

ALAMEDA ALLIANCE FOR HEALTH NON-SPECIALTY MENTAL HEALTH SERVICES OUTREACH AND EDUCATION PLAN



Introduction and Overview

Alameda Alliance for Health (Alliance) is a local, Knox-Keene licensed, National Committee for Quality Assurance (NCQA) accredited, public, not-for-profit managed care health plan. The Alliance is committed to making high-quality health care services accessible and affordable for vulnerable populations in Alameda County. Established in January 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, staff, and provider network all reflect the county's cultural and linguistic diversity.

As a partner in the Alameda County health care safety net system, the mission of the Alliance is to improve the health and well-being of our members by collaborating with our provider and community partners to deliver high-quality and accessible services. Our vision is that all residents of Alameda County will achieve optimal health and well-being at every stage of life.

The Alliance provides health care coverage to more than 400,000 members. The Alliance is honored to serve one (1) out of every four (4) Alameda County residents. We partner with a network of more than 10,000 physicians and specialists, hospitals, and pharmacies to improve

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health outcomes and quality of life throughout our diverse community. We are proud to serve our community, and we are committed to providing people in our community with access to the care and services they deserve.

The California Senate Bill (SB) 1019 requires the Alliance to develop and implement an annual outreach and education plan for members and primary care providers regarding mental and behavioral health services that one (1) meet cultural and linguistic appropriateness standards; two (2) incorporate best practices in stigma reduction; and three (3) provide multiple points of contact for members to access mental and behavioral health services.

To increase the utilization rates of these services among Medi-Cal members, particularly among those groups that are found to be underutilizing care, the Alliance has created the following Non-Specialty Mental Health Services Outreach and Education Plan to increase awareness to Alliance members and our provider network through outreach and education about the types of mental health services available through the Alliance, to help destigmatize seeking care, and ultimately increase utilization of NSMHS.

Informed by stakeholder and tribal partner engagement and aligned with the Population Needs Assessment and NSMHS Utilization Assessment, the NSMHS Outreach & Education Plan incorporates Culturally and Linguistically Appropriate Services (CLAS) standards and best practices in stigma reduction, ensures multiple points of contact for member access, and includes specific outreach and education for primary care providers and other care team and community members.

Table of Contents

Introduction and Overview	1
Table of Contents	3
Category 1: Developed with Stakeholder and Tribal Partner Engagement	4
Category 2: Alignment with Population Needs Assessment/National Committee on Quality Assurance (NCQA) Population Assessment*	5
Category 3: Alignment with Utilization Assessment	7
Category 4: Alignment with National Culturally & Linguistically Appropriate Services Standards	13
Category 5: Best Practices in Stigma Reduction.....	16
Category 6: Multiple Points of Contact for Member Access.....	17
Category 7: Primary Care Provider Outreach and Education.....	17
Alliance Member Communication Plan.....	18
Alliance Provider Communication Plan	19
We Are Here to Help You	20

Category 1: Developed with Stakeholder and Tribal Partner Engagement

1.1. Outreach and Education Plan describes MCP collaboration with Tribal partners.

The Alameda Alliance for Health (Alliance) will work in conjunction with local safety-net partners which includes the Native American Health Center (NAHC) to identify the best and most impactful ways to collaborate on outreach and engagement activities for Non-Specialty Mental Health Services (NSMHS). The Alliance will schedule regular meetings for input and feedback on collateral, strategy, and activities. Specifically, the Alliance will begin “listening sessions” with subject matter experts and representatives from the NAHC to inform the Alliance about cultural barriers to accessing mental health services among Tribal members to inform the Outreach and Education planning and subsequently provide draft plans and materials to Tribal subject matter experts and representatives for review and revision prior to implementation.

1.2. Outreach and Education Plan describes managed care plan (MCP) collaboration with the community advisory committee (CAC) established by the MCP.

The Alliance Behavioral Health team will present the Non-Specialty Mental Health Services Outreach and Education Plan to the Alliance CAC for input and feedback on collateral, strategy, and activities. This input will be used to update the Outreach and Education Plan activities. Please see 1.3.1 below for details on the role of the CAC.

The Outreach and Education Plan describes MCP collaboration with local stakeholders representing diverse racial and ethnic communities. For example, clients and stakeholders representing clients of diverse ages, racial and ethnic communities and other groups experiencing high rates of mental health concerns.

The Alliance’s Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan will be developed with input from its Community Advisory Committee (CAC). The CAC provides a link between the Alliance and the community. The CAC members advise the Alliance on cultural, linguistic and policy concerns.

They offer the Alliance a member’s point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

The Alliance’s NSMHS Outreach and Education Plan will also be developed with input from the

Native American Health Center (NAHC) which serves California's Bay Area Native Population and other underserved communities. This non-profit organization provides high-quality medical, dental, behavioral health, community wellness, and social service programs with respect to cultural and linguistic differences.

- 1.3. Outreach and Education Plan describes how community advisory committee, local stakeholder, and Tribal partner engagement influenced Outreach and Education Plan elements.

The Alliance will work in conjunction with local safety-net partners, Community Health Center Network (CHCN) which includes the Native American Health Center (NAHC) and our Community Advisory Committee (CAC), to engage trusted partners the Alliance's Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan.

Category 2: Alignment with Population Needs Assessment/National Committee on Quality Assurance (NCQA) Population Assessment*

- 2.1. A Population Needs Assessment* was submitted by MCP along with the annual Outreach and Education Plan.

The Alameda Alliance for Health (Alliance) conducts an annual NCQA population assessment of member characteristics and needs to inform the population health management strategy.

Medi-Cal member demographic summary, 2023:

- There were 251,487 members enrolled in Medi-Cal for at least 11 months during 2023 and eligible in December 2023.
- Members were 53% female and 47% male.
- The largest racial or ethnic groups were Hispanic (30%), Other (23%), Black or African American (14%), Chinese (11%), and White (8%). American Indian or Alaskan Native were 0.2% of the membership.
- The most spoken languages were English (62%), Spanish (20%), Chinese (10%), and Vietnamese (3%).

Behavioral health characteristics:

- Overall, 6% of members had an indicator for potential homelessness. Homelessness was higher among members with serious mental illness (29%). There were racial or ethnic disparities for American Indian or Alaskan Native children (8%) and adults (16%), Black or African American children (10%) and adults (18%), and White adults (18%).

- The prevalence of depression was 2% for children and 6% for adults. This was higher for American Indian or Alaskan Native children (4%) and adults (10%) and White adults (9%). The prevalence of depression among pregnant or postpartum members was 11%.
- The Healthcare Effectiveness Data and Information Set (HEDIS) measure follow-up after emergency department visit for mental illness within 30 days in measurement year 2022 (reporting year 2023) was 49.03%, below the minimum performance level of 54.51%.

Information from the NCQA population assessment has guided the outreach and education plan as follows:

- The Alliance developed behavioral health education information flyers and integrated it into its Member and Provider Wellness Forms available to all members and providers.
- It also uses these materials in behavioral health case management engagements with members to help support key messages and access to services.
- In addition, the Alliance identifies all pregnant or postpartum members and sends informational material, including how to access key resources and supports like doula services, behavioral health treatment, lactation consultations, and parenting classes.

2.2. Outreach and Education Plan describes how the outreach/education materials and messaging is designed to be appropriate for the diversity of the plan enrollee membership.

The Alliance will ensure all activities and materials are culturally and linguistically competent. The Alliance is committed to delivering culturally and linguistically appropriate services (CLAS) to all eligible members. The Alliance's Cultural and Linguistic Services (CLS) Program complies with Federal and State regulations and specifically with the CLAS requirements of the Alliance's contracts with the California Department of Health Care Services (DHCS).

The Alliance Population Needs Assessment (PNA) plays an important role in informing the Alliance Cultural and Linguistic Services Program. The PNA offers a comprehensive look at the member health needs and disparities, identifies gaps in services, and defines targeted strategies to address those gaps. The Alliance CLS Program is reviewed and updated regularly to align with the PNA.

2.3. The Outreach and Education Plan describes how the population's language translation needs are met (reference: MCP contract requirements & APL 21-004).

In accordance with State regulations, the Alliance will provide members written translation of

critical informing materials including Non-Specialty Mental Health Services (NSMHS) in their preferred threshold language, including oral interpretation and American Sign Language (ASL) and in other languages and formats upon request.

The Alliance provides quality translations of written informational materials to members who have limited English proficiency and speak one of the threshold languages. Translations will be conducted by vendors who are qualified.

Category 3: Alignment with Utilization Assessment

3.1. A utilization assessment was submitted by MCP along with Outreach and Education Plan

A Utilization assessment and analysis is included in this report.

3.2. Utilization Assessment accounts for utilization of covered mental health benefits by race, ethnicity, language, age, sexual orientation, gender identity, and disability. (Note: MCPs may describe if data capture of the required descriptors is not adequate at this time for this type of analysis, and what they are doing to improve data capture).

The Alameda Alliance for Health (Alliance) Utilization Assessment was conducted, considering various factors such as age group, race/ethnicity, primary language, and disability code. The assessment highlighted trends in mental health utilization, providing evidence to support targeted outreach on available telehealth and outpatient services. The Alliance strives for inclusiveness and acknowledges that the current assessment does not fully encompass sexual orientation and gender identity, as these areas are still in development. Alameda Alliance for Health is committed to enhancing the quality of our data in future assessments and providing more comprehensive reporting.

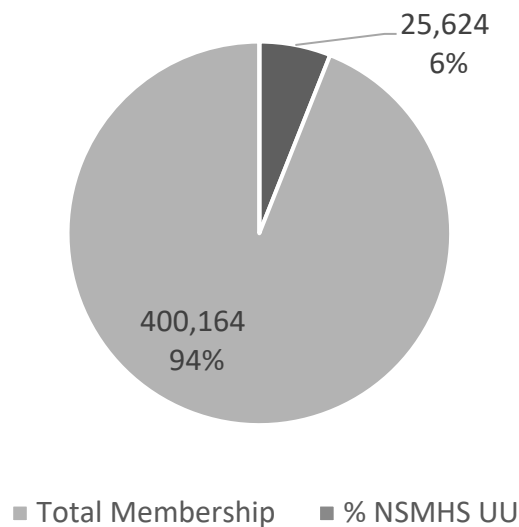
The Alliance defines Non-specialty Mental Health Services (NSMHS) utilization as an active enrollee who received at least one NSMHS between Saturday, April 1, 2023, through Saturday, August 31, 2024. The services are categorized as follows:

- *Emergency Room Services*
- *Psychiatry: Medical Evaluation and Management*
- *Psychological and Neuropsychological testing*
- *Psychotherapy, and Screening provided through outpatient, in office, or telehealth to suit the needs of the membership*

3.3. The Outreach and Education Plan provides strategies to reach Member groups with low utilization of Non-Specialty Mental Health Services, as identified in the utilization assessment.

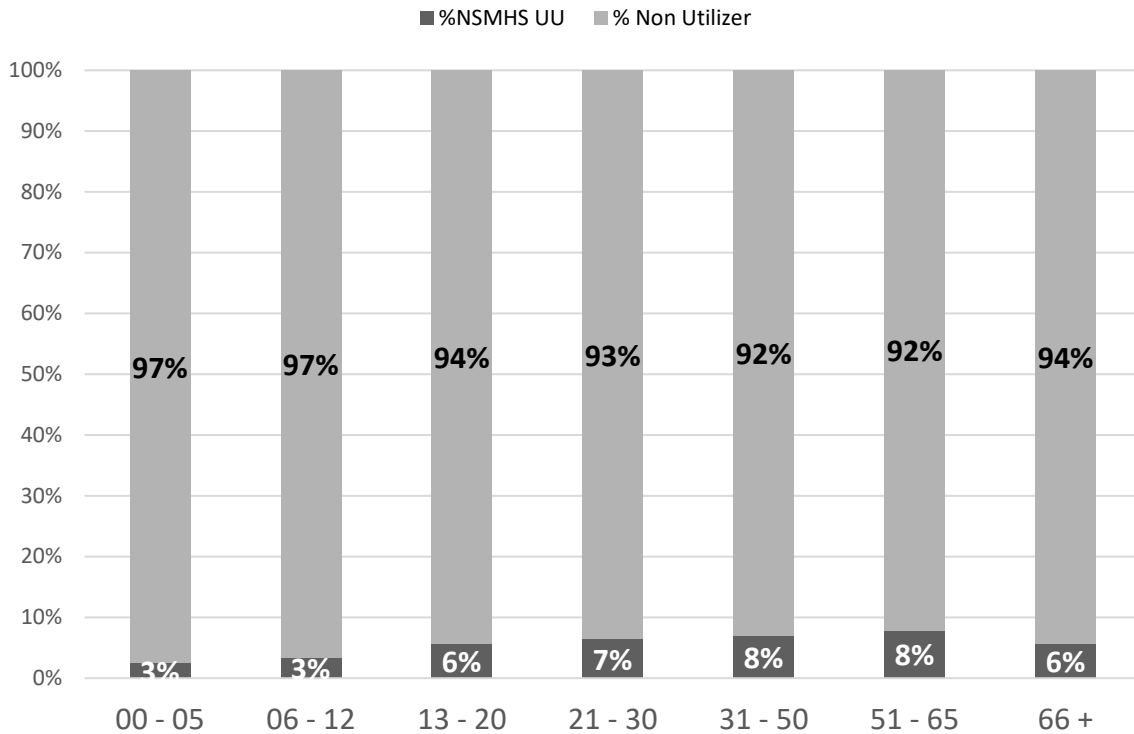
Strategies to reach member groups with low utilization of Non-Specialty Mental Health services are included in this report.

FIGURE 1: NSMHS Utilization by Total Membership



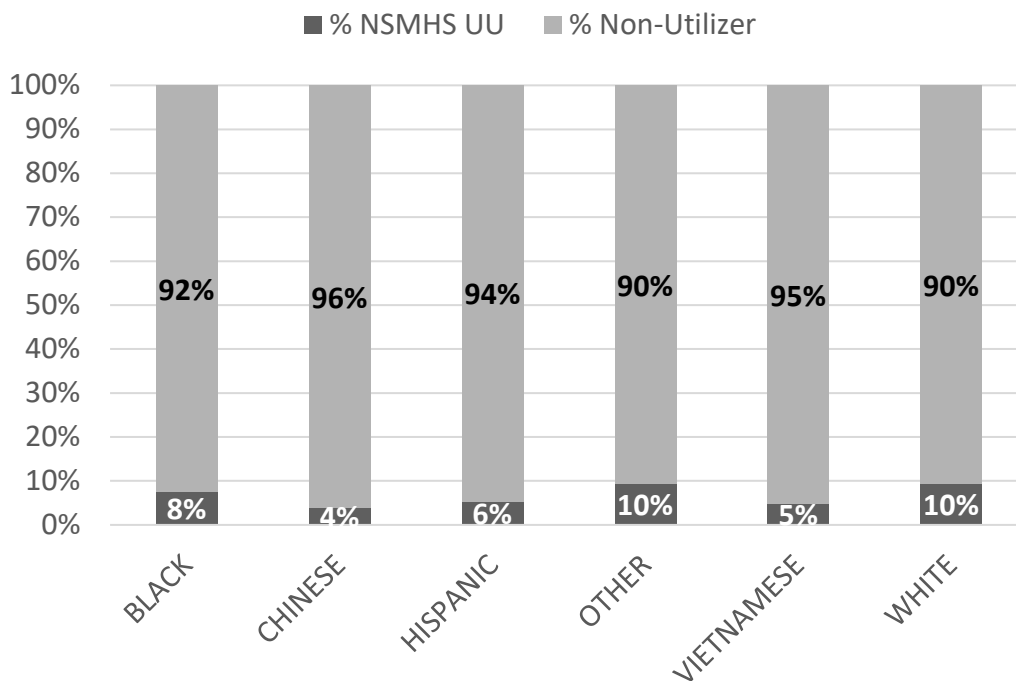
The Alliance data shows that six percent of the membership utilizes Non-Specialty Mental Health Services (NSMHS). This is aligned with the fact that Many Medi-Cal members may experience mental health symptoms that are undertreated each year. This education and outreach plan is intended to promote and bring awareness to the mental health benefits offered at the Alliance to help more members seek treatment when they are experiencing mental health symptoms.

FIGURE 2: NSMHS Utilization by Age Group



Members aged 66 and older account for six percent of NSMHS utilization within their subgroup, indicating low engagement with mental health services. While this population tends to be higher utilizers of healthcare overall, their use of mental health services does not align with this trend. Barriers such as stigma, high costs, and negative perceptions of mental health services contribute to this disparity.

FIGURE 3: NSMHS Utilization by Race/Ethnicity



Chinese (4%) and Vietnamese (5%) individuals are the lowest utilizers within the race/ethnicity category, reflecting broader national trends in Asian and Asian American mental health service utilization. This underutilization may be influenced by cultural stigma surrounding mental health and, more recently, by a lack of resources for culturally responsive care and linguistic accessibility, which are essential for addressing the diverse mental health needs and experiences of Asian communities.

FIGURE 4: NSMHS Utilization by Primary Language

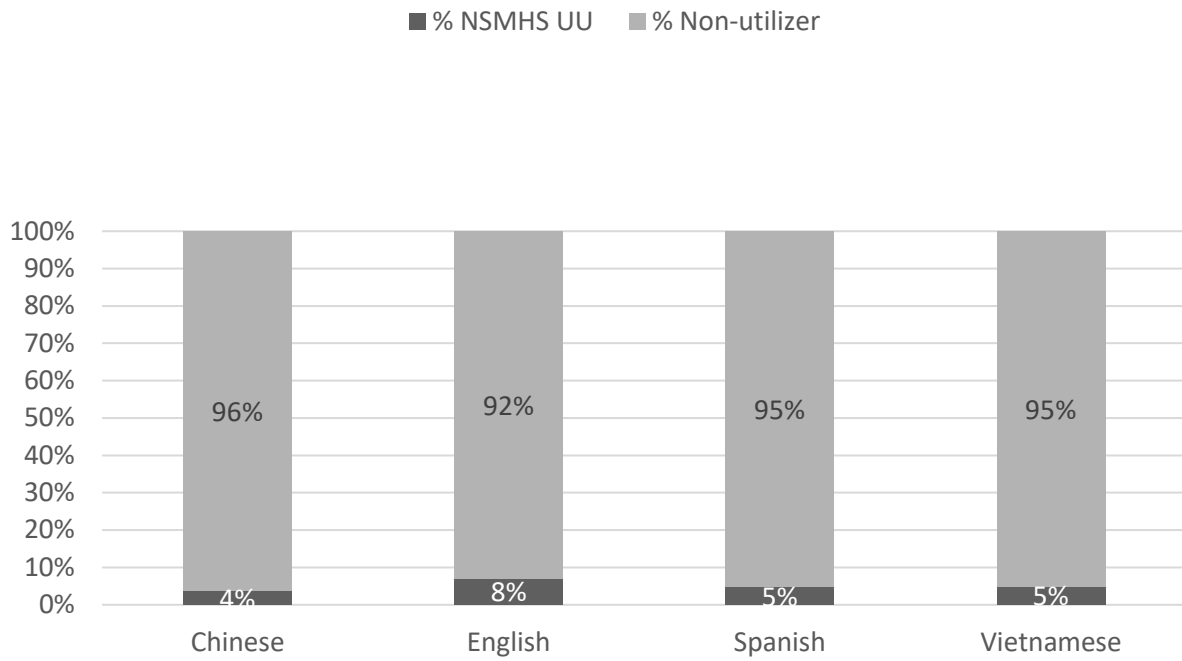
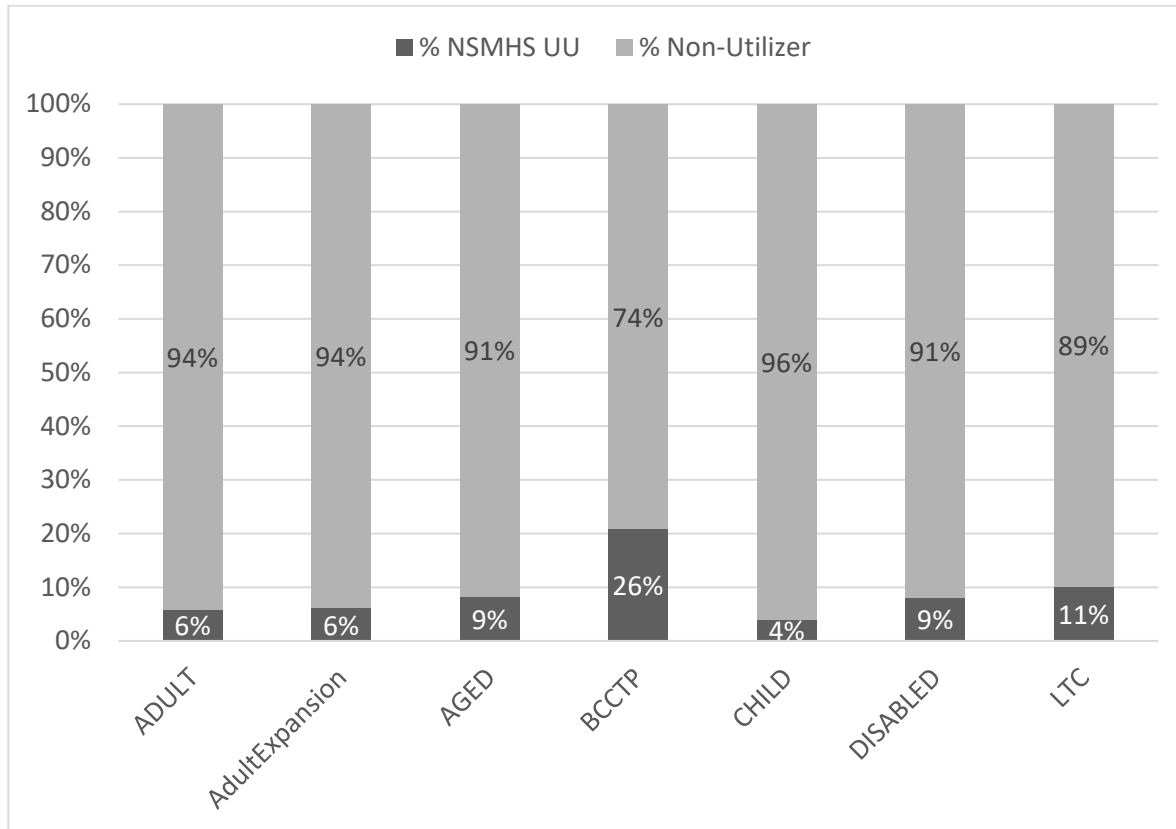


FIGURE 5: NSMHS Utilization by Disability



This mirrors the trends observed in Figure 2 with the aging population, a significant portion of whom are also categorized as disabled. Notably, individuals in long-term care (LTC) facilities often consist of aging adults who require around-the-clock nursing care. This finding highlights an important area of focus, as the Alliance seeks to identify more effective ways to help these individuals access mental health services and understand the barriers preventing them from receiving the care they need.

Category 4: Alignment with National Culturally & Linguistically Appropriate Services Standards

- 4.1. Outreach and Education Plan describes how MCP will offer “language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.”

The Alameda Alliance for Health (Alliance) will incorporate Culturally and Linguistically Appropriate Services (CLAS standards and best practices in stigma reduction, ensure multiple points of contact for Member access, and include specific outreach and education for primary care providers (PCPs) and other care team and community members.

The Alliance will leverage our existing direct outreach efforts to find and reach members in need of Non-Specialty Mental Health Services. Our messaging will model local, state, and federal public health evidence-based information and resources. Specifically, the Alameda County Public Health Department, California Department of Public Health, and Centers for Disease Control and Prevention, designed to help members make the best-informed decisions.

The Alliance provides information on these services in non-English languages at no cost to our Medi-Cal members. The information on these services is explained in the Alliance’s member handbook, website, member portal, annual mailing, welcome mailing, social media, and other channels. It is delivered in the members’ language of choice, available in all Alliance threshold languages which are currently English, Spanish, Chinese, Vietnamese and Tagalog, and other languages upon request. Other formats explaining this information are available on request at no cost. Members are informed that the Alliance:

- *Provides written translations from qualified translators*
- *Provides all materials and information on this service in the language of the members’ choice*
- *The Alliance Member Services Department can be reached for help at 1.510.747.4567 (TTY 1.800.735.2929 or 711) and that the call is free.*
- *Provides information on this service in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost.*
- *Provides oral interpretation services from qualified interpreters, on a 24-hour basis, at no cost*

- *Provides interpreter, linguistic, and cultural services at no cost*

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

The Alliance details in our member handbook, website, member portal, annual mailing, welcome mailing, social media, and other channels that oral interpretation services from a qualified interpreter are available on a 24-hour basis, at no cost and that interpreter, linguistic, and cultural services are available also at no cost to our Medi-Cal members. This information is delivered in the members’ language of choice, available in all threshold languages, and other languages upon request. Other formats explaining this information are available on request also at no cost.

The Alliance’s language assistance tagline is included in all member materials. The taglines state, in all threshold languages; ATTENTION: If you need help in your language, call 1-877-932-2738 (TTY: 1-800-735-2929 or 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-932-2738 (TTY: 1-800-735-2929 or 711). These services are free.

4.3. 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 Alliance ensures the quality of interpreters through our Cultural and Linguistic Program monitoring. Multilingual employees must complete a language competency assessment prior to offering interpretation services to members and are reassessed annually. The Alliance interpreter services vendors submit regular reports on the assessment and qualifications of the interpreters, and these are reviewed at minimum at quarterly joint operations meetings and any questions or concerns addressed. Interpreters must demonstrate proficiency in both English and the other language assessed, reveal a fundamental knowledge in health care terminology and concepts relevant to health care delivery systems in both languages, and demonstrate training and education in interpreting ethics, conduct and confidentiality. The Alliance also tracks and trends grievances and issues regarding the quality of interpreter services and implements corrective actions as needed.

The Alliance states that it discourages the use of minors as interpreters unless it is an emergency and that members do not have to use a family member or friend as an interpreter. The Alliance describes that oral interpretation services from qualified interpreters are available on a 24-hour basis, at no cost, and that interpreters, linguistic, and cultural services are available also at no cost to our Medi-Cal members.

This content is found in the Alliance’s member handbook, website, member portal, annual mailing, welcome mailing, social media, and other channels. It is delivered in the members’ language of choice, available in all threshold languages, and other languages upon request. Other formats explaining this information are available on request also at no cost.

- 4.4. 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.

The Alliance assures that materials meet required readability, suitability, accessibility, and content accuracy standards necessary to promote clear communication and understanding of health plan benefits, wellness, and disease self-management information for our diverse membership.

The Alliance materials and information regarding these services are mailed, published on the Alliance website, placed on social media, and other channels at the sixth (6th) grade Flesch-Kincaid reading level and at minimum of at 12-point font. All materials are mailed in the members’ language of choice and available in all Alliance threshold languages, and other languages upon request. Materials and information which are PDFs on the Alliance website are 508 compliant which includes color contrast checks.

Materials and information regarding these services are available at 20-point font with bold type because the thickness of the letters makes the print more legible. Italics and all capitals are avoided and space between lines of text is 1.5 spaces rather than a single space. Spacing between letters is wide and different colored lettering for headings and emphasis is avoided. Clear space is considered and leverage where appropriate throughout all communications.

- 4.5. 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.”

All Alliance member materials including Non-Specialty Mental Health Services (NSMHS) materials are reviewed by the Communications and Outreach Department. The Compliance

Department submits member information documents to the Department of Health Care Services (DHCS) for approval prior to use.

Health education materials will be approved by a qualified health educator employed by the Alliance. The qualified health educator reviews all health education materials (plan-generated, adapted, purchased, or obtained free-of-charge) using the DHCS Readability and Suitability Checklist for Written Health Education Materials.

The NSMHS Outreach and Education Plan will align with the Alliance's efforts in improving Health Equity and the Alliance will ensure all activities and materials are culturally and linguistically competent.

Category 5: Best Practices in Stigma Reduction

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

The Alameda Alliance for Health (Alliance) will work to identify stigmas and ways to reduce them. Awareness of services and acceptance of the disease(s). The Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan by its development, implementation, and promotion will be a tool to help reduce the stigma around mental and behavioral health services.

- 5.2. Outreach and Education Plan notes if MCPs partnered with County Mental Health Plan (MHP) partners in the development of their outreach and education plans to coordinate efforts to educate Members on how to access mental and behavioral health services.

The Alliance will review educational plans and materials with the Alameda County Health Behavioral Health Department (ACBH) at regularly scheduled joint operations meetings (JOMs) and incorporate input to further enhance outreach to members. As the County Mental Health Plan, ACBH has extensive experience providing specialty mental health services to

Alliance members and by engaging them in our ongoing Outreach and Education plan we will create a more robust and coordinated implementation of this plan that will strengthen our

joint commitment to ensuring a “No Wrong Door” member experience in which members can seamlessly access both Specialty and Non-Specialty Mental Health Services (NSMHS).

Category 6: Multiple Points of Contact for Member Access

6.1. Outreach and Education Plan includes information on the multiple points of contact for Members to access mental health benefits (e.g., MCP website, MCP phone number, MCP email, MCP ombudsman, etc.)

The Alameda Alliance for Health (Alliance) promotes its contact information including phone and email, website, and ombudsman information through multiple channels including the Alliance public website of Non-Specialty Mental Health Services, social media, the Alliance’s member handbook, member portal, annual mailing, welcome mailing, and newsletters. The contact information is delivered in the members’ language of choice, available in all Alliance threshold languages, and other languages upon request. Other formats explaining this information are available on request also at no cost.

Category 7: Primary Care Provider Outreach and Education

7.1. Outreach and Education Plan describes MCP’s plan to conduct annual outreach and education to primary care providers (PCP) regarding covered Non-Specialty Mental Health Services.

The Alameda Alliance for Health (Alliance) will inform primary care providers (PCPs) regarding covered Non-Specialty Mental Health Services (NSMHS) through 1:1 quarterly meetings and behavioral health town halls, the Provider Manual, the Alliance public website, newsletters, and fax blast.

7.2. The PCP outreach and education plan notes how the PCP plan was informed by the Quality Improvement and Health Equity Committee (QIHEC).

This plan will be updated annually and revised in alignment with current needs and utilization assessments and according to learnings from the Quality Improvement and Health Equity

Committee which will work with community stakeholders, Alliance provider network, and our community advisory committee on an annual basis to collaborate on how to improve outreach and education practices for behavioral health and ensure cultural and linguistic appropriateness.

Alliance Member Communication Plan

The Alameda Alliance for Health (Alliance) Non-Specialty Mental Health Services (NSMHS) Outreach and Education plan for members, informed by stakeholder feedback, aims to increase NSMHS utilization by ensuring our members are aware of available mental health resources and how to access NSMHS. Members are provided with information regarding NSMHS through our welcome and annual mailings, which includes our member handbook. Additional outreach and education efforts may include, but are not limited to:

Print Media

- Postcard mailing
- Article(s) in the Alliance Member Connect member newsletter

Social Media Outreach

Dedicated posts about mental health will be posted during the following observances:

- Women’s History Month
- Men Health Month
- Asian American and Pacific Islander Month
- Latinx Heritage Month
- Stress Awareness Month
- Minority Health Month
- Black Maternal Health Week
- Caribbean Heritage Awareness Month
- Immigration Heritage Month
- Men’s Health Month
- Suicide Prevention Month/Week/Day
- International Stress Week
- National Homeless Awareness Month
- Asian American and Pacific Islander Heritage Month
- Hispanic Heritage Month
- Mexico Independence Day

During Native American Heritage Month, mental health information and resources will be integrated into posts already planned for upcoming observances:

- Black History Month
- Autism Awareness Month
- Mental Health Awareness month
- LGBTQ Pride Month
- Disability Pride Month
- Transgender Day of Visibility and Transgender Day of Remembrance
- Indigenous Peoples Day
- Native American Heritage Day

Alliance Public Website Content Updates

The Alliance public website behavioral health webpage provides a central hub for resources on accessing care and increasing awareness about behavioral health services. Updates to the Alliance website will include may include but are not limited to:

- Publishing the 2025 Alliance NSMHS Member and Provider Outreach and Education Plans
- Publishing the 2023 Utilization Assessment of Non-Specialty Mental Health Services

Electronic Outreach

- Local Radio Public Service Announcements
- Interactive Voice Response (IVR) Calls
- Frequently Asked Questions (FAQ) Call Center Scripts

Alliance Provider Communication Plan

The Alliance outreach and education plan for Primary Care Providers, informed by stakeholder feedback, addresses gaps in utilization by ensuring providers are aware of available mental health resources and have access to information on how to refer members to behavioral health care. Additional outreach and education efforts will include:

- Emailing and Faxing providers alerts on behavioral health services
- Publishing behavioral health articles in the Alliance provider newsletter 'Provider Pulse'
- Provider portal and manual
- Provider onboarding training
- Educational flyers
- FAQs
- Webinars



- In-person presentations and meetings
- Quarterly information packet

We Are Here to Help You

We hope that you have found the information and resources in this overview to be useful and helpful. Your partnership with the Alliance is vital to our relationship. We welcome and encourage comments and suggestions about this overview or any other aspect of your relationship with the Alliance.

If you have any questions or concerns, please contact:

Alliance Behavioral Health Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

Email: **providerservices@alamedaalliance.org**

We look forward to our continued partnership to provide quality and affordable healthcare. Together, we are creating a healthier community for all.