

Item #10

Attachment 10.A

2016 C & L Annual Evaluation



2016

Cultural and Linguistic Services Work Plan - End of Year Report

Submitted by:

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Mission:

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

Goals:

CalViva Health's C&L 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.

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	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/16 - 6/30/16)	Year-End Update (7/1/16 - 12/31/16)
	Language Assistance Services					
*	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	Assisted and prepared documentation for the DMHC and DHCS audit and participated on the on site audit interview of 4/26. Prepared and submitted post audit documentation on 4/27 as requested.	No updates.
	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing	Attended LAP vendor meetings during Q1 and Q2. C&L hosted LAP Workgroup meetings to discuss vendor issues/concerns. Supported an interpreter audit of two vendors to test reliability of safety net vendors. C&L also hosted 11 oversight meetings with the CU for interpreter and translation oversight.	Attended LAP vendor meetings during Q3 and Q4. C&L hosted LAP Workgroup meetings to discuss vendor issues / concerns. C&L also hosted seven oversight meetings with the Centralized Unit for interpreter and translation oversight.
	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	Monthly collection of language utilization data completed.	Monthly collection of language utilization data completed.
+	Data	Conduct analysis of demographic data to identify emerging language needs and threshold languages	Production of LAP End of Year report showing emerging language need and threshold language	Annually	Analysis completed and no emerging languages identified.	No updates.
	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual	On-track to review NOLA based on new federal guidelines for applicants and members with top 15 language taglines determined by state.	Updated CalViva NOLA with 15 languages in September. Created Short Taglines with top 2 CA languages in October.

7		Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual	Completed review of the newsletter and article titled "What language do you prefer" scheduled for dissemination in August.	Newsletter was sent to the approximate 141,444 households during the first week in August.
8	*	Operational	Oversight of interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met. Development of desktop documenting process	Monthly	Completed ongoing analysis and summary tables for January thru June and presented to the Centralized Unit. Completed a document on "How to Respond to Urgent Inquiries" for staff.	Completed ongoing analysis and summary tables for July thru December and presented to the Centralized Unit. Created a translation follow-up desktop process for follow-up on pending translation requests.
9		Operational	Request interpreter service complaint logs and conduct trend analysis	Monitor interpreter service vendors through service complaints	Annual (trend)	January to June log has been received and trending to be completed at end of year.	The 2016 annual report completed during Q1 2017.
10		Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly	Facilitated 2 LAP/HL quarterly meetings on February 25 and May 26 and updated invitee list with new staff as requested.	Facilitated two LAP/HL quarterly meetings on September 8 and December 1. Updated invitee list with new staff.
11	+	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment 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 C&L P&Ps	Annual	P&Ps reviewed and updated based on their annual review date.	All P&Ps have been reviewed and updated to reflect changes and based on their annual review date.
12	+	Training	Review, update and/or assign LAP LMS Training in collaboration with LMS team	Training on LMS and number of staff who are assigned training	Annual	LAP LMS assignments were made on the initial deployment of the LMS with yearly renewal done through the LMS system.	Deployed LAP LMS training to 3,624 staff to ensure compliance.
13	+	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) 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	Monitoring of specialty plans has occurred and in ongoing inclusive of the submission of vendor reports related to C&L services and requirements.	Monitoring of specialty plans is ongoing and includes the submission of vendor reports related to C&L services and requirements.

14		Compliance Monitoring					
15	+	Complaints and Grievances	Oversight of complaints and grievances received about the 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 that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and BOM (Bill Of Materials) and develop and document interventions when indicated	Report on grievance cases, grievance log, BOM, and interventions	Ongoing	Reviewed monthly case log reports with cases coded to culture and language from A&G and monthly call center complaint logs. One grievance case coded to a language issue was received during this reporting period. Member allegations stated that the interpreter did not show up to two appointments. Upon investigation, it was determined that no request had been made by the member or their provider for these appointments. Used this opportunity to inform/educate the member regarding the process and number to call to request this service.	Monthly case log reports received and reviewed with a total of 4 C&L cases. Three of these cases were coded to a cultural issue and one was coded to a language issue. An additional ten cases assigned other codes (e.g., interpersonal) were also received and follow up completed. A total of three provider intervention were delivered in collaboration with Provider Relations to three providers identified as needing tools and training information on cultural competency and LAP requirements.
16	*	Complaints and Grievances	Develop and maintain desktop procedure for grievance resolution process	Production of desktop procedure	December	Desktop procedure has been drafted and will be finalized by December.	Desktop procedure completed in December.
17		Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing	Completed the 2015 end of year work plan report, end of year Language Assistance Program (LAP) report, 2016 Work Plan and 2016 Program Description. Presented these report to the QI/UM work group for review and approval on May 4 and May 11. Reports were also presented to the QI/UM Committee for approval and to the Regional Health Authority for adoption on May 19.	Mid year Language Assistance Program (LAP) report and mid year Work Plan reports completed and presented to the QI/UM work group for review and approval on 9/21 and 10/5. Reports were also presented to the QI/UM Committee for approval and to the Regional Health Authority for adoption on 10/20.

18		Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc	Ongoing	Attended and participated in the following meetings: 1) Management Oversight Meetings: January 12, February 2, March 1, April 5 & May 3; 2) Regional Health Authority: May 19; 3) QI/UM Committee: May 19; 4) QI/UM Work Group: April 13, April 27, May 4, May 11; 5) Access Workgroup: February 1, March 7 & March 14; and 6) Public Policy Committee: March 2 & June 1.	Attended and participated in the following meetings: 1) Management Oversight Meetings: 7/12, 8/2, 9/6, 11/1, and 12/6; 2) Regional Health Authority: 10/20; 3) QI/UM Committee: 10/20; 4) QI/UM Work Group: 8/17, 8/31, 9/21, 10/5; 5) Access Workgroup: 7/11 and 9/2; and 6) Public Policy Committee: 9/7 and 12/7.
19		Oversight	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate and attend Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly	Assisted with the planning and coordination of two planning meetings on January 26 and April 26. Attended and participated in two Public Policy Committee meetings: March 2 & June 1. Also presented the C&L 2015 end of year work plan and LAP reports as well as the 2016 C&L work plan and program description. Additionally, coordinated the Spanish interpreter for the members attending these meetings and facilitated the invoicing.	Took part in the coordination of two planning meetings on July 26 and October 25. Attended and participated in two Public Policy Committee meetings: September 7 and December 7. Presented the C&L mid year LAP report and the C&L mid year Work Plan report during the September 7 meeting. Additionally, scheduled and facilitated the Spanish interpreter for the members attending these meetings and facilitated the invoicing.
20		Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually	On track to submit updated P&Ps to designated person.	P&Ps have been updated. Per compliance, will submit upon request.
21	+	Reports	Complete full scope Group Needs Assessment (GNA) Report in collaboration with Health Education Department	GNA report completed according to DHCS requirements and CalViva. Submitted to CalViva compliance	October	HE and C&L held meeting on January 26 and discussed the GNA template, GNA work plan, time frames, etc. Also attended and participated on the CalViva GNA kickoff meeting on March 22. Work plan for GNA was review and approved. Timelines for deliverables were identified and data methodology was discussed and approved.	C&L compiled and analyzed membership data for race/ethnicity, language, gender, age, codes, etc. Public Policy Committee members were given updates and the opportunity to provide input into the GNA process on 3/2, 6/1 & 9/7. HE and C&L completed GNA with cooperation from QI and submitted it to compliance for review, approval and filling with DHCS by its due date of October 15th. GNA findings were also presented to the Public Policy Committee on 12/7.

22		Communication, Training and Education					
23 Rev	+	Training and Support	Train and provide support to A&G on coding and resolution of grievances. Provide additional support to grievance coordinators to address perceived discriminations including those related to a members' gender, sexual orientation or gender identity. Explore opportunity to place developed QRG as computer based training	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Developed training	Ongoing	Revised/updated the QRF for A&G. Currently working with eLearning Curriculum Development team to create a CBT (computer based training) for A&G coordinators. Initial phase of training has been determined and template developed. Training will encompass grievance coding for culture and language, when to send to cases to C&L, follow up, translation requirements, etc.	Quick Reference Guide was updated and provided to A&G for dissemination. QRG modifications reflect coding changes. CBT training for A&G coordinators was completed in December. Training is currently pending management approval.
24	+	Staff Training	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing	Conducted 4 cultural competency trainings for call center staff. Also provided interpreter services training given to Provider Relations team.	Conducted C&L in-service for seven CalViva Health staff on September 29.
25		Staff Communication	Maintenance and promotion of C&L intranet site at least once a year	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing	Ongoing monitoring and posting of information on C&L intranet.	Ongoing monitoring and posting of information on C&L intranet done on regular basis. The C&L intranet will be transitioning in 2017.
26		Provider Communication	Write 3 articles per year. Topics: LAP services (including diversity of members), culture and health care, and promotion of on-line cultural competence/OMH training	Copies of articles and publication dates	Dates established by provider communication	Developed and published newsletter article on 211 and 711 services. This article was developed in part as a compliance requirement. Culture and HealthCare article posting moved to September.	Providers were informed of the requirement to take cultural competency training and the Language Assistance Program through provider updates and through updates to the Provider Operations Manual. Promotion of the on-line cultural competence / OMH training was also included on the Provider Update.

27	Provider Communication and Training	Revise C&L promotional flyer and provider material request form to promote C&L department resources and awareness	Provider material request forms received by C&L Department	Dates established by provider communication	C&L promotional flyer has been revised and submitted to National Provider Communication. Flyer has been redesigned and been sent for executive review. Flyer in the process of being finalized and printed. Anticipate will have available and ready to disseminate by July. Continue to promote C&L materials request form during provider lunch and learn activities. Form scheduled to be reviewed and updated during Q3.	C&L promotional flyer completed, finalized and approved. Dissemination plan included collaboration with Provider Relations department to hand deliver C&L promotional flyer during routine visits to promote C&L department information, training and resources available. C&L has also disseminated and presented on this during provider lunch and learn trainings. Material request form was updated in October and a total of fourteen requests for materials for providers were fulfilled during 2016.
28	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual	Article promoting the PPC was published on the Spring 2016 member newsletter disseminated during Q1 with a distribution of approximately 161,796 households.	No updates.
29	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
30	Health Literacy					
31	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)	95% on-time completion of all EMRs as tracked through the C&L database	Ongoing	A total 24 materials were reviewed for content and layout. 87% of materials reviewed included content originally submitted at 6th grade reading level or below and 43% of these were originally submitted at 5th grade reading level or below. Additionally, 92% of content and/or layout reviews were reviewed and approved within 5 business days or less.	A total of 110 materials were reviewed for content and layout. 89% of materials originally received by C&L for review were submitted at a 6th grade reading level or below, with 44% of these were originally submitted at 5th grade reading level or below. Additionally, 95% of reviews were reviewed and approved within 5 business days or less. This increase in EMRs is due to the review of new health education materials now available to our members thru Envolv People Care.

32	+	Operational	Update / maintain EMR database	Updates / maintenance of EMR database	Ongoing	Monitored C&L EMR database and tracked issues resulting in identification and resolution of 2 database issues.	The C&L Review Database was updated on November 14 with a CalViva attestation. C&L staff complete and attach the attestation to the Internal Review tab upon approving any CalViva material for cultural and linguistic requirements. The document owner must attach the completed attestation to their document when submitting to CalViva for review/approval and/or filing. C&L informed departments of this change via the December 1, 2016 Language Assistance Program / Health Literacy Quarterly meeting, Q1 2017 Clear and Simple newsletter and all future C&L Database training's. The attestation was also posted on the C&L intranet page.
33		Operational	Review and update Health Literacy Tool Kit to include: a list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June	Coordinated deployment and testing of Readability Studio 2015. On target to update the Health literacy toolkit and quick guides as well as the computer based training on plain language during Q3.	Deployed Readability Studio (RS) 2015 software on September 29 with 283 staff using it by December 31, 2016. Developed and updated the following quick guides during Q3: 1) How to Apply Settings to your RS 2015, 2) How to Request RS 2015, 3) How to Create, Edit and Save a RS 2015 Project, and 4) All in One Guide to C&L Reviews and C&L Database RS 2015.
34	*	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly	Conducted 2 quarterly C&L Database and C&L Review trainings on 3/6 and 5/11 with a total of 39 staff in attendance.	Conducted three C&L Database and C&L Review process trainings via WebEx. Training dates: 9/21, 10/12 and 10/18 with 85 staff in attendance.
35	+	Training	Develop and implement health literacy activities and/or communication for staff	Documentation of internal communications on health literacy	Quarterly	Developed and distributed 2 Clear and Simple newsletters to staff as follows: 1) disseminated on 3/29 and 2) disseminated on 6/29.	Developed and distributed one Clear & Simple e-Newsletters on 9/30/16.

36	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 to complete and currently conducting brainstorming activities.	A total of 2,251 staff participated in the 2016 Health Literacy Month activities that took place between October 3 and November 6. Activities included: 1) Four health literacy articles sent to staff and posted on the intranet site, 2) One blog article posted, 3) Four Twitter posts, 4) Four Facebook posts, 5) Four Pulse Weekly Health Literacy Polls, 6) 2016 Health Literacy Hero Team Award, 7) Readability Studio 2015 Raffle, 8) Readability Studio 2015 Revision Challenge, and 9) Readability Studio 2015 Quiz. Contest winners received prizes and recognition.
37	Cultural Competency					
38	Collaboration-External	Representation and collaboration on ICE external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing	Attended and participated in the ICE C&L Team on 3/14, 5/9 & 6/14.	Attended and participated in the following ICE C&L team meetings: 7/11, 8/8, 9/12, and 10/10.
39	Collaboration-External	Explore joining group working on ICE tool kit revisions	Publication in collaboration with provider communication of the ICE toolkit	Date to be determine by ICE workgroup	Joined this group and took a co-lead role in the ICE Toolkit Focus Group responsible for facilitating and revising the existing ICE provider toolkit. Anticipate all revisions and updates will be completed by end of quarter 4.	Co-lead and facilitated over 30 ICE tool kit team work group WebEx/meetings to review, update and/or create new content. New content also include information on new rules and regulations. Tool kit was also redesigned with new logo, layout, images, and color coding per section along with easy bookmarks from the index. Tool kit was also field tested and is currently pending review and approval from the ICE Leadership.

40 Rev	Provider Training	Conduct cultural competency 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 computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual	Presented on training availability during two provider relations lunch and learn events. Promoted cultural competency, health literacy and language assistance services trainings. Also, provided support on the development and updating of SPD compliance training thru the ICE work group. Updated the provider operations manual and provider updates for stronger promotion of OMH Cultural Competency training course.	Worked with Industry Collaboration Effort (ICE) for Health to update training for providers. The updated training included addressing requirements for Medi-Cal Seniors and Person's with Disabilities. In addition, a presentation on Practicing Cross Cultural Medicine was presented on 10/25 to Plan Medical Directors.
41	Staff Training	Conduct annual cultural competence education through Heritage Day events	Sign in sheets of participants for each site, evidence of cultural competency education posters at each site, cultural education information from each site, planning agenda and minutes from each site planning meetings	Annual	Formed 2016 planning committee and held the following planning meetings: June 8 & June 22. Committee determined theme for event as "Pregnancy and Childhood Traditions Across Cultures". Save the date meeting invite sent to all staff and confirmation with event details also sent. Currently recruiting associates to do exhibit and participate in activities. Fresno's event is scheduled for August 25th.	A total of 44 staff attended Fresno's Heritage Day Event. Ten exhibits displayed (by 13 staff) represented the following cultures / traditions: Childhood Tales and Legends – Mexico, Silver Polished Family Tradition, Pizza - Italian, Biscotti-Italian, Ghana Culture, The History and Language of the Hand fan – multiple cultures, Childhood Toys - Mexico, Talk-Read-Sing Programs, Hmong baby clothe, and Lumpia Food- Filipino Culture. Tasting of multi-cultural foods and beverages was available. A passport was provided to each staff to visit all activities: "Who's that baby" contest, spinning wheel, bingo game, childhood games booth, strike a pose to strike out heart disease, book donation drive, and the braille institute booth.

42 Rev	On Line Training	Review LMS content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity	Annual LMS training and number of staff trained	Annual	On track to review, update and publish on line cultural competency training.	To meet the annual cultural competency training requirements, an online LMS training course was updated. A total of 3,624 staff were assigned the training with 96 % completing with a score of 80% or higher. Also, coordinated Heritage Day for 10 sites with 3,000 staff participating in educational events showcasing more than 200 unique cultures.
43 Rev	Training	Implement culture specific training series for staff. Possible topics to include training on diverse cultural and ethnic backgrounds, limited English proficiency, disabilities, and gender, gender preference and/or gender identity	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing	Conducted planning meetings and evaluated 2015 training requests. Conducted 2 sessions on Palliative Care in collaboration with our Palliative Care vendor as part of continuing education series. Also worked with social worker staff to identify member data on homeless and support the development of a presentation on the topic.	Cultural Competency training for Q3 and Q4 included a presentation on Supporting Health Plan Homeless Members on 10/19 and Gender, Culture and Health Outcomes by Dr. Pereyada on 11/10.
44	Health Equity					
45	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 provided	Ongoing	Currently providing support to QI with the development of a provider tips sheet on culturally competent care around asthma. Also in the process of developing call center training on reflective listening.	Provider tips sheet "Providing Culturally Competent Care for Patients with Asthma and Tips for Improving Asthma Control" was completed and disseminated during Q4.
46 +	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3	Health Equity Advisory Group(HEAG) meeting held on 2/25. The meeting consisted of discussion around current initiatives and a presentation on the postpartum care disparities.	Continue to increase interdepartmental alignment on disparity reduction efforts and provide consultation and data analysis. Work group's focused on specific disparity projects continued to meet on regular basis.

47	+	Operational	Continue to support and implement trainings for Transitional Case Management (TCM) to support health equity. Topics may include: motivational interviewing, cultural competency, how to work with interpreters, etc	Support and trainings conducted	Ongoing	Continued providing cultural, linguistics and training support to TCM team. A training on western medicine and working with interpreters was conducted for TCM CM's on 6/21.	Continued training support for TCM program with two refresher motivational interviewing workshops on Oct 7 and Nov 4. These workshops were also attended by the Case Managers for Top 1%. Qualitative evaluation conducted pre and post training's reflected a high utilization of the MI strategies by the TCM case managers since the beginning of the series in 2015.
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* Indicates New

+ Indicates Modified

Rev Indicates Revised

CalViva Health 2016 Cultural and Linguistics Work Plan Evaluation

Fresno - Kings - Madera Regional Health Authority

The Fresno - Kings - Madera Regional Health Authority Commission has reviewed and approved this Work Plan.

David Hodge, MD, Fresno County
Regional Health Authority Commission Chairperson

Date

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

Date

Item #10

Attachment 10.B

2017 C & L Program Description

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Cultural and Linguistic Services
Program Description



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1.0 EXECUTIVE SUMMARY

The Fresno-Kings-Madera Regional Health Authority (RHA) is a local public agency, created through a joint exercise of powers agreement by the Counties of Fresno, Kings, and Madera in California. Under California's Medi-Cal Managed care program, the RHA dba CalViva Health is designated as the Local Initiative. CalViva Health is contracting with Health Net Community Solutions (HNCS) to provide cultural and linguistic services and programs for the majority of CalViva Health's membership. CalViva Health ("CalViva" or "Plan") may also contract with other entities or health plans to provide or arrange cultural and linguistic services and programs for members enrolled with CalViva Health.

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, provider networks, and CalViva Health and HNCS.

The HNCS Cultural and Linguistic Services Department (C&L Services Department) develops programs and services to facilitate understanding, communication and cultural responsiveness between members, providers and Plan staff.

The C&L Services Department, on behalf of CalViva Health, provides resources, materials, trainings, and in-services on a wide range of C&L topics that impact health and health care. Services offered include, but are not limited to, cultural and language information for providers and their staff, as well as for Plan staff; trainings on language assistance requirements imposed by state and federal regulatory agencies; interpreter support for members and providers; culturally appropriate translation and review of member materials; and cultural responsiveness education.

C&L services are part of a continuing quality improvement endeavor. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health Quality Improvement / Utilization Management (QI/UM) committee for review and approval.

2.0 Staff Resources and Accountability

2.1 Staff Roles and Responsibilities

A detailed description of staff roles and responsibilities is included in Appendix 1.

3.0 MISSION, GOALS AND OBJECTIVES

3.1 Mission

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

3.2 Goals

CalViva Health's C&L 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:

- To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
- To promote for members and potential enrollees to be active participants in their own health and health care through clear and effective communication.
- To advance and sustain cultural and linguistic innovations.

3.3 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).
 - Develop and implement Policies and Procedures (P&Ps) related to the delivery of culturally and linguistically appropriate services.
 - Utilize and implement the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by the Office of Minority Health, to address Health Care disparities.
 - Collect and analyze C&L information and requirements as identified by DMHC and DHCS and other regulatory or oversight entities.
 - Collect, analyze and report membership language, race and ethnicity data.

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- Inform members of interpreter services via the member newsletter, the Member Handbook/Evidence of Coverage (EOC), and other communication sources at least once annually.
 - Maintain information links with the community through Public Policy Committee (PPC) meetings, Group Needs Assessment (GNA) and annual GNA updates, and other methods.
 - Inform contracted providers annually of the C&L services available via Provider Updates, online newsletter articles, the Provider Operations Manual, in-services, trainings, conferences, and other communication sources.
- B. To ensure staff and providers have C&L resources available to provide culturally competent services to CalViva Health members.
- Provide C&L information and support for HNCS and CalViva Health staff in their efforts to provide excellent customer relations and services.
 - Collaborate with other departments, where appropriate, to further the mutual attainment of culturally and linguistically appropriate healthcare services received by members.
 - Support efforts of contracted providers to deliver culturally and linguistically appropriate health care services by providing informative materials, cultural competency workshops, and in-services.
 - Promote effective communication by staff and contracted providers with LEP members by providing them with easy access to culturally and linguistically appropriate materials, high quality translations of member-informing materials, high quality interpreter services, and culturally responsive staff and health care providers.
 - Deliberately address health equity through collaborating to develop and implement an organizational and member level strategic plan to improve health disparities.
 - Sustain efforts to address health literacy in support of CalViva Health members.
 - Provide oversight for the Assessment of bilingual capabilities of bilingual staff and provide ongoing education and support.
- C. To be champions of cultural and linguistic services in the communities CalViva Health serves.
- ~~This includes~~ Continued involvement with local community-based organizations, coalitions, and collaborative efforts in counties where CalViva Health members reside and to be a resource for them on C&L issues.
 - Participate actively and leverage resources from community and government committees including Health Industry Collaboration Effort (ICE), ~~Office of Patient Advocate (OPA)~~, America's Health Insurance Plans (AHIP), and California Association of Health Plans (CAHP), ~~and National Health Plan Collaborative (NHPC)~~.
-

D. To promote and be champions for diversity of CalViva Health members, providers and Plan staff. This includes:

- Provide C&L services that support member satisfaction, retention, and growth.
- Increase cultural awareness of Plan staff through trainings, newsletter articles, annual “Heritage” day, and other venues.

4.0 C&L SERVICES WORK PLAN

The 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. The 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.

The work plan also supports information-gathering through annual GNA updates, data analysis, and participation in the CalViva Health Public Policy Committee (PPC). In addition, the Plan interacts with community-based organizations, advocacy groups, community clinics and human service agencies to identify the cultural and linguistic-related concerns of the community.

The work plan is divided into the following areas:

- Language Assistance Services
- Compliance Monitoring
- Communication, Training and Education
- Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity

The work plan activities are evaluated twice a year by CalViva Health’s QI/UM committee. The work plan activities are also shared as information to CalViva Health’s PPC. The mid-year review monitors the progress of each activity and assesses if it is meeting the established objective. The mid-year review allows for modifications to be taken if necessary, and ensures progress is on course. The end of year evaluation assesses if the activity has met the objective, its successes, identifies the challenges and barriers encountered and how they were addressed, and is also an assessment for the future direction of C&L services. This work plan review process assures that a standard of excellence is maintained in the delivery of cultural and linguistic services. The work plan has more detailed information and activities in these areas.

5.0 SCOPE OF PROGRAMS AND SERVICES

The Plan is committed to ensuring quality care and services that meet the needs of diverse communities within the CalViva Health service area. CalViva Health, in collaboration with the Health Net Community Solutions (HNCS), ensures that all services provided to members are culturally and linguistically appropriate. There are some aspects of language assistance services that are delegated to HNCS with oversight by CalViva Health. The collaboration and coordination between both plans ensure that there is dedicated staff providing overall support and guidance to C&L program and services.

5.1 Language Assistance Program

The Plan established and monitors the Language Assistance Program (LAP) for members and providers. The LAP is a comprehensive program that ensures language assistance services are provided for all members and that there are processes in place for training and education of Plan staff and providers. The LAP ensures equal access to quality health care and services for all members. C&L provides oversight for LAP operational activities and directly provides LAP services related to member and provider communication.

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. The mandated standards (4, 5, 6, and 7) provide the basics for language support services for CalViva Health members.

The LAP main elements include:

- **Member Assessment**

The standards for direct member assessment of race, ethnicity, alternate format, spoken and written language needs consist of informing members of the need to collect information, requesting information from members, capturing the information accurately in the membership data bases and monitoring the information collected. Members are informed of the need to collect this information thru a variety of methods such as the member newsletter. Providers may request the information collected for lawful purposes.

- **Interpreter Services**

Interpreter services range from ensuring contracted vendors are in place, monitoring the provision of services and annual communication with members and providers on how to access these services. Interpreter services are available in over 150 languages supported by the contracted vendors and bilingual staff. Interpreter services are guided by the Interpreter Services and Assessment of Bilingual Associates policies and procedures and meet the national quality standards for interpreter support. Interpreter

services facilitate communication with LEP members to speak with Plan staff and/or its contracted providers. Bilingual staff and contracted telephone interpreter services vendors are used to assist LEP members.

Providers and members may request an interpreter 24 hours a day, 7 days a week at no cost. Interpretation services may be delivered either telephonically, face-to-face or sign language (SL) depending on the nature of the appointment and need. Interpreter services also include oral translation services of print documents upon request from a member, which may be provided by either a bilingual staff or contracted interpreter vendor. Quality standards for contracted interpreter services include demonstrating that the interpreter is versed in health care and medical terminology as demonstrated by a validated test instrument, familiarity with interpreter ethics, and verification process for basic interpreter skills such as sign translation, listening and memory skills, commitment, confidentiality and punctuality.

The Plan also supports provider groups and individual providers' efforts to supply interpreter services for CalViva Health's LEP members. Providers may call the Provider Services toll free number and request interpreter assistance. Updates on C&L services available to contracted providers are sent regularly to all contracted providers.

▪ **Translation Services**

Translation services are guided by the Translation of Written Member Informing Materials P&P and are based on industry translation standards. Translation services includes quality standards for translators, a style guide to promote consistent translation quality, a glossary of common terms in each threshold language, provision of materials in Alternate Formats, a review process to prepare English documents for translation, and a process to monitor translations for quality, timely delivery, and accuracy. Translation services ensure that member informing documents are provided in the threshold languages of English, Spanish and Hmong and that a notice of language assistance (NOLA) is included in member mailing when required. The translation program includes oversight of the use of the Non Discrimination notices and taglines with English documents as required by federal rules (Section 1557, 45 CFR 155.205).

- **Alternate Formats** – CalViva Health provides alternate formats of member informing documents to members as required by regulation, law, and upon member request. Alternate formats consist of Braille, large print and accessible PDF documents. The quality of the documents and the time to fulfill member requests for these documents are monitored to assure timely access of benefit information to CalViva Health members.

▪ **Training on LAP**

All Plan staff who have direct routine contact with LEP members and whose duties may include elements of CalViva Health's language services must be trained on the LAP and

on the P&Ps specific to their duties. Training is conducted annually and is done either in person and/or on-line.

▪ **Monitoring for LAP Quality**

The quality of the LAP is assured through quarterly monitoring of the utilization of language services such as interpreter requests by language, telephone interpreter utilization by language, and the number of member requested translations. Quality of translations and interpreters is monitored through quarterly review of linguistic grievances and member complaints that are related to language.

▪ **Communication for LAP**

The Plan has implemented processes to assure routine member and provider communication promoting the LAP. The Plan advises members annually of no-cost language services (inclusive of interpreter and translation support) that are available to them. Methods of member communication are inclusive of PPCs, community-based organizations, member service representatives and/or other Plan staff, member newsletters, and call center scripts.

Providers receive an annual reminder of the language assistance services that are available to them in support of CalViva Health members which includes how to access the LAP at no cost to members. Methods for communication are inclusive of the online Provider Operations Manual, Provider Updates, Operational Toolkits (including the new Rainbow Guide), mailings, in-person visits, and/or trainings/in-services.

5.2 Cultural Competency

CalViva Health integrates culturally competent best practices through provider and Plan staff in-services, training, education, and consultation. The training program offers topic specific education and consultation as needed by Plan staff and contracted providers. The cultural competency training program covers non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

~~•—In-Services~~

~~The Plan conducts on-going in-services to new and existing Plan staff from various departments. The goal of these in-services is to provide information to Plan staff on the cultural and linguistic requirements, the LAP programs and services, LAP utilization, C&L resources and CalViva Health member diversity.~~

▪ **Cultural Competency Training for staff**

Support for staff includes workshops, training, in-service, and cultural awareness events. Training and education on C&L services and/or cultural competency is provided on ongoing bases to Member Services, Provider Relations, Health Education, Quality Improvement department staff, etc. The goal of these is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, C&L resources, and member diversity.

Annually, the Plan hosts a Heritage Day Exhibit for Plan staff as the main cultural competency training activity. Staff shares their heritage and cultural background through colorful information displays that are open for all Plan staff to view. The event is presented as a celebration of heritage and the cultural variation that is contained within our Plan staff. Learning objectives for the event are on display. In addition, displays include content on the cultural practices that impact health care as well as the cultural issues that impact seniors and persons with disabilities. Following the event, staff takes a training course to reinforce the main concepts and assure that the learning objectives are met. Training course will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity. The event demonstrates CalViva Health's commitment to being a culturally competent organization by providing a forum for Plan staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in CalViva Health's membership. This understanding also serves to build sensitivities that promote a non-discrimination environment.

▪ Cultural and Linguistic Consulting Services

Each C&L staff member has a cultural subject matter area of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for Lesbian, Gay, Bisexual & Transgender (LGBT) populations, cultural disconnects that may result in perceived discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability, and the cultural issues that impede accessing health care services for recent arrivals. C&L staff also offer specialized consultation to the following on many other areas including:

- Case managers to assist in building trust with patients who are recently arrived immigrants
- Quality improvement coordinators to help identify cultural issues and strategies to help improve preventative access to care
- Grievance coordinators and provider relations representatives to address perceived discriminations including but not limited to those due to members' gender, gender preference or gender identity
- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

▪ Cultural Competency Education for Providers

The Plan supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care to members. The services that are offered to contracted providers are intended to:

- Encourage cultural responsiveness and awareness
- Provide strategies that can easily be implemented into a clinical practice
- Foster improved communication and health outcome for patients from diverse cultural and ethnic backgrounds, with limited English proficiency, disabilities, regardless of their gender, gender preference or gender identity
- Foster non-discrimination based on race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status, or disability.

To identify the cultural needs of providers, the Plan collects information from providers using a variety of methods, including the annual provider survey that is conducted by the Quality Improvement Department.

Cultural competency services are also promoted to providers through the provider website, the ICE provider toolkit, "Better Communication - Better Care" and tailored cultural competency workshops ~~when they are requested~~. Many topic areas for presentations on cultural aspects of health care, and provider group in-services on interpreter services, cultural and linguistic requirements and working with SPD population are available to providers upon request.

Additionally, the Plan has developed materials for use in provider offices that specifically address cultural background and clinical issues. CalViva Health recognizes that diverse backgrounds include culture, ethnicity, religion, age, residential area, disability, gender, gender preference and gender identity. Because diversity is complex and an important component for individuals as they access and utilize services, emphasis is placed on developing materials that are researched and field-tested to assure quality and cultural appropriateness. Providers may access the materials by calling the Cultural and Linguistic Services Department toll free number during business hours at (800) 977-6750.

▪ Collaborations

Representatives of the Plan have been an active participant and co-chair/lead on the Industry Collaboration Efforts (ICE). Participation on this collaboration has provided the Plan with suggestions to implement new cultural or linguistic legislation. It has also provided a forum to discuss language assistance program challenges faced by providers and other health plans that result in a more consistent experience for LEP members.

5.3 Health Literacy

The Plan continues to make strides in the promotion of health literacy through the implementation of the health literacy initiative *Clear and Simple*. The Initiative offers: a)

Plain Language on-line training b) Plain Language tip sheets, c) Support in development of documents at appropriate grade level, d) Access to plain language readability software, e) Readability software training, f) Cultural Competency and Plain Language checklists for materials production, g) A database that streamlines the English Material Review process, h) Participation in National Health Literacy Month, and i) Provider training on motivational interviewing/reflective listening and plain language resources. .training, educational materials, readability software and assistance to various Plan departments to assist them in applying plain language standards in their communication within and outside to benefit CalViva Health members.

▪ **Plain Language Training and Resources**

In addition, tThe available resources provide Plan staff with a basic understanding of health literacy and its impact on health care access. For example, trainings cover useful tips on how to write in plain language such as avoiding jargon, using simple words, and giving examples to explain difficult concepts. This ensures that communications available to members are clear and easy to understand.

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▪ **Readability Software and Training**

In an effort to sustain the Clear and Simple initiative, the Readability software was made available to all staff developing member informing materials. The software supports staff in editing written materials so that they are easily understandable for members. All staff that produces written materials for members are required to utilize readability studio, edit their documents and provide the grade level analysis to C&L prior to a request for English Material Review.

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The C&L Department has developed and implemented Readability Studio training so that staff have the support to affectively navigate the software and produce effective member materials. The training is delivered utilizing adult learning theory and provides hands-on experiential learning in operating the software and editing written materials to a 6th grade reading level.

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▪ **English Materials Review (EMRs)**

The C&L Services Department conducts English material reviews through the EMR database. EMRs are conducted on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares documents to be ready

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to be translated, when indicated. Cultural competency and plain language checklists are required to be submitted with all EMR requests.

▪ National Health Literacy Month

National Health Literacy Month is promoted internally by Plan staff every October and offers an opportunity for staff to participate in various contests to exemplify how they are using the Clear and Simple principles in their everyday work.

5.4 Health Equity

CalViva Health is committed to supporting the health of our members and promoting the reduction of health disparities across our membership. In order to accomplish this, Plan staff collaborates across departments and with external partners in order to analyze, design, implement and evaluate healthy disparity interventions.

▪ Health Equity Interventions

Health Equity Project: This intervention involves the development and implementation of an action plan to reduce health disparities. Plan staff look systematically and deliberately at the alignment of resources and development of strategies to reduce targeted health disparities. Disparity reduction efforts are implemented through a model that integrates collaboration across departments, e.g., Quality Improvement, Provider Relations, Cultural and Linguistics, Health Education and Public Programs.— The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives. The following highlights the core components of the disparity reduction model:

- Planning inclusive of key informant interviews, literature reviews, data analysis (spatial and descriptive), development of community and internal advisory groups and budget development
- Implementation of efforts are targeted at 3 core levels 1.) Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions, 2.) Provider interventions targeting high volume low performing groups and providers who have disparate outcomes, and 3.) Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Disease Management
- Evaluation and improvement of health disparity efforts is conducted using PDSA cycles.

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Consultation: Plan staff collaborates across departments to provide consultative services for cultural competency and linguistic perspectives in order to improve health disparities. Examples of consultations include partnership on QI intervention development and support of care transition programs.

- **Collaborations**

CBO's: To support the reduction of health disparities, Plan staff interact with community-based organizations (CBOs) to identify C&L related concerns, obtain feedback on C&L service needs of the community and promote C&L services to community members.

5.5 Public Policy Committee

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in delivery of culturally and linguistically appropriate health care services inclusive of the group needs assessment, and establishing and maintaining the community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

6.0 OVERSIGHT AND MONITORING

CalViva Health and HNCS collaborate to ensure that CalViva Health members receive consistent, high quality C&L services. The collaboration also forms a unity among the plans that permits a uniform message to be delivered to contracted providers and members. This collaboration is an avenue that increases services for the community and increases the impact that C&L programs can make. The following processes are in place to ensure ongoing CalViva Health oversight of the C&L programs and services delegated to HNCS and the internal monitoring conducted by HNCS.

6.1 CalViva Health Monitoring and Evaluation

CalViva Health receives, reviews, and if necessary approves numerous key reports in a calendar year. CalViva Health ensures C&L services, programs, and activities are meeting the required regulatory and compliance requirements through the following methods:

- **Member and Provider Communications Review**

CalViva Health reviews and approves all member materials before distribution to CalViva Health Members. The review process includes but is not limited to ensuring member materials have been approved by HNCS as culturally appropriate and the appropriate reading level. In addition, CalViva Health reviews and approves C&L provider communications prior to release to contracted providers.

▪ Reports

CalViva Health reviews and approves key C&L reports produced by HNCS including, but not limited to the LAP utilization report, annual work plan and program description, GNA, Geo Access Report, and mid-year/annual evaluations. The reports are reviewed, discussed, and if necessary approved by CalViva Health's Quality Improvement (QI) workgroup, QI/UM Committee, Access workgroup and the RHA Commission. In addition, reports are also shared as information to CalViva Health's Public Policy Committee.

▪ Audits

CalViva Health conducts an oversight audit of C&L activities delegated to HNCS. The main elements covered in the audit include but is not limited to: C&L--language assistance policies and procedures, assessing the member population, language assistance services, staff training, provider contracts, training and language assistance program, and evaluation and monitoring. The results of the audit are shared with HNCS, the QI/UM Committee, and the RHA Commission.

6.2 HNCS C&L Services Department Internal Monitoring and Evaluation

The C&L Services Department produces numerous key reports in a calendar year. The reports are an integral part of the regulatory and compliance requirements and are used to help identify areas where modifications and corrective measures may be needed. The key reports include but are not limited to the following:

▪ Language Assistance Program Utilization Report

The C&L Services Department ~~produces a~~ summarizes the Language Assistance Program (LAP) utilization ~~report data~~ on a monthly and quarterly basis. The monthly LAP utilization report summarizes the non-English call volume to the member service call center, interpreter vendor (telephone, face-to-face, ASL) call volume per language, and requests for oral and written translations from member service representatives. Language call volume and identified language preferences are tracked to identify developing trends and possible future member language needs. C&L Services Department produces a LAP report biannually that summarizes LAP data and

assesses utilization and usage trends. The end of the year LAP Utilization report compares current usage by language and type of request to previous year's data to allow the Plan to project future language trends. Any notable trends will be reported to the Plans' QI/UM Committee.

▪ **Group Needs Assessment**

The Health Education and C&L Services Departments conduct Group Needs Assessment (GNA) every five years with annual updates to determine the health education, cultural, linguistic, and health care access needs of members. The GNA is conducted through an analysis of data from reports, as well as external data from national, state, and local health agencies and community-based organizations. The GNA includes a socioeconomic demographic profile of each community served by CalViva Health. Community agencies provide input to the GNA through the C&L Services Department contact with Public Policy Committee members and agency representatives, community-based organizations, and other community service organizations.

GNA results and community feedback are used to develop the objectives and activities on the annual C&L work plan. It's a foundation for the C&L work plan and directs the development of C&L programs, services, and materials.

▪ **C&L Geo Access Report**

The C&L Services Department prepares a report to identify the need for linguistic services using the Geo Access demographic analysis software program. The Geo Access program uses member zip code data and correlates it with member language preference. A similar mapping of provider network language capabilities is generated for each identified member language. The geographic distribution of provider languages is based on the zip code of the office location.

A set of maps is generated that reports the geographic distribution of member language preferences, primary care provider language capabilities and specialist language capabilities by zip code. A map is generated for each language that is preferred by 3 percent or more of membership. The geographic distribution of member language preferences is then overlaid with the language capacity of primary care providers and specialists. The language capabilities of the provider network are compared to the language needs of CalViva Health members. The availability of linguistic services by contracted providers for LEP members is analyzed and recommendations made for provider network development. The report is produced by HNCS every two years for review and comment.

▪ **Data Collection**

The C&L Services Department monitors the demographic composition of members for each CalViva Health county. Demographic information is used to assess the language

needs of members; to identify possible cultural and socio-economic background barriers to accessing health care; and to understand the range of diversity within the communities that CalViva Health serves. Collected and analyzed on a regular basis, data is based on existing member language needs, race and ethnicity. The C&L Services Department holds the list of all race, ethnicity and language codes and categories used by all data systems. C&L collaborates with IT to assure that all new databases and modified databases can share member race, ethnicity and language information.

The C&L Services Department also maintains a log of all cultural or linguistic related grievances received. The logs for culture or language-related grievances and complaints are analyzed to determine if members' cultural and communication needs are being met and/or addressed by contracted providers. Information from the Appeals and Grievances Department, in conjunction with information from the community demographic profile, help to identify cultural and/or linguistic issues that may act as barriers to accessing health care. Should a communication need be identified, the C&L Services Department develops a provider or member education intervention or program to meet that need.

7.0 SUMMARY

CalViva Health, in collaboration with Health Net Community Solutions (HNCS), is committed to improving health outcomes by providing cultural and linguistic services and programs that facilitate effective communication between a diverse membership, diverse provider networks, and CalViva Health and HNCS. CalViva Health's goals and objectives are based on providing support, maintaining compliance, and creating cultural awareness through education, consultation, and support. In addition, the programs and services encompass how we communicate to our members and contracted providers about the C&L program and services available.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The C&L program description, work plan, language assistance utilization report and end of year reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The C&L program description, work plan, language assistance utilization report and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a Medical Management Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

D. Compliance Team

CalViva Health's Compliance team includes the Chief Compliance Officer, a Director, who is a Certified Health Education Specialist, a project manager, and a provider relations representative who focuses on compliance activities with the provider network.

3. HNCS C&L Services Department Staff Roles and Responsibilities

The C&L Services Department is unique in its cross-functional support structure. The Department's function is to fulfill all cultural and linguistic contractual and regulatory requirements and serve as a resource and support for all C&L services. The C&L Services Department is staffed by the Director of Health Education and Cultural and Linguistic Services, a Manager of Cultural and Linguistic Services Department, Senior C&L Consultants, C&L Consultants, supplemental staff, atwo data analysts and an administrative assistant.

A. HNCS Leadership Team

HNCS is a subsidiary of Health Net Inc. Through a dedicated and qualified staff, important cultural and linguistic services are developed and coordinated within the CalViva Health service area by HNCS. HNCS, as a subsidiary of Health Net Inc., continues to maintain their internal reporting responsibilities (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

A. 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

Date

Patrick Marabella, MD, Chief Medical Officer

Chair, CalViva Health QI/UM Committee

Date

Item #10

Attachment 10.C

2017 C &L Work Plan



2017 Cultural and Linguistic Services Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

Mission:

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

Goals:

CalViva Health's C&L 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.

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1	Main Area and Sub-Area	Activity	Measurable Objective	Due Dates	Mid-Year Update (1/1/17 - 6/30/17)	Year-End Update (7/1/17 - 12/31/17)
2	Language Assistance Services					
* 3	Responsible Staff:	Primary: A. Canetto, L. Witrigo	Secondary: J. Lopez-Rabin, A. Alvarado, D. Carr, H. Theba, N. Veeravalli, L. Goodyear-Moya			
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		
4	Contracted Vendors	Provide oversight and consultation for language and interpreter vendor management	Provide consultation on contract negotiations and response for proposals (RFP's)	Ongoing		
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		
6	NOLA	Update and provide Notice of Language Assistance (NOLA) in support of departments and vendors that produce member informing materials	Annual review and update as needed of NOLA, distribute updated NOLA to all necessary departments, maintain NOLA identification flow diagram, answer ad-hoc questions on the use and content of the NOLA, assure most recent NOLA is available on C&L intranet site	Annual		
7	Member Communication	Annual mailing to members advising how to access language assistance services	Write or revise annual language assistance article distributed to CalViva members	Annual		
* 8	Operational	Data collection and data analysis for GeoAccess report	Production of Geo Access report	Q3		
* 9	Operational	Completion of GeoAccess report and alignment of reports with PNM	Presentation of report to QI/UM and Access committee	Q4		
* 10	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		
11	Operational	Oversight of interpreter and translation operations. Review of metrics for invoicing and interpreter and translation coordination and document process	Conduct oversight meetings to review metrics for operations. Monthly meetings with Centralized Unit and escalate when metrics are not being met. Development of desktop documenting process	Monthly		
* 12	Operational	Document process for interpreter and translation issue escalation	Production of desktop	Q2		

	13	Operational	Request interpreter service complaint logs and conduct trend analysis	Monitor interpreter service vendors through service complaints	Annual (trend)		
	14	Operational	Coordinate and deliver quarterly LAP/Health Literacy meetings to review requirements and department procedures for language and health literacy services	Minutes of meetings	Quarterly		
	15	Operational	Develop, update and/or maintain translation, alternate formats, interpreter services and bilingual assessment 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 C&L P&Ps	Annual		
*	16	Operational	Collect and review LAP P&Ps from other departments to assure compliance with use of NOLA, translation process and interpreter coordination	Develop P&P checklist to ensure departments' compliance with language service requirements. P&Ps will be reviewed and placed in C&L LAP compliance folder	Annual		
	17	Training	Review, update and/or assign LAP LMS Training in collaboration with LMS team	Training on LMS and number of staff who are assigned training	Annual		
	18	Information Technology	Participate in information technology projects related to language assistance services to ensure C&L requirements are represented through projects	Successful implementation of information technology projects			
	19	Strategic Partners	Monitor strategic partners and specialty plans for LAP services	Request information from specialty plans and strategic partners (e.g., MHN, VSP, etc.) 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		
	20	Compliance Monitoring					
*	21	Responsible Staff:	Primary: L. Witrago, A. Canetto	Secondary: A. Alvarado, D. Carr, J. Lopez-Rabin, H. Theba			
+	22	Complaints and Grievances	Oversight of complaints and grievances received about the 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 that they are monitoring C&L complaints. Grievance reports include grievances coded to C&L codes (including discrimination due to language or culture). Maintain grievance response log and list of materials and develop and document interventions when indicated	Report on grievance cases and interventions	Ongoing		

+	23	Complaints and Grievances	Review and update desktop procedure for grievance resolution process	Revised desktop procedure	December		
	24	Oversight	Complete all CalViva required C&L reports	Develop C&L CalViva work plan, write/revise and submit C&L CalViva Program Description. Prepare and submit work plan and LAP mid year reports and end of year reports	Ongoing		
	25	Oversight	Participate in all CalViva required work groups and committees	Participate in the ACCESS workgroup, QI/UM workgroup, QI/UM committee, monthly operations management meetings, Regional Health Authority meetings as needed or requested, etc	Ongoing		
	26	Oversight	Establish relationships with local community partners, identify participants for Public Policy Committee participation for Fresno, Kings and Madera Counties	Assist coordinate and attend Public Policy Committee planning meetings, Public Policy Committee meetings and C&L relevant community sponsored events as required	Quarterly		
	27	Oversight	Develop, update and/or maintain all C&L related P&Ps	Updated P&Ps submitted to designated CalViva Health staff for utilization in the development or review of CalViva Health C&L P&Ps	Annually		
	28	Communication, Training and Education					
*	29	Responsible Staff:	Primary: L. Witrigo, D. Carr	Secondary: A. Alvarado, J. Lopez-Rabin, H. Theba			
+	30	Training and Support	Provide support and training to A&G on coding and resolution of grievances. Provide additional support to grievance coordinators to address perceived discriminations including those related to a members' gender, sexual orientation or gender identity. Explore placing training on line	Revised/updated Quick Reference Guide (QRG) for A&G staff regarding grievance responses, coding and when to send to C&L, etc. Support provided	Ongoing		
	31	Staff Training	Provide C&L in-services for other departments as requested (e.g., Call Center, Provider Relations, etc). Update training decks with specific date slides at mid and end of year. Update interpreter and translation QRGs with any system updates or process changes	Curriculum/power point, name of department and total number of participants who attended the in-service	Ongoing		
	32	Staff Communication	Maintenance and promotion of C&L intranet site	Timely posting of important information on C&L intranet, e.g., vendor attestation forms, threshold languages list, etc.	Ongoing		

+	33	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/OMH training	Copies of articles and publication dates	Ongoing		
	34	Provider Communication and Training	Promote C&L flyer and provider material request form about C&L department consultation and resources available, inclusive of LAP program and interpreter services	Provider material request forms received by C&L Department	Ongoing		
	35	Member Communication	Annual PPC promotion article on member newsletter	Write or revise annual PPC article distributed to CalViva members	Annual		
	36	Core Areas of Specialization: Health Literacy, Cultural Competency, and Health Equity					
	37	Health Literacy					
*	38	Responsible Staff:	Primary: A. Alvarado, D. Carr	Secondary: L. Witrago			
	39	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)	95% on-time completion of all EMRs as tracked through the C&L database	Ongoing		
	40	Operational	Review and update Health Literacy Tool Kit to include: a list of words that can be excluded during the readability check, database guide, checklists, readability assessment guide and other relevant materials	Production and distribution of toolkit	June		
	41	Training	Quarterly training for staff on how to use the C&L database and write in plain language	Quarterly training	Quarterly		
+	42	Training	Conduct activities and promotion of national health literacy month (NHLM)	Production and tracking of action plan for NHLM and summary of activities	October		
	43	Cultural Competency					
*	44	Responsible Staff:	Primary: D. Carr, H. Theba, L. Witrago	Secondary: A. Canetto, J. Lopez-Rabin, A. Alvarado, N. Veeravalli, L. Goodyear-Moya			
	45	Collaboration-External	Representation and collaboration on ICE external workgroup	Minutes of meetings that reflect consultation and shared learning	Ongoing		
+	46	Collaboration-External	Co-lead the efforts to update and publish the ICE Provider Tool Kit	Publication in collaboration with provider communication of the ICE Provider Tool Kit	Q2		

47	Provider Training	Conduct cultural competency 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 computer based training through provider update and/or provider newsletters and/or medical directors, promote OMH cultural competency training through provider operational manual and provider updates	Output number of providers who received cultural competency training by type of training received	Annual		
48	Staff Training	Conduct annual cultural competence education through Heritage Day events	Sign in sheets of participants for each site, evidence of cultural competency education posters at each site, cultural education information from each site, planning agenda and minutes from each site planning meetings	Q3		
49	On Line Training	Review LMS content for cultural competency training and update when needed annually. Training will also include content on access to care needs for all members regardless of their gender, sexual orientation or gender identity	Annual LMS training and number of staff trained	Annual		
* 50	Training	Implement quarterly culture specific training series for staff in various departments	Training plan with a minimum of three trainings provided in collaboration with regional experts	Ongoing		
51	Health Equity					
* 52	Responsible Staff:	Primary: L. Witrigo, N. Veeravalli	Secondary: A. Canetto, H. Theba, L. Goodyear-Moya			
53	Operational	Increase interdepartmental alignment on disparity reduction efforts	Facilitate of health equity advisory group twice a year	Q1 and Q3		
* 54	Operational	Align population health and disparity initiatives across departments	Develop Health Disparity e-newsletter and listserv. Facilitate communication on health disparities and quarterly newsletter development and distribution	Newsletter: March June, September, December		
* 55	Operational	Identify population disparities in prenatal/postpartum HEDIS measures for expansion targets and implement disparity reduction model, if appropriate	Statistical analysis report demonstrating disparities and relationships between groups and providers, if indicated	Q2		

*	56	Operational	Explore development and implementation of evaluation for Promotoras model in Fresno County	Production of promotoras analysis	2017		
	57	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 provided	Ongoing		

* Indicates New

+ Indicates Modified

CalViva Health 2017 Cultural and Linguistics Work Plan

Fresno - Kings - Madera Regional Health Authority

The Fresno - Kings - Madera Regional Health Authority Commission has reviewed and approved this Work Plan.

David Hodge, MD, Fresno County
Regional Health Authority Commission Chairperson

Date

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

Date

Item #11

Attachment 11.B

2016 Heath Education Annual Evaluation



2016 Health Education Department Year-End Work Plan Evaluation

Submitted by:

Patrick Marabella, MD, Chief Medical Officer
Amy Schneider, RN, BSN, Director Medical Management

I. Purpose

The purpose of the CalViva Health (CVH) 2016 Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CalViva Health senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide CalViva Health's free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community in achieving good health and overall wellbeing.
2. To provide quality health education programs, services and resources to positively impact CalViva Health's HEDIS rates.
3. To provide quality health education programs, services and resources to positively impact new member satisfaction and member retention.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.

IV. Selection of the Health Education Department Activities and Projects

The 2016 Health Education Work Plan activities and projects are selected from results of county-specific group needs assessment reports (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) and Seniors and Persons with Disabilities (SPD) members.

V. Strategies

The 2016 Health Education Work Plan supports and maintains excellence in health education services activities through the following strategies: increase provider support, resources and communication to ensure provision of comprehensive health care services; support community collaboratives to promote preventive health initiatives; enhance member utilization of CalViva Health's health education and cultural and linguistic resources to help them better understand and manage their health conditions and improve HEDIS rates; improve Health Education Department's efficiency; and to meet compliance. The main health areas of focus are: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, and chronic disease education.

Fresno-Kings-Madera Regional Health Authority Committee Approval

The Fresno-Kings-Madera Regional Health Authority has reviewed and approved this Work Plan Evaluation.

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD
Chief Medical Officer

Date

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1. Initiative/ Project Title		Chronic Disease Education Initiative		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	B. Jackson		Secondary: T. Gonzalez
Aim of Initiative/Program		Provide high quality health care and education to members to improve asthma and diabetes health outcomes.		
2016 Performance Measures		2016 Goals	Outcome 2015	Outcome Mid-Year 2016 Outcome Year End 2016
Identify and implement diabetes curriculum and evaluation tool to include additional management tools		Research and identify an evidence-based 6 week curriculum to implement.	Implemented Diabetes Basics curriculum. However, need to identify a robust more extensive curriculum.	Identified and processed for approval. Continued implementing the Diabetes Basics curriculum. DEEP curriculum was identified as a potential curriculum for older adults.
Coordinate with QI department staff for joint outreach/education efforts to implement asthma classes		Conduct 10+ asthma classes with 20% class participants are members	Completed 36 asthma classes with 295 attendees, 130 (62%) of the participants are members.	7 classes, 51 participants, 27 (53%) members 12 classes, 80 participants, 41 (51%) members
Coordinate with QI department staff for joint outreach/education efforts to implement diabetes classes		Conduct 10+ diabetes classes with 20% class participants are members	Completed 46 diabetes classes with 313 attendees, 107 (29%) of the participants were members	10 classes, 87 participants, 51 (59%) members 28 classes, 419 participants, 230 (55%) members
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Identify and obtain approval for diabetes curriculum and evaluation tool to include additional management tools	6/16	6/16	On Track	Postponed to 2017 due to delays in coordinating with Marketing to produce new educational resources
Implement 20 + classes with targeted promotion to CVH members	12/16	12/16	On Track	Completed
Support QI department in implementing asthma and diabetes IPs to targeted members with asthma and diabetes	12/16	12/16	On Track	Completed
Track and report on asthma and diabetes incentive programs	12/16	12/16	On Track	Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Met year-end goals of conducting 10 asthma and 28 diabetes classes. The goal to reach 20% of CalViva Health members at the asthma and diabetes classes was met. The Health Education Department is working with HSAG to get the DEEP curriculum approved for older adults.			
Barrier Analysis	The DEEP Program materials were produced by an external partner and could not be revised. This created some challenges in getting them approved in time.			
Recommendations	Continue to collaborate with QI and C&L departments to identify priority counties and targeted members to participate in the asthma and diabetes educational programs. Collaborate with Medicare QI department and HSAG to launch the DEEP program in 2017.			

2. Initiative/ Project Title		Electronic Educational Programs (T2X, Lifeline and Text4baby Programs)			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary: H. Su		Secondary: B. Jackson, T. Gonzalez		
Aim of Initiative/Program		Develop, disseminate and evaluate electronic health and member engagement information and programs to CalViva Health members			
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid Year 2016	Outcome Year End 2016	
Develop and launch text message programs in CalViva Health counties	Obtain approval for Text4baby program	Voxiva contract signed in late 2015 to implement Text4baby in CA.	Got Text4baby program approved and launched in May.	Program launched in May	
Develop and launch Lifeline program in CalViva Health counties	Obtain approval for TracFone to implement Lifeline program	Program did not start in 2015	Contract with TracFone signed. Promotional materials drafted	Promotional material development got delayed as TracFone needed to update them with new added benefits starting in December 2016. Program postponed to 2017	
Enroll CalViva Health members in Lifeline and Text4Baby as appropriate	Lifeline Program: 300+ members Text4baby Program: 250+ members	Program did not start in 2015	Lifeline Program: Not started by mid-year Text4baby Program: 237 members	Lifeline Program: Postponed to 2017 Text4baby Program: 244 members	
Promote T2X campaigns and programs	Promote 3+ campaigns and programs	Promoted Asthma, Rethink Your Drink and Take Control campaigns.	Developed campaigns and promotional flyer. Flyer will be distributed in Q3.	Promoted Asthma, Teen Pregnancy, Depression and Adolescent Vaccination campaigns. Reached 1,685 participants nation-wide	
Promote MyStrength Program, addressing depression, anxiety and substance abuse disorders, to CalViva Health members	Enroll 40+ members	N/A	Promoted MyStrength in April, 2016. Enrolled 1 member by Mid-Year.	Enrolled 9 members	
Activities	Target Date Completion	Date Completed	Mid Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Finalize contracts to launch Lifeline and Text4baby programs	3/16	2/16	Completed	Completed	
Identify, promote and enroll eligible members into Text4baby program	4/16	5/16	Completed	Completed	
Launch MyStrength Program	4/16	4/16	Completed	Completed	
Explore interventions with Fresno County Department of Public Health to address Sexually Transmitted Infections (STI) including congenital syphilis and chlamydia.	6/16	6/16	Completed. Launching T2X STD educational campaign in Q3.	Completed. T2X allows participants to access a variety of educational campaigns. In 2016, 206 participants nation-wide participated in the STD educational campaign.	
Identify, promote and enroll eligible members into Lifeline	9/16	9/16	On Track	Postponed to 2017	
Promote T2X to CalViva Health members targeted for HEDIS improvement	6/16 and 12/16	9/16	Postponed to Q3.	Completed	
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Implemented Text4Baby reaching 244 pregnant members. We also promoted 4 T2X educational campaigns reaching 1,685 participants nation-wide. To encourage people to participate in these educational campaigns, a registration process to identify health plan affiliation was not required. Therefore we do not have participation number just for CalViva Health members. Due to enhanced Lifeline Program benefits taking effect in December 2016, the promotional materials were not finalized in 2016 for implementation. This program will be implemented in 2017. A lack of promotion of the MyStrength program contributed to the low enrollment number.				
Barrier Analysis	Delay in launching Lifeline Program due to required change to the promotional materials. MyStrength program didn't launch until late Q2, too late to be included and promoted in the Summer newsletter with an article on anxiety and depression.				
Recommendations	Continue promotion of T2X campaigns to increase member participation. Launch Lifeline program and health promotion text messaging program(s) in 2017 when available. Promote MyStrength to CalViva Health case managers to refer members into the program and develop a member newsletter article promoting this program in 2017				

3. Initiative/ Project Title		Member Engagement for Improved Health Initiative				
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL					
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA					
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary:	B. Jackson	
Aim of Initiative/ Program		Support members in being informed, satisfied and engaged to effectively manage their health.				
2016 Performance Measures		2016 Goals		Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Implement remaining 6 months of the Member Orientation member incentive program classes to improve member understanding of their benefits, importance of the Initial Health Assessment and preventive health screenings		15% increase in class participants (N=134) with a minimum of 50% being members		Implemented 33 member orientations with 232 participants and reaching 134 (58%) members	5 member orientation classes, 25 participants, 18 (72%) members.	5 member orientation classes. 25 participants, 18 (72%) members. Member orientation incentive program ended mid-year. Due to HEDIS priority projects, curriculum will be revised and resume offering classes in 2017.
Develop and implement asthma, diabetes, cervical cancer screening and postpartum member incentive programs targeting high risk members		Launch 4 incentive programs		Program did not take place in 2015	Developed and obtained approval for incentive programs. However, did not have final program promotional documents to launch before mid-year.	Launched 4 member incentive programs reaching 266 members through class participation. 190 (or 71%) members educated completed their screenings.
Develop PHN Rx for Health pad to promote Fit Families for Life, HEDIS priority topics and engage members in preventive health screenings by PHN in Madera County.		Obtain approval from DHCS for the Rx for Health Pad. Reach 100 members with the pad		Program did not start in 2015	Obtain approval from DHCS for the Rx for Health Pad. Reach 119 members with the pad (pilot phase).	Piloted Rx for Health Pad and reached 135 members
Train Promotores Health Network (PHN Madera) community promotores to promote Fit Families for Life (FFFL) classes and member incentive programs using Rx for Health pad		Conduct 2 trainings		Promotion of FFFL with PHN Rx for Health helped to increase member participation in FFFL with over 101 members enrolled and 226% increase in FFFL home edition enrollment compared to last year.	2 trainings to 36 Promotores trained on FFFL program	Trained 40 promotores on the FFFL program and how to read the nutrition label.108 members enrolled in FFFL Home Edition program
Revise Promotores Health Network training modules and obtain DHCS approval		Revise 1 PHN training module		Completed PHN Module Revision. C&L review and submission to DHCS approval postponed to Q2, 2016.	Revised 1 PHN training module	Obtained DHCS approval on revised PHN training modules
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Get DHCS approval for incentive programs and develop program promotional resources		3/16	3/16	Completed	Completed	
Collaborate with community partners serving CalViva Health members and schedule Member Orientation classes		6/16	6/16	Completed	Completed	
Identify high volume low performing providers to get buy in to host on-site health education classes/baby showers to launch incentive programs		6/16	6/16	Completed. Work with Adventist Health to host on-site baby showers to promote postpartum incentive program. Continue to work with other high volume providers to conduct other classes.	Completed. 92 (47%) of the participants were members. Company priorities shifted to Cervical Cancer screening in Q3 reaching 73 members with education on importance of screening and 105 members received their screening.	

Coordinate with PHN community promotores in Madera to pilot Rx for Health Pads to promote FFFL classes and HEDIS priority topics.	6/16	6/16	Completed. Coordinated with PHN Madera Promotores to use Rx for Health Pads to promote FFFL classes and asthma incentive program.	Completed
Revise Member Orientation curriculum and conduct a community focus group to obtain feedback	6/16	6/16	Completed	Postponed to 2017
Revise PHN training module and obtain DHCS approval	6/16	6/16	Completed	Completed
Train PHN promotores on revised training module (PHN 2.0)	8/16	N/A	On Track	Postponed to 2017
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Successfully launched 4 member incentive programs reaching 266 members through class participation with 190 (71%) of members completing their screenings. Implemented 5 member orientation classes reaching 18 (72%) of members. Piloted Rx for Health Pad to promote FFFL and reached 135 members. We also revised the PHN training module, obtained DHCS approval, and trained 40 promotores on the FFFL program and how to read the nutrition label.			
Barrier Analysis	Lengthy material development and approval process caused member incentive program implementation delay to June 2016.			
Recommendations	Continue member incentive programs and coordinate with QI department to support HEDIS interventions. Implement PHN 2.0 training with a focus on helping members understand and navigate managed care and continue distribution of Rx for Health to promote FFFL and member incentive programs to improve HEDIS rates.			

4a. Initiative/ Project Title		Obesity Prevention: Members						
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL							
Initiative Aim(s)	<input type="checkbox"/> Provider Support	<input checked="" type="checkbox"/> Member Utilization	<input type="checkbox"/> Collaborative	<input type="checkbox"/> Dept Efficiency	<input type="checkbox"/> Oversight	<input checked="" type="checkbox"/> Compliance	<input checked="" type="checkbox"/> HEDIS	<input checked="" type="checkbox"/> GNA
Reporting Leader(s)	Primary: D. Carrillo		Secondary: B. Jackson, J. Gonzalez					
2016 Performance Measures		2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016			
Increase FFFL Home Edition Utilization		10% ↑ (n=435)	395 members enrolled	80 members enrolled. Updated educational resources were not available in Q2 causing additional enrollment to be postponed to Q3.	Enrolled 108 members. Problems with resource availability continued during the remainder of the year			
Increase the number of FFFL Home Edition packet questionnaires returned		15% ↑ (n=50)	43 questionnaires returned	10 questionnaires returned. Less returned questionnaires due to less members enrolled by mid-year.	12 questionnaires returned. Low return rate influenced by low enrollment barriers			
Maintain high satisfaction % with Home Edition		90% +	95% of members satisfied	100 % of members satisfied	100% of members satisfied			
Increase FFFL Coaching Program Enrollment		10% ↑ (n=111)	101 members enrolled	33 members enrolled. Updated educational resources were not available in Q2 causing additional enrollment to be postponed to Q3.	Enroll 42 members			
Increase the number of enrolled Coaching participants completing at least one successful call (closed cases within reporting year)		25% ↑ (n=66)	53 members (68%) of closed cases	36 members (75% of closed cases)	44 members (76% of closed cases). Problem with resource availability impacted program enrollment			
Increase the number of Coaching participants completing 5 calls (closed cases within reporting year)		25% ↑ (n=31)	25 members (32% of closed cases)	19 members (39.5% of closed cases)	21 members (36% of closed cases). Problem with resource availability impacted program enrollment			
Increase FFFL Breastfeeding and Nutrition Support Line utilization		10% ↑ (n=410)	373 members	109 members	385 members			
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)		
Compile overweight/obesity data using PM 160 data		Quarterly	Q1 & Q2	Completed		Completed		
Conduct Home Edition follow up for survey return		Quarterly	N/A	Postponed. Home Edition materials were not available to enroll new members during Q2.		Postponed. Materials remained unavailable for the remainder of the year.		
Conduct Home Edition outbound enrollment calls (PM 160 data)		Quarterly	N/A	Postponed. Home Edition materials were not available to enroll new members during Q2.		Postponed. Materials remained unavailable for the remainder of the year.		
Determine feasibility of an alternate 2016 weight management program for high risk children and adults		6/16	6/16	Completed. Will adopt new pediatric and adult weight management programs in 2017.		Completed		
Track and submit Year End DHCS Report for Home Edition Incentive Program		8/16	9/8	On Track		Completed		
Track and submit Year End DHCS Report for Coaching Incentive Program		12/16	12/22	On Track		Completed		

Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>	
Overall Outcome and Analysis	Unable to match the successes of the previous year. Unexpected FFFL material development delay influenced low utilization and enrollment rates. The FFFL Coaching program, while having low enrollment, maintains a high level of engagement. Once the program is initiated with one call, 48% of participants completed the program in its entirety with 5 calls. Utilization for the Breastfeeding and Nutrition Support Line increased compared to last year but lower than the 2016 goal.
Barrier Analysis	While expectations of a weight management program transition caused delays with program promotion, the main barrier was the availability of program materials. Unlike previous reprints, materials were flagged for a full review (edits, new layouts, reviews, approvals, translation, etc.) due to Marketing's requirement of updating the resources with new material identification number. In turn, enrollment and survey return outreach was placed on hold.
Recommendations	Confirm and develop activities to transition weight management programs to new vendor. Resume outreach activities and program follow-up attempts to increase enrollment and engagement.

4b. Initiative/ Project Title		Obesity Prevention Community		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary: B. Jackson, T. Gonzalez		Secondary: D. Carrillo	
Aim of Initiative/Program		Increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership retention and improve health outcomes.		
2016 Performance Measures	2016 Goals		Outcome 2015	Outcome Mid-Year 2016
Implement FFFL Community Classes (Series or workshops)	30+ Total		55 Total (24 Series & 31 workshops)	16 Total (8 Series & 8 Workshops)
Class participants will achieve a cumulative 80% correct score on each of the FFFL Series 5 knowledge-based questions	80%		Available Data: 23 Series Labels: 88.8% Sugar (men): 91.2% Sugar (women): 93.5% Fruits & Veggies: 48.8% Exercise: 85.3%	Available Data: 6 Series Labels: 93.5% Sugar (men): 96.8% Sugar (women): 96.8% Fruits & Veggies: 54.8% Exercise: 93.5% Note: Class pre/post test data was only available for 6 out of 8 series
Class participants will achieve a cumulative 80% correct score on each of the FFFL Workshops 4 knowledge-based questions	80%		Available Data: 20 Workshops Labels: 85.7% Sugar (men): 95.8% Sugar (women): 95.8% Exercise: 91.6%	Available Data: 6 Workshops Labels: 70.7% Sugar (men): 87.8% Sugar (women): 87.8% Exercise: 82.9% Note: Class pre/post test data was only available for 6 out of 8 workshops
Achieve minimum satisfaction rate of 90% from FFFL class participants	90% +		99.2% (workshops) 98% (Series)	100% (workshops) 100% (Series)
Minimum 20% of all FFFL class participants are CalViva Health members	20% +		957 total participants, 427 (45%) members	198 participants, 94 members (47%) members
Implement new Healthy Habits for Healthy People (HHHP) workshop	3		N/A	None. Curriculum was not finalized by mid-year.
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Forward progress reports to supplemental educators noting FFFL outcomes and CVH high risk membership file for class promotion	Quarterly	Quarterly	Completed	Completed
Finalize CVH HHHP curriculum and obtain approvals	6/16	6/16	Postponed. Curriculum pending.	Postponed. Curriculum pending.
Implement a minimum of 30 FFFL series or workshops in CalViva Health counties	12/16	12/16	On Track	Postponed. Unable to meet overall goal.
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Knowledge metrics and satisfaction goals overall are meeting year-end goals. Additionally, we are reaching a good number of CalViva Health members in the community via FFFL classes alone with nearly half of all participants.			
Barrier Analysis	Class cancellations and no-show events limited data capture for 4 workshops and 4 series classes. HHHP materials are still in development.			
Recommendations	Reconsider FFFL class commitments at no-show locations, and look into established community groups (ex. parent groups at schools). Ensure HHHP materials are finalized and workshops offered in 2017.			

4c. Initiative/ Project Title		Obesity Prevention: Providers/Health Care Professionals		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary: D. Carrillo
Aim of Initiative/Program		Support providers in identifying and referring overweight and high risk members to CalViva Health's obesity prevention interventions		
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Implement Provider in-services to promote revised FFFL materials	3 Provider in-services	Total of 5 provider in-services: Fresno: United Health Centers, Fresno County Department of Public Health and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center and Madera Department of Public Health	Total of 5 provider in-services: Fresno: EOC WIC, United Health Centers, Fresno County Department of Public Health, CPSP Program and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center	Total of 5 provider in-services: Fresno: EOC WIC, United Health Centers, Fresno County Department of Public Health, CPSP Program and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center
Identify and provide training to staff at high volume provider offices in CVH counties	3 Provider Offices	N/A		3 Provider Offices: United Health Centers in Parlier, Kerman and Mendota.
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Provide Provider Relations Department overview of all HE products, referral process and talking points, to distribute to CalViva providers during outreach visits	6/16	6//16	Completed	Completed
Promote provider resources at all provider-based events attended	12/16	12/16	On Track	Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Successfully completed 3 provider trainings reaching high volume providers from United Health Centers, Adventist Health and Camarena Health Centers. A total of 75 health care professionals participated in the health education trainings.			
Barrier Analysis	No barriers were identified.			
Recommendations	Distribute FFFL to high volume providers and distribute a Provider Update to inform providers of FFFL program in 2017.			

5. Initiative/ Project Title		Perinatal Initiative		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
Reporting Leader(s)	Primary: K. Schlater		Secondary: B. Jackson, T. Gonzalez	
Aim of Initiative/Program		Provide accessible, high quality health care and education to women of childbearing age and babies to have healthy pregnancies, healthy newborns, increased exclusive breastfeeding rates and lower perinatal health care costs.		
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Enroll CalViva Health members in the Text4Baby program through CMS grant with Voxiva	Enroll 250 members	Customized Text4baby program got DHCS approval. Pending final approval from DHCS on the invitation text in coordination with their CMS funded Text4baby program before we can implement.	Enrolled 237 members	Enrolled 244 members
Increase Pregnancy Matters Packet requests	598+ packets	598 packets	289 packets	1,619 packets
Coordinate 25 CalViva Health Baby showers in English and Spanish to expectant mothers in Fresno and Kings County	25 Baby showers with at least 400 participants of which 50% will be members	26 Baby showers with 405 participants of which 240 (59%) indicated they were members.	13 Baby showers, 111 participants 35 (32%) are members Only tracked membership on 7 out of 13 events, due to relocation and change of sign-in sheet.	24 Baby showers in Fresno and Kings County with 196 attendees, 92 (47%) of the participants were members
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Implement Text4Baby program	4/16	5/16	Completed	Completed
Develop reporting/evaluation structure for Text4Baby grant with QI data team	5/16	5/16	Completed	Completed
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members	12/16	12/16	On Track	Completed
Assist with coordination and implementation of 25 CalViva Health Baby showers in English and Spanish	12/16	12/16	On Track	Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Enrolled 244 members into Text4baby text messaging program, closed to the annual goal of 250 members for this first year of implementation. Distributed pregnancy education packets to 1,619 members, exceeding the year end goal. Close in reaching the baby shower year-end goal by conducting 24 baby showers reaching 47% members.			
Barrier Analysis	Low attendance in Kings County baby showers despite outreach call and member mailings. Experienced a technical delay in sending pregnant member information to vendor to promote Text4Baby program in second half of the year.			
Recommendations	Partner with clinics like Healthy Beginnings to support and advertise the baby showers with their patients. Resume monthly promotion of Text4Baby to pregnant members.			

6. Initiative/ Project Title		Well Care and Immunizations Initiative		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	B. Nate		Secondary: B. Jackson, T. Gonzalez
Aim of Initiative/Program		Educate members to access timely preventive health care services.		
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Provide 2 in-services for Provider Relations and Member Services staff	1 in-service for Provider Relations staff 1 in-service for Member Services staff	Conducted two in-services for Member Services staff and one for Provider Relations team.	1 in-service for Provider Relations staff	1 in-service for Provider Relations and 1 in-service for Member Services
Increase Kid and Teens Challenge (KTC) member enrollment (incentive program to support Childhood Immunization – Combo 3 and Well Child Visits in 3-6 th Years of Life)	10% increase in the number of member participants (N=127 Member participants)	107 members enrolled	23 members	56 members
Target KTC promotion at high volume provider offices	5+ provider sites	Promoted KTC at 4 high volume provider sites via Provider in-services and provider events	37 pediatric provider sites	37 pediatric provider sites
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Conduct in- services for Provider Relations and Member Services staff	6/16	6/16	On Track. Completed training for Provider Relations staff, pending training for Member Services staff.	Completed
Identify high volume providers for KTC promotion	6/16	6/16	Completed	Completed
Coordinate with QI to promote KTC program to members who haven't received a well care visit	12/16	12/16	On Track	Completed
Promote T2X Immunization Campaign	12/16	9/16	On Track. T2X immunization campaign will be promoted in September.	Completed
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis	Even with sustained promotion of the KTC in provider offices and the member newsletter, there was a 48% decrease in participation in 2016 compared to 2015			
Barrier Analysis	Members are less interested in the KTC raffle incentive program and more interested in a direct incentive program.			
Recommendations	Widely promote QI direct immunization incentive program for members in 2017 to encourage more well care and immunization visits.			

7. Initiative/ Project Title		Community Health Education			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		Secondary:		
Aim of Initiative/Program	Provide health education to members and providers in their community.				
2016 Performance Measures	2016 Goals	Outcome2015	Outcome Mid-Year 2016	Outcome Year End 2016	
Increase CalViva Health (CVH) member participation in health education (HE) classes	20% class participants are members	Conducted 267 HE classes to 2,260 total participants, 1,086 (48%) identified as CVH members.	Conducted 79 classes with 620 participants, 299 (48%) members	Conducted 143 HE classes to 1,170 total participants, 632 (54%) identified as members	
Increase CalViva Health member participation in health screenings or community events.	30% health screenings and events participants are members	Conducted 10 Health Screenings with 634 participants, 182 (29%) identified as CVH members. Attended 12 community Health Fairs with 3,299 participants, 346 (10%) identified as CVH members.	7 Promotores Health Network(PHN) events 227 participants,131 (58%) members 2 health screening events. Total of 94 participants, 47 (50%) members Total: 9 events, 321 participants, 178 (56%) members	Conducted 11 PHN events with 411 participants and 267 (65%) member reached	
Conduct provider forums on HEDIS topics (i.e. Asthma, Diabetes, Nutrition)	2 provider forums	Conducted 2 provider forums: 1 in June 2015 on asthma. Attended by 61 professionals, of which 28 (46 %) were healthcare providers. 1 in November 2015 on diabetes. Attended by 79 professionals, of which 55 (69%) were healthcare providers.	Conducted an asthma provider forum in May 2016. Attended by 33 professionals, of which 18 (55%) were healthcare providers (MD, RT, RN).	Conducted one asthma provider forum in May 2016. Attended by 33 professionals, of which 18 (55%) were healthcare providers (MD, RT, RN).	
Implement 4 health education incentive programs targeting asthma, diabetes, cervical cancer screening and postpartum care	20% class participants are members; 50% of eligible members received their appropriate preventive service after the class	Programs did not start in 2015	The 4 new incentive programs were approved in April 2016 but didn't launch until after mid-year due to lack of promotional material. Outcome data is not available yet.	Launched 4 member incentive programs reaching 266 members through class participation. 190 (or 71%) members educated completed their screenings.	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Develop plan to target CalViva Health members for key classes and screening events	4/16	4/16	Completed	Completed	
Conduct at least 2 provider forums on HEDIS topics	12/16	5/16	On Track	Postponed	
Promote T2X STD campaign to members and the community	12/16	9/16	On Track. T2X STC campaign will be promoted in September.	Completed	
Partner with Fresno County Department of Public Health to educate members and community on congenital syphilis and chlamydia	12/16	12/16	On Track	Completed	
Train/refresh all staff on new curricula	12/16	12/16	On Track	Completed	
Implement incentive programs with follow up calls	12/16	12/16	On Track	Completed	
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Successfully implemented health education incentive programs targeting asthma, diabetes, cervical cancer screenings and postpartum care. CalViva Health members accounted for 65% of participants screened at the PHN screening events and 54% of members attended the health education class.				
Barrier Analysis	Telephone calls to remind members to attend classes showed a high rate of wrong numbers or disconnected phones (average 40%). Conducted one provider forum in May 2016 and did not pursue a second intervention due to the shift in company priorities.				
Recommendations	Update the member care gap list to improve member contact rate. Conduct follow up phone calls to all members who attend a member incentive class to increase member screenings/pick up medication/postpartum visit.				

8. Initiative/ Project Title		Group Needs Assessment Update			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		T. Gonzalez		Secondary: B. Jackson, H. Su
Aim of Initiative/Program		Identify members' health education and cultural & linguistic needs to develop appropriate programs and services.			
2016 Performance Measures		2016 Goals		Outcome 2015	Outcome Mid-Year 2016 Outcome Year End 2016
Complete Medi-Cal GNA for Fresno, Madera and Kings Counties (1 reporting unit)		1 GNA Executive Summary		DHCS decided that an Update was not needed in 2015.	Developed GNA work plan. Implementing GNA member surveys. Completed and submitted CalViva Health GNA Executive Summary to DHCS.
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Develop work plan		3/16	3/16	Completed	Completed
Collect member data		6/16	6/16	Completed	Completed
Route GNA Update for review		9/16	9/16	On Track	Completed
Submit GNA Update to DHCS		10/16	10/16	On Track	Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Successfully completed and submitted the GNA to DHCS meeting the submission due date and 411 required member surveys.				
Barrier Analysis	Member phone disconnected or wrong numbers for members identified through the randomized selection methodology/process. Consider budgeting to contract with vendor to conduct telephone GNA surveys for future GNA.				
Recommendations	Assign additional employees to analyze member survey results. Coordinate with provider relations to inform providers on the GNA results. Continue to focus efforts on improving member, provider and community partner alignment/strategies to address member health gaps identified in the 2016 GNA. Incorporate GNA findings in work plan.				

9. Initiative/ Project Title		Member Newsletter			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary: S. Kristin		Secondary:		
Aim of Initiative/Program		Educate members about different health topics and inform members about available programs and services.			
2016 Performance Measures	2016 Goals		Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Complete CalViva Health member newsletters	4 newsletters		4 newsletters	2 newsletters	4 newsletters
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Request, write and edit articles according to production schedule for all newsletters	Ongoing	Q1 & Q2	On Track		Completed
Develop and implement CalViva Health member newsletters according to the production schedule	Quarterly	Q1 & Q2	Completed		Completed
Conduct interdepartmental meeting to decide 2017	9/16	12/16	On Track		Completed
Update desktop procedure as needed	12/16	12/16	On Track		Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	4 Newsletters approved and completed for CalViva Health.				
Barrier Analysis	Limited space due to fulfillment of new requirements and larger language bar.				
Recommendations	Research options to add pages to newsletter.				

10. Initiative/ Project Title		Public Policy Committee (PPC)			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary:	H. Su
Aim of Initiative/Program		Share Health Education Department updates to Public Policy Committee members to improve members' health outcomes and reduce health care costs.			
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016	
Present Health Education updates at PPC meetings	4-PPC meetings	4 PPC meetings	2 PPC meetings	4 PPC Meetings	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Assist CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings	Quarterly	Quarterly	On Track	Completed	
Invite key stakeholders to each PPC meeting	Quarterly	Quarterly	On Track	Completed	
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	The PPC provided input on the GNA development process, Rx for Health pad used in PHN project, Health Education and Quality Improvement Member Incentive Reports and the Health Education Department year-end work plan evaluation and 2016 work plan.				
Barrier Analysis	No barriers identified.				
Recommendations	Continue to inform PPC of Health Education interventions and request input or recommendations to increase member engagement.				

11. Initiative/ Project Title		Tobacco Cessation Program			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		B. Nate		Secondary: B. Jackson, T. Gonzalez
Aim of Initiative/Program		Improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among CalViva Health membership.			
2016 Performance Measures		2016 Goals		Outcome 2015	Outcome Mid-Year 2016
Enroll CalViva Health members that smoke participation in CA Smokers Helpline (CSH)		Enroll 406+ members		406 CVH members enrolled	Enrolled 188 members
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	
Evaluate CSH program enrollment		Quarterly	Quarterly	On Track	
Identify and promote CSH to current CalViva Health members who smoke		3/16 & 8/16	2/16	On Track	
Provide in-service for Provider Relations and Member Services staff		6/16	6/16	Completed	
Update CalViva Health smoking cessation promotional materials and provider operations manual		6/16	6/16	Completed promotional flyer. Finalizing provider operations manual in Q3.	
Promote CSH in one of four Quarterly Medi-Cal newsletters		12/16	Q1	Completed	
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	323 members enrolled in the CSH in 2016 (a 20% decrease from 2015). The CSH was promoted in the member newsletter and direct mail promotion to identified smokers. Providers were also encouraged to refer smokers to CSH.				
Barrier Analysis	CSH eliminated monetary incentive and nicotine replacement therapy benefits, and limited their statewide promotion starting in 2015 and continued into 2016. This contributed to lower enrollment rate seen across all health plans.				
Recommendations	Continue to promote the CSH to identified members who smoke from ICD-10, CPT, PM160 and pharmacy data twice a year in 2017. Explore other provider reminder activities to encourage more referrals to CSH.				

12. Initiative/ Project Title		State and County Collaboratives			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		Secondary:		
Aim of Initiative/Program		Provide Health Net representation and/or leadership in community partnerships to improve members and public's health.			
2016 Performance Measures	2016 Goals	Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016	
Partner with the California Immunization Coalition (CIC) and serve on CIC Board for the planning of Annual CIC Summit	Annual summit in April 2016	Summit convened in May 2015.	Summit convened in April 2016.	Summit convened in April 2016.	
Partner with key regional organizations addressing HEDIS related topics	Partner with 6+ coalitions or organizations	Collaborated with: Camarena Health Center, Central California Asthma Collaborative, Central Valley Chronic Disease Partnership, Clinica Sierra Vista, Departments of Public Health (Fresno, Kings and Madera), Fresno County's Binational Health Week and United Health Centers, Vision y Compromiso and Cultiva la Salud.	Collaborated with: Camarena Health Center, Central California Asthma Collaborative, Central Valley Chronic Disease Partnership, , Centro La Familia, Clinica Sierra Vista, Departments of Public Health (Fresno, Kings and Madera), Fresno County's Binational Health Week, United Health Centers, Vision y Compromiso and Cultiva la Salud.	Collaborated with: Adventist Health Central Valley Network, Camarena Health Center, Central California Asthma Collaborative, Central Valley Chronic Disease Partnership, , Centro La Familia, Clinica Sierra Vista, Departments of Public Health (Fresno, Kings and Madera), EOC WIC, Fresno County's Binational Health Week, Kings County First 5, United Health Centers, Vision y Compromiso and Cultiva la Salud.	
Provide health education leadership in Binational Health Week (BHW) events	Participate in 1 county BHW events.	Participated in 1 BHW event in Fresno at the Mexican Consulate with over 300 attendees.	Annual event pending for October 2016	Eliminate participation in BHW due to implementation of HEDIS priority projects.	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Assist in planning CIC annual summit	4/16	4/16	Completed		Completed
Serve on Binational Health Week event planning committees to implement activities	10/16	12/16	On Track		Completed
Participate in key organizations/collaboratives that impact HEDIS rates per county	12/16	12/16	On Track		Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Partnered with United Health Centers resulting in successful implementation of diabetes member incentive programs. Successful partnership with Vision y Compromiso to implement the 2 nd annual Central Valley Promotores Conference with 320 community member conference participants. Partnered with Clinica Sierra Vista to implement 2 Know Your Numbers events reaching 71 and 21 members. Partnerships will continue in 2017.				
Barrier Analysis	No barriers identified.				
Recommendations	Continue partnerships with key providers and community partners to increase promotion of CalViva Health programs and services and increase member engagement				

13. Initiative/ Project Title		Compliance: Staying Healthy Assessment, Oversight and Reporting			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input checked="" type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez, K. Schlater, H. Su		Secondary:	
Aim of Initiative/Program		Meet compliance and provide performance oversight of subcontractors			
2016 Performance Measures	2016 Goals		Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Complete and submit Health Education Department's (HED) Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports		Completed and submitted Program Description, Work Plan, and Work Plan evaluation reports.	Completed and submitted Program Description, Work Plan, and Work Plan evaluation reports	Completed and submitted Program Description, Work Plan, and Work Plan evaluation reports
Update Health Education Department's Policies and Procedures	Update Policies and Procedures		Updated Policies and Procedures.	Updated Policies and Procedures	No changes were needed in 2016. Policies and Procedures were still current in 2016
Complete all incentive program reports to CalViva Health and DHCS	Complete quarterly reports and annual evaluation reports		Submitted quarterly reports and annual evaluation reports.	Completed quarterly reports and 1 annual evaluation report	Complete quarterly reports and annual evaluation reports
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Complete quarterly incentive program reports and annual evaluations	Quarterly, Annually	Q1 & Q2	On Track		Completed
Complete mid-year and year end health education work plan evaluation reports	4/16 10/16	4/16	On Track		Completed
Work with CalViva Health to update Health Education Department's Policies and Procedures and Program Description	5/16	5/16	Completed		Completed. No changes needed in 2016.
Conduct provider trainings on Staying Healthy Assessment as needed	12/16	12/16	On Track		Completed
Year End Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Completed all required compliance reports.				
Barrier Analysis	No barriers identified				
Recommendations	Update compliance reports for 2017.				

14. Initiative/ Project Title		Health Education Department Materials Update, Development and Inventory			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		G. Toland		Secondary: M. Lin
Aim of Initiative/Program		Produce and update health education resources to meet member and provider needs.			
2016 Performance Measures	2016 Goals		Outcome 2015	Outcome Mid-Year 2016	Outcome Year End 2016
Required health education materials topics and languages available to providers, members and associates	All materials reviewed timely		Produced/Updated 17 CVH materials	Reviewed, updated and processed for approval Health Education Department materials.	Converted health education materials using the new FLO number. Experienced delays from Marketing to update FFFL, Healthy Habits for Healthy People, and Pregnancy Packets.
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Work with the team to update and produce materials	On-going	On-going	On Track		Postponed
Monitor accuracy of BOM and materials fulfillment	On-going	On-going	On Track		Postponed
Resolve issues with CDS and Marketing as necessary	On-going	On-going	On Track		Postponed
Track and plan preprinted materials inventory and ordering	On-going	On-going	On Track		Postponed
Review and submit HE materials plan and budget for 2017	12/16	12/16	On Track		Completed
Year End Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis	Health Education department worked with Marketing to convert material identification system (MCS to FLO) for all CVH materials. Experienced Marketing delays in updated health education packets. Packets will be updated and disseminated in 2017.				
Barrier Analysis	Unexpected changes within the Marketing department caused delays in materials delivery timeline.				
Recommendations	Secure Marketing support to ensure materials are reviewed and produced in a timely manner.				

Item #11

Attachment 11.C

2017 Health Education
Program Description



CalViva Health
~~2016~~2017 Health Education
Program Description

Fresno-Kings-Madera Regional Health Authority Commission Approval

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

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD, Chief Medical Officer

Date

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OVERVIEW

CalViva Health is a Local Health Initiative managed care plan licensed by the Department of Managed Health Care (DMHC) and under contract with the California Department of Health Care Services (DHCS) to provide health care services to Medi-Cal (MC) members. CalViva Health has MC operations in three California counties, spanning rural and urban settings with diverse and distinct challenges. The three MC counties include Fresno, Kings and Madera.

CalViva Health has an Administrative Services Agreement with Health Net Community Solutions (HNCS or Health Net) to provide certain administrative services on CalViva Health's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net Community Solutions for the provision of health care services to CalViva Health members through Health Net's network of contracted providers. Health Net Community Solutions provides health education programs, services, and resources on CalViva Health's behalf through these contractual arrangements. CalViva Health may also contract with other entities or health plans to provide health education programs, services, and resources for members enrolled with CalViva Health.

These services are based on community health, cultural, and linguistic needs in order to encourage members to practice positive health and lifestyle behaviors, to use appropriate preventive care and primary health care services, and to follow self-care regimens and treatment therapies. Health education services include individual, group and community-level education, and support by trained health educators. Provision of health education materials includes culturally and linguistically appropriate brochures, fact sheets, flyers, and newsletters. Under the oversight of CalViva Health, the Health Net Health Education Department (HED), in coordination with the Health Net Cultural and Linguistic Services Department, conduct a community needs assessment for CalViva Health contracted counties. Assessment results are used to develop health education priorities and the annual work plan.

POLICY STATEMENT AND PURPOSE

Policy Statement: CalViva Health is committed to providing appropriate and effective health education, health promotion and patient education programs, services and materials to its members based on community health, cultural, and linguistic needs. These programs and resources seek to encourage members to practice positive health and lifestyle behaviors, use appropriate preventive care and primary health care services, and learn to follow self-care regimens and treatment therapies. CalViva Health ensures the delivery of organized health education programs using education strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. CalViva Health conducts appropriate levels of evaluation, e.g. formative, process and outcome evaluation, to ensure effectiveness in achieving health education program goals and objectives.

HED's Goals:

- To provide free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community in achieving good health and overall wellbeing.
- To provide quality health education programs, services and resources to positively impact CalViva Health's HEDIS rates.
- To provide quality health education programs, services and resources to positively impact new member satisfaction and member retention.

Purpose:

- To provide accessible, no cost health education programs, services and resources based on the community health, cultural and linguistic needs of CalViva Health's members and contractually required program scope.
- To monitor the quality and accessibility of health promotion and education offered by CalViva Health Primary Care Physicians (PCPs) to CalViva Health members.
- To encourage PCPs to perform an individual health education behavioral assessment (IHEBA)/Staying Healthy Assessment (SHA); assist providers in prioritizing individual health education needs of their assigned patients related to lifestyle, behavior, environment, and cultural and linguistic background; and assist providers in initiating and documenting focused health education interventions, referrals and follow-up.

Confidentiality

CalViva Health's health education programs and services, administered through the HED, maintain the confidentiality of all documents and any acquired member identifiable information in accordance with company, state, and federal regulations.

PROCEDURES

CalViva Health establishes programs and services to meet the regulatory requirements of Department of Health Care Services (DHCS) and offers no-cost information materials, programs, and other services on a variety of topics to promote healthy lifestyles and health improvement to members. These programs and services include:

Health Education Programs, Services and Resources (Interventions)

CalViva Health arranges organized health education interventions using educational strategies, methods and materials that are appropriate for the member population and effective in achieving behavioral change for improved health. The HED directly offers no cost health education interventions to CalViva Health members in each contracted county. When a contracted provider with expertise in delivering health education interventions offers the same type of service, the member is referred to the provider that is delegated to serve that member. Members are referred to the appropriate health education program (within CalViva Health, local hospital or a community based organization) based on type of request, geographical, cultural, and language circumstances.

CalViva Health ensures provision of the following program interventions for members by addressing the following health categories and topics:

- **Effective Use of Managed Health Care Services:** Educational interventions designed to assist members to effectively use the managed health care system, preventive and primary health and dental care services, obstetrical care, health education services, and appropriate use of complimentarycomplementary and alternative care.
- **Risk Reduction and Healthy Lifestyles:** Educational interventions designed to assist members to modify personal health behaviors, achieve and maintain healthy lifestyles, and promote positive health outcomes, including programs for tobacco use and cessation; alcohol and drug use; injury prevention; prevention of sexually transmitted diseases (STD), HIV and unintended pregnancy; nutrition, weight control, and physical activity; and parenting.
- **Self-Care and Management of Health Conditions:** Educational interventions designed to assist members to learn and follow self-care regimens and treatment therapies for existing medical conditions, chronic diseases or health conditions, including programs for pregnancy, asthma, diabetes, and hypertension.

Members and PCPs may request educational materials on health topics such as, but not limited to, nutrition, tobacco prevention & cessation, HIV/STI prevention, family planning, exercise, dental, perinatal, diabetes, asthma, hypertension, age-specific anticipatory guidance, injury prevention and immunization. Some of these topics are also offered at community classes.

Point of Service Education: CalViva Health monitors that (1) members receive health education services during preventive and primary health care visits, (2) health risk behaviors, health practices and health education needs related to health conditions are identified, and (3) educational intervention, including counseling and referral for health education services, is conducted and documented in the member's medical record. CalViva Health ensures that providers use the DHCS developed and approved Individual Health Behavioral Assessment tool, Staying Healthy Assessment, or other approved assessment tool for identifying Medi-Cal medical members' health education needs and conducting educational interventions. CalViva Health provides health education resources, programs and community classes to assist contracted providers to provide effective health services for members.

The following programs are available at no cost to CalViva Health's members through self-referral or a referral from their primary care physician. Members and providers may obtain more information about these programs and services by contacting the HED's toll-free Health Education Information Line at (800) 804-6074.

- Weight Management Programs –Members have access to a comprehensive Fit Families for Life-*Be In Charge!*sm suite of programs. The Fit Families for Life-Home Edition is a 5-week home-based program to help families learn and set weekly nutrition and physical activity goals to achieve a healthy weight. Other nutrition and weight control education materials are also available upon request. Members may speak with a nurse specialized in nutrition or a dietitian about their nutrition related concerns through the Fit Families for Life-Breastfeeding and Nutrition Support Line. Members 6-20 years old with a 95th BMI percentile or higher are eligible to participate in the Fit Families for Life-Coaching Program. These members work with a nurse specialized in nutrition or a dietitian to establish a personal weight control plan and have unlimited access to the coach for on-going support. These members will also have access to a ~~text messaging intervention and~~ incentives to enhance their learning and engagement. Fit Families for Life-Community Celasses, teaching basic nutrition and physical activity information, are offered at ~~CalViva Health Community Solutions Center community centers~~ and community based organizations located in areas where CalViva Health members reside. The Fit Families for Life-Community Classes are free to all CalViva Health members and the community. CalViva Health will launch a new Healthy Habits for Healthy People weight management educational resources ~~and community classes~~ specifically for adults and seniors in the future.
- Disease Management Program – Members with asthma, diabetes, and chronic heart failure are enrolled into *Be In Charge!*sm Disease Management ~~Be In Charge!~~sm programs to help them control their condition. ~~These~~ programs ~~is~~ are administered through a vendor Axispoint Health. Members receive educational resources and have unlimited 24 hour access to a nurse to address their medical concerns. High-risk members also receive nurse initiated outbound calls to help members manage their conditions.
- Pregnancy Matters[®] – Pregnant members receive educational resources and telephonic support through the Breastfeeding and Nutrition Support Line to help them achieve a successful pregnancy and healthy baby. Educational resources include materials on monitoring the baby's movement and handbooks on planning a healthy pregnancy, caring for your baby, and teen parenting.
- California Smokers' Helpline.--The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service operated by the University of California San Diego Moore's Cancer Center. The Helpline offers self-help resources, referrals to local programs, and one-on-one telephone counseling to quit smoking. Helpline services are available in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese), and specialized services are available to teens, pregnant women, and tobacco chewers. CalViva Health ensures that providers complete the Individual Comprehensive Health Assessment, including the Individual Health Education Behavioral Assessment/Staying Healthy Assessment, to identify members (including pregnant women) who are smokers. Providers will provide interventions such as education or face-to-face counseling to help identified smokers (including pregnant women) quit and to prevent initiation of tobacco use in school-aged children and adolescents. Members are offered a 90 day regimen of all FDA approved tobacco cessation medications with at least one medication available without prior authorization. CalViva Health will cover a minimum of two separate quit attempts per year with no mandatory break between quit attempts. CalViva Health also offers no cost individual, group and telephone counseling without prior authorization for members of any age regardless if they opt to use tobacco cessation medications.
- Breastfeeding and Nutrition Support Line – Members have access to nutrition advice from a dietitian or breastfeeding advice from a lactation specialist. Counseling and related educational materials are provided in a variety of threshold languages. The Breastfeeding and Nutrition

Support Line is provided as an educational service to members and does not replace a comprehensive nutrition assessment by a dietitian or physician. Extended services, such as nutrition assessments for chronic diseases, are available through provider referrals.

- Nurse Advice Line – Members may speak to a nurse 24 hours a day, 7 days a week in the member's preferred language about any health related concerns.
- Healthy Hearts, Healthy Lives –Members have access to a heart health prevention toolkit (educational booklet, tracking journal and fitness DVD) and access to community classes to learn how to maintain a healthy heart.
- Electronic-Digital Health Education -Teens from 13 years old and adults may participate in electronic health education campaigns and programs available through T2X's website, text messaging and mobile app. T2X engages members in discussing health topics that are important to them. T2X interventions guide members in learning how to access credible health education information and seek preventive health care services. ~~Two new program HED will explore the possibility of implementing a Lifeline Programs are in 2017. being explored for implementation starting in 2016: 1) a Text4baby educational text messaging program for pregnant women and 2) a The federal Lifeline P program offering~~ low income households access to a free cell phone with unlimited text, voice minutes and a data plan. This program will allow members to participate in health promotion text messaging programs and voice minutes to participate in the Text4baby program and to stay in contact with CalViva Health.
- Community Health Education Classes - Free classes are offered to members and the community. Classes are available in various languages. Topics vary by county and are determined by the community's needs.
- ~~Member Newsletters – Newsletter is mailed to members on a quarterly basis and covers various health topics and the most up-to-date information on health education programs and services.~~
- Community Health Fairs – HED participates in health fairs and community events to promote health awareness and promotion to members and the community. CalViva Health representatives provide screenings, presentations, and health education materials at these events.

The following educational resources materials regarding health education services are available to members:

- Health Education Member Request Form — Members complete this pre-stamped form to request free health education materials available through the department. The form also contains the toll-free Health Education Information Line.
- Health Education Programs and Services Flyer— This flyer contains information on all health education programs and services offered to members and information on how to access services.
- Preventive Screening Guidelines -- The guidelines are provided to inform members of health screening and immunization schedules for all ages. These are available in English, Spanish and Hmong.
- ~~Member Newsletter – Newsletter is mailed to members on a quarterly basis and covers various health topics and the most up-to-date information on health education programs and services.~~

CalViva Health follows MMCD Policy Letter 16-005 to develop, implement and evaluate appropriate incentive programs to promote positive health behaviors among members.

Group Needs Assessment

CalViva Health conducts a Group Needs Assessments (GNA) for contracted counties and develops a health education work plan based on the assessment results. The purpose of the GNA is to determine the health education, cultural, language, and health care access needs of CalViva Health Medi-Cal members. A full GNA report is submitted to DHCS every five (5) years and ~~an annual GNA Update~~ a work plan reflecting updated GNA findings is submitted each of the other four (4) years.

CalViva Health ensures that the findings of the GNA, as well as other relevant information, are used to establish health education, cultural & linguistics and quality improvement program priorities and appropriate levels of intervention for specific health issues and target populations. GNA findings are used to prioritize the annual work plan objectives and intervention activities and to guide on-going project developments to address the unmet needs of our members.

The health education system shall be reviewed at least once a year to ensure appropriate allocation of health education resources based upon needs assessment findings, program evaluation results, and other plan data. Health education programs, services and resources are developed, augmented, prioritized and allocated according to several critical sources that identify areas of need. The health education work plan is developed on an annual basis based on the following listed data sources:

- Needs and recommendations identified in the GNA findings, or other assessment findings, which are reviewed on an on-going basis
- Available provider and member surveys that identify the needs for new and satisfaction with current health education and cultural and linguistic services
- ~~Member surveys that identify health education, cultural and linguistic service needs and satisfaction with current health education services. The member survey is conducted every 5 years following the GNA Report timeline.~~
- Annual evaluation of all health education services that include process and outcome evaluation and direct health education service requests from members and providers
- Data from current CalViva Health HEDIS® health outcomes reports
- Specific community requests determined through the CalViva Health Public Policy Committee meetings
- Discussion and coordination of community needs at various community-based workgroups and coalitions
- Needs identified by other departments

The results of the assessment ~~(such as health education, cultural/linguistic needs, and information about services offered by community-based organizations and PCPs)~~ are presented at appropriate internal forum (e.g., QI/UM Workgroup) and external forum (e.g., QI/UM Committee, Public Policy Committee).

Educational Materials

Health education materials are provided to members and contracted providers for dissemination to their Medi-Cal members. CalViva Health produces health education materials for its members with a 6th grade or lower reading level and takes diverse cultural backgrounds into consideration in their development and translation. Materials are also available on alternative formats upon member request. The Cultural and Linguistic Services Department reviews these materials for accuracy of translation, cultural content, and reading level. Moreover, CalViva Health evaluates member materials with the assistance of experts, Public Policy Committee, focus groups, and/or individual and group interviews. Health education materials are also offered and disseminated through community health education classes, health fairs and other events that are significantly relevant to the CalViva Health priority areas.

Promotion of Health Education Programs, Services and Resources

A. Members

CalViva Health promotes members to appropriately use health care services including health education interventions. CalViva Health also monitors that these interventions are available and accessible upon member self-referral or referral by contracting providers. Members are provided information in the following ways:

- Via the toll-free Health Education Information Line, Nurse Advice Line, Breastfeeding & Nutrition Support Line, and Member Services Information Line
- On CalViva Health's website and the social media website <http://t2x.me>
- Information contained in the member newsletters and other member mailings
- Inclusion in the enrollment packets with Health Education Member Request Form
- At health fairs and other community events
- Via the CalViva Health contracted providers' offices
- In association with Community Based Organizations
- During health education presentations and classes
- Inclusion in the Evidence of Coverage (EOC)
- Through other internal departments (e.g., Quality Improvement, Provider Relations, Public Health Coordination and Cultural & Linguistics)

B. Providers

CalViva Health offers education, training, and program resources to assist contracting practitioners in the delivery of effective health education services for members. Provider educational and training opportunities can include CME training information, in-services on health education programs and services, and web-based health education. Information about CalViva Health's health education programs and resources are disseminated to contracting providers through the following ways:

- CalViva Health's Provider Toolkit and web-based Provider Operations Manual contain requirements for health education and available health plan's services. The Toolkit and Manual are updated as needed. The Health Education materials order form is included as an attachment and offers materials in multiple languages and on multiple health topics at no cost to the providers or members
- Provider on-line newsletters, Provider Updates, flyers and other provider mailings
- CalViva Health's provider trainings
- On-site visits are conducted by the Facility Site Compliance Department, Provider Relations Department and HED to inform providers and their staff about CalViva Health's services, including health education programs, [Staying Healthy Assessment](#), and resources
- CalViva Health's toll-free Health Education Information Line
- Health education in-services including the Child and Adolescent Overweight Provider Toolkit and Fit Providers for Life weight management wellness program for providers and their staff

C. CalViva Health and Health Net Staff

The HED provides regular communications with Plan staff to keep them abreast of health education interventions and to foster collaborative efforts to improve health outcomes for members. The HED

reaches out to the following departments: Public ~~Health Programs~~, Quality Improvement, Health Care Services, Cultural & Linguistic Services, Provider Relations, Member Services and Enrollment Services.

Health education programs, resources and services are promoted to staff through the following ways:

- Health Education Department intranet site
- Health Education Department email [bulletinsupdates](#)
- State Operational Meetings
- Presentation at individual department's staff meetings
- Member newsletters
- Interdepartmental workgroup meetings

D. Community Collaborations

The HED interacts with community-based organizations (CBOs), providers and other stakeholders in statewide and county specific collaborations to support health initiatives to promote positive community member health and lifestyle behaviors. The HED also participates to promote CalViva Health's health education interventions. The HED's Health Promotion Consultants are involved in coalitions that address major health issues identified in the GNAs and/or reflective of CalViva Health's priorities. Creating and maintaining community connection allows for input and guidance on member services and programs and assures that the HED work reflects the needs of CalViva Health members. The role of the HED within the CBO or community collaborative is primarily consultative in nature. In some instances, HED takes on a more leadership role where appropriate. CalViva Health may also provide sponsorships to CBOs and collaboratives to implement interventions that meet the company's priorities. When inquiries regarding financial or resource sponsorships from CalViva Health are brought forth by the CBO or community collaborative, the HED will gather all of the relevant information on the proposed sponsorship project and present the opportunity to CalViva Health.

CalViva Health's Health Education Standards and Guidelines

The HED's standards and guidelines must support the findings of professional experts or peers, best practices, and/or published research. CalViva Health monitors the performance of providers that are contracted to deliver health education programs and services to members, and implement strategies to improve provider performance and effectiveness.

~~Health education programs and materials are offered in an appropriate cultural, language, reading level, and alternative formats, and are reviewed and approved by the HED, Cultural & Linguistic Services Department, Medical Directors, CalViva Health staff and the California Department of Health Services as appropriate.~~ Educational materials for Medi-Cal members must be culturally appropriate and written at a sixth-grade (or lower) reading level and in an easy-to-read format. All health education materials are reviewed and approved by the Health Education Department, Cultural & Linguistic Services Department, Medical Directors, CalViva Health staff and contracting regulators as appropriate. CalViva Health pre-translated Aa core set of educational materials are available in Spanish and Hmong. Health Education materials are also available in alternative formats upon member request. Diverse cultural backgrounds must be taken into consideration when these materials are created and translated. Educational materials and services must be available on a variety of topics to members and providers at no cost.

CalViva Health's educational interventions and programs are developed based on specific professional behavioral models, such as the PRECEDE/PROCEED model, the Health Belief Model, and the Transtheoretical/Stage of Change model. These models are valuable in health education and promotion planning since they provide a format for identifying factors related to health problems, behaviors, and program implementation. The following are the most common health education methods used:

- Structured health education classes and other events: Health education classes, presentations, health fairs, screenings or other event participation on topics such as diabetes, asthma, pregnancy, nutrition, exercise, cervical cancer, dental, hypertension, etc.
- Telephonic/Face-to-Face interventions: Examples include our Fit Families for Life-Be In Charge!sm Coaching Program and Breastfeeding and Nutrition Support Line, and California Smokers' Helpline smoking cessation program.
- Mass media: Direct member mailing and electronic-digital education interventions on various health education topics, such as Preventive Screening Guidelines, diabetes, asthma, pregnancy, smoking cessation, and weight control.

Another health education standard includes the evaluation of all health education programs to ensure effectiveness in achieving health education goals and objectives. The different types of evaluation methods used are: qualitative, quantitative, formative, process, and outcome.

Individual Health Education Behavioral Assessment (IHEBA)/ Staying Healthy Assessment (SHA)

The California Department of Health Care Services (DHCS) requires primary care physicians to administer an Individual Health Education Behavioral Assessment (IHEBA) to Medi-Cal members. The DHCS developed and approved IHEBA is the Staying Healthy Assessment (SHA). CalViva Health encourages all new members to complete the IHEBA within 120 calendar days of enrollment as part of the initial health assessment (IHA); and that all existing members complete the IHEBA at their next non-acute care visit. CalViva Health encourages: 1) that primary care providers use SHA, or alternative approved tools that comply with DHCS approval criteria for the IHEBA; and 2) that the IHEBA tool is: a) administered and reviewed by the primary care provider during an office visit, b) reviewed at least annually by the primary care provider with members who present for a scheduled visit, and c) re-administered by the primary care provider at the appropriate age-intervals.

Contracted providers or provider groups must notify Health Net two months in advance of using electronic copy of SHA, Bright Futures, and alternative IHEBA tools. Alternative IHEBA tools will need DHCS approval prior to use. Members may decline to participate in an offered assessment. CalViva Health conducts various activities to improve IHEBA implementation, including on-site in-services at provider offices, targeting office staff to complete the non-clinical IHEBA items with the member, and educating members about IHEBA/IHA through direct mailing.

This assessment should occur as part of the 120-day initial health assessment for new members. All existing members should be assessed at the time of their next non-acute care visit. CalViva Health encourages PCPs to use the DHCS-approved IHEBA. Contract providers or provider groups must notify CalViva Health two months in advance of using electronic copy of SHA, Bright Futures, and alternative IHEBA tools. Alternative IHEBA tools will need DHCS approval prior to use. Members may decline to participate in an offered assessment.

The assessment consists of standardized questions developed by Medi-Cal managed care health plans in collaboration with DHCS to assist PCPs in: 1) identifying high-risk behaviors, including smoking, of individual members; 2) assigning priority to individual health education needs of their patients related to lifestyle, behavior, disability, environment, culture, and language; 3) initiating and documenting health education interventions, referrals, and follow-up care with members; and 4) identifying members whose health needs require coordination with appropriate community resources and other agencies for services not covered under the current contract.

The SHA consists of nine questionnaires specific to age ranges in which health risk factors may change significantly. They are available in Arabic, Armenian, Chinese, English, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Providers are been-informed via a Provider Update and provider in-services on the SHA requirements, how to complete and document the questionnaires, how to provide appropriate health education and referrals, and where to access the questionnaires. The HED

~~keeps a log to track provider trainings.~~ CalViva Health makes these forms available to contracting providers via the toll-free Health Education Information Line, on the provider website, and on the provider materials order fax form.

Public Policy Committee (PPC)

CalViva Health maintains a Public Policy Committee, as one way for members to participate in establishing the public policy of the plan. "Public policy" means acts performed by the Plan or its employees and staff to assure the comfort, dignity, and convenience of members who rely on the Plan's facilities to provide health care services to them, their families, and the public.

The Public Policy Committee meets four times a year. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The Committee includes CalViva Health members, member advocates (supporters), a Commissioner of CalViva Health's governing board, the Fresno-Kings-Madera Regional Health Authority (RHA) Commission, and health care providers.

STAFF RESOURCES AND ACCOUNTABILITY

1. CalViva Health Committees

A. Governing Body/RHA (Regional Health Authority) Commission

The RHA Commission is the governing body with ultimate authority and responsibility for the oversight of CalViva Health.

B. QI/UM Committee

The QI/UM Committee monitors the quality and safety of care and services rendered to CalViva Health members. This Committee identifies opportunities for improvement, recommends policy decisions, evaluates the results of activities, institutes needed actions, and ensures follow up as appropriate. The Health Education program description, work plan, incentive program summary, and end of year [work plan evaluation](#) reports are all submitted to the CalViva Health QI/UM committee for review and approval. The QI/UM committee provides regular reports to the RHA Commission.

C. Public Policy Committee

The Public Policy Committee includes CalViva Health members, member advocates (supporters), a RHA Commissioner, and a health care provider. Committee responsibilities include obtaining feedback and guidance in the delivery of culturally and linguistically appropriate health care services, and establishing and maintaining community linkages. The Health Education program description, work plan, incentive program summary and end of year reports are shared as information to the Public Policy Committee. The Public Policy Committee provides regular reports to the QI/UM Committee and the RHA Commission.

2. CalViva Health Staff Roles and Responsibilities

A. Chief Medical Officer

CalViva Health's Chief Medical Officer's responsibilities include assuring that CalViva Health's programs are compatible and interface appropriately with the provider network and the overall scope of CalViva Health's QI program. A medical management team is under the direction of the Chief Medical Officer.

B. Medical Management Team

CalViva Health's Medical Management team includes the Chief Medical Officer, Director of Medical Management Services, who is a Registered Nurse, and a [Quality Medical Management](#) Specialist to monitor and evaluate the adequacy and appropriateness of health and administrative services on a continuous and systematic basis.

C. Chief Compliance Officer

CalViva Health's Chief Compliance Officer's responsibilities include assuring that CalViva Health's programs are in compliance with the DHCS contract, regulatory standards and reporting requirements. A compliance team is under the direction of the Chief Compliance Officer.

D. Compliance Team

CalViva Health's Compliance team includes the Chief Compliance Officer, a Manager, who is a Certified Health Education Specialist, [an analyst a Project Manager](#), and a provider relations representative who focuses on compliance activities with the provider network.

3. Health Net Health Education Department (HED) Staff Roles and Responsibilities

The HED's primary function is to fulfill DHCS contractual requirements for health education and provides a supporting role in the development and implementation of quality improvement initiatives coordinated by the QI Department including but not limited to the development and implementation of HEDIS® interventions. CalViva Health's QI/UM Committee oversees the work of the HED.

A. The HED Leadership Team

Important health education services are developed and coordinated within the CalViva Health service area by the HED. The HED continues to maintain their internal reporting responsibilities within Health Net Community Solutions, as a subsidiary to Health Net Inc., (e.g. Chief Executive Officer (CEO), Vice Presidents, Officers, Directors, etc.) however, activities conducted within the CalViva Health service area are subject to oversight by CalViva Health's staff and respective committees.

Incorporating Health Education into Health Care Services Delivery

Processes are in place, including inter-organizational (CalViva Health and Health Net Community Solutions) and provider-initiated methods of identifying members in need of health education, communication assistance, referral to appropriate departments, and coordination of services delivery. Examples of such coordination activities are as follows:

- a) Quality Improvement (QI): HED provides technical and advisory support on health education-related QI interventions and works closely with QI and the Cultural and Linguistics Services Departments and CalViva Health staff to implement HEDIS® improvement projects.
- b) Cultural & Linguistic Services (C&L): HED coordinates with C&L to develop culturally and linguistically appropriate educational resources and programs including converting materials into alternative formats. HED also coordinates with the C&L department to conduct health disparity projects and with the CalViva Health staff to implement Public Policy Committee meetings throughout Fresno, Kings and Madera Counties.
- c) Member Services (MS): HED coordinates with the Member Services Department to include an on-hold health education message on their toll free Medi-Cal phone line. Various health education programs and resources to members are promoted while transferring them directly to the Health Education Information Line. The HED also coordinates with Member Services to conduct third party oral translation of health education information directly to non-English/non-Spanish-speaking members and to make health education program referrals by members who access the MS phone line.
- d) Medical Management (MM): HED works closely with medical directors to incorporate health education interventions into health improvement projects.
~~HED coordinates with MM and CalViva Health staff to review and approve disease management educational materials for members prior to distribution.~~
- e) Health Care Services (HCS): HED coordinates with HCS nurses to refer members to the HED for health education programs, services and materials.
- f) Provider Relations (PR): HED coordinates with PR staff to refer members to the HED for health education programs, services and materials through PR's outreach to providers in the community and/or office.

~~f)g)~~ Public Programs (PP): HED coordinates with PP staff to refer members to the HED for health education programs, services and materials through PP's targeted initiatives.

~~g)h)~~ Enrollment Services (ES): HED partners with ES to help CalViva Health's pregnant women understand the importance of baby well care visits, postpartum visits and the process for getting their newborn insured.

CalViva Health's health education initiatives support improvement in local public health concerns and support CalViva Health contracted providers' ability to provide culturally and linguistically appropriate health education programs and services.

Strategies for Improving the Effectiveness of Health Education Programs and Services

The HED utilizes findings from program evaluation to identify areas for improvement and to establish strategies for improving program effectiveness. Program evaluation data at varying levels are collected on an on-going basis through methods such as health education class evaluation surveys, monthly reports of nutrition, quarterly reports and smoking of smoking cessation program activity, member completed preventive health screenings, and monthly reports of weight management program referrals. Strategies are multi-level and developed to tailor specific needs, such as increasing targeted promotion of a program to increase access to services, enhancing class curricula to include more interactive activities based on feedback from class participants, and enhancing a group intervention program by including an individual-level intervention component.

Providers are contracted to deliver and make available no cost health education programs and services to CalViva Health's Medi-Cal members. To improve provider performance in delivering health education services to members, the HED connect providers to a variety of provider training and educational opportunities such as CME training both within targeted Medi-Cal counties and via free on-line training. PCPs are also kept informed on CalViva Health's health education programs and services. Monitoring is conducted through monthly analysis of program utilization and provider referrals, through the Facility Site Review and Medical Record Review processes. Moreover, the annual work plan is evaluated to assess progress and outcomes and to develop strategies for enhanced intervention effectiveness for the following year. Moreover, the work plan is monitored and its activities and measurable objectives evaluated to assess progress and outcomes and to develop strategies for improving effectiveness of health education programs and services for the following work plan period.

PROGRAM EVALUATION

HED Internal Monitoring & Evaluation

The following process is in place to ensure internal monitoring and evaluation:

- Health education materials are offered in an appropriate cultural, linguistic, and reading level. HED will follow the MMCD All Policy Letter 11-018 (Readability and Suitability of Written Health Education Materials) to develop, review and approve written health education materials. CalViva Health Chief Medical Officer's review and approvals are needed for materials with clinical information.
- Health education classes and programs are evaluated ~~by the participants for content and presentation for effectiveness.~~
- A documentation system tracks member requests for health education interventions.
- A documentation system tracks provider requests for health education resources to be distributed to members.
- Requests for health education materials and services are evaluated on a monthly and annual basis.
- Mid-year and year-end work plan evaluation reports are prepared and reviewed.
- A GNA Report ~~or Update report is developed annually~~ is developed. A member survey is conducted during each GNA Report year to obtain member feedback on health education interventions accessed through CalViva Health's HED.
- An evaluation report is submitted to CalViva Health for review and subsequent submission to DHCS annually for each active health education incentive program.

CalViva Health Monitoring & Evaluation

The following activities are in place to ensure CalViva Health's oversight responsibilities over the delegation of HED programs, services and resources to Health Net:

- **Communications Review** - The CalViva Health Chief Medical Officer, Chief Compliance Officer or designee review and approve all health education materials created by the HED before distribution to CalViva Health members.
- **Reports** - The CalViva Health QI/UM Committee oversees the HED programs and reviews the Health Education Department program description, work plan, and reports to ensure planned interventions are in place and completed by target date.
- **Audits** - CalViva Health conducts an oversight audit of health education activities performed by the HED. The main elements covered in the audit include but are not limited to: establishing, administering, and monitoring of the health education system, assessing the need for health education, and health education material development and approval process. The results of the audit are shared with the HED, the QI/UM Committee, and the RHA Commission.

Program evaluation for CalViva Health's health education programs and services include both process and outcome measures. Process measures will assess the extent to which the delivery of services is consistent with program design specifications and the level of utilization, such as monitoring of program participation and program feedback. Outcome evaluation will assess the amount and direction of change in knowledge, attitudes, and behaviors that have occurred with an intervention, such as for a health education class. An annual work plan is developed with measurable objectives, rationale, barriers, and outcomes, and is reviewed and updated to monitor and evaluate progress every 6 months.

Item #11

Attachment 11.D

2017 Health Education
Work Plan



2017 Health Education Department Work Plan

Submitted by:

Patrick Marabella, MD, Chief Medical Officer

Amy Schneider, RN, BSN, Director Medical Management

I. Purpose

The purpose of the CalViva Health (CVH) 2017 Health Education Work Plan is to provide a systematic plan of health education activities for the calendar year. It also documents the outcomes of proposed health education programs and services. The implementation of this plan requires the cooperation of CalViva Health senior staff management and multiple departments such as Cultural and Linguistic Services, Quality Improvement, Utilization/Care Management, Members Services, Marketing, and Provider Relations.

II. Goals

1. To provide CalViva Health's free, accessible, culturally and linguistically appropriate health education programs, services and resources to aid members and the community in achieving good health and overall wellbeing.
2. To provide quality health education programs, services and resources to positively impact CalViva Health's HEDIS rates.
3. To provide quality health education programs, services and resources to positively impact new member satisfaction and member retention.

III. Objectives

1. Encourage members to practice positive health and lifestyle behaviors.
2. Promote members to appropriately use preventive care and primary health care services.
3. Teach members to follow self-care regimens and treatment therapies.

IV. Selection of the Health Education Department Activities and Projects

The 2017 Health Education Work Plan activities and projects are selected from results of county-specific group needs assessment reports (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.

V. Strategies

The 2017 Health Education Work Plan supports and maintains excellence in health education services activities through the following strategies: increase provider support, resources and communication to ensure provision of comprehensive health care services; support community collaboratives to promote preventive health initiatives; enhance member utilization of CalViva Health's health education and cultural and linguistic resources to help them better understand and manage their health conditions and improve HEDIS rates; improve Health Education Department's efficiency; and to meet compliance. The main health areas of focus are: pregnancy, weight control, member engagement, smoking cessation, preventive health care services, and chronic disease education.

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Fresno-Kings-Madera Regional Health Authority Committee Approval

The Fresno-Kings-Madera Regional Health Authority has reviewed and approved this Work Plan.

David Hodge, MD
Regional Health Authority Chairperson

Date

Patrick Marabella, MD
Chief Medical Office

Date

1. Initiative/ Project Title		Digital Educational Programs (T2X, Lifeline and Text Messaging Programs)			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	H. Su, B. Nate		Secondary:	B. Jackson, T. Gonzalez
Aim of Initiative/Program		Develop, disseminate and evaluate digital health promotion and member engagement information and programs to members			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017	
Develop and launch Lifeline Program	Obtain approval for TracFone to implement Lifeline program	Postponed to 2017. TracFone (vendor) did not get promotional materials approved in 2016			
Enroll members in the health promotion text messaging program(s)	Health Promotion Text Messaging Program(s): 150+ members	Text4baby Program: 244 members			
Promote T2X health promotion campaigns	Reach 1,500+ participants nation-wide.	Promoted Asthma, Teen Pregnancy, Depression and Adolescent Vaccination campaigns. Reached 1,685 participants nation-wide			
Promote MyStrength Program to address depression, anxiety and substance abuse disorders	Enroll 30+ members	Enrolled 9 members			
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Promote MyStrength in member newsletter and to case managers to refer applicable members	7/17				
Get promotional materials approved and send membership file to TracFone to launch Lifeline program	9/17				
Identify, promote and enroll eligible members into health promotion text messaging program(s)	12/17				
Promote T2X to CalViva Health members targeted for HEDIS improvement	12/17				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

2. Initiative/ Project Title		Member Engagement for Improved Health Initiative		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	T. Gonzalez		Secondary: B. Jackson
Aim of Initiative/ Program		Support members in being informed, satisfied and engaged to effectively manage their health.		
2017 Performance Measures	2017 Goals		Outcome 2016	Outcome Mid-Year 2017 Outcome Year End 2017
Implement a diabetes member incentive program to increase class participation and screenings	40% of targeted members will receive health education with at least 10% of members completing their HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings		55 members participated in the diabetes classes and 83 members completed and submitted the diabetes incentive form for HbA1c test, Eye Exam, Kidney Test, and Blood Pressure screenings	
Implement an asthma incentive program to increase class participation and increase member compliance with their medication refills	40% of targeted members will receive health education with at least 10% of members completing their asthma medication refill		5 members participated in the asthma classes and no members completed and submitted the asthma incentive form for their medication refills	
Implement a baby shower member incentive program and increase member postpartum visits	40% of targeted members will receive health education with at least 10% of members completing their postpartum visit		67 members participated in the baby shower incentive classes and 1 member completed and submitted the postpartum incentive form	
Implement an cervical cancer member incentive program to increase screenings	40% of targeted members will receive health education with at least 15% of members completing their cervical cancer screening		73 members participated in the cervical cancer screening classes and 105 members completed and submitted the cervical cancer screening incentive form	
Develop an incentive program to increase blood pressure screenings	Obtain DHCS approval for blood pressure screening incentive program and develop appropriate educational material		No program in 2016	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Identify HEDIS priority topics to implement with high volume low performing providers	2/17			
Revise tracking database and train health educators to implement the incentive programs	3/17			
Submit program evaluations to DHCS	5/17			
Partner with CalViva and QI to conduct specialty clinics for cervical cancer screenings	5/17			
Review and revise the Asthma Basics and Diabetes class curriculum and evaluation tool	6/17			
Conduct quarterly classes with targeted provider partners to support county specific HEDIS priorities topics	12/17			
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis				
Barrier Analysis				
Recommendations				

3a. Initiative/ Project Title		Obesity Prevention: Members			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary: D. Carrillo		Secondary: B. Jackson, T. Gonzalez		
Aim of Initiative/Program		Increase member awareness and participation in obesity prevention programs to improve health outcomes.			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017	
Increase FFFL Home Edition Program enrollment, survey return rate & satisfaction	200+ members, 3% survey return rate with 90%+ satisfaction from surveys	108 members, 11% survey return rate with 100% satisfaction from surveys			
Improve FFFL Coaching Program enrollment and engagement	60+ members with 70% of members completing at least 1 call (closed cases) and 40% members completing all 5 calls (closed cases with at least 1 call)	42 members with 76% of members completing at least 1 call (closed cases) and 47.7% members completing all 5 calls (closed cases with at least 1 call)			
Increase Healthy Habits for Healthy People (HHHP) program enrollment	30+ members	N/A			
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Outreach to senior-based organizations to promote HHHP availability	5/17				
Develop Healthy Habits for Healthy People enrollment scripts (English & Spanish) with compliance approval	7/17				
Promote FFFL and HHHP in member newsletter	10/17				
Replace FFFL Coaching program with Enroll People Care programs (Raising Well and an adult equivalent)	12/17				
Develop EPC referral data capture process with vendor (RICOH)	12/17				
Submit incentive evaluation report to DHCS	12/17				
Conduct FFFL Home Edition enrollment calls (PM 160 Data) and survey follow-up calls	Quarterly				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

3b. Initiative/ Project Title		Obesity Prevention Community		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary: D. Carrillo
Aim of Initiative/Program		Increase awareness and participation of CalViva Health's obesity prevention programs in the community to impact membership retention and improve health outcomes.		
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Conduct FFFL Community classes, increase participant knowledge and acquire high satisfaction rates	30% + member participation, participants achieve 80% correct answers per knowledge metric (post tests) and 90%+ satisfaction rate from post tests	47% member participation; 80%+ correct answers on 4 of 5 knowledge metrics (series classes) and on 3 of 4 metrics for workshops; 100% satisfaction rate overall from both series classes and workshops		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Promotores Health Network uses Rx for Health pad to promote FFFL home edition resource and class	12/17			
Work with health educators to improve member understanding of areas scoring below the 80% goal	Ongoing			
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis				
Barrier Analysis				
Recommendations				

4. Initiative/ Project Title		Perinatal Initiative				
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL					
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA					
Reporting Leader(s)	Primary: K. Schlater			Secondary: B. Jackson, T. Gonzalez		
Aim of Initiative/Program		Educate and assist pregnant women to have healthy pregnancies, newborns and access timely prenatal and postpartum visits.				
2017 Performance Measures		2017 Goals		Outcome 2016		Outcome Mid-Year 2017
Promote Pregnancy Packet to members		1,400+ pregnancy packets		1,619 pregnancy packets		
Coordinate baby showers in English and Spanish to expectant mothers in Fresno and Kings County		20+ baby showers with at least 50% member participation		Completed 24 baby showers in Fresno and Kings County with 196 attendees, 92 (47%) of the participants were members		
Activities		Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Coordinate with Provider Relations and QI departments to promote pregnancy education resources to providers serving a high volume of African American and Latino pregnant members		12/17				
Coordinate with QI, Black Infants Health and clinics to implement baby showers in English and Spanish		12/17				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>						
Overall Outcome and Analysis						
Barrier Analysis						
Recommendations						

5. Initiative/ Project Title	Promotores Health Network (PHN)			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary: T. Gonzalez		Secondary: B. Jackson	
Aim of Initiative/Program	Use trusted community health advocates to provide health education to members and providers in the community.			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Conduct PHN diabetes charlas to promote diabetes screenings: A1C test, eye exam, kidney test and blood pressure, Fit Families for Life and Asthma education.	10% increase in member participation	522 members reached (71% of all participants reached were members)		
Conduct PHN charlas on healthy pregnancy to promote prenatal and postpartum care	45% member participation	No program in 2016		
Launch Madera PHN lunch and learn to engage strategic providers and community partners	Implement 1 lunch and learn reaching 20 strategic provider partners to refer 100 members to FFFL.	No program in 2016		
Develop CalViva Health branded PHN Prescription for Health pad to promote Fit Families for Life, HEDIS priority topics and engage members in preventive health screenings	Obtain approval from DHCS for the PHN Rx for Health Pad and promote PHN charlas to increase member participation in FFFL by 15%.	Pilot Program in 2016		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Develop PHN Action plan and Logic Model	2/17			
Develop and implement PHN Rx for Health pad to promote Fit Families for Life, HEDIS priority topics, charla workshops and engage members in preventive health screenings	6/17			
Distribute prescription for health pad to promote health education activities	6/17			
Coordinate promotores attendance at the statewide Promotores Conference	8/17			
Evaluate and complete PHN action plan	12/17			
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis				
Barrier Analysis				
Recommendations				

6a. Initiative/ Project Title		Community Health Education: Community Awareness			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary:	
Aim of Initiative/Program		Provide health education to members in the community.			
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017	
Increase member participation in health education (HE) classes	30% of class participants are members	Conducted 143 health education classes to 1,170 total participants, 632 (54%) identified as members			
Increase member participation in health screening events	35% of health screening participants are members	11 PHN events with 411 participants, 267 (65%) identified as member			
Collaborate with the Kings County Diabetes Coalition to improve diabetes and obesity education in the community	Support (1) community health education event	Not measured in 2016			
Collaborate with Fresno County Health Improvement Program (FCHIP) to increase access to culturally and linguistically appropriate diabetes services	Support (1) community health education event	Not measured in 2016			
Collaborate with the Central California Asthma Collaborative to improve asthma education in the community	Support (1) community health education event	Not measured in 2016			
Collaborate with American Lung Association (ALA) to improve asthma and lung health education in the community	Support (1) community health education event	Not measured in 2016			
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Participate in Binational Health Week event to promote member preventive screenings	10/17				
Ensure health educators are trained on and understand clinical guidelines	Ongoing				
Promote health education classes and service to community partners	Ongoing				
Participate in monthly coalition/collaborative meetings	Ongoing				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

6b. Initiative/ Project Title		Community Health Education: Providers/Health Care Professionals		
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL			
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA			
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary: D. Carrillo, M. Lin
Aim of Initiative/Program		Support providers in promoting CalViva Health's programs and services to high-risk members.		
2017 Performance Measures	2017 Goals	Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Implement provider in-services to promote health education programs and services	3 High-Volume Provider in-services	Total of 5 provider in-services: Fresno: EOC WIC, United Health Centers, Fresno County Department of Public Health, CPSP Program and Clinica Sierra Vista Kings: Adventist Health Madera: Camarena Health Center		
Identify and provide training to staff at high volume provider offices to encourage the implementation of the Staying Healthy Assessment (SHA)	3 High-Volume Provider training	3 Provider Offices: United Health Centers in Parlier, Kerman and Mendota.		
Conduct provider forums on HEDIS topics (i.e. Asthma, Diabetes, Nutrition)	2 provider forums	Conducted one asthma provider forum in May 2016. Attended by 33 professionals, of which 18 (55%) were healthcare providers (MD, RT, RN)		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)
Develop and distribute a Provider Update to providers to promote current weight management products	6/17			
Develop and distribute a Provider Update to encourage providers to use SHA	9/17			
Provide continuing education to Providers on chronic disease clinical guidelines	12/17			
Promote provider resources at all provider-based events attended	12/17			
Provide Provider Relations Department overview of all health education products, referral process, talking points and SHA to distribute to providers during outreach visits	Ongoing			
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>				
Overall Outcome and Analysis				
Barrier Analysis				
Recommendations				

7. Initiative/ Project Title		Member Newsletter			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input checked="" type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		K. Schlater		Secondary: B. Jackson, T. Gonzalez
Aim of Initiative/Program		Educate members about different health topics and available programs and services.			
2017 Performance Measures	2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Complete CalViva Health member newsletters	4 newsletters		4 newsletters		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Add revised non-discrimination notice to newsletter	6/17				
Conduct interdepartmental meeting to decide 2017	9/17				
Update desktop procedure as needed	12/17				
Submit 4 newsletters to C&L database	Quarterly				
Develop and implement member newsletters according to the production schedule	Quarterly				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

8. Initiative/ Project Title		Public Policy Committee (PPC)			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez		Secondary:	H. Su
Aim of Initiative/Program		Share Health Education Department updates and get input from Public Policy Committee members.			
2017 Performance Measures	2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Present Health Education updates at PPC meetings	4 PPC meetings		4 PPC meetings		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Coordinate with CalViva Health and Cultural & Linguistic Services staff to implement PPC meetings	Quarterly				
Invite key stakeholders to each PPC meeting	Quarterly				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

9. Initiative/ Project Title		Tobacco Cessation Program			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input checked="" type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Nate		Secondary:	B. Jackson, T. Gonzalez
Aim of Initiative/Program		Improve members' health outcomes and reduce health care costs by decreasing the rate of tobacco users among members.			
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017
Increase CA Smokers Helpline (CSH) participation rate		300+ members		323 CVH members	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Request promotional materials from CA Smokers Helpline (CSH)	2/17				
Finalize a process to evaluate member participation in smoking cessation services	3/17				
Identify smokers from ICD-10 , CPT and pharmacy data	3/17 9/17				
Conduct mailings to promote CSH to smokers	3/17 9/17				
Develop provider on-line news article and promote provider web referral	6/17				
Promote CSH in two Medi-Cal newsletters	Bi-annually				
Evaluate CSH program enrollment	Quarterly				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

10. Initiative/ Project Title		Compliance, Oversight and Reporting			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input checked="" type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:	B. Jackson, T. Gonzalez, H. Su		Secondary:	G. Toland
Aim of Initiative/Program		Meet DHCS and CalViva Health compliance.			
2017 Performance Measures	2017 Goals		Outcome 2016	Outcome Mid-Year 2017	Outcome Year End 2017
Complete and submit Health Education Department's Program Description, Work Plan, and Work Plan evaluation reports	Complete and submit Program Description, Work Plan, and Work Plan evaluation reports		Completed and submitted Program Description, Work Plan, and Work Plan evaluation reports		
Update Health Education Department's Policies and Procedures	Update Policies and Procedures		No changes were needed in 2016. Policies and Procedures were still current in 2016		
Complete all incentive program reports to CalViva Health and DHCS	Complete quarterly reports and annual evaluation reports		Submitted quarterly reports and annual evaluation reports		
Develop and distribute a Provider Update on Staying Healthy Assessment (SHA)	1 Provider Update		Provider Relations, Facility Site Review and Health Ed departments continues to promote SHA		
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)	Year End Progress (Completed/ Postponed/ Cancelled)	
Resolve material Corrective Action Plan to update 1 educational piece	6/17				
Complete mid-year and year end health education work plan evaluation reports	4/17 10/17				
Produce and distribute Provider Update on SHA	9/17				
Review Group Needs Assessment findings and develop needed interventions in the annual work plan	12/17				
Update Health Education Department's Policies and Procedures and Program Description	12/17				
Complete quarterly incentive program reports and annual evaluations	Quarterly, Annually				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					

11. Initiative/ Project Title		Health Education Department Materials Update, Development and Inventory			
LOB(s)	<input checked="" type="checkbox"/> MEDI-CAL				
Initiative Aim(s)	<input checked="" type="checkbox"/> Provider Support <input checked="" type="checkbox"/> Member Utilization <input type="checkbox"/> Collaborative <input type="checkbox"/> Dept Efficiency <input type="checkbox"/> Oversight <input checked="" type="checkbox"/> Compliance <input checked="" type="checkbox"/> HEDIS <input type="checkbox"/> GNA				
Reporting Leader(s)	Primary:		G. Toland		Secondary: M. Lin
Aim of Initiative/Program		Produce and update health education resources to meet member and provider needs.			
2017 Performance Measures		2017 Goals		Outcome 2016	Outcome Mid-Year 2017 Outcome Year End 2017
Required health education materials topics and languages available to providers, members and associates		All materials reviewed timely		All materials were reviewed timely	
Activities	Target Date Completion	Date Completed	Mid-Year Progress (Completed/ On track/ Postponed/ Cancelled)		Year End Progress (Completed/ Postponed/ Cancelled)
Resolve material Corrective Action Plan to update 1 educational piece	6/17				
Review and submit health education materials plan and budget for 2017	12/17				
Work with Cultural & Linguistics and Marketing departments to update and produce materials	On-going				
Monitor accuracy of BOM and materials fulfillment	On-going				
Resolve issues with CDS and Marketing as necessary	On-going				
Track and plan preprinted materials inventory and ordering	On-going				
Year End Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/>					
Overall Outcome and Analysis					
Barrier Analysis					
Recommendations					