Health Net's Non-Specialty Mental Health Services

PROVIDER AND MEMBER OUTREACH AND EDUCATION PLAN FOR 2026

Health Net's Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan describes how the Plan aims to address gaps in services and support increased utilization. This plan includes descriptions of activities that will take place in 2026 targeting members and providers to support accessing covered NSMHS. On an annual basis, the Plan will develop an NSMHS utilization assessment to identify the populations and regions with historically low utilization. The utilization assessment and feedback from the community will inform future education and support strategies to be included in the NSMHS Outreach and Education Plan.

Category 1: Developed with stakeholder and tribal partner engagement plan

Outreach and Education Plan describes managed care plan (MCP) collaboration with tribal partners:

The Plan leveraged the relationships the Plan Liaisons have with tribal partners to obtain feedback directly. The Plan had several Indian Health Service (IHS) representatives attend a virtual meeting in Q3 of 2024. During the meeting, IHS representatives shared feedback on patient education, time constraints and barriers to accessing care:

- Preferred method of outreach or availability of education materials – The current volume of available information from the Plan can be overwhelming for users. To enhance accessibility and user experience, the Plan should use links instead of attachments, ensure the clarity and brevity of all materials, and improve accessibility.
- Barriers and challenges faced by members when accessing NSMHS – Transportation barriers, long waitlists for virtual behavioral health visits, and a need for direct outreach highlight the importance of partnering with community-engaged behavioral health providers to improve access and navigation.

The Plan looks forward to ongoing collaboration with our tribal partners to deploy the planned interventions in an efficient way. Annually, the Plan will leverage the relationships of the Plan Liaison to discuss the outcomes and development of the NSMHS Outreach and Education Plan. The Plan will also invite the IHS representatives to directly connect with the Plan through the Community Advisory Committee (CAC) setting and encourage those representatives to make their members aware of the opportunity to engage.

Outreach and Education Plan describes MCP collaboration with the CAC established by the Plan and the collaboration with local stakeholders representing diverse racial and ethnic communities:

The Plan is leveraging the CAC as one of the many mechanisms to collaborate with local stakeholders. The Plan has established five local or regional CACs for the following counties: (1) Amador, Calaveras, Inyo, Mono, Tuolumne (2) Sacramento (3) Tulare (4) Los Angeles (5) San Joaquin, Stanislaus – and each meet quarterly. We understand the importance of establishing a local bidirectional forum for Medi-Cal members to advocate for themselves and the communities they represent directly with the Plan.

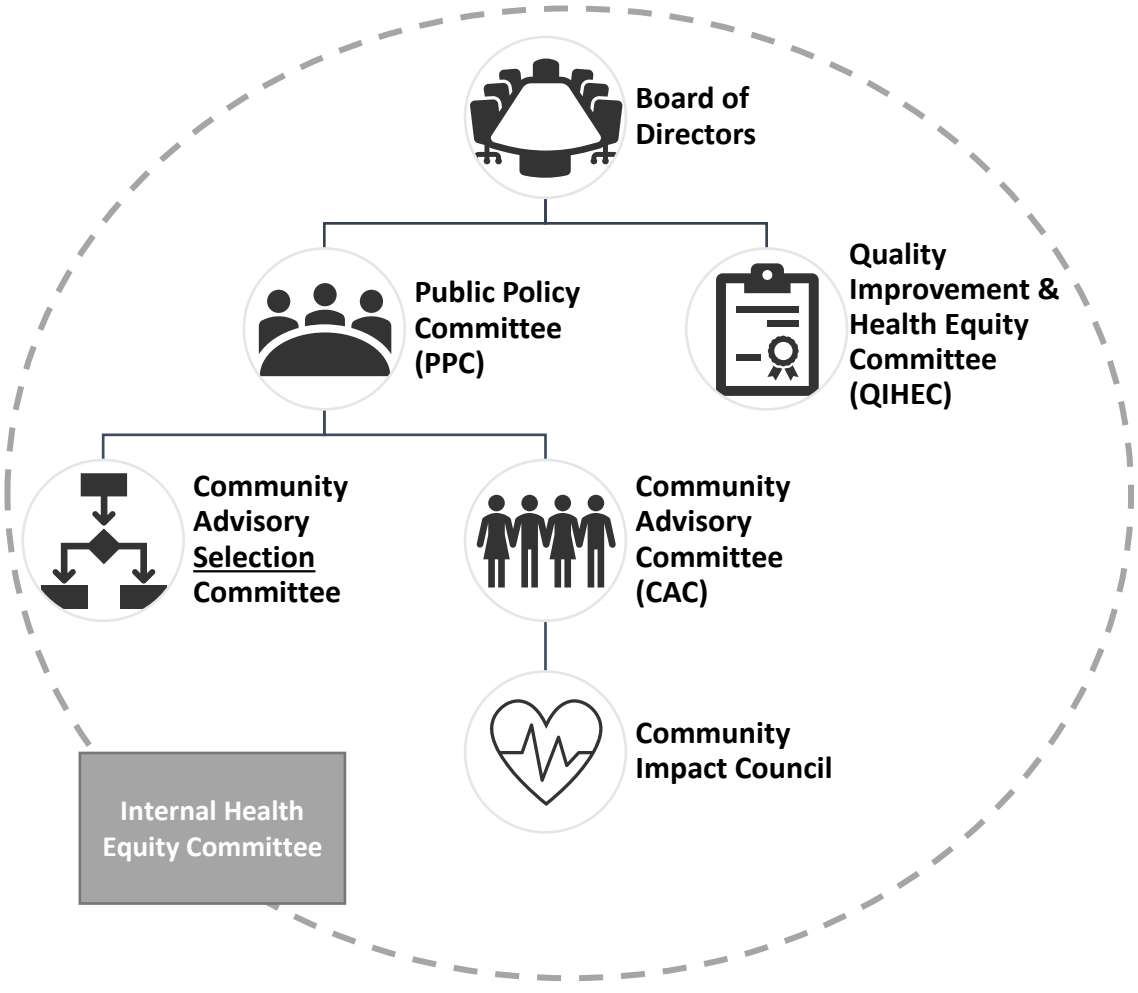
We believe the CAC empowers members to bring their voices to the table to ensure the Plan is actively driving interventions and solutions to build more equitable care. We work to ensure the Medi-Cal member representation of the committee reflects the general Medi-Cal member population in communities the Plan serves. The Plan has successfully engaged with Medi-Cal members who can represent the Seniors and Persons with Disabilities (SPD) population, individuals

with chronic conditions, individuals with Limited English Proficiency (LEP), and individuals from diverse cultural and ethnic backgrounds such as Hispanic, Asian, Black, American Indian, and individuals who can represent the LGBTQ+ community, care givers, parents and/or caregivers of children, including foster youth.

During the Q3 2024 CACs, hosted throughout September, the Plan included the NSMHS Outreach and Education Plan as an agenda item. We provided a brief overview of the new requirements and presented a few discussion questions to inspire feedback and input into the development of the NSMHS Outreach and Education Plan. This communication strategy was informed by the community's lessons learned and/or suggestions related to challenges, barriers and how to reduce stigma. Meeting minutes are publicly posted and can be found here: https://www.healthnet.com/en_us/community/community-resources/community-advisory-public-policy-committees/meeting-schedule.html

The Plan also obtained feedback from the Quality Improvement Health Equity Committee (QIHEC) which is a fundamental part of the Committee Governance and Ecosystem. This committee ecosystem, in the graphic below, ensures connectedness to the findings, recommendations and actions from the Quality Improvement Committee, CACs and Public Policy Committee (PPC) to drive universal decisions and programming. Further, the QIHEC is responsible for adequately addressing recommendations put forth by the CAC and providing a feedback loop through a dashboard that outlines progress and decisions on recommendations. In alignment with the CAC, the QIHEC annually informs and provides feedback for the primary care provider (PCP) portion of the NSMHS Outreach and Education Plan.

Committee eco-system and connections:



During the Q3 QIHEC meeting, participating providers reaffirmed that mental health is a fundamental component of comprehensive health care delivery. The QIHEC appreciated the opportunity to inform the Plan's NSMHS Outreach and Education Plan. Suggestions from the committee included:

- Cultural and linguistic sensitivity: Address language and literacy needs while ensuring cultural sensitivity in mental health outreach. Community Health Workers (CHWs) can serve as vital connectors, offering culturally relevant support that emphasizes community-based solutions over clinical-only approaches.
- Access to mental health experts: There is a recognized need for more mental health professionals within provider and clinic settings. One recommendation was to enable primary care providers to consult with mental health specialists via telehealth.
- Community-based treatment: The committee observed that mental health interventions are often more effective when delivered in community settings rather than clinical offices. Engaging youth in community activities can reduce disruptive behaviors and help prevent substance use.
- Early prevention efforts: Emphasize substance use prevention starting in early childhood to build resilience and healthy coping strategies from a young age.
- Messaging and language: The committee recommended shifting language in outreach materials from "substance abuse" to a focus on "recovery," promoting a more positive and supportive narrative.

Category 2: Alignment with PNA / NCQA Population Assessment

The Outreach and Education Plan describes how the outreach/education materials and messaging are designed to be appropriate for the diversity of the Plan enrollee membership:

The Plan has established several processes to ensure outreach and education materials and messaging are designed to be appropriate for the diversity of the Plan's membership. First, we provide Plan associates with guidelines in developing clear and simple written and web-based health information for members. Our Health Equity Department maintains resources on how to write in plain language on the Clear and Simple (Health Literacy) Initiative SharePoint site, which is available for all associates. We also ensure member-facing materials follow the 6th grade reading level standards as required by Department of Health Care Services (DHCS). The Plan is continuously updating these resources due to regular field-testing with members and representatives of the communities we serve who have limited health literacy. We have also established a firm process to have health education and other member-facing written materials reviewed by our Health Equity Department before being published or released.

The Outreach and Education Plan describes how the population's language translation needs are met according to APL 21-004: Standards for determining threshold languages, nondiscrimination requirements and language assistance services:

The notice of language assistance, which is developed and approved by the appropriate regulator, is included with all significant and vital documents sent to members. This notice helps ensure that the members and their families are informed of the availability of interpreter support, translation and oral translation services.

The Plan communicates the following information to members:

- Instructions on how to access Language Assistance Program (LAP) services
- LAP services are available at no cost
- Access to interpreting services is available at all applicable points of contact

The availability of the LAP is shared with all new and current members through the Member Handbook and other methods. A written Notice of Availability of LAP is included in English and in threshold languages in annual mailings and forms of communication including but not limited to, brochures, newsletters, outreach and marketing materials, and other materials identified by the Plan.

Standards for determining threshold languages follow DHCS requirements according to APL 21-004. We have created a membership database to capture four fields to assess member demographic information including race, ethnicity, preferred spoken language and preferred written language. A demographic analysis of member composition by race, ethnicity, spoken language and written language is conducted annually.

The Plan will protect the confidentiality of the member's language, race and ethnicity information. We have developed a Notice of Privacy Practices that describes ways in which the Plan may collect, use and disclose member protected health information (PHI), such as demographic information, and describes member rights concerning their PHI.

The Plan sends a Notice of Non-discrimination with every member informing material. The Non-discrimination notice (NDN) is also included in the member Evidence of Coverage/Member Handbook. Each contracted specialty plan (dental, vision, pharmacy, etc.) includes an NDN with all documents that they send to our members. Each delegated provider group includes an NDN with all utilization management letters sent to members. The NDN notice is posted in the lobby of the Plan's buildings and during community meetings. The NDN is also posted on the Plan's website. The notice specifically states that the Plan follows State and Federal civil rights laws and does not discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

The NDN also includes information about the Plan's provision of free aids and services to people with disabilities such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats) and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. It includes contact information for requesting the previously mentioned services as well as how to file a grievance if there is any failure on the Plan's part to provide the services or any discrimination is perceived.

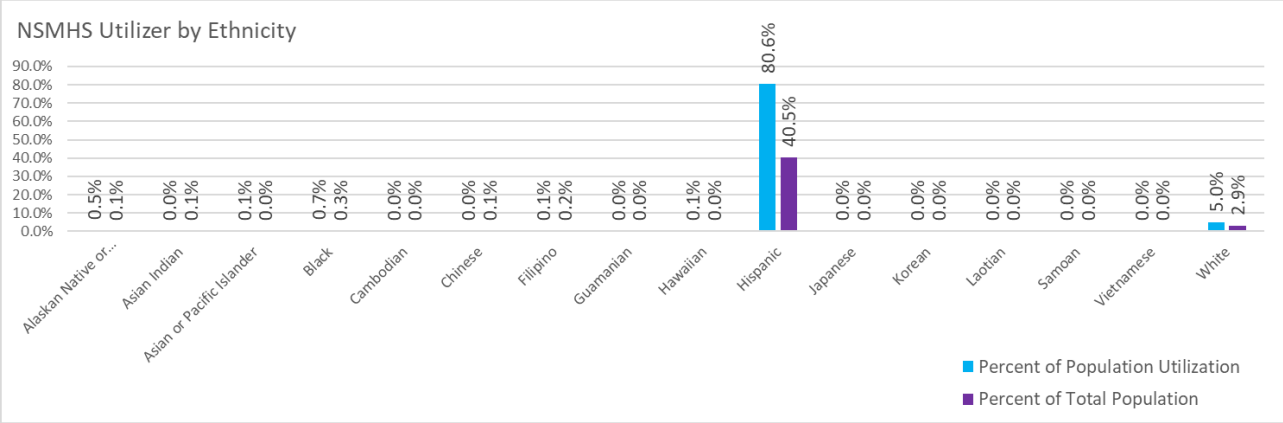
Category 3: Alignment with utilization assessment

The utilization assessment used to inform this Outreach and Education Plan accounts for utilization of covered mental health benefits for calendar year 2023. The demographic information for the members who accessed the NSMHS was stratified by race, ethnicity, language, age, sexual orientation, gender identity, and disability. Collecting and analyzing data on race, ethnicity and language is essential for identifying member groups or populations. This information allows us to

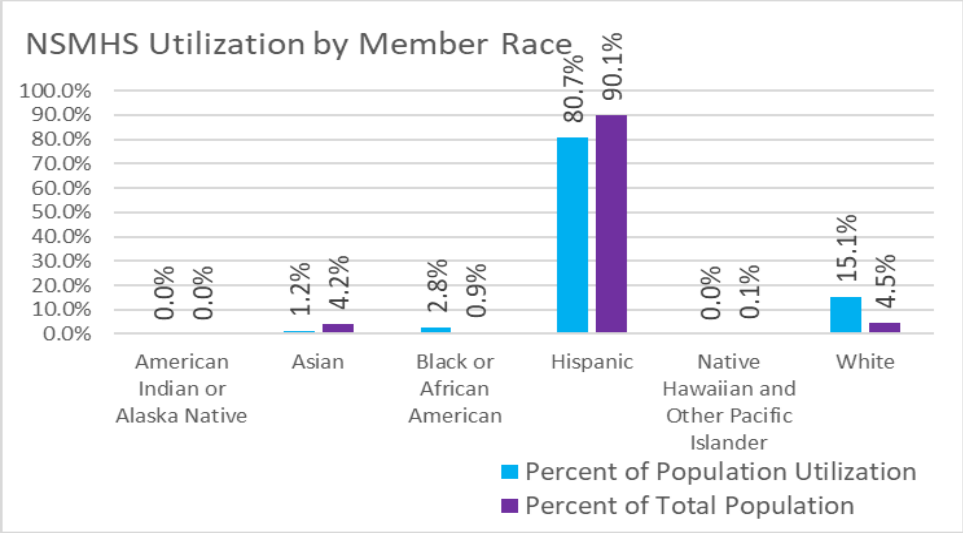
develop culturally and linguistically appropriate strategies that reduce disparities and ensure more equitable access to care.

Health Net utilization assessment findings:

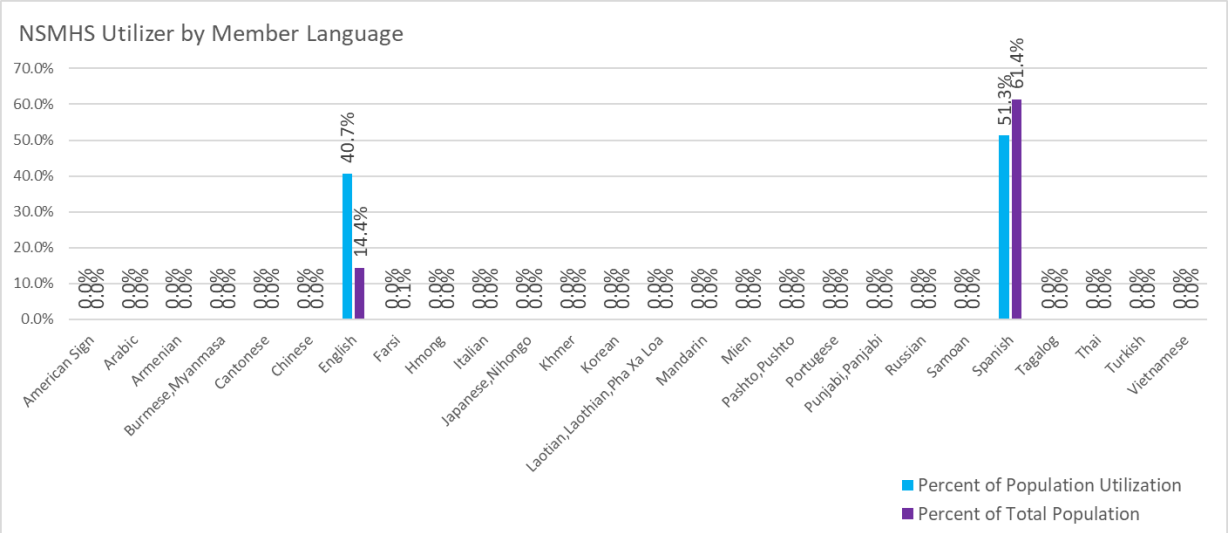
The charts depict the percentage of the total population receiving NMSHS in 2023.



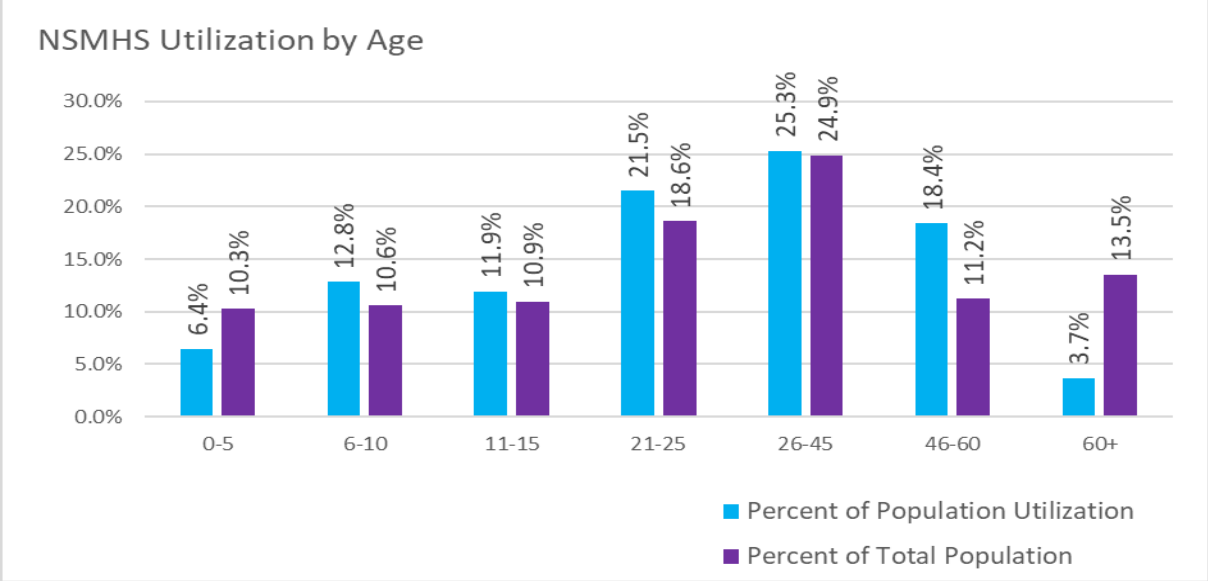
Based on the utilization assessment findings, the ethnicity data for the population receiving services in 2023 reflects a diverse group. Hispanic makes up the largest ethnic group at 40.5% for all Plan counties, followed by White at 2.9%. Utilization rates for these two groups exceed their overall population, doubling to 80.6% for Hispanic and 5% for White. All other ethnicities total population and utilization rate are below 1%.



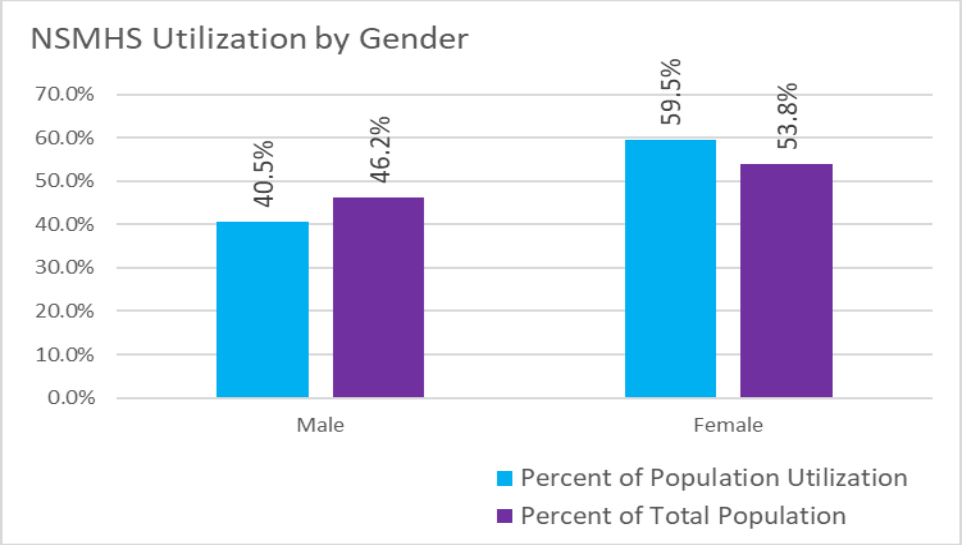
The race distribution shows that Hispanic makes up the majority at 90.1%, followed by White at 4.5%, Asian at 4.2 % and Black or African American at 0.9%. However, the data shows that Hispanic utilization of NSMHS accounts for 80.7%, while White members have a utilization rate of 15.1%, higher than their overall population. Additionally, utilization among Asians is lower at 1.2%, while it is higher among Black members at 2.8%.



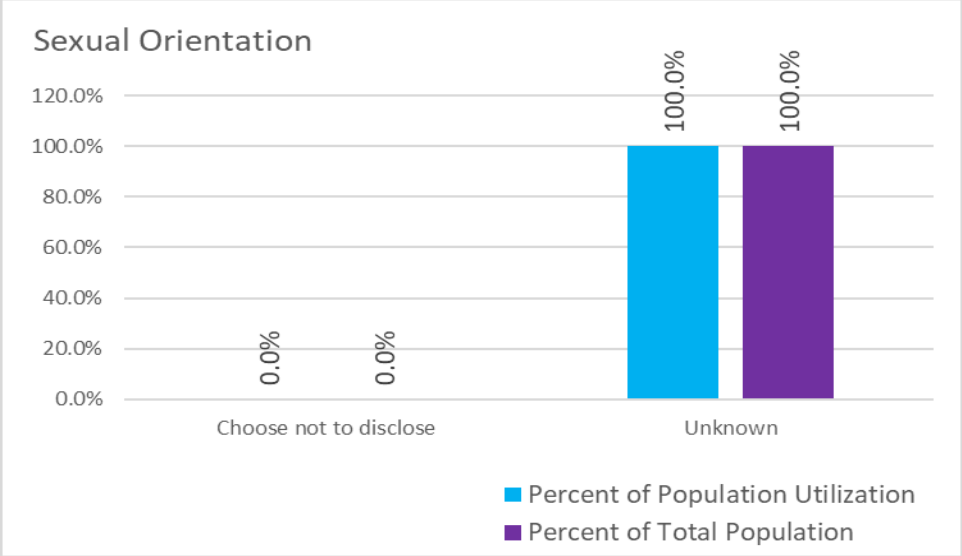
For language, Spanish dominates at 51.3% of all utilizers, making it the most spoken language followed by English as the second most common language among utilizers at 40.7%. English is spoken at a higher rate compared to the overall population, at 14.4%. The data shows that only English and Spanish speakers are utilizing services, while all other language groups show 0% utilization, which could indicate a significant data gap.



The highest utilization by age is between 26-45, which accounts for 25.3%, higher than the total population of 24.90%. Similarly, the 46-60 age range follows with 18.4% of utilization, above the total population of 11.2%. For the children and youth aged 0-5, it makes up 10.3% of the total population with 6.4% of utilizations. Children aged 6-10 jump to 12.8% utilization, with a total population of 10.6%. Additionally, age group 11-15, we see an increase of utilization at 11.9%, compared to the total population at 10.9%. Finally, those 60+ shows 3.7% utilization of the 13.5% total population.



The percent of total population is higher for females at 53.8% and shows a higher utilization rate, with 59.5% of their population engaging in services. For males, 40.5% of the population utilizes services, making up 46.2% of the total population.



There is a significant data gap regarding sexual orientation, with 100% of the member population identified as "unknown." This limits our ability to fully analyze outcomes related to this demographic but also presents an opportunity to evaluate and improve how we are collecting this data.

The Plan has developed the following strategies to reach member groups with low utilization of NSMHS using the data provided. Our strategy addresses specific populations that have low utilization, NSMHS benefits to address low utilization across all groups and implement broader strategies to improve overall utilization among all members. Additionally, we are partnering with community organizations, including First 5, WIC, CHWs, Doulas, Enhanced Care Management (ECM), Community Supports (CS) and others to increase member engagement and drive utilization of NSMHS. Targeted strategies are being developed to better engage member groups and improve access to services.

NSMHS Outreach and Education Strategy

Goal: To increase utilization of NSMHS by improving provider awareness, streamlining referral pathways and promoting early intervention for providers and members with mild to moderate behavioral health needs.

Member

Social Media

1. Leverage our existing social media campaign to promote various non-specialty mental health topics and information on how to access the Plan's behavioral health benefits. Topics will include stress management, trauma, anxiety and mild depression, mental health in children and youth, substance use and coping, etc. The campaign will be publicly posted on social media (Facebook, Instagram, and Twitter) throughout the year, during Mental Health Awareness Month, Minority Mental Health and National Mental Health Awareness Day, to engage a diverse audience across all ages, ethnicities, race, and genders to reduce stigma among diverse communities and increase awareness of services.

Member Communications

2. Launch a member email campaign to inform members about mental health with a focus on the availability and benefits of NSMHS. We will use simple and clear messaging to increase awareness and reduce stigma. We will also include DHCS resources such as Brightlife and Soluna. Emails will feature targeted, low-utilization non-specialty mental health services, such as Dyadic Services, Family Therapy, Adverse Childhood Experiences, etc. These emails will be sent to all members with a valid email address and will be translated into Spanish (22.14%), as it is a threshold language with large populations but low utilization. These emails will link back to the member's behavioral health website with specific information on how to access services.

3. Leverage the annual member mailing and newsletter to promote NSMHS by highlighting available resources, raise awareness and promote access to services and benefits. These materials will be translated into threshold languages: Arabic, Armenian, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. Utilization among these ethnic groups shows very low utilization, between 0% and 1%. The annual newsletter is scheduled to be mailed in October 2025, and the member mailing is scheduled for December 2025/January 2026.

Member Resources

4. Develop member flyers on NSMHS and other programs such as Dyadic Care and Family Therapy to inform members of available services for their mental health. Flyers will be translated into threshold languages and printed for dissemination at outreach to promote resources and services available to members. The data indicates that members who speak one of the threshold languages have low utilization rates, ranging from 0% to 1%. To improve access and engagement, we plan to create culturally responsive materials and resources to raise awareness about available services.

5. The Plan offers the online resource directory, Krames, which includes a variety of articles, videos and self-help tools that provide information and educational materials to support members with their mental health.

Local Partnerships

6. Partner with Sacramento County through their Community Health Improvement Plan (CHIP) to increase awareness of community mental health resources. Our collaboration will include a communications/marketing campaign to promote behavioral health on billboards, bus signs, lawn signs, and stickers to uplift the 9-8-8 emergency line. Additionally, we will develop member-facing materials for mental health services available in the community.

7. Partner with MCPs in San Joaquin, Stanislaus and Inyo to create a member contact card to raise awareness of behavioral health resources for individuals released from a correctional facility. The contact card provides quick and easy access for individuals to connect to services. Based on the data, men utilize behavioral health services at lower rates than women but have a larger number of men in correctional facilities. The contact cards will support access to services.

8. Partner with The LA Trust to train Wellness Youth Advocates where students develop leadership skills by mentoring and educating peers on topics such as behavioral health, substance use and more. They also help facilitate discussions with mental health professionals to raise awareness on mental health and connect peers to resources.

Community Events

9. Participate in tabling at community events to engage with members to raise awareness about available services by sharing mental health resources, information and referrals. All materials distributed at these events are translated into threshold languages to make sure individuals can understand and use the information. Some events may include:
    - Bi-national Health Month
    - Farmers Markets
    - Health and Resource Fairs (e.g., Feria de Los Moles, Lodi Street Fair, Women's Health Expo, Unity Fair, etc.)

Internal Collaboration

10. Educate, inform and refer members to NSMHS through key member-facing teams, including the Call Center, Member Connections, Pharmacy, Care Management and Quality teams. We will actively partner with these departments to conduct appropriate assessments, ensure consistent messaging and strengthen referral pathways. Partnering across departments will support early identification of needs and increase utilization of NSMHS. Cross collaboration activities will include:
    - Member outreach campaign to screen members using a social determinant of health screening tool that includes two questions on mental health, that helps to identify members with a behavioral or mental health need. Member Connections uses motivational interviewing, counseling, and educates individuals on mental health conditions and connects them to the appropriate NSMHS provider.
    - Linkage to NSMHS that include but are not limited to outpatient behavioral health services and support members to/from the county for behavioral health and

substance use disorder services through our Behavioral Health Care Management team.
- Screening members through the Behavioral Health Call Center and triaging to appropriate NSMHS services or clinicians for further assessment.

Provider

Provider Collaboration

1. The Plan will pilot projects with community clinics to increase utilization of specific NSMHS benefits that show notably low usage across all ages, race, ethnicities, and gender. Given the low utilization as identified in the age utilization data, ages 0-5 at 6.4%, we are pursuing pilot projects for the Dyadic Care benefit in partnership with University of California, San Franscisco (UCSF) Center for Advancing Dyadic Care in Pediatric. UCSF will provide technical assistance to support the development and implementation to pilot dyadic care services in San Joaquin and Los Angeles. Technical assistance will include, but is not limited to site readiness assessment, process flows and sustainable roll-out pathway, as well as provider training.

2. Partner with Sacramento Step Forward to provide training on California Advancing and Innovating Medi-Cal (CalAIM) and the process of becoming a referring partner for individuals experiencing homelessness. For those calling for a behavioral health crisis will be connected to appropriate support and resources.

3. Partner with Maternal, Child and Adolescent Health (MCAH) programs in Stanislaus and San Joaquin to ensure that CalAIM providers are informed about the behavioral health services available to members in these regions. In Stanislaus County, MCAH will deliver presentations to the CalAIM Provider Network, during which the referral form will be reviewed and widely distributed across the network. We plan to replicate this approach with our San Joaquin MCAH partner.

4. Collaborate with local health jurisdictions, working closely with MCAH programs to connect members to behavioral health services. This will be accomplished through provider training, participation in perinatal symposiums and ongoing engagement in workgroups such as doula meetings, which help inform providers about NSMHS available at the plan level.

Provider Training

5. Partner with the Plan's Advance Behavioral Health's training team to schedule a new series for 2026. The live training courses are open to staff, providers and community partners to support their work with members. The training offers tools and resources to help providers effectively engage with members experiencing behavioral health conditions. Additionally, continuing education (CE) credits are available. Training will focus on the following topics:
    - Motivational Interviewing (MI)
    - Trauma Informed Care (TIC)
    - Adverse Childhood Experiences (ACEs)
    - Social Determinants of Health (SDOH)
    - Cultural Humility
    - De-Escalation Techniques
    - Screening, Brief Intervention and Referrals to Treatment (SBIRT)

6. The Plan's Connecting the Dot training series will include a topic on NSMHS, how to refer and spotlight a provider's experience/member success stories to promote and increase awareness of services with provider and community partners.

Provider Communication

7. Launch a monthly behavioral health provider email campaign to educate providers on mental health and substance use disorder (SUD) as well as promote the various referral pathways to NSMHS to increase utilization. Email communications will include topics on:
    - Dyadic Services
    - Family Therapy
    - Adverse Childhood Experiences (ACEs)
    - ECM Adult and Children behavioral health services
    - CS (Sober Centers, Recuperative Care and Short-Term Post-Hospitalization Housing)
    - CHWs in supporting individuals with a mental health need
    - Mental Health Resources (i.e., Hazel Health, Teledoc Mental Health, Pyx Health)

8. Develop targeted provider communications on NSMHS to ensure providers are aware of available services and member resources, promote mental well-being and how to effectively refer members to NSMHS services. Communications will include step-by-step referral processes and workflows.

Stakeholder Engagement

9. Engage with local mental health and SUD coalitions across the state to share information about NSMHS and help raise awareness of available resources. These coalitions include, but are not limited to:
    - Amador County Opioid Safety Coalition
    - Calaveras County Alliance for Substance Use Prevention (ASAP) Coalition
    - Sacramento County Opioid Safety Coalition
    - Sacramento County Maternal Mental Health Coalition
    - Student Mental Health Partnership Coalition (Stanislaus County)
    - San Joaquin County Tobacco Free Coalition
    - Tulare County Community Care Coalition
    - Indian Health Path Collaborative
    - Help Me Grow Coalitions (Sacramento and Los Angeles)

10. Actively participate in the Student Mental Health Partnership, a collaborative initiative that brings together school districts, county agencies, regional centers, and community partners. These meetings foster broad engagement and serve as a platform for sharing resources and strategies to support student mental health. Through these calls and partnerships, we will continue to promote awareness of plan-level services and referral pathways, helping ensure that members are effectively connected to the behavioral health services they need.

11. Actively engage in First 5 Los Angeles's meeting with Managed Care and County Departments such as Department of Mental Health and Department of Child and Family Services, to increase awareness and referral pathways for NSMHS for children and youth, including Dyadic Services.

In addition to member and provider focused strategies to increase NSMHS, the Plan is coordinating internally across its functional areas to raise awareness and integrate NSMHS opportunities where relevant. This includes collaborating with regional teams and county liaisons across the state to align outreach and education efforts as they engage with the County Behavioral Health Departments regarding the Behavioral Health Services Act to ensure members with mild to moderate conditions are referred to NSMHS, supporting the "no wrong door" approach to promote awareness, improve access and increase utilization. This also includes providing internal training to make sure that all staff have a clear understanding of NSMHS (mild to moderate), the programs we offer, the available resources to support individuals, and the appropriate referral processes.

Category 4: Alignment with National Culturally and Linguistically Appropriate Service Standards

Outreach and Education Plan describes how the MCP will offer "language assistance to individuals who have LEP and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services:"

We offer our members a no-cost LAP, including interpreter services, translation services and supporting linguistic services, through various communication venues. Newsletters, mailings and call center messages are some of the available resources the Plan utilizes to inform the member on the availability of language services at no cost to them and how to access the services. Our Customer Contact Center staff are trained on the LAP. Staff are also provided with additional resources and means of informing members about the LAP. The script used by the Customer Contact Center representatives to collect language information also informs all callers that they have interpreter services available to them.

All members receive an annual newsletter that contains an article that advises the members of their right to request and how to request no-cost interpreter support, translation and other language assistance or communication needs at all key points of contact. This newsletter requests that the member call the Customer Contact Center to provide their language preferences.

Our members are also sent a notice advising them of language services with all member-informing materials. This notice advises members they can request interpreter services, a language or format translation, and disability access at no cost by calling the Customer Contact Center. The notice of language assistance is printed in 19 languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese; in accordance with APL 21-004 and the Plan's Managed Care Contract Requirements.

Outreach and Education Plan describes how the MCP will inform "all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing:"

To ensure all individuals are aware of the availability of language assistance services in the member's preferred language, not only does the Plan directly communicate with the members we serve, but we ensure our provider trainings and regular communications include sources on the availability of language assistance services.

Provider Training: The Plan has made on-demand training available for providers. The objectives of these trainings are to define health literacy and its impact on patients, identify language assistance program services and requirements, learn plain language communication strategies, and identify resources to support patient-provider communications.

Provider Communications: The Plan develops and distributes communications and materials to providers through multiple channels (i.e., U.S. Mail, fax, e-mail, online web postings, in-person engagement).

These materials inform providers about the availability of language assistance services in preferred languages. Our comprehensive approach includes numerous communications, collateral materials and online resources to ensure providers have the information they need. For example:

Annual Provider Updates, titled, ***Meet Members' Language Needs with the Language Assistance Program,*** outline language service requirements including:

- No-cost interpreter services for patients
- Threshold language information
- Member demographic information by population and location
- Cultural competency training
- Tips to ensure language services meet established standards

Medi-Cal New Provider Resources packets include the following materials and/or specific sections within the materials that address, mention, or refer to language assistance services in preferred languages.

- ***Important Information and Support to Help You Provide the Best Care*** flyer directs providers to the online *Quality Management Program and Resources* page published in the online *Provider Library* where they can find information on interpreter services in preferred languages.
- ***Medi-Cal Provider Operations Guide*** includes information about:
    - Interpreter Services
    - Access to Services in Primary Languages
    - Threshold Languages
    - PCP Responsibilities for Cultural & Linguistic Services
- ***No-Cost Interpreter Services*** flyer includes contact information for physicians and other providers to request no-cost phone and onsite medical interpreter services through the Health Net Language Support Line.
- ***Member Rights & Responsibilities*** flyer includes information on the member's right to no-cost interpreter and translation services in their preferred language and member's right to receive fully translated written member information in preferred languages, including all grievances and appeals notices.
- ***New and Existing Provider Training*** includes information on the member's right to no-cost interpreter services in preferred languages and contact information to request these services.

Provider Library online includes information on the following:

- ***Quality Management Program and Resources*** section includes information on how to ***Access Interpreter Services*** such as contact information to request no-cost Interpreter Services in preferred languages.

Provider Operations Manual online includes the following information:

- ***Member Rights & Responsibilities*** section with information on the member's right to no-cost interpreter services in preferred languages and member's right to receive fully translated written member information in preferred languages, including all grievances and appeals notices.
- ***Quality Improvement*** section with sub-section on ***Language Assistance Program and Cultural Competency*** with information about the language assistance requirements and culturally competent services.

Outreach and Education Plan describes how MCP will ensure "the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided:"

The Plan provides access to interpreter services and/or oral translation services for members and contracted providers as required by law, regulatory agency, contract, or oversight agency. Interpreter services will be available at all points of contact at no cost to the provider or member for all of our members with LEP.

It is our policy that interpreter quality and the use of bilingual staff will adhere to the quality standards for bilingual staff established by the definitions published in 45CFR 92.4. We require that interpreter, sign language, video remote interpretation (VRI) and oral translation services to meet the standards of quality necessary to each point of contact as required by law, regulatory agency, contract, or oversight agency.

We ensure these expectations are met by requiring contracted interpreters and oral translators have received education and training in interpreter ethics, conduct and confidentiality. The Plan also conducts regular business reviews of contracted interpretation service vendors that will include performance review to determine if quality standards were met. If a complaint or grievance is received related to the delivery of interpreter services, the Plan is responsible for reviewing member complaints.

The Plan uses various data sources to evaluate the effectiveness of interpreter and oral translation services, including, but not limited to:

- Monthly monitoring of grievances and complaints, including steps for corrective action.
- Annual presentation of interpreter grievance information to leadership for input on how to improve interpreter services.

On a regular basis we seek input from the community and members on the effectiveness of interpreter services, for example through the CAC. Feedback received from the community is circulated internally to ensure the processes in place are working as expected and/or consider for any future program enhancements.

For associates providing interpreter services and/or oral translation services to the members we serve, the Plan has established minimum bilingual competency standards. California language assistance regulations mandate that MCPs make interpreter services and/or oral translation services available to all members with LEP at all points of contact, and that individuals providing interpreter services and/or oral translation services be trained and competent in the skill of interpreting. We will assess the bilingual skills of bilingual associates that have direct contact with members and administer a formal bilingual language assessment.

Testing materials and evaluation of test results will be provided by a commercial vendor. The assessment tool used by the vendor will be a validated test instrument to assure that the assessment tool will meet the interpreter quality standards established by the Plan's Health Equity Department. The Health Equity Department will assess the vendor's bilingual assessment process on an annual basis to assure that it meets approved industry standards for bilingual assessment. Plan associates must meet our minimum standards for bilingual competency to provide language assistance, interpretation and/or oral translation services to members.

- All current and prospective bilingual associates will be provided with a copy of the National Standards of Practice for Interpreters in health care.
- Bilingual associates must achieve a minimum rating of "health care versed," in order to provide language assistance or interpretation services to members.
- The Plan will not allow associates to use their bilingual skills if they do not meet minimum bilingual competency requirements for their job functions.

The Health Equity Department monitors the bilingual assessment process and results to assure compliance with law, regulatory agency, contract, and oversight agency requirements. We support the efforts of bilingual Plan associates to achieve and maintain minimum interpretational competency standards.

As part of the annual provider update titled *Meet Members' Language Needs with the Language Assistance Program*, we inform providers of our language services requirements and prohibited language service practices. Prohibited practices include:

- Ask or require members to take their own interpreter.
- Rely on staff other than qualified bilingual staff to communicate directly with members with LEP.
- Use of a minor or attending adult to interpret or help with communication, except:
    - In an emergency where a qualified interpreter is not available. You must note the emergency in the member's medical record. A parent cannot give permission for a minor child to interpret in any circumstances.
    - If the member asks for the attending adult to interpret, that adult must agree to assist and the reliance on that adult is fitting. Note in the member's medical record the reason for the use of an attending adult as an interpreter.
    - Delay the appointment time due to lack of availability of interpreter services.

The Plan underscores the requirement to avoid the use of untrained individuals and/or minors as interpreters during the annual required provider training on the Language Assistance Program and Health Literacy session.

Outreach and Education Plan describes how MCP will provide "easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area:"

We provide Plan associates with guidelines in developing clear and simple written and web-based health information for the members we serve. Plan associates should use plain language guidelines to develop written information understandable for members, especially those who have low health literacy or have LEP. Plan associates have opportunities to be trained in applying plain language principles by the Health Equity Department.

Health associates who write and produce information for members are required to ensure the language used is at a 6th grade level. We measure the reading level with readability software. Scores reflect the Average Mean of the Adult Healthcare readability tests and Flesch Reading Ease scores, and the Health Equity Department's Content Plain Language checklist. The Clear and Simple (Health Literacy) Initiative should be used to develop and assess the reading-grade level and plain language of member materials.

To ensure that the health and medical information remain up to date, the Health Equity Department must review and approve previously approved written health education materials, including field testing when required, or any time the material is updated or changed.

Outreach and Education Plan describes how MCP will partner "with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness:"

The Plan has made significant efforts to ensure the stakeholders of the CAC reflect the communities we serve. We leverage this forum to conduct field testing directly with members and community stakeholders. The goal is to ensure the words, phrases, and materials the Plan provides are culturally and linguistically appropriate. Information provided by the CAC participants is included in the development of Health Equity Department Work Plan, Program Description, program materials, health education materials and programs, and Quality Improvement Projects. CAC participants provide critical feedback for us to understand that perception, experience and satisfaction of services.

As part of their involvement, the group's focus is to serve meaningful community and consumer advisory functions that includes taking part in identifying and prioritizing CLAS opportunities for improvement. We also identify and prioritize social risks and needs of individuals for the program to address. We obtain feedback and guidance in the delivery of culturally and linguistically appropriate health care and to establish and maintain community linkages. In compliance with DHCS guidelines, for each county or region of the Plan's service area, a local or a regionally focused CAC will empower members to ensure the Plan is actively driving interventions and solutions to build more equitable care by:

- Obtaining local level feedback, insights and perspectives to inform and address our quality and health equity strategy,
- Providing the Plan with the community's perspective on health equity and disparities, population health, children's services, and relevant plan operations and programs, and
- Informing the Plan's cultural and linguistic services program.

Category 5: Best practices in stigma reduction

Outreach and Education Plan directly addresses actions/steps/language used to reduce stigma in outreach and education plans/materials:

The Plan specifically sought local stakeholder advice through our CAC's, QIHEC, and tribal partners on how best to reduce stigma in outreach and education materials. From those discussions we learned the Plan should:

- Avoid including "substance abuse" in our messaging and materials and instead use "focus on recovery." It was also suggested to avoid "treatment" which implies illness and instead

use “working with you on better management of depression.” This simple change could eliminate stigmatizing language within the referral process.
- Medi-Cal members created a new phrase the Plan will be using in communications – “it’s ok not to be ok.”
- Stakeholders recommended clear communication about what the individual should expect when seeking help, including the process of accessing services.

The Plan’s Health Equity Department staff are assigned cultural subject matter areas of expertise that includes: cultural issues that impact seniors and persons with disabilities, cultural issues that impede health care access for LGBTQ+ populations, cultural disconnects that may result in perceived discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, health status, and the cultural issues that impede accessing health care services for recent arrivals and many other specialized areas including:

- Case managers to assist in building trust with patients who recently arrived as immigrants;
- Quality improvement coordinators to help identify cultural issues that may impede cancer screening;
- Grievance coordinators and provider relations staff to address perceived discrimination 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.

The Health Equity Department conducts English Material Reviews (EMR) 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 vital documents to be “translation-ready.” Cultural competency and plain language checklists are required to be submitted with all EMR requests. Specifically, our Content Checklist provides the following guidance on stigma reduction messaging:

> *When applicable, all member-facing materials and messaging must appropriately reflect the diverse needs of the MCP member population as evident from the utilization assessment and incorporation of evidence-based best practices in stigma reduction.*
> - *Is the content nonjudgmental and culturally sensitive for the targeted audience?* ***E.g.,*** *Avoid insensitive and hurtful words and words that define a person by their condition.*
> - *Does your document call out negative stereotypes?* ***E.g.,*** *If someone has bipolar disorder, say “someone has bipolar disorder” rather than “someone is bipolar”.*

This guidance is further utilized during our field test review process. Per DHCS APL 18-016, written health education materials to be used for Medi-Cal members are required to be field tested except for materials produced by the government or materials produced by the DHCS Approved Companies. Including this stigma reduction guidance during field testing ensures that all reviewed materials are undergoing a standardized approach.

Including stigma reduction checkpoints during field testing and EMRs is delineated in our department P&P, CA.CLAS.01 Developing Written and Web-Based Communication in Plain Language. This P&P specifies:

> *Behavioral Health materials: Non-Specialty Mental Health Services (NSMHS) outreach and education plans must align with national culturally and linguistically appropriate services (CLAS) standards. Through C&L review, NSMHS materials are assessed for stigma reduction strategies and content.*

Health Equity Department services in support of staff include workshops, trainings, in-services, and cultural awareness events. Cultural awareness in-services are provided upon hire to all Member Services staff. In addition, the Health Equity Department collaborates with internal departments such as Provider Engagement, Provider Network Administration, Health Education, and Quality Management to provide in-service of cultural and linguistic/health equity services and/or cultural competency workshops. As needed, the Health Equity Department also provides in-services to case managers to assist in building trust with patients who recently arrived as immigrants. The goal of these in-services is to provide information to staff on the cultural and linguistic requirements, non-discrimination requirements, the LAP, cultural and linguistic, and health equity resources and the Plan's member diversity.

The Health Equity Department takes the lead to annually host CLAS Month for staff as the main cultural competency training activity. Staff engage in training, interactive learning and events related to cultural competency. Cultural competency training courses include content on access to care needs for all members regardless of their gender, sexual orientation, or gender identity. The cultural issues that impact seniors and persons with disabilities are topics covered during the CLAS Month event. The event demonstrates our commitment to being a culturally competent organization by providing a forum for staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in our membership. This understanding also serves to build sensitivities that promote a non-discrimination environment within the enterprise.

Outreach and Education Plan notes that, if MCPs partnered with County Mental Health Plan partners in the development of their outreach and education plans, they should coordinate efforts to educate members on how to access mental and behavioral health services:

The Plan regularly collaborates with our County Mental Health Plan partners on a variety of efforts and initiatives from CalAIM to memoranda of understanding. We also invite our County Mental Health Plan partners to join the local and regional CACs where the NSMHS Outreach and Education Plan will be an annual topic of discussion. The Plan shared the Outreach and Education Plan with our County Mental Health Plan during the Q1 quarterly meeting for awareness and feedback. None was received. As we implement the strategies outlined in our NSMHS Outreach and Education Plan, we will continue to collaborate with County Mental Health Plan partners to streamline our efforts in educating members on accessing mental and behavioral health services. To support this collaboration, we will share the current version of the NSMHS Outreach and Education Plan prior to each quarterly meeting to gather feedback and input. Ad-hoc meetings will be scheduled as needed to allow for deeper discussion on specific topics. This ongoing process will provide County Mental Health Plan partners with regular opportunities to ask questions and contribute to the plan's development.

Category 6: Multiple points of contact for member access

Outreach and Education Plan lists multiple points of contact for members to access mental health benefits:

Members can access behavioral health services in a variety of ways. Many of them choose to call our Customer Contact Center to obtain behavioral health benefit information and referrals for treatment. Members can also access the Plan's website to learn about available behavioral health services and perform a provider search to locate an in-network provider. Some members access behavioral health treatment through PCP linkage, though no PCP referral for services is needed. Our County Mental Health Plan partners also serve as a conduit to the NSMHS that the Plan provides.

- **Website:** https://www.healthnet.com/en_us/members/behavioral-health.html
- **Behavioral health phone number:** 888-426-0030
- **Contact us:** https://www.healthnet.com/en_us/disclaimers/contact-us.html
- **Ombudsman:** Hours of operation: Monday through Friday, 8 a.m. to 5 p.m. PT, excluding holidays
    - Phone: 888-452-8609
    - Email: MMCDOmbudsmanOffice@dhcs.ca.gov

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