

Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan

Community Advisory Committee (CAC) Meeting

Regular Meeting
Tuesday, April 15, 2025, 4:30 p.m. – 6:30 p.m.
Gold Coast Health Plan,
Community Room
711 E. Daily Drive, Suite 110, Camarillo, CA 93010

Conference Call Number: 1-805-324-7279
Conference ID Number: 402 186 951#

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

1721 Saratoga St Oxnard Ca 93035 1151 Camelot Way Oxnard, CA 93030 22061st Ave SW Rochester MN 55902

AGENDA

INTERPRETER ANNOUNCEMENT

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.



Welcoming Remarks

Marlen Torres, Chief of Member Experience & External Affairs Felix L. Nunez, M.D., MPH, Acting Chief Executive Officer

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of January 28, 2025

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

<u>RECOMMENDATION:</u> Approve the minutes as presented.

FORMAL ACTION

2. Approval of new members to CAC

Staff: Marlen Torres, Chief of Member Experience & External Affairs

<u>RECOMMENDATION:</u> The CAC Adhoc Committee and the GCHP management team recommends that the CAC approve the five (5) proposed members. The next step in the process is for the GCHP management team to present the recommendation to the Commission for final approval.

3. PAC/CAC Sub Committee

Staff: Marlen Torres, Chief of Member Experience & External Affairs

<u>RECOMMENDATION:</u> Staff requests Committee approval to create a CAC / PAC sub-committee

PRESENTATIONS

4. HECL - Evaluation of Language Access Services for Mixteco Speakers

Staff: Lupe Gonzalez, Sr. Director of Health Education, Culture & Linguistics

RECOMMENDATION: Receive and file the presentation.



UPDATES

5. RISE Grant Program / Justice Services Update

Staff: Erik Cho, Chief Policy & Programs Officer

David Tovar, David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update

COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

CAC Feedback / Roundtable Discussion

<u>ADJOURNMENT</u>

Unless otherwise determined by the Committee, the next regular CAC meeting will be held on July 15, 2025, from 4:30 PM – 6:30 PM in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Suite 110, Camarillo CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.



AGENDA ITEM NO. 1

TO: Community Advisory Committee (CAC)

FROM: Maddie Gutierrez, MMC - Clerk to the Commission

DATE: April 15, 2025

SUBJECT: Approval of the Community Advisory Committee regular meeting minutes

of January 28, 2025.

RECOMMENDATION:

Approve the minutes as presented.



Ventura County Medi-Cal Managed Care Commission (VCMMCC) dba Gold Coast Health Plan (GCHP)

Community Advisory Committee (CAC) Minutes Regular Meeting January 28, 2025

CALL TO ORDER

Committee Chair, Ruben Juarez, called the meeting to order at 4:33 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Committee members Laurie Jordan, Ruben Juarez, Rose MacKay, Elaine

Martinez, and Pablo Velez.

Absent: Committee member Juana Quintal

Martha Johnson joined as a member of the public and will not vote at this

meeting.

Attending the meeting for GCHP Executive Team were Acting CEO Felix Nunez, M.D., CPPO Erik Cho, Acting CMO James Cruz, M.D., CDO Ted Bagley, Marlen Torres, Chief of Member Experience & External Affairs, Eve Gelb, Chief Innovation Officer, Adriana Sandoval, Luis Aguilar, Lupe Gonzalez, Veronica Estrada, Alison Armstrong, Erin Slack, Pauline Preciado, Pshyra Jones, David Tovar Lucy Marrero, Kim Timmerman, and Susana Enriquez-Euyoque.

PUBLIC COMMENT

None.

WELCOMING REMARKS

Acting CEO, Felix L. Nunez, M.D., stated a lot is going on in the community. He stated that he appreciated the committee and everything that they do. He noted that there is uneasiness



due to the current political climate. He reminded everyone that at GCHP we are always ready to help our members and provide services. We also have behavioral health as part of our services for those needing assistance looking for mental health counselling or to engage a mental health provider.

Acting CEO Dr. Nunez again emphasized that we are invested in the well-being of our community, and we will continue to be committed to help members, and the community achieve wellness and health.

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of April 17, 2024.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Dr Pablo Velez motioned to approve consent item 1. Committee member Laurie Jordan seconded.

Roll Call vote as follows:

AYES: Committee members Laurie Jordan, Ruben Juarez, Elaine Martinez, and Pablo

Velez

ABSTAIN: Committee member Martha Johnson

NOES: None.

ABSENT: Committee member Juana Quintal.

The motion carries.

PRESENTATION

2. Population Needs Assessment Focus Group

Staff: Erin Slack, Sr. Manager, Population Health

<u>RECOMMENDATION</u>: Receive and file the presentation.



Erin Slack, Sr. Manager, Population Health gave a refresher on the assessment. She noted that a focus group would be done today to gain input into the next Community Health Assessment Cyle.

In July of 2022 HCS put out as part of CalAIM a population health management framework. This framework is allowing us to better understand the needs of our members by collecting data and taking the individualized data and determine and better address health needs.

Ms. Slack stated that DHCS wants us to broaden our approach and do a collaborative community health needs assessment to address the need of what is happening within the community. The new approach ask that the Medi-Cal Managed Care Plans work with the local health department on a collaborative needs assessment process. In Ventura County we already have that process established.

In 2019 the Ventura County Community Health Improvement Collaborative was able to get all partner organizations, including nonprofit hospitals, our federally qualified care centers to all come together to work together on the health assessment process. GCHP was part of that process in 2022. We are already on the right timeline and assessment schedule. The next assessment will come out in May 2025 and DHCS does not require us to have a collaborative needs assessment process in place until 2028. We are already meeting the needs of the timeline.

The health assessment process is important because we take primary data collection and combine with secondary data sources, such as focus groups, interviews, and surveys. We combine all the information and identify what the priority needs are.

In the implementation strategy plan we identified that we wanted to build a Community Information Exchange in Ventura County. We put a strategy in the implementation plan and all the organizations that are a part of the collaborative. Making that strategy and that intervention come to fruition. Now we are building an information exchange because of the health assessment process. This allows us to streamline what interventions are going to be implemented within the community. As part of this process, we are doing nine different focus groups and six different partner listening sessions. The focus groups identify populations that are experiencing disparities and try to elicit members of those populations to participate in the focus group. We gather all the feedback, code the qualitative data and that informs the assessment process.

Ms. Slack then moved onto the questions. First question: What resources in or aspects of your community help people become or stay healthy? She asked if there were programs, organizations or individuals that come to mind when you think of improving health. Committee Chair Ruben Juarez stated that often people confuse



GCHP with other companies. Gold Coast is synonymous with providing good health care and support.

Committee member Rose MacKay asked about having support groups with a nutritionist present. She stated that she collaborates with Whole Person Care and many of her patients eat very unhealthily. She would like to see more support groups. It is both an education component and having access to be able to eat healthy. Many of our medically supportive food vendors can accommodate for dietary needs. Members need to have access to resources in addition to the support groups.

Committee member Martha Johnson stated that Ventura County Public Health has a chronic disease prevention program and does screenings in the community. Community health fairs do blood pressure screenings is also important. In terms of the elderly population might need encouragement to continue to be active and share fall prevention to teach the elderly how to prevent falls.

Committee member Dr. Pablo Velez stated that we need to look at our area, many of our members are Mixteco and they will participate in presentations if they are done in their native language. We also need to re-think access to members if they are undocumented. Ms. Slack stated the political climate will affect the focus groups. Dr. Velez stated we will need to go to homes to build trust, people are losing trust. Dr. Velez stated the community was stable until now. We might need to get them access online and remove barriers. Ms. Slack stated we need to partner quickly. Dr. Velez stated that we need to react quickly the health of the members will decline because they are afraid to leave their homes. Ms. Slack stated we might need to rethink how to provide services if people are afraid to leave their homes.

Martha Johnson stated that she has heard people have to work multiple jobs to be able to pay for the cost of living in Ventura County. Long working hours can have an impact because with long working hours people do not have time to exercise or prepare healthy meals. It makes it hard for people in the community to be healthier.

Acting CEO, Felix Nunez, M.D. asked if people are afraid to provide addresses. Dr. Velez stated that they are afraid of all databases because they are afraid of being turned into ICE, so they believe they need to be careful with snaring information. Lupe Gonzalez asked about promoting the Nurse Advice Line. Dr. Nunez stated the advice line is limited, and telehealth collects data. Acting CMO, James Cruz, M.D. asked what would be trusted in terms of health care services. He asked if house calls, or a public health nurse would be trusted. Dr. Velez stated most families know nurses at clinics and would be trusted in the homes. Ms. Slack asked what other organizations can be brought in. Dr. Velez suggested having focus groups with Rainbow and/or Amigo Baby, to hear the challenges directly from the families. Ms. Slack stated we need to



provide a way on-line to come together. Ruben Juarez stated that Backpack Medicine is now known as Street Medicine has doctors available and they provide medicine.

Marlen Torres, Chief of Member Experience * External Affairs stated we need to talk to the members, and we need to continue to be out in the community.

Ms. Slack thanked the committee for all their feedback. It will be captured, gathered, and incorporated into the health assessment. She also stated that the committee can always email her if they have any questions about the process.

Committee Chair, Ruben Juarez requested an assessment update in the future from Ms. Slack

3. Model of Care Overview

Staff: Eve Gelb, Chief Innovation Officer

RECOMMENDATION: Receive and file the presentation

Chief Innovation Officer, Eve Gelb gave an update on our Medicare product. She noted that we have many important deadlines in the next month, and we will be filing the Medicare application with the federal government.

Ms. Gelb stated the Model of Care is about understanding the needs of the population. The population needs assessment is part of the way we do that. The other is sharing how we can analyze the data of the people we serve. She noted there was a stakeholder work group yesterday with organizations that serve the aging populations, and it was helpful for us in thinking through the model and benefits. We need to determine how we would interact with this population as well as our providers, as well as how to measure our outcomes. Ms. Gelb reviewed the diagram for the Model of Care. In terms of eligibility, this is for people who have both Medicare and Medi-Cal. It is not for the population that has unsatisfactory documentation, or immigration status. It is for folks that are age 21 and older who have complex needs and helping them get all their services and supports in one place instead of getting something from one place and something else from another place. If they select us for Medicare, their Medi-Cal is automatically enrolled with us, but they must choose to enroll their Medicare with us.

We will be service three cohorts of people; there is a population of members who have Medicare and Medicaid who are between ages of 21 and 64 – they usually have Medicare due to a disability. Then there are those who only have Medi-Cal today but will age into having Medicare when they turn sixty-five. There is also the population who has Medicare because they are already sixty-five, and they have Medicare



because of their age not a disability. It is going to be important to do continuity of care and understand their various needs.

Ms. Gelb noted that everyone is going to get a health risk assessment, but one certain folks are going to need more. The state of California has put out criteria that we must consider, this population is vulnerable.

We look at the populations, we know there are complex needs. There are serious mental health needs, substance disorder, nursing home placement, individuals experiencing homelessness, or those transitioning from incarceration. She also noted that for those who have been incarcerated for an extended period it is harder to transition – it becomes more complex. We factor all these things into our Model of Care. It is not going to be perfect, but we are trying.

In our Model of Care, it is required that we talk about health disparities, we have, however noticed that a sizable portion of our population choose not to identify with a particular ethnicity or race. The data that we have is from the State of California, and we need to dig in deeper, and it is important bit of information in our Model of Care that when we group folks into a population we try to segment our population, but we don't always get it right, and the individual health risk assessment is the key point in identification. With a D-SNP we are required to do 100% health risk assessment, we are quired to do 100% face to face interaction with our members. Every member is required to have a care manager and an interdisciplinary care team. It is about meeting the individual needs of the members. It will be harder to break down barriers and become more trusted. The face-to-face component is important.

CIO Gelb noted that we have enhanced care management (ECM) for the Medi-Cal population and for the dual population they have California Integrated Care Management – it is enhanced care management, and the expectation is that the health plan would support all services. We need to mee both state and federal requirements. We are required to collaborate with our network; our providers through liv in-person interaction as well as a lot of exchange through data. We must do training for everyone.

To evaluate if we are doing a good job, we have three core goals: Goal #1 Is to improve coordination of care. Goal #2 is to enhance transitions of care – which is when people are most vulnerable. We have specific programs and supports in place to do that. Goal #3 is to improve access to care. Engage with members on preventative care and all the services that are needed.

CIO Gelb reviewed the quality metrics and process metrics that we will use to evaluate. She then gave a very high-level overview and noted that we are making satisfactory progress. COP Gelb stated that Lupe Gonzalez has been administering



focus groups for us to get input from older adults who have both Medicare and Medi-Cal. It has been a very productive group. Members are aware of their benefits but not necessarily aware of how to get the information. They understand they have the benefit but when they have a question about where to get their card if it is lost or damaged, they are not sure who to contact. There is a disconnect that will need to be fixed.

Transportation is also a key component to this population, as well as dental and vision. There are still two more focus groups and once the focus groups are complete a summary will be provided of the data. The data will not only be used to validate the Model of care but also to help us design the benefits because we have flexibility under Medicare. We are looking at different services.

Committee Chair Ruben Juarez asked what the MARC System is. CIO Gelb stated it is the official Medicare system where we look up eligibility for Medicare.

UPDATES

4. Governor's Budget Update

Staff: Marlen Torres, Chief of Member Experience & External Affairs

Alison Armstrong, Government Relations Manager

RECOMMENDATION: Receive and file the update.

5. Expansion Population Outreach Strategies Update

Staff: Marlen Torres, Chief of Member Experience & External Affairs

RECOMMENDATION: Receive and file the update.

6. Implementation Update: Justice Services

Staff: David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update.

7. Diversity, Equity & Inclusion (DEI) Training Update



Staff: Lupe Gonzalez, PhD, MPH, Sr. Director Health Education, Cultural & Linguistic

Services

RECOMMENDATION: Receive and file the update.

Committee member Laurie Jordan motioned to approve Agenda Items 2 through 7. Committee member Elaine Martinez seconded.

Roll Call vote as follows:

AYES: Committee members Laurie Jordan, Ruben Juarez, Elaine Martinez, and Pablo

Velez

ABSTAIN: Committee member Martha Johnson

NOES: None.

ABSENT: Committee member Juana Quintal.

The motion carries.

COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

CAC Feedback / Roundtable Discussion

ADJOURNMENT

With no further business	to discuss	the meeting was	s adjourned	d at 6:26 p.m

Approved:	
Maddie Gutierrez MMC	Clerk to the Commission



AGENDA ITEM NO. 2

TO: Community Advisory Committee

FROM: Marlen Torres, Executive Director, Strategy and External Affairs

DATE: April 15, 2025

SUBJECT: New Community Advisory Committee (CAC) Members

SUMMARY:

The CAC currently has five (5) openings. While the CalAIM Advisory Committee has four (4) committee members. Thus, the Gold Coast Health Plan (GCHP) management team made the recommendation for the four (4) CalAIM Advisory Committee members to apply to join the CAC, as the topics they were advising on were similar. The CAC Adhoc Committee met to review the submitted applications and is recommending approval for the following individuals to join the CAC:

- Vanessa Frank: Ms. Frank is an immigration attorney who currently has her own practice. She formerly worked for California Rural Legal Assistance (CRLA); a nonprofit law firm founded in 1966 to provide free civil legal services to low-income residents of California's rural counties.
- 2. Maria Jimenez: Ms. Jimenez works for Lucha/Poder Popular, an organization that serves as a food pantry in the Santa Clara Valley and provides resources and referrals to community members who reside in the Santa Clara Valley and the City of Oxnard.
- 3. Carolina Gallardo: Ms. Gallardo is the former chair of the Southwinds Neighborhood Council and is a community advocate representing the South Oxnard community. Ms. Gallardo hosts a weekly food pantry and coordinates other services in South Oxnard.
- 4. Dr. Linda M. McKenzie: Dr. McKenzie is the chief executive officer (CEO) of Global Empathy Training Academy, which delivers customized training around organizational culture and diversity and inclusion. Dr. McKenzie served more than 10 years as a program director for the Make-A-Wish Foundation, advocating for services for children in the Tri-Counties. She formerly served in the Ventura County Health Care Agency's Health Equity Council. Currently, Dr. McKenzie is as a member on the NAACP Ventura County Chapter.
- Alma Diaz: Ms. Diaz is a Gold Coast Health Plan member who resides in the Santa Clara Valley and is involved in her community. Ms. Diaz is a regular attendee at the Santa Paula Social Services Coalition and the Santa Paula Planning Council.



RECOMMENDATION:

The CAC Adhoc Committee and the GCHP management team recommends that the CAC approve the five (5) proposed members. The next step in the process is for the GCHP management team to present the recommendation to the Commission for final approval.



AGENDA ITEM NO. 3

TO: Community Advisory Committee (CAC)

FROM: Marlen Torres, Chief of Member Experience & External Affairs

DATE: April 15, 2025

SUBJECT: CAC/ PAC Sub-Committee

VERBAL PRESENTATION



AGENDA ITEM NO. 4

TO: Community Advisory Committee

FROM: Guadalupe González, PhD, MPH, Sr. Director Health Education,

Cultural and Linguistic Services

DATE: April 15, 2025

SUBJECT: HECL - Evaluation of Language Access Services for Mixteco Speakers

PowerPoint with Verbal Presentation

ATTACHMENTS:

- 1. Presentation: HECL Evaluation of Language Access Services for Mixteco Speakers.
- 2. Report: Prioritize Opportunities to Improve CLAS and Plan to Evaluate Effectiveness of Interventions Health Equity Report (HE 6D.246).



Evaluation of Language Access Services **Community Advisory Committee** for Mixteco Speakers

April 15, 2025

Senior Director, Health Education, Cultural and Guadalupe Gonzalez, PhD, MPH **Linguistics Services**

megrity

Collaboration

Fust

Respect

Introduction

- Part of the National Committee for Quality Assurance (NCQA) Health (GCHP) to conduct an evaluation of language access services. Equity Accreditation Process, requires Gold Coast Health Plan
- The National Culturally Linguistically Appropriate Services (CLAS) Standards were used to evaluate interventions and programs.
- Between January 2024 to April 2024, GCHP conducted a language access staff and provider satisfaction survey, including translation and interpreting services.
- We did a quantitative and qualitative surveys.
- In general, responses from the quantitative survey indicated that staff and providers were very satisfied with the access and availability of anguage services.

Quantitative Results

- Summary of quantitative survey results in general show positive satisfaction.
- A total of 1824 request for language services were identified during the survey period.
- Spanish is the most common language requested for telephonic interpreting services. Followed by *Vietnamese* and *Farsi.*
- The average wait time was 1-60 seconds. Highly efficient, ensuring promptly services.
- Overall staff and providers were very high satisfaction with accessing telephonic and translation language services.
- While interpreter services showed strong satisfaction ratings, there may be instances where access to language assistance is not readily available for members who speak Mixteco.

Qualitative Results

- availability of requesting Mixteco Interpreters between July 1, 2023, collected qualitative information from staff and providers about the The Health Education, Cultural and Linguistic (HECL) Department and June 30, 2024).
- HECL identified a total of 140 Mixteco interpreting services (telephonic and in-person) requested.
- Of the 140 request for Mixteco interpreters, staff or providers report concerns in 20 cases due to the limited availability of Mixteco interpreters.
- Concerns raised by staff and providers include the following:
- Limited availability of Mixteco Interpreters
- Potential delay access to services
- Postpone medical appointments to accommodate Mixteco interpreter's availability.

Goal

The goal of GCHP is to achieve a non-compliance rate for indigenous language interpreting services lower than 20%.

Mixteco Interpreting	Numerator	Denominator	Numerator Denominator Non-Compliance	Goal
Requests July 2023-June 2024	(Total Number of Cases requested Rescheduled due to Limited Availability of Interpreters)	(Total Request for Interpretation Services)	Rate	Met
Telephonic	ო	108	2.78%	>
In-Person	17	32	53.13%	Z
Total	20	140	14.29%	>

Quantitative Analysis

- The non-compliance rate for telephonic Mixteco interpreter requests is 2.778%, which is well below the goal of 20%.
- The non-compliance rate for in-person Mixteco interpreter requests is 53.13%, which exceeds the goal of 20% by 33.13 percentage points.
- The goal was not met for in-person interpreting requests.
- This indicates a significant concern with service availability.
- GCHP has made this a top priority for action.
- including telephonic and in-person services, is 14.29%. The rate met The overall non-compliance rate for Mixteco interpreter requests, the goal of 20% by 5.71 percentage points.
- Not met for in-person interpreters for the Mixteco language.

Actions Implemented

- Working with key stakeholders, GCHP identified the need for enhanced indigenous language interpretation services.
- GCHP contracted with MICOP on October 17, 2024, to provide indigenous language interpretation services for GCHP members and providers.
- meetings on 9/3/2024, 12/6/2024, and 12/20/2024 to ensure MICOP had all To implement this new vendor, the HECL Department held collaborative the necessary resources to successfully support the linguistic needs of
- HECL Department provided training to MICOP staff on GCHP Language Access Services on 10/29/2025 and 11/20/2024.
- HECL staff received training from MICOP on how to submit interpreting requests to MICOP.
- MICOP has fulfilled eight (8) in-person interpreter requests successfully without delay.

Actions Implemented - Continued

- Bulletin (POB) promoting indigenous language vendor for members. GCHP published an article in the August Provider Operations
- On 10/22/2024, GCHP released a communication to all GCHP staff members informing them of the new partnership with MICOP to provide indigenous language interpreting services for GCHP members
- We currently now have four vendor contracts to provide language assistance services to GCHP members.



25 of 42 pages Return to Agenda

Plan to Evaluate Effectiveness of Interventions

- GCHP is committed to enhancing equitable access to healthcare by addressing the linguistic needs of members.
- aimed at improving language services provided through Culturally and The Plan outlines the evaluation of the effectiveness of interventions Linguistically Appropriate Services (CLAS) program.
- interventions align with GCHP's mission of equitable healthcare access. The goal is to assess the quality of indigenous language interpretation services, identify gaps in services availability, and ensure that
- Services to identify operational challenges, community impact and Member Engagement, Provider Relations, Operations, and Health Engage internal and external stakeholders in the process such as improvement opportunities.
- including MICOP, Community Health Improvement Collaborative and Externally, GCHP will work with local partners and organizations

Partnerships and Collaborative Strategies

- GCHP will foster partnerships aimed to enhance population health outcomes and ensuring services are culturally and linguistic appropriate for the members we serve.
- Develop strategies based on identified health priorities from the triannual community health needs assessment.
- These partnerships are vital to achieving our shared vision of addressing community health challenges effectively.
- Overarching priorities for the health assessment include:
- Addressing Mental Health and Substance Use Across the Lifespan
- Prevention of Chronic Conditions by Promoting Healthy Lifestyles
- Advancing Equitable Access to Healthcare
- www.healthmattersinvc.org
- GCHP Population Health Needs Assessment (PNA): https://www.goldcoasthealthplan.org/healthresources/population-needs-assessment/

Plan-Do-Check-Act Model



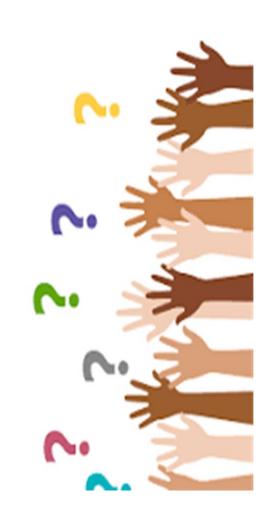


Partnerships and Collaborative Strategies

- GCHP will use the Plan-Do-Check-Act model to evaluate the effectiveness of changes.
- The model emphasizes the areas of improvement and the measurement of progress.
- This approach will be applied to all measures used to assess the effectiveness of the Health Equity program.
- PDCA model is based on a scientific model of proposing a change in a process, implementing the changes, and measuring the results, and taking appropriate action.
- Both quantitative and qualitative analysis will be conducted to measure pertormance.
- Opportunity to monitor progress at regular periods of time.

Partnerships and Collaborative Strategies

- Opportunity to develop clear and measurable process indicators to evaluate the impact of improvements.
- Opportunity to create a plan for enhancing and/or incorporating the changes into the current workplan for HECL and Health Equity.
- Opportunity to standardize the evaluation workplan by developing a schedule for monitoring and report outcomes.
- Feedback on opportunities for improvement?



Thank you!

Prioritize Opportunities to Improve CLAS and Plan to Evaluate Effectiveness of Interventions Health Equity Report (HE 6D.2,4,6)

02/11/2024

Prioritize Opportunities to Improve CLAS and

Plan to Evaluate Effectiveness of Interventions Health Equity Report (HE 6D.2,4,6) 02/11/2024

The analysis indicates that, in general, staff and providers are satisfied with the interpreter and translation services offered by Gold Coast Health Plan (GCHP). However, qualitative information collected by the Health Education, Cultural, and Linguistic (HECL) department has identified concerns raised by staff and providers regarding the limited availability of Mixteco interpreters. These concerns include the need to postpone medical appointments to accommodate Mixteco interpreter's availability.

Between July 1, 2023, and June 30, 2024, a total of 140 Mixteco interpreting services (both telephonic and in-person) were requested. Of these, staff or providers reported concerns in 20 cases due to the limited number of available Mixteco interpreters.

Key Metrics

- Denominator: Total number of Mixteco interpretation requests
- Numerator: Number of cases requiring rescheduling due to limited Mixteco interpreter availability

Goal

The goal of GCHP is to achieve a non-compliance rate for indigenous language interpreting services lower than 20%.

Result

Mixteco Interpreting Requests July 2023-June 2024	Numerator	Denominator	Non-compliance Rate	Goal Met
telephonic	3	108	2.778%	Υ
in-person	17	32	53.125%	N
total	20	140	14.286%	Υ

Quantitative Analysis

- The non-compliance rate for telephonic Mixteco interpreter requests is 2.778%, which is well below the goal of 20%. The telephonic requests meet the goal by a margin of 17.22 percentage points.
- The non-compliance rate for in-person Mixteco interpreter requests is 53.13%, which exceeds the goal of 20% by 33.13 percentage points. The goal is not met for in-person interpreting requests. This indicates a significant issue with service availability, which GCHP will prioritize for action.

- The overall non-compliance rate for Mixteco interpreter requests, including telephonic and in-person services, is 14.29%. The rate met the goal of 20% by 5.71 percentage points.
- During the reporting period, staff and providers reported a total of 20 concerns regarding the limited availability of Mixteco interpreters. The lack of sufficient inperson interpreters led to delays in medical appointments, which impacted the timely delivery of healthcare services.

Conclusion

GCHP met the goal for telephonic Mixteco interpreter requests and the overall non-compliance rate. However, the goal was not met for in-person Mixteco interpreter requests, as the non-compliance rate exceeded 20%. This indicates a significant issue with service availability for in-person interpreting services. GCHP will prioritize addressing this issue to improve service availability and ensure equitable access to healthcare.

Qualitative Analysis

GCHP did not meet the goal of providing in-person interpreters for the Mixteco language. This highlights a challenge in delivering in-person language services for this Indigenous language. Because of this, medical appointments often must be rescheduled or delayed in order to align interpreter availability, which can negatively affect care delivery for the Mixteco-speaking community.

- The demand for interpreters among the Indigenous population, particularly the Mixteco community, faces significant language barriers when accessing public services. Reports indicate that there are approximately 20 Mixteco professional interpreters actively working in Ventura County, which is insufficient for a community of approximately 20,000 Indigenous residents who primarily speak Mixteco. This shows the disparity between the demand for language services and the availability of qualified interpreters.
- The Mixteco community who work in agriculture, typically do not speak English or Spanish, cannot read or write, and speak only their native language, which has no written form. Since they rely solely on their native language for communication, they face significant barriers in accessing healthcare and struggle to communicate effectively with healthcare providers.

Action Implemented

After reviewing the barriers with stakeholders, GCHP SME team identified the need for enhanced indigenous language interpretation services and implemented the following actions to address this gap:

- On October 17, 2024, GCHP has contracted with a new local agency, the Mixteco/Indígena Community Organizing Project (MICOP), to provide indigenous language interpretation services for GCHP members and providers.
 - By adding MICOP to our vendor contact list, GCHP aims to meet the linguistic needs of members more effectively and reduce delays in healthcare services caused by interpreter shortages to ensure equitable access to healthcare for all members.
- To implement this new vendor process, the HECL Department held collaborative meetings on 9/3/2024, 12/6/2024 and 12/20/2024 to ensure MICOP had all the necessary resources to successfully support the linguistic needs of GCHP members.
- The HECL Department provided training to MICOP staff on GCHP's Language Assistance Services on 10/29/2024 and 11/20/2024. Additionally, the HECL staff received training on how to submit interpreting requests to MICOP on 12/20/24.
- Since the implementation of the new contract with MICOP, GCHP has received a total of eight (8) in-person interpreter requests in which MICOP successfully secured and assigned interpreters.
- In an effort to promote Mixteco/indigenous languages, GCHP published an article in the August 2024 issue of the Provider Operations Bulletin (POB). This article informed network providers on how to access services and emphasized the importance of scheduling and coordinating indigenous interpreting requests.
- On 10/22/2024, GCHP released a communication to all GCHP staff members informing them of the new partnership with MICOP to provide indigenous language interpreting services for GCHP members, in addition to the additional three contracted vendors.

Plan to Evaluate Effectiveness of Interventions

GCHP is committed to enhancing equitable access to healthcare by addressing the linguistic needs of members, particularly those speaking indigenous languages such as Mixteco. The following plan outlines the evaluation of the effectiveness of interventions aimed at improving language services provided through the Culturally and Linguistically Appropriate Services (CLAS) program.

The goals of the evaluation are to assess the accessibility and quality of indigenous language interpretation services, identify gaps in service availability, and ensure that interventions align with GCHP's mission of equitable healthcare access.

GCHP will engage both internal and external stakeholders in this process. Internally, the organization will collaborate with departments such as Member Services, Provider Relations, and Network Development to identify operational challenges, community impacts, and improvement opportunities.

Externally, GCHP will work with local partners and organizations, including the Mixteco/Indígena Community Organizing Project (MICOP), to gather insights and

ensure that interventions are informed by the experiences of both members and providers. Also, we will involve stakeholders outside the organization to gain insight into how intervention effectiveness is perceived. These external stakeholders may include the Ventura County Community Health Improvement Collaborative (VCCHIC), of which GCHP is a founding member. VCCHIC partners with various organizations, including Adventist Health Simi Valley, Camarillo Health Care District, Clinicas del Camino Real, Inc., Community Memorial Health System, Dignity Health, Ventura County Health Care Agency, Ventura County Behavioral Health, and Ventura County Public Health.

The VCCHIC's mission is to foster partnerships aimed at enhancing population health outcomes in Ventura County by collaboratively developing strategies based on identified health priorities from the triannual community health needs assessment (CHNA). These partnerships are vital to achieving our shared vision of addressing community health challenges effectively.

The overarching priorities from the health assessment include:

- Addressing Mental Health and Substance Use Across the Lifespan
- Prevention of Chronic Conditions by Promoting Healthy Lifestyles
- Advancing Equitable Access to Healthcare

The final report and implementation strategy plan is available at www.healthmattersinvc.org.

GCHP will use a Plan-Do-Check-Act model to evaluate the effectiveness of changes. The model emphasizes the areas for improvement and the measurement of progress. Effective improvements are implemented. This approach will be applied to all measures used to assess the effectiveness of the Health Equity (HE) program. In general, quality improvement initiatives adhere to the following process:

- Measure the processes and/or outcomes to improve by identifying areas of deficiency in the different clinical areas that are part of the HE program.
 - This involves conducting a thorough quantitative analysis that includes making comparisons to
 - Goals
 - National/regional/internal benchmarks
 - Comparison to prior performance
 - When possible, GCHP will also perform tests of statistical significance using relevant tests (e.g., Chi-square, Z-test, T-test, etc.).
- The qualitative analysis will cover the following aspects:
 - The report will be subject to review by a diverse team of professionals including the Chief Medical Officer, Case Management Manager, Health Education Manager, Quality Management Manager, Member Services Manager, Provider Relations Manager, Provider Network Development

Manager, Medical Director, and the Director of Quality.

- Clarify knowledge about the process.
- Gain a comprehensive understanding and clearly define the crucial factors and characteristics of the process.
- Conduct a robust analysis that includes brainstorming, categorizing and prioritizing barriers, and/or completing a fish-bone analysis.
- Determine the high priority areas that GCHP will concentrate on as a group. Then, prioritize the 4-6 areas according to resource availability.
- Create a plan for enhancing and/or incorporate the necessary documentation into the current HE workplan.
- Develop clear and measurable process indicators to evaluate the impact of improvements.
- Create an interim goal and a schedule for continuous assessment.
- Initiate the process of improvement.
- Continuously analyze the situation to monitor progress at regular periods of time.
- Continue to enhance the process as needed.



AGENDA ITEM NO. 5

TO: Community Advisory Committee (CAC)

FROM: Erik Cho, Chief Policy & Programs Officer

David Tovar, Incentive Strategy Manager

DATE: April 15, 2025

SUBJECT: RISE Grant Program / Justice Services

PowerPoint with Verbal Presentation

ATTACHMENTS:

- 1. RISE Grant Program Update.
- 2. Justice Services Update.

Resilience, Innovation, Sustainability, & Equity (RISE) Grant Program

Trust Respect

Resilience, Innovation, Sustainability, & Equity (RISE) Grant Program

Over the next three years GCHP will provide approximately \$35 million to fund the RISE Grant Program. RISE Grants aim to measurably improve the quality of and access to medical and behavioral health care for the GCHP Medi-Cal population in Ventura County.

ear One Strategic Priorities:

- Improve access and connections to care for member populations or geographic areas with unmet healthcare needs.
- Bring care to members where they live, work, or go to school for ease of use.
- Improve member health outcomes, experience, and education, including update of benefits and services that are culturally responsive and focused on health
- Offer alternative or non-traditional healthcare solutions intended to remove structural barriers to care, reduce healthcare costs, or improve access and efficiency.

Who Should Apply?

Hospitals, health systems, service providers, community-based organizations, and other organizations able to demonstrably impact the health care quality and access for GCHP members are eligible to apply.

Key Dates

The RISE Grant Program opened for applications on Wednesday, Jan. 22, 2025, and closed for submissions on Monday, March 31, 2025. Grant awards will be announced on Monday, June 2, 2025.

Click Here to view the RISE Grant Program webinar, hosted on Jan.

Justice Services Update

- Interface Children and Family Services (ICFS) has been fully onboarded to GCHP as its Justice Involved ECM provider.
- For referrals to ICFS please use the referral form on the GCHP ECM website, LINK, or contact our ECM Care Team, CalAIM@goldchp.org.
- The California Department of Corrections and Rehabilitation (CDCR) has gone live for 90-day pre-release services.
- GCHP has started to see a few referrals.
- GCHP is working closely with CDCR to implement a data usage agreement (DUA) to allow for protected information to be shared between the two systems.

GCHP continues to work closely with the Sheriff's Office and Probation Agency to support individuals transitioning back to the community who are released from local facilities

VCSO and VCPA will not go live with 90-day pre-release services until late 2026.