29 audits at 97% (Format F), and 23 audits at 77% (Format G).	

10	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. Also maintain inventory and organization of public and working files.	June and December	Updated tagline to include traditional Chinese	
11	Member Communication	Write/review articles for LAP, Findhelp, Privacy, and other content as needed to assure Cultural and Linguistic appropriateness and to meet NCQA HEA Plus requirements for members' newsletter Annual LAP mailing to survey REAL and SOGI.	The member newsletters are mailed to members once a year for each LOB.	Annual	Newsletters are on track to be mailed to members in Q4.	
12	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 or recertified annually	Annual	52 staff completed a bilingual assessment	
13	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 & Q3	2024 EOY Work Plan, 2024 EOY LAP report, 2025 Program Description, 2025 Work Plan were completed accepted by committee in April 2025.	
14	Operational	Coordinate Health Net LAP Oversight operational meetings with Centralized Unit and Behavioral Health.	Quarterly meetings and review of metrics, interpreter and translation issues, grievances discussion, billing and invoice changes and system upgrades	Quarterly	Completed Q1 (1/28/25) and Q2 (4/21/25) quarterly oversight meetings. One additional ad hoc meeting (6/18/25).	

15	Operational	Request interpreter service complaint/exempt grievance logs from call center and conduct trend analysis. Provide complaint information to impacted area for resolution, e.g., vendor, internal process.	Monitor interpreter service vendors through service complaints.	Biannual (trend)	Ongoing collection of logs. On track for trend analysis.	
16	Operational	Coordinate and facilitate quarterly Health Equity Department/LAP meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Completed Q1 (3/6/25) and Q2 (6/26/25) meetings. On track for Q3 and Q4.	
17	Operational	Support Population Health Management (PHM) with completing the PNA report every three years in collaboration with Local Health Departments (LHD) and community stakeholders. Support PNA data collection and report writing as well as action plan update. Provide Population Analysis Report with demographic and social needs data for presentation by PHM.	PNA report/updates completed according to DHCS requirements. Submit to compliance for filling. Data provided to PHM. Next PNA Report is in 2025.	May	N/A for Mid-Year.	
18	Access and Availability	Implement activities to meet the 2025 PNA and Geo Access action plans.	Report on PNA and Geo Access action plan activities and metrics	May	N/A for Mid-Year.	
19	Member Experience	Provide consultation and support on reasonable accommodation requests.	Number of reasonable accommodation requests supported	Ongoing	No reasonable requests were received during this timeframe.	
20	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 Health Equity P&Ps	Annual and as needed	Completed in March. Ongoing revisions for select P&Ps per DHCS feedback through June.	
21	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	N/A for mid-year	
22	Operational	Complete Health Equity Geo Access report including cultural analysis to meet NCQA requirements. To be completed every two years	Data collection and data analysis for Health Equity GeoAccess report.	Q3 2025	Geo Access report is on track to be completed in November 2025.	

23	Operational	Attend workgroup meetings and contribute to solutions for improving Access and Availability, produce annual or quarterly (as needed) and annual TAR reports	Annual TAR report completed and Access and Availability meetings attended	Quarterly/Annually	Completed, presented, and committee accepted report in June 2025.	
24	Operational	Manage the translation review process and resources	Number of translation reviews completed	Ongoing	1 translation reviews requested in Q1 and 6 were received in Q2 of 2025. Translation review requests were completed in Arabic, Hmong, Chinese and Spanish.	
25	Training	Review, update and/or assign LAP online training	Number of staff who are assigned training and percentage of completion	Annual	On track to be completed in Q4.	
26	Operational	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	Ongoing participation and contributions to REAL/SOGI/DOH Leads meetings.	
27	Operational	Participate in CAHPS Action Plan Meeting with Health Equity to identify potential actions to improve member experience	CAHPS Action Plan Meetings attended and action plan/activities implemented	Quarterly	Completed. CAHPS action plan meeting occurred on 03/31/2025 and in June 2025 to review Q2 findings.	
28	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Monitor strategic partners and specialty plans for compliance with LAP program. 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	Specialty plan oversight monitoring checklist received in Q2.	

29	Translation and Alternate Format Management	Vital documents management inclusive of annual reminders to dept. managers, confirm placement of vital docs info on TAFT master spreadsheet, request annually from departments which vital documents they produce (including adverse benefit determination notices) and request desktop/policy from departments (when appropriate) on vital document process. Use information obtained from business unit to update the vital document spreadsheet and glossary. Oversee implementation and management of TAFT master spreadsheet.	Master spreadsheet of Vital Documents	Ongoing	Completed collecting updated spreadsheets in Q1.	
30	Compliance and Accreditation	Manage the Health Education material field testing process and resources for the Field Testing Workgroup.	Number of materials field tested completed annually	Ongoing	There were a total of 4 Health Education material field tests completed. There was 1 completed in Q1 and 3 completed in Q2.	
31	Compliance and Accreditation	Provide oversight to translation projects and coordinate ad hoc multi department requests and provide overall coordination support between the vendor and internal departments	Number of materials translated	Ongoing	2 materials coordinated and translated/remediated, this includes taglines and a provider training	
	Compliance Monitoring					
32	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.				
33	Responsible Staff:	Primary: P. Lee, A. Said	Secondary: I. Diaz			

34	Complaints and Grievances	Oversight of complaints received on LAP or C&L services, including monitoring and responding to C&L grievances. Develop and maintain desktop for grievance resolution process. Collect grievance and call center reports. Maintain quarterly contact with the call center to ensure they monitor C&L complaints. Conduct monthly reconciliation meetings with A&G.	Number of grievances, complaints, and interventions.	Quarterly	A total of 15 cases were referred to C&L (14 medical and 1 behavior health). These included 1 Cultural: Non-Discrimination (ND), 9 Cultural: Perceived Discrimination (PD), 5 Linguistic: ND Of all cases, 1 required corrective action and/or provider intervention. Tailored information, tools, and resources were provided to the respective providers through targeted engagement. Reviewed and responded to 5 complaints.	
35	Complaints and Grievances	Conduct a trend analysis of C&L grievances and complaints by providers to gauge the effectiveness of the LAP program	Production of trend analysis report	August	MY 2024 grievance trend analysis completed in Q2.	
36	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December	Made updates to the grievance desktop in Q2.	
37	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	2024 EOY Work Plan, 2024 EOY LAP report, 2025 Program Description, and 2025 Work Plan were completed and accepted by committee in April 2025.	

38	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	Attend weekly QI/UM meetings and quarterly Access Workgroup meetings. Attended annual provider visits.	
39	Member Support	Support Public Policy Committee meetings for Fresno, Kings and Madera Counties	Assist at Public Policy Committee meetings with presentations and/or materials as needed.	Quarterly	Attended both PPC meetings in March and June. Developed PPT for committee meeting in Q2.	
40	SDoH/Community Resources	Work with Marketing to develop new/rebrand findhelp materials for member and findhelp website, as needed	Rebranding findhelp materials and websites	Ongoing	Completed member flyers. On track to finish member how to guide.	
41	Operational	Collaborate with community and health plan partners on SDoH and social needs support programs, including biweekly meetings with findhelp.	Attend meetings, conduct presentations and support activities	Biweekly As needed	Attended bi-weekly meeting and supported the testing and launch of findhelp Cozeva integration.	

42	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. Update training to align with Cozeva integration by creating an online findhelp course for staff and an on-demand recording for providers. 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	Conducted 1 staff training in April where 222 staff members attended. Providers' training is on track to be completed in Q3 and Q4. 136 SNA completed 1,279 referrals 157 closed loops 37 members got help 375 programs were added.	
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43	Collaboration-External	HN collaboration and consultation to external forums such as DHCS HECL workgroup, AHIP health equity workgroup, NCQA expert workgroup on health equity and other SDoH collaborative forums, as needed.	Minutes of meetings that reflect HN consultation and shared learning	Quarterly	Attended collaborative meetings with various stakeholders and workgroups, which includes: San Joaquin, Stanislaus, El Dorado, Alpine Counties DEI Workgroup Central and Imperial Counties DEI Workgroup California Association of Health Plans for TGI training HICE SB923 ad hoc AIDS Healthcare Foundation AHIP Health Equity Workgroup QTI/QAMS Governance Meeting slides/presentation	
	Communication, Training and Education					
44	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.				
45	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, M. Quan			
46	Training and Support	Train and provide support to A&G on coding and resolution of grievances; re-align coding per 1557 non-discrimination reporting	Development of scripted responses and/or training for A&G associates regarding grievance responses, coding, when to send to Health Equity	Annually	On track for Q3.	

47	Staff Training	Provide Health Equity in-services for other departments as requested (e.g., Call Center, Provider Relations). Update training deck with specific data slides at mid-year and EOY. Update interpreter and translation quick reference guides with any system updates or process changes and collect the reference guides from the call center.	Create and post to share drive: curriculum, power point, list of participants from Call Center and Provider Relations who attended the in-service. Ensure material is shared with attendees post trainings. Update and collect interpreter and translation quick reference guides with any system updates or process changes	Ongoing	Ongoing; hosted a training in Q1 with no new hires and in Q2 a total of 24 staff received the training.	
48	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	Ongoing	
49	Provider Communication	Provider Update to cover the following required topics: 1. LAP services 2. Race/ethnicity and language diversity of members 3. Culture and health care topic 4. Promote on-line cultural competence/OMH training 5. Health literacy	Provider Updates distributed and fax/email distribution proof from Marketing	Ongoing	1. LAP Provider Update pending for Q3. 2. LAP Provider Update pending for Q3. 3. Culture and Health Care N/A 4. LAP Provider Update pending for Q3. 5. Health Literacy pending for Q4.	
50	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	Flyers updated on provider library	
	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	Health Literacy					
51	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.				
52	Responsible Staff:	Primary: A. Kelechian	Secondary: A. Schoepf			

53	English Material Review	Conduct English Material Review (EMR). Include: review content and layout of materials for reading grade level and cultural and linguistic appropriateness.	All EMRs are completed within a 5 business day turnaround as tracked through Workfront. Exception: Content heavy and high-volume requests are completed within 7 business days.	Ongoing	7 EMRs were completed in Q1 and 24 completed in Q2.	
54	Training	Review and update of Health Literacy Toolkit. Implement provider plain language materials and resources through webinars and online platforms when requested.	Production and distribution of toolkit. Distribution of provider plain language resources.	Q3	Toolkit completed in Q2. Providers' materials are scheduled for Q4.	
55	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	Ongoing	Materials completed in Q2.	
56	Training	Quarterly training and resources for staff on how to use the C&L database and write in plain language, including online training.	Number of staff trained. Quarterly training and resources production.	Quarterly	7 staff members joined the Q1 training. In Q2, training was not completed because no one registered.	
57	Training	Conduct activities and promotion of National Health Literacy Month (NHLM)	Production and tracking of action plan for NHLM and summary of activities completed.	October	On track for Q4.	
	Cultural Competency Training Program					
58	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.				
59	Responsible Staff:	Primary: P. Lee, S. Rushing	Secondary: L. Espinoza, I. Diaz			

60	Collaboration-External	Representation and collaboration on Health Industry Collaboration Efforts (HICE) external workgroup. Attend ad hoc/subgroups on training requirements and shared resources (where applicable) per APLs (SB923; DEI)	Minutes of meetings that reflect consultation and shared learning	Ongoing	Participation in HICE C&L Workgroup (and SB923) meetings (1/6; 1/13; 1/21; 2/3; 2/24; 3/10, 3/24; 4/7, 4/22, 5/5, 5/19)	
61	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 (TGI training APL 24-017/SB923). Review assignment criteria for LAP and Cultural Competency/DEI trainings and ensure that required providers are represented. Work with provider communication to implement ICE for Health computer based training through provider update(s) 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. Number of attendees/participants and training evaluation and meeting minutes	Annual	Language Assistance Programs and the Use of Plain Language for Health Literacy (OnDemand 1/1/25) 112 attendees Strengthening Cultural Humility, Dismantling Implicit Bias in the Healthcare Setting (Implicit Bias) (OnDemand 1/1/25) no attendees Special Needs and Cultural Competency (OnDemand 1/1/25) 344 attendees Transgender, Gender Diverse, & Intersex Affirming Care & Equity 1/22/25: 6/30/25 33% of PPGs have attended/completed training 6/30/25 100% of Vendors have attended/completed training	

62	Provider Training	Coordinate with HE team lead SME to track implementation of Language Assistance Programs and the Use of Plain Language for Health Literacy training for providers. Topics: Language Assistance Program, health literacy, plain language communication, health literacy/plan language resources	Number of attendees/participants and training evaluation	Q4	Expecting training in Q4	
63	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. Deploy online Cultural Humility and Health Equity training during August's CLAS month celebration.	Attendance record and online tracking. Event summary and activity specific participation totals	Q3	CLAS Month Kickoff meeting took place on June 3rd and 5th 2025, with an additional Q1 Engagement Committee meeting taking place on 07/17 2025	
64	Accreditation	Obtain NCQA Health Equity Accreditation and HEA Plus	Procurement of Health Equity Accreditation and Health Equity Accreditation Plus and lead collection and preparation of materials during non-renewal years	Ongoing	Assisted in accreditation submissions with document delivery. N/A for HEA Plus in 2025 (in lookback period).	
65	Report	Complete reports for NCQA Health Equity Accreditation and HEA Plus. Reports includes Defining the Community, Annual Referral Disparity Tracking, Social Risk and Social Needs Analysis and Prioritization, and Social Risk and Social Needs Resource Assessment Analysis.	Timely completion of reports. Submitted to NCQA HEA Plus.	Q1	Completed Q1 2025.	
	Health Equity					
66	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.				

67	Responsible Staff:	Primary: P. Lee, D. Fang,	Secondary: A. Schoepf			
68	Operational	Lead quarterly Health Equity Collaborative Workgroup. Workgroup aligns QI, population health, SDoH, cultural competency and disparity initiatives across departments. It is inclusive of reporting out and supporting disparity reduction projects, Health Equity updates and reporting to support NCQA and other regulatory requirements.	Facilitate at a minimum quarterly meetings and intra departmental collaboration on Health disparities. Take minutes and attendance and share out workgroup presentation decks.	Quarterly	Health Equity Collaborative Workgroup 4/21, 7/14 Provide consult for data request from HE Strategic Dept Provide consult for Disability grant	
69	Operational	Implement disparity model for PIP projects (W30-6+) include formative research, community, member and provider interventions. Partner with Fresno Black Infant Health to improve compliance rate among Black infants 0-30 months. By 12/31/2025, use targeted interventions for CalViva Health Black or African American members in Fresno County: 1. To improve the rate of at least six infant well care visits by 15 months of life from a baseline rate of 27.98%* to a goal rate of 38.99%. 2. To improve the rate of three or more infant well care visits within 120 days of life from a baseline rate of 26.60%* to a goal rate of 37.23%.	Development of modules; Support with barrier analysis and interventions to help meet health disparity reduction targets. Attend bi-weekly meetings.	Ongoing	Data Reconciliation: 49 Black/African American members engaged BIH enrollment rate of 16.55%. 23 (15.54%) members self-reported taking their babies to their IWC visit. CDC's Milestone Tracker App scan, BIH members: 50 Apple Store, 28 Google Play Member incentives-- up to June 2025 cohort includes 287 gift cards, 36 gift baskets.	

70	Operational	Provide support for SUD/MH non-clinical PIP project. Partner with hospitals to ensure timely notification for providers. During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage of provider notifications for members with SUD/MH diagnoses following or within 7 days of an emergency department visit in Fresno and Madera Counties.	Disparity reduction project work plan; evaluation, documentation of process outcomes. Support with barrier analysis and interventions such as cultural competency training. Attend bi-weekly meetings.	Ongoing	Interventions included using Smart Phrases to capture provider (SAMC) notification, referring members to a CBO (Resiliency Center), and training providers on serving the Latino/Hispanic members.	
71	Operational	Provide support for Madera Lean FUA/FUM QMIP project. Partner with local hospitals to improve rates among members' follow up care after 30 days of an emergency visit. During the measurement period, CalViva Health will carry out targeted interventions that will result in improvement in the percentage (from MY2023 9.84% to 24.51% for FUA and 40.59% for FUM) of members who receive follow up services after an ED Visit for SUD/MH diagnoses following or within 7 days of an emergency department visit for Madera County members.	Support with barrier analysis and interventions such as cultural competency training. Development of modules; meet health disparity reduction targets. Attend bi-weekly meetings.	Ongoing	Onboarded Camarena Health as a provider to support project. Will use Lanes Data to measure performance.	
72	Operational	Provide support for IHI/DHCS Child Health Equity Sprint project to improve W30-6+ rates. The CVH/CSV IHI Collaborative Team will use targeted interventions to improve the W30-6+ rate at the combined CSV-Elm St. clinics for Hispanic children 0-15 months by 20% (from 41% to 61%) by March 2025.	Disparity reduction project work plan; evaluation, documentation of process outcomes. Attend internal meetings and IHI/DHCS learner bi-weekly calls.	Ongoing	Phase 1 concluded in March, Phase 2 to resume in September. CSV's current rate is 40.24%, (11/27) while for Fresno County overall, the rate is 56.68% (1485/2620).	

73	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. Provide consultation in Q1 POD meetings and disparity project meetings.	
74	Report	Conduct annual disparities analysis for each county.	Conduct disparities analysis for NCQA and DHCS measures by REL and share with internal stakeholders.	Q4	Annual analysis completed and presented in Q1.	
75	Report	Complete Disparity Project Report. Report is inclusive of disparity reduction projects annual write ups. Report is completed annually or bi-annually.	Report for NCQA including annual disparity gap analysis and prioritized opportunities for intervention. Disparity reduction project write-ups demonstrating implementation of member, community and provider level initiatives and evaluation.	Q3	On track to be completed in July.	
76	Responsible Staff:	Primary: S. Xiong-Lopez	Secondary: J. Nkansah			
77	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 inclusiveness.	Annually	On track to be completed in Q4.	
78	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	On track to be completed in Q4.	

79	HEQ Project/ Activity	Assist and/or serve as consultant with 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 liaison, Social workers, representative will receive training to become CHW. CBOs, and policy makers to identify strategies to help with SoDH, improve health, wellness and academics outcomes	Ongoing	Closing Activity: In May 2025, data showed that 89% of the total identified students, or 32 students, were tested and are reading at their grade level. **CVH Contribution:** CVH participated in the NIC pilot as a community and strategy partner to identify more effective ways to assist families. They initiated a gathering of Community-Based Organizations (CBOs) to align services and resources, making them more accessible to school sites. CVH also participated in and presented Cal Aim Services at the Central Valley Regional Assistance Center for Community Schools, aiming to address key challenges such as access to healthcare (including mental health and behavioral health), as well as food and economic insecurities through Enhanced Case Management, Community Supports, and Community Health Workers (CHWs). The pilot cohort proved to be effective. By providing families with resources to tackle these key challenges, school staff could focus solely on meeting the reading level goals for each student. There were many trials and errors throughout the year. For future initiatives, it would be beneficial for all stakeholders to clearly identify their community partners and define their roles with the schools to ensure better quality support. No new project launches have been identified yet.	
80	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	DEI training has been scheduled for all staff December 5, 2025	

81	HEQ Project/ Activity	HE Project Pilot- (Kings County) Focused on perimenopause and menopause in women ages 40-60	Data: Kings County has 4,079 CVH members who identify as a woman between the ages of 40-60. Kings County has a total of 8 providers with specialty in OB/GYN in network with CVH. Of the 8 providers only 4 of have an assessment in place for perimenopause and menopause, however members have to specifically ask for an assessment or have symptoms present. Goal: Bring perimenopause/menopause awareness to women ages 40-60, through health education. Action: A work group has been established in Kings County Q1, 2025 to identify champion provider and group to provide health education and promote awareness by end of Q2.	Q3	The workgroup has identified Pear Suite as the community health worker (CHW) provider to deliver health education for members interested in perimenopause and menopause. Additionally, they will assist in streamlining the referral system for those who meet the criteria for these conditions. The Department of Behavioral Health and Department of Public Health Pear Suite, and CVH, developed a flyer, survey, and pre-screening assessment, and will be launching the Perimenopause and Menopause Awareness Campaign on September 1. Kings Community Action Organization (KCAO) will also be supporting the project by hosting three focus groups at their facility in late September and October.	
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¹ National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care:

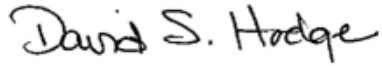
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred 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.

Fresno-Kings-Madera Regional Health Authority Commission Approval

The Fresno-Kings-Madera Regional Health Authority Commission has reviewed and approved this Program Description



David Hodge, MD
Regional Health Authority Commission Chairperson

October 16, 2025

Date



Patrick Marabella, MD, Chief Medical Officer
Chair, CalViva Health QI/UM Committee

October 16, 2025

Date



REPORT SUMMARY TO COMMITTEE

TO: CalViva Health QI/UM Committee

FROM: Pao Houa Lee, MBA, Senior Health Equity Specialist
Sia Xiong-Lopez, MA, Health Equity Officer

COMMITTEE DATE: October 16, 2025

SUBJECT: Health Equity 2025 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, 2025, 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 2025. For complete report and details per activity, please refer to the attached 2025 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 DEI training for interpreters and updates on rates.
- c. Updated tagline to include traditional Chinese.
- d. Fifty-two staff completed their bilingual assessment or were re-assessed.
- e. Seven translation reviews were completed.
- f. Completed annual report of the LAP assessment results for the Timely Access Reporting.
- g. Four health education material field tests were completed.

b. Compliance Monitoring

- a. Health Equity reviewed 15 grievance cases with one intervention identified and 5 interpreter complaints.
- b. Completed, presented and received approval for the 2024 End of Year Language Assistant Program, 2024 End of Year Work Plan reports, the 2025 Program Description, and 2025 Work Plan.
- c. Attended all Public Policy Committee meetings.
- d. Completed one findhelp training for staff with 222 attendees and one provider training to be conducted at the end of the year.
- e. 1,279 referrals were made in findhelp with 157 closed loop referrals, 37 members got help, and 375 new programs were added to the platform.

c. *Communication, Training and Education*

- a. Annual coding and resolution of grievance to new hires and current A&G staff on track to complete in Q3.
- b. Provider's newsletter on track to complete in Q3.
- c. Provider's materials available on provider's 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 31 materials.
- b. Completed Health Literacy Toolkit in Q2.
- c. Hosted two Readability and EMR Database trainings.
- d. National Health Literacy Month on track to complete in Q4.
- e. Hosted 2 plain language trainings for staff with 7 attendees.
- f. LAP and the use of plain language training for providers to be on track for Q4.
- g. Cultural Competency (344 attendees) and Implicit Bias (no attendees) Training for providers completed in Q1 and staff training is on track to complete in Q4.
- h. W30-6+ Project: 23 (15.54%) members self-reported taking their babies to their IWC visit. CDC's Milestone Tracker App scan for BIH members: 50 Apple Store, 28 Google Play. Members incentives up to June 2025 includes 287 \$25 gift cards and 36 gift baskets.
- i. SUD/MH Project: Interventions included using Smart Phrases to capture provider (SAMC) notification, included Resiliency Center as a partnered CBO, and trained providers on serving the Latino/Hispanic members.

e. *CalViva Health Equity*

- a. DEI training is on track to be completed by the end of the year.
- b. Collaborated with Fresno Superintendent Schools and Cradle to Career in Fresno Network Improvement Committee, 89% (32) of the total identified students were tested and are reading at grade level.
- c. Stakeholders such as Kings County Public Health and Behavior Health, Pear Suite, Kings Community Action Organization (KCAO) and CVH developed a flyer, survey, and pre-screening assessment and will launch the Perimenopause and Menopause Awareness Campaign on September 1. KCAO will host three (3) focus groups at their facility in late September and October.

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 2025 CalViva Health Work Plan and report to the QI/UM Committee.