Substance Abuse Prevention and Control

24-25 Payment Reform Capacity Building and Incentive Initiative

**Improving Workforce Language Assistance Efforts**

Language Assistance Plan Implementation Report

**Instructions**

The Language Assistance Plan Implementation Report is designed to document the activities your agency has undertaken to improve language access. Follow the below instructions on how to complete the form.

**Implementation Report**

Complete the table for **two implementation activities** as follows:

1. Implementation Activity 1 and 2 must be completed
   1. Description of Activity:

* **Activity**
  + - Use the dropdown box to select the category of the improvement activity.
* **Group Impacted by Activity**
  + - Use the dropdown box to identify the primary group affected by the activity (patient, staff community, or organizational processes)
* **Description**
  + - Provide a narrative explaining the activity. Be specific about what was implemented and how it addresses a particular gap or issue in language services.
  1. Impact of the Activity
* Respond to the questions provided in this section, describing the impact of each activity, including any outcomes you have observed OR any efforts you will make to measure the impact of the activity you implemented.

1. Lessons Learned (overall)
   * Provide a narrative describing any challenges and lessons learned from implementing your improvement activities.

**Submission Guidelines**

* Ensure all fields are completed for both activities.
* Submit the report by **March 31, 2024** to [sapc-cbi@ph.lacounty.gov](mailto:sapc-cbi@ph.lacounty.gov)
* Include the subject line: LAP Implementation Report

Language Assistance Plan Implementation Report

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name** | **Prepared By (Full Name & Title)** | **E-Mail** | **Phone Number** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Implementation Report**

|  |  |
| --- | --- |
| **Implementation Activity 1** | |
| **Description of Activity** | |
| **Activity** | **Group Impacted by Activity** |
| **Improvement Area Category:**  Choose an item.  If Other, please specify:  Click or tap here to enter text.  **Date implemented:**  Click or tap to enter a date. | **What group is impacted by the improvement activity?**  Choose an item.  If Other, please specify:  Click or tap here to enter text. |
| **Description of Activity:** Describe the activity you implemented to improve language access. Be specific about what you did and how it addresses a particular gap or issue in language services.  Click or tap here to enter text. | |
| **Impact of Activity** | |
| **Have seen an impact from this activity so far?**  **Yes or  No**  **If yes, what outcomes have you seen as a result of implementing this activity?**  Click or tap here to enter text.  **If no, how will you measure the impact of your improvement activity?**  Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Implementation Activity 2** | |
| **Description of Activity** | |
| **Activity** | **Group Impacted by Activity** |
| **Improvement Area Category:**  Choose an item.  If Other, please specify:  Click or tap here to enter text.  **Date implemented:**  Click or tap to enter a date. | **What group is impacted by the improvement activity?**  Choose an item.  If Other, please specify:  Click or tap here to enter text. |
| **Description of Activity:** Describe the activity you implemented to improve language access. Be specific about what you did and how it addresses a particular gap or issue in language services.  Click or tap here to enter text. | |
| **Impact of Activity** | |
| **Have seen an impact from this activity so far?**  **Yes or  No**  **If yes, what outcomes have you seen as a result of implementing this activity?**  Click or tap here to enter text.  **If no, how will you measure the impact of your improvement activity?**  Click or tap here to enter text. | |

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| --- |
| **Lessons Learned Overall** |
| **What challenges did you encounter in implementing your improvement activities?**  Click or tap here to enter text.  **What lessons have you learned that could be applied to future improvements?**  Click or tap here to enter text.  **Are you willing to share these findings with other SAPC providers?**  **Yes or**  **No** |

**Attestation**

By signing, I confirm that the information reported is accurate, and acknowledge that we must adhere and are subject to all reporting, tracking, audits, and recoupment requirements described in SAPC Bulletin 24-04 – Fiscal Year 2024-2025 Rates and Payment Policy Updates.

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Tier:  Tier 1  Tier 2  Tier 3

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \*\*\*For SAPC Use Only\*\*\* | | | | | |
| SND Team | Approved: | Comments: |  | | |
| Denied: |
| Finance Services Division | Approved: | Provider Tier:  Tier 1  Tier 2  Tier 3 | | Date of Start Funds Invoice #1 |  |
| Comments |  | | | |