Project/Campaign Title	Non-Specialty Mental Health Services Outreach and Education Plan
Business Owner	Catrina Rodriguez
Key Stakeholders	Setar Testo, Vanessa Aranda, Jeffrey Miller
Project/Campaign Dates	Due to DHCS December 31

Objective:

The Health Plan of San Joaquin (HPSJ)/Mountain Valley Health Plan (MVHP) Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan aims to address historically low utilization of Medi-Cal NSMHS services by providing annual outreach and education about covered NSMHS to Members and primary care providers (PCPs). This plan seeks to help Members and PCPs better understand how to access these services**.**

This NSMHS outreach and education plan will be submitted to the Department of Health Care Services (DHCS) annually for approval as compliance with the APL 24-012 and HPSJ/MVHP Policies and Procedures referencing NSMHS.

Key HPSJ/MVHP Messages:

A. Members have access to NSMHS
   a. Member Message: What are NSMHS?
      i. Members understand how they can receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption.
      ii. NSMHS are delivered via managed care and fee-for-service delivery systems and include the following:
         1. Mental health evaluation and treatment, including individual, group and family psychotherapy, and dyadic behavioral health services
         2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
         3. Outpatient services for purposes of monitoring drug therapy
         4. Psychiatric consultation
         5. Outpatient laboratory, drugs, supplies and supplements
      iii. Managed care plans are required to provide the NSMHS listed above to the following recipients:
         1. Recipients 21 years and over with mild to moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders

2. Recipients under age 21, to the extent otherwise eligible for services through EPSDT, regardless of level of distress or impairment or the presence of a diagnosis, and
3. Recipients of any age with potential mental health disorders not yet diagnosed.

b. Low Utilization message
   i. The Behavioral Health Utilization Annual Assessment will help to identify priority populations for messaging.
c. Stigma reduction message
   i. The Health Plan will work with local stakeholders, tribal partners, and other community organizations to identify stigma reduction methods appropriate for priority populations and groups with low utilization/under utilization of NSMHS.

B. Providers should refer members for NSMHS
   a. Plan for annual communications and provider education reviewed and approved by the Quality Improvement Health Equity Committee (QIHEC)
   b. Resources for referrals inclusive of forms and phone numbers
   c. Provider alerts

C. Culturally and Linguistically Appropriate NSMHS Communication
   a. The Health Plan's NSMHS Outreach and Education plan ensures alignment with the National Culturally and Linguistically Appropriate Services Standards (NCLAS).
   b. Alignment from lessons learned from Annual Diversity, Equity, and Inclusion Trainings.

Strategy:

1) Materials and Messaging
   a. Member Facing Content
      i. Health Plan will ensure that the development of member outreach and education materials and messaging are informed by findings from the BH Utilization Annual Assessment, Population Health Assessment, other member surveys and reports, and Community Advisory Committee (CAC) input.
      ii. Updated content to be included in quarterly newsletters at least twice per year. More frequently in the event of updates or changes (e.g. new phone numbers, changes to content related to stigma reduction, and edits based on local stakeholder and tribal partner feedback.
      iii. HPSJ/MVHP phone numbers including numbers for behavioral health services will be clearly listed in all newsletters referencing NSMHS and other behavioral health services. Information will include the following when appropriate:
         1. Toll Free 1-888-936-PLAN (7526)
         2. Hearing Impaired – TTY 711
         3. Behavioral Health Customer Service line at **1-888-581-7526**
         4. www.hpsj.com/behavioral-health-services/
         5. www.hpsj.com/health-education-programs/behavioral-health/

b. Provider Facing Content
   i. Health Plan will create provider materials, messaging, education, and training based on insights from the BH Utilization Annual Assessment, Population Health Assessment, other provider surveys and reports, and QIHEC feedback.
   ii. Provider alerts and newsletters will keep Providers updated on the BH benefit/ NSMHS, BH topics, and professional development opportunities related to BH awareness and stigma reduction.
   iii. Annual Provider Education on the BH benefit/NSMHS and how/when to refer members. Will include detailed description of covered benefits and services plus all relevant information including website, phone numbers, and forms to refer members to NSMHS.

c. Mental Health Stigma Reduction Approach to Content Development

i. Health Plan will connect with experts on MH stigma reduction (i.e., University of Minnesota: Center for Practice Transformation -School of Social Work, El Dorado COPE C.A.S.E., NAMI Chapters, etc.) for feedback on MH stigma reduction strategies to incorporate into the NSMHS Outreach and Education Plan.

ii. The Health Plan will leverage the MH stigma reduction strategy of Person-Centered language in the development of all materials and messaging and as a resource for providers.

1. The plan has received permission from University of Minnesota - Center for Practice Transformation to utilize the Clinical Tip on Person-Centered language
2. https://practicetransformation.umn.edu/practice-tools/person-centered-language/

2) Website
   a. Behavioral Health Landing Page
      i. In addition to including all relevant information for members (e.g. phone numbers for BH services, and ombudsman) on materials HPSJ/MVHP will list all ways that members and providers can connect with the plan on NSMHS through the plan's BH landing page (https://www.hpsj.com/behavioral-health-services/).
   b. Supplementary Webpages
      i. Other behavioral health content on HPSJ/MVHP webpage include topics such as stress and coping, at risk drinking, depression, community resources.
      ii. All pages will include relevant contact information to connect members back to BH and NSMHS.

3) Development with Stakeholder & Tribal Partner Engagement
   a. Community Advisory Committee (CAC)

i. Annually, the plan will provide an update to its CAC on BH services inclusive of NSMHS and how members can access these services.
ii. HPSJ/MVHP CAC Coordinators will encourage members to provide feedback on materials/content related to NSMHS Outreach and Education Plan.
iii. Health Plan's Cultural and Linguistic Services department supports the Health Education department in their managing of the Community Advisory Committee by means of attending, providing feedback, and encouraging the meaningful participation of members with limited English proficiency, including but not limited to the coordination of qualified interpreting services. Health Plan's Cultural and Linguistic Services department attends all Community Advisory Committee meetings and presents its current services and strategies for the provision of culturally and linguistically competent care while requesting input from members and community-based organizations to ensure ongoing program refinement and appropriateness.

b. Stakeholder and Tribal Partners
i. HPSJ/MVHP currently has a network of community partners and advisory groups/committees of which staff attend and regularly share and present on plan benefits, services, and other updates relevant to populations served by those respective community partners. These community partners represent a diverse community reflective of the Plan's membership.
ii. The plan will leverage these opportunities to provide an annual update on the BH benefit and NSMHS to community partners.
iii. HPSJ/MVHP staff will engage with County Behavioral Health/Mental Health Plans and local mental health and substance organizations such as NAMI chapters, El Dorado Coalition for Overdose Prevention and Education, etc. to receive feedback on the NSMHS Outreach and Education Plan, and stigma reduction strategies.
iv. Tribal Liaisons will coordinate opportunities to discuss and develop messaging with local tribal partners inclusive of receiving feedback on materials and content, and the overall NSMHS Outreach and Education Plan.

c. Presentations across community partner meetings including County Human Services Agencies, County Behavioral Health and Recovery Services/MHP meetings, etc.
d. QIHEC Annual Review
i. The NSMHS Outreach and Education Plan will be taken to QIHEC annually for review and approval, and feedback on the provider-focused components.

4) Partnership with Primary Care Providers
a. Provider Alerts will be updated with BH and NSMHS information upon updates to relevant APL's and standards.
b. Provider Lunch and Learns will include an annual BH/NSMHS presentation.

c. Health Plan will promote the following provider professional development opportunities on Behavioral Health awareness and stigma reduction to PCPs and extend to the provider network:
    i. University of Minnesota: Center for Practice Transformation – Person-Center Language Clinical Tip Sheet (Training Type: 2-Page PDF)
        1. Link: https://practicetransformation.umn.edu/practice-tools/person-centered-language/
            a. Description: Person-centered language is language that puts people first. People are so much more than their substance use disorder, mental illness, or disability. Using person-centered language is about respecting the dignity, worth, unique qualities and strengths of every individual. A person's identity and self-image are closely linked to the words used to describe them. Utilizing person-centered language emphasizes the person first rather than the illness. A person-centered approach shifts the sole focus toward their unique recovery and individual strengths. It puts the focus on getting to know the person, not just the illness.
    ii. El Dorado Coalition for Overdose Prevention and Education (COPE) Community Awareness Substance-Use Education (C.A.S.E.) virtual series on mental health (MH), substance use disorder (SUD), harm reduction, and MH/SUD stigma
        1. Link: https://www.eldoradocope.org/community-education
            a. Description: The El Dorado Coalition for Overdose Prevention & Education is excited to announce the relaunch of our Community Awareness Substance-Use Education (C.A.S.E.) series beginning January 2025! We will be hosting six free virtual educational sessions that aim to break down the barriers of stigma and address the complexities of substance use. Each 30-minute session will feature a guest speaker and include time for group Q&A and discussion. These sessions will take place bi-monthly, providing valuable insights and resources for our community. We look forward to connecting with our partners and the community to encourage meaningful conversations around substance use and mental health education.
    iii. DHCS referenced Tribal trainings on Cultural Humility and Trauma-Informed Care/Historical Trauma per APL 24-012:
        1. Office of the Tribal Advisor: Cultural Humility - Basics for Working with California Native Americans (Training Type: Deck)
            a. Link: https://tribalaffairs.ca.gov/wp-content/uploads/sites/10/2020/11/OTA_Cultural-Humility-1.pdf

b. Description: The goal of this presentation is to give State professionals working with California Native Americans a better understanding of the issues and backgrounds of Native American populations in California in support of the ongoing process of cultural awareness and understanding.

2. Indian Health Services (IHS) Mandatory Annual Training: Overview of Trauma-Informed Care and Historical Trauma Guidance (Training Type: Two-Hour IHS On-Demand Webinar)
    a. Link: https://www.ihs.gov/mentalhealth/ticmandatorytraining/
    b. Description: IHS has partnered with the University of New Mexico and Maria Yellow Horse Brave Heart to create several trainings on historical trauma and trauma informed care. The on-demand, self-paced trainings are free and open to the public and include continuing education credits.

5) Alignment with the Population Needs Assessment/NCQA Population Assessment
    a. Health Plan ensures that outreach and education materials and messaging are designed to be appropriate for the diversity of the plan enrollee membership by evaluating membership data and findings from the Population Health Assessment. Furthermore, the Population Health Assessment includes a membership group profile that provides an in-depth data on membership race, ethnicity/culture, and language in addition to geographic data and other member demographics. This data helps to inform outreach and education strategies to target populations and will be used to update the NSMHS Outreach and Education Plan including the outreach and education materials and messaging as needed.
    b. Additionally, the Population Health Assessment reports on membership language data. This data helps to inform outreach and education strategies to target population's language translation needs are met and will be used to update the NSMHS Outreach and Education Plan including the outreach and education materials and messaging as needed.

6) Alignment with Utilization Assessment
    a. Currently, Health Plan's BH Utilization Annual Assessment reports on member utilization of covered mental health benefits by age, income, disability, and location by county.
    b. In 2025, Health Plan intends to expand the data to capture descriptors including but not limited to: race, ethnicity, language, age, sexual orientation, gender identity, and disability.

c. When the newly expanded data is available, Health Plan will perform data analysis to identify member groups with low utilization of NSMH services, which will be reported in the 2025 BH Utilization Annual Assessment and reviewed/discussed by the QIHEC.
d. Health Plan will enlist a multi-disciplinary team (Behavioral Health, Cultural and Linguistics, and Health Education) to develop messaging, outreach, and education strategies to engage member groups by implementing best practices with the collaboration and support of local stakeholders who serve these member groups. Lastly, these strategies will be presented during CAC and QIHEC meetings, and feedback will be incorporated into the NSMHS Outreach and Education Plan.

7) Alignment with NCLAS Standards
   a. The Health Plan provides interpretation services either in-person, over the phone, or over video, at every point of care at no cost to Health Plan members on a 24/7/365 basis. Other forms of communication support, written translation in top languages, and materials in alternative formats (Braille, large print, etc.) are also provided as appropriate at no cost.
   b. Multimedia
      i. Multimedia includes, but is not limited to, web posting, newsletters, medical office signages, language assistance and non-discrimination notifications, etc. in top service area languages to ensure that the availability of language assistance services is clear and promoted to the Health Plan's members, providers and workforce. Providers and workforce are encouraged to proactively offer and engage with language access services when verbally interacting with members who have limited English proficiency.
   c. Qualified Medical Interpreters
      i. Qualified Medical interpreters are available for members. HPSJ/MVHP makes interpreter services available at no cost to the member and as promptly as possible to support timely access to services.
      ii. Members have the right to a qualified spoken or sign language interpreter, who will abide by a professional code of ethics in interpreting health information faithfully, respecting the member's privacy, and keeping all information confidential.
      iii. The Health Plan's contracted interpreters are evaluated based on their language proficiency in both native and non-native languages; deep understanding of the culture of both languages; competent interpreting skills; understanding of industry protocols and terminology; memory and note-taking skills; and customer service skills.
      iv. Providers and staff are instructed that reliance on untrained staff, friends, or family for interpreting should be avoided, especially reliance on minors.

8) High-Level Internal Deliverables and Timeline

Task	Responsible	Asset	Due Date
Developed with Stakeholder and Tribal Partner Engagement	Setar & Vanessa	Attestation on convening CAC for feedback on NSMHS Outreach and Education Plan	Complete
	Tribal Liaisons & Vanessa	Outreached tribal partners and discussed NSMHS outreach and education plan with Shingle Springs Health and Wellness Center under the Tribal Health Board	Q4 2024
	Setar & Vanessa	Outreached local stakeholders for engagement and feedback on NSMHS Outreach and Education Plan (i.e., CAC, County Behavioral Health/Mental Health Plan, NAMI Chapters, mental health and substance use community groups, cultural community groups, etc.)	Q4 2024
Alignment with Population Needs Assessment/NCQA Population Assessment	Setar	Will submit Population Health Assessment with NSMHS Outreach and Education Plan	Q2 2025
Alignment with Utilization Assessment	Vanessa	Will submit Behavioral Health Utilization Annual Assessment	Q2 2025
Alignment with National Culturally & Linguistically Appropriate Services Standards	Jeff	CL04 C&L Program FY24	Complete
Best Practices in Stigma Reduction	Vanessa	Started outreach to local stakeholders including County Behavioral	Q4 2024

		Health/Mental Health Plan, NAMI Chapters, and mental health and substance use community groups	
Multiple Points of Contact for Member Access to NSMHS	Vanessa	Phone numbers, websites and content listed	Complete
Primary Care Provider Outreach and Education	Setar, Vanessa & QIHEC	QIHEC virtual document review/approval of the provider education and training components of the NSMHS Outreach and Education Plan, and scheduled to update QIHEC on implementation at the next meeting on 2/5/2025	Q4 2024 and Q1 2025