Alameda Alliance for Health

Non-Specialty Mental Health Services (NSMHS) 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 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 (Gonzalez, 2022) 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:

1. Meet cultural and linguistic appropriateness standards
2. Incorporate best practices in stigma reduction
3. Provide multiple points of contact for members to access mental and behavioral health services

To increase access to mental health benefits among Medi-Cal members, particularly among those groups that are found to be underutilizing care, the Alliance has created this Non-Specialty Mental Health Services (NSMHS) 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

Category 1: Developed with Stakeholder and Tribal Partner Engagement

1.1. Outreach and Education Plan – Describe the MCP's collaboration with Tribal partners.

The Alliance's NSMHS Outreach and Education Plan was 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. In addition, the Alliance Community Advisory Committee (CAC) reviewed the Plan. The Alliance CAC includes two (2) members representing Native American services, a provider from NAHC, and the parent of a member from NAHC WIC.

The Alliance met with providers and leaders from NAHC in the Fall of 2025 and solicited input to ensure cultural relevance, community trust, and effective outreach strategies for NSMHS. The engagement assessed community needs and cultural relevance by identifying barriers such as stigma, historical trauma, and mistrust of systems, and by determining culturally appropriate strategies for effective outreach. It also examined resonant language and messaging for discussing mental health while noting terms and approaches to avoid. Additionally, the Alliance reviewed preferred outreach channels and identified necessary cultural adaptations for educational materials. Finally, the engagement produced recommendations for integrating the outreach plan into NACH clinic operations and identified local partners to support a coordinated and sustainable implementation.

The feedback we received will inform the design, messaging, and deployment of culturally appropriate and accessible mental health outreach and education efforts into 2026.

Key themes from the NACH feedback include:

1) Prioritize Cultural Sensitivity and Stigma Reduction
    a) Replace clinical terms with more accessible, culturally comfortable language
    b) Normalize mental health needs
    c) Demystify mental health care by explaining that it's for common issues
2) Improve Cultural and Linguistic Accessibility
    a) Provide materials in Mam and in culturally relevant formats
    b) Ensure interpretation services are available and that providers have the tools to use them effectively.
    c) Highlight the demographics of clinicians to build trust.
3) Address Safety, Confidentiality, and Immigration Concerns
    a) Clearly communicate that services are confidential, safe for non-citizens, and that the Alliance and providers do not report immigration status.

   b) Messaging should be sensitive to the current political climate
4) Use Community-Based Outreach Strategies; partner with local cultural and community events, religious organizations, and school-based clinics.
5) Enhance Communication and Access Pathways
   a) Use low-tech outreach options that don't require portals or apps.
   b) Consider audio messaging for accessibility.
   c) Increase use of patient navigators from similar cultural backgrounds.
   d) Provide simple explanations of different therapy types (short-term, long-term, group), with less medicalized language.
6) Engage Youth and Community Networks; youth can influence parents
7) Leverage interdepartmental and cross-agency collaboration with the Alameda County Behavioral Health Department, the Alliance Community Advisory Committee, and the NAHC Integrated Behavioral Health Director.

1.2. Outreach and Education Plan – Describe the MCP's collaboration with the Community Advisory Committee (CAC) established by the MCP.

The NSMHS Outreach and Education Plan was presented to the Alliance Community Advisory Committee (CAC) on December 4, 2025, to solicit member-informed input and feedback. The CAC provides a link between the Alliance and the community. 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. CAC feedback will continue to guide updates to the plan and its activities.

As part of this engagement, the Alliance asked CAC members targeted questions about the needs of older adults, Chinese/Vietnamese members, and members with disabilities or in long-term care.

Key themes from CAC feedback included:

- Trusted Messengers: Members stressed that outreach must come from individuals or institutions people trust (e.g., primary care providers, ministers, or known community influencers).
- Cultural Sensitivity: Members noted that some cultures may resist mental health concepts because existing terminology is stigmatizing or derogatory. Therefore, community-approved messaging is critical.
- Use familiar, accessible community spaces. Suggested outreach sites included senior centers, supermarkets, schools, and churches. Members also highlighted the role of families and caregivers.
- Improve the value of screenings. Members shared that screening results should lead to meaningful follow-up. Incentivizing screenings was also recommended.

The Alliance will further explore this feedback and take all recommendations into consideration as it continues to refine and implement the NSMHS Outreach and Education Plan.

1.3. The Alliance acknowledges the value of incorporating feedback from local stakeholders representing diverse racial and ethnic communities, including those with high rates of mental health concerns.

The Alliance will continue to:

- Conduct targeted outreach to community-based organizations serving diverse populations. Examples include outreach to clinics that are experienced service providers for Black/African American, Asian, Hispanic/Latinx, or Native American members, children and youth, and older adults, or engagement with CHWs conducting outreach using culturally appropriate strategies to engage members experiencing health care disparities.
- Engage local stakeholders to provide input on outreach materials and strategies. These include our CAC members, or key informants who are knowledgeable about specific communities served by the Alliance.
- Use stakeholder feedback to ensure culturally appropriate approaches and improve access to services.

The Alliance has also engaged with Local Health Jurisdictions (LHJ), the Alameda County Public Health Department, and the City of Berkeley Public Health, to understand local needs and trends in accessing mental health services. Both LHJs have included behavioral health as a priority in their Community Health Assessments and are soliciting community feedback on how to address identified concerns. The Alliance also meets with Alameda County Behavioral Health and has begun reviewing the California Department of Health Care Services (DHCS) behavioral Health goals and data indicators that are identified as priorities for Alameda County. We anticipate this collaboration to offer additional insight and inform our NSMHS Education and Outreach efforts going forward.

1.4. Outreach and Education Plan – Describe how the CAC, local stakeholders, and Tribal partner engagement influenced the Outreach and Education Plan.

The Alliance engaged with local stakeholders by presenting the plan and objectives with the Alliance Quality Improvement and Health Equity Committee (QIHEC), whose membership is comprised of clinical leadership from our community safety net providers, a representative from the Native American Health Center (NAHC), and other community agencies, and our Community Advisory Committee, which represents our diverse members including older adults, families, and members of diverse race/ethnicities, providers, and community agencies.

Input influenced the outreach plan in the following ways:

2025 Update

Input	Plan Element
Community Organizations may influence members more than doctors on social media.	**Social Media:** Identify community organizations that post on Facebook and might share NSMHS visuals and key messaging with their followers, with a focus on organizations serving Chinese and Vietnamese speakers and older adults. The Alliance social media effort includes tags and tagging relevant organizations and causes that benefit and highlight mental health services. This 2026 education and outreach plan will continue and scale up this effort, e.g., the Alliance cross-posted and highlighted Roots Community Health Center's recent spotlight on mental health services.
Outreach with local sports teams and local men's and women's groups.	**Printed Materials/Outreach Events:** Share behavioral health messages through handouts distributed at community outreach events where underutilizing members may attend. The Alliance Outreach team is in beginning stage of talks with the Oakland Ballers (minor league baseball) and the Oakland Roots (local professional soccer) teams to explore the ability to outreach and promote these services through these organizations and similar organizations in the future.
Concern for members experiencing homelessness and mental illness in Berkeley, CA.	**Local Stakeholder Collaboration**: Support the City of Berkeley Community Health Assessment (CHA) and community input regarding improvements in access to mental health services. The Alliance participated and meaningfully contributed to the City of Berkeley's CHA in part to help address gaps in access to mental health services. The Alliance also participated in the City of Berkeley World Café event in December of 2025 to solicit diverse community input on the CHA and help inform solutions to address behavioral health needs uncovered in the CHA.

2026 Update

Input	Plan Element
Community-Rooted Engagement	**Outreach Events and Partnership with Community Organizations**: The Alliance will coordinate to leverage its outreach team to participate in culturally significant events like the Indigenous Red Market, Day of the Dead, Lunar New Year, and faith-based community gatherings. The Alliance will also meet with community organizations to better understand the need and help refine its efforts, including organizations recommended by the NAHC and the CAC, local faith-based organizations, school-based health centers, etc. The Alliance will meet with the Mam community to better understand their needs and explore options to increase access to NSMHS.
Community and Education Strategy	**Use language framing and messaging to reduce stigma and make information approachable:** The Alliance will review its materials to ensure that it uses more approachable language and includes clear explanations of confidentiality practices. It will seek to incorporate best practices like leveraging examples of common reasons to seek support and provide simple descriptions of therapy types while avoiding clinical jargon.

Category 2: Alignment with Population Needs Assessment (PNA)/NCQA Population Assessment

2.1. The MCP submitted a PNA along with the annual Outreach and Education Plan.

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

2024 Medi-Cal member demographic summary:

- There were 340,744 members enrolled in Medi-Cal for at least 11 months during 2024 and eligible in December 2024.
- Members were 52% female and 48% male.
- The largest racial or ethnic groups were Hispanic (35%), Other (20%), Black or African American (13%), Chinese (9%), and White (8%). American Indian or Alaskan Natives were 0.2% of the membership.
- The most spoken languages were English (60%), Spanish (25%), Chinese (8%), and Vietnamese (2%).

Behavioral health characteristics:

- Overall, 7% of members had an indicator for potential homelessness. Homelessness was highest among members with serious mental illness (31%). There were racial or ethnic disparities for American Indian or Alaskan Native children (5%) and adults (18%), Black or African American children (11%) and adults (21%), and White adults (11%).
- The prevalence of depression was 2% for children and 6% for adults. This was higher for American Indian or Alaskan Native children (3%) and adults (11%), Black or African American adults (8%), and White adults (10%). The prevalence of depression among pregnant or postpartum members was 14%. For members with both diabetes and hypertension, the prevalence was 13%.
- The Healthcare Effectiveness Data and Information Set (HEDIS) measure follow-up after emergency department visit for mental illness within 30 days in measurement year 2023 (reporting year 2024) was 54.69%, slightly below the minimum performance level of 54.87%. Males (49.59%) and those aged 35 – 49 (50.10%) had significantly lower rates.

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 them into its Member and Provider Wellness Programs & Materials Request 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 how to get support like doula services, behavioral health treatment, lactation consultations, and parenting classes.
- In 2025, the Alliance launched prenatal peer support services for members identified as at-risk for depression through the CHW vendor, Our Roots.

2.2. Outreach and Education Plan – Describe how the outreach/education materials and messaging are 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 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 DHCS.

The Alliance 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.

The Plan also solicits input from diverse sources when reviewing outreach and education materials. The Alliance field tests materials for readability and cultural appropriateness through CAC provides member input, and when appropriate, review by subject matter and target population experts.

2.3. The Outreach and Education Plan – Describe 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 with written translation of critical informing materials, including 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

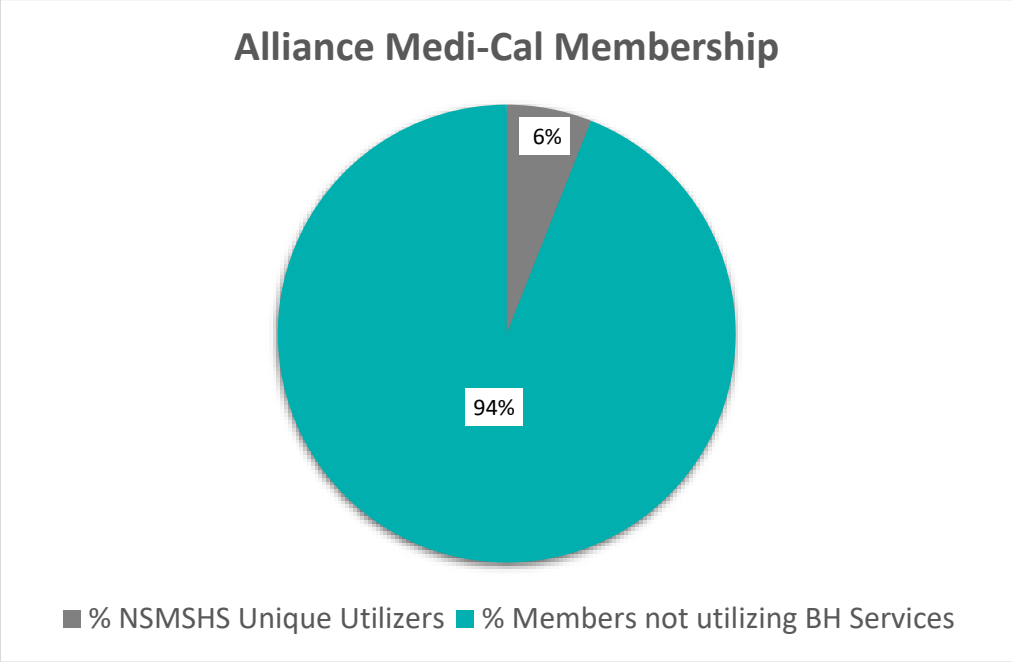
3.1. MCP submitted a utilization assessment along with the Outreach and Education Plan.

A utilization assessment and analysis are included in this report.

3.2. Utilization assessment accounts for utilization of covered mental health benefits by race, ethnicity, language, age, gender identity, and disability. (Please 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.)

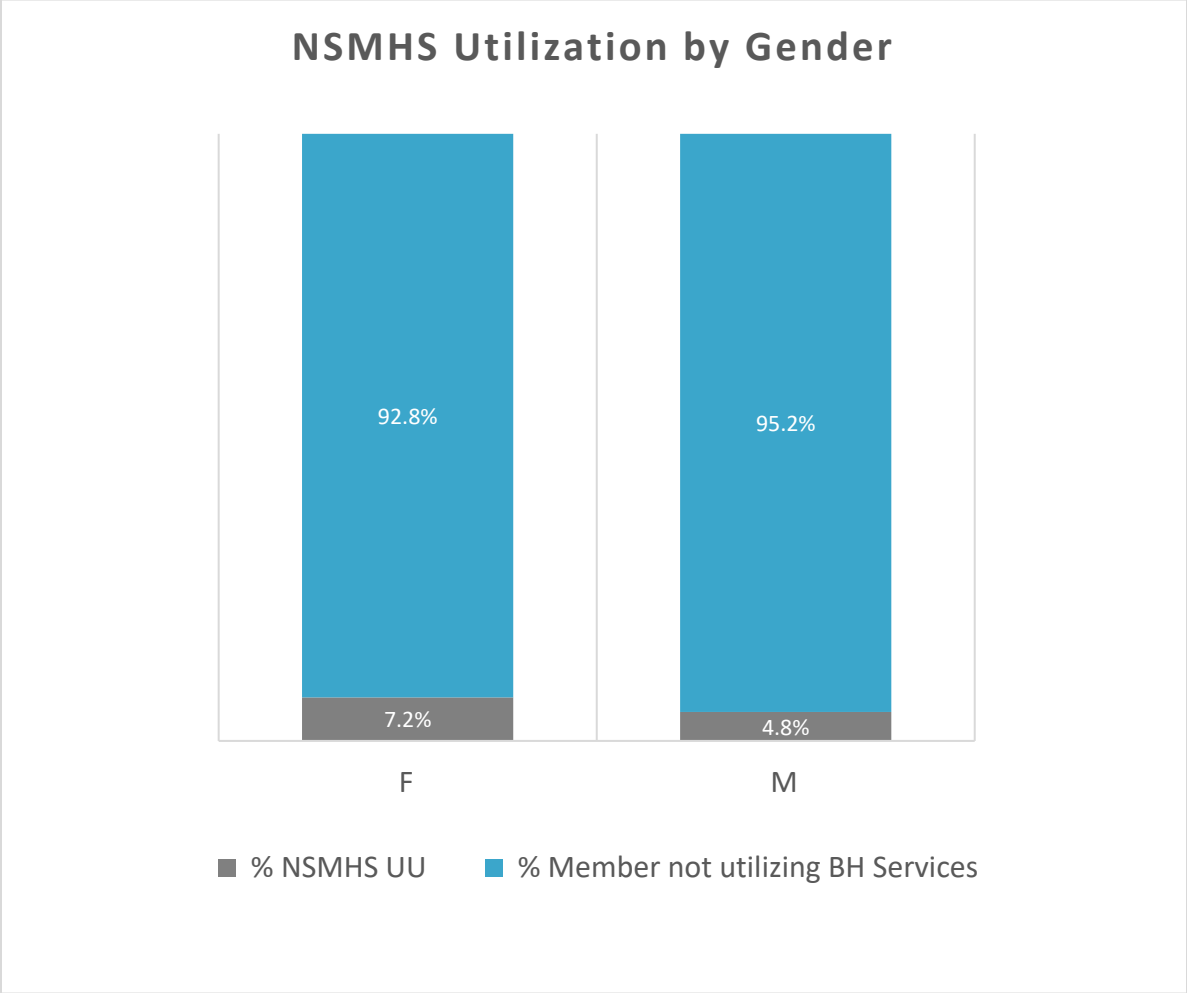
The Alliance defines NSMHS utilization as an active enrollee who received at least one NSMHS between Tuesday, October 1, 2024, and Wednesday, October 1, 2025. The utilization assessment is stratified by gender, age, language, and race/ethnicity. The Alliance strives for inclusiveness and acknowledges that the current assessment does not fully encompass sexual orientation, as this is still in development. Alameda Alliance for Health is committed to enhancing the quality of our data in future assessments and providing more comprehensive reporting.

3.3. The Outreach and Education Plan provides strategies to reach member groups with low utilization of NSMHS, as identified in the utilization assessment.



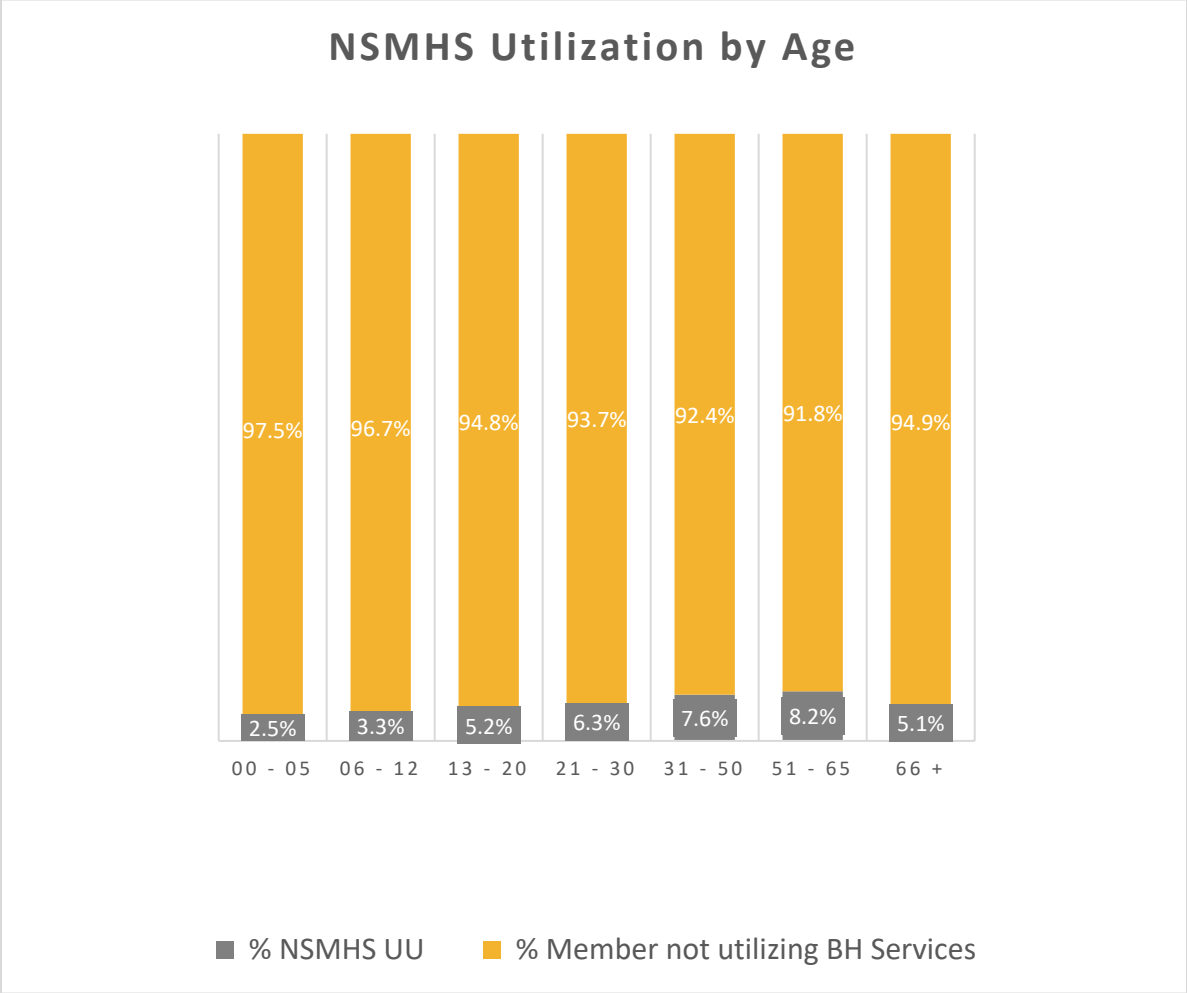
Line of Business	UU	Non-Util	Total Membership	% NSMHS UU
Medi-Cal	23,900	373,980	397,880	6.0%

The number of NSMHS unique utilizers (UU) is 23,900 compared to 373,980 non-utilizers (non-util) of behavioral health services. The utilization rate of NSMHS among the total membership is 6%, which remains consistent with the utilization assessment conducted in 2024.



Gender	UU	Non-Util	Total Membership	% NSMHS UU
Female (F)	14,783	191,763	206,546	7.2%
Male (M)	9,117	182,217	191,334	4.8%

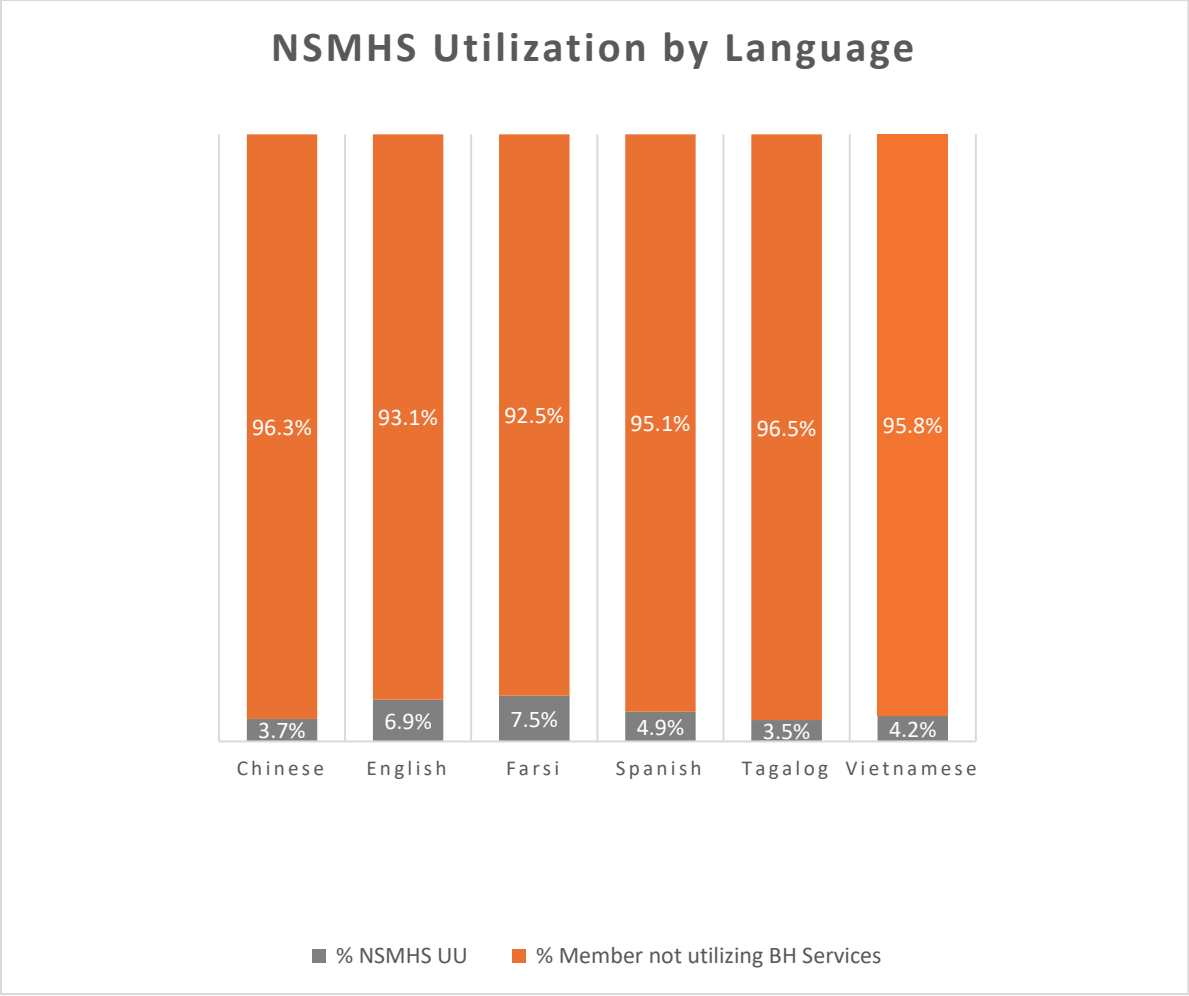
Females continue to demonstrate higher engagement with NSMHS services compared to males. When compared to the 2024 utilization assessment, both groups show a slight increase in overall utilization.



Age	UU	Non-Util	Total Membership	% NSMHS UU
00 - 05	748	28,799	29,547	2.5%
06 - 12	1,348	39,918	41,266	3.3%
13 - 20	2,548	46,637	49,185	5.2%
21 - 30	3,721	55,811	59,532	6.3%
31 - 50	8,028	97,522	105,550	7.6%
51 - 65	4,744	53,362	58,106	8.2%
66 +	2,763	51,931	54,694	5.1%

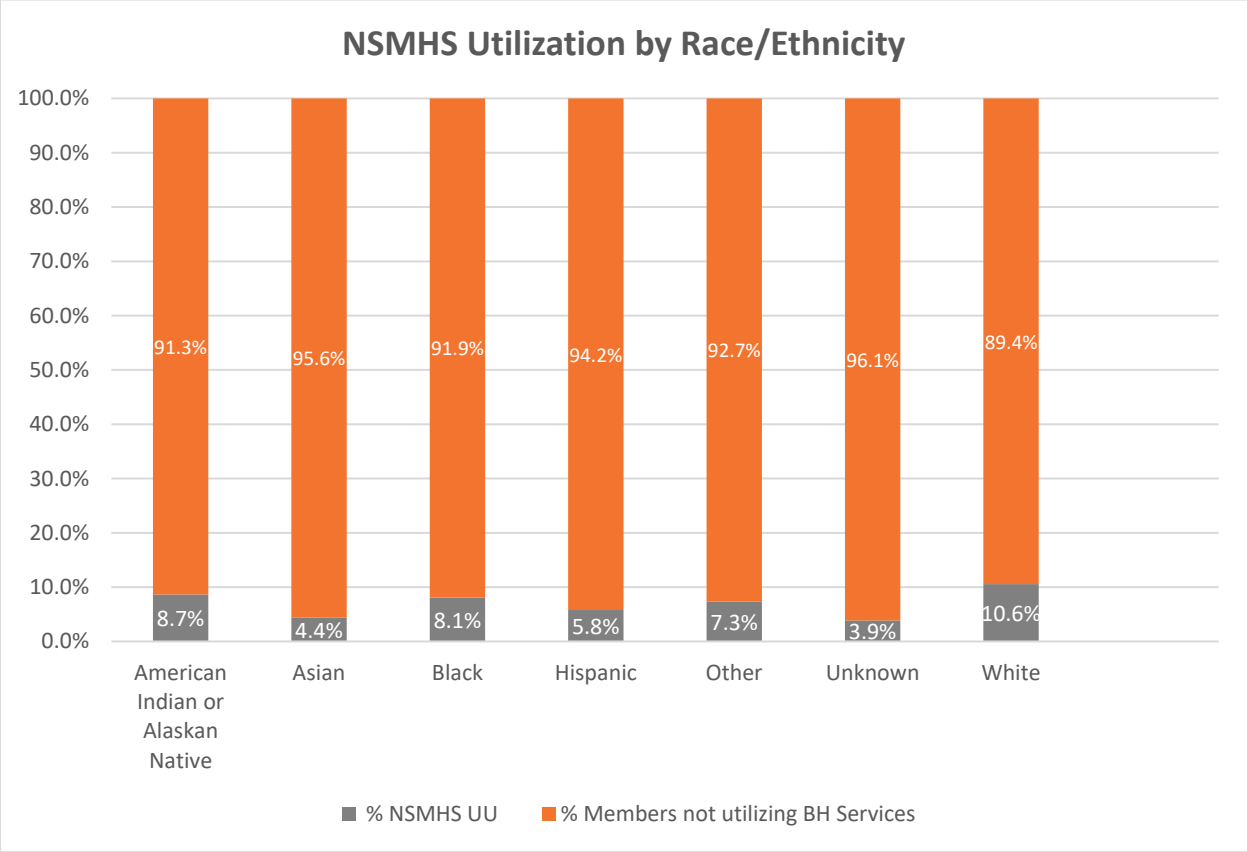
Engagement with NSMHS increases steadily from early childhood through middle age, then declines among adults over 66 years. The lowest utilization rate was observed among children ages 0 – 5, with only 2.5% accessing services. Utilization rises modestly among ages 6 – 12 (3.3%) and 13 – 20 (5.2%), then continues to climb in adulthood: 21 – 30 (6.3%), 31 – 50 (7.6%), and peaks at 8.2% among members aged 51 – 65. After this peak, utilization decreases to 5.1% for members aged 66 and older.

In terms of volume, the largest share of NSMHS utilization comes from the 31 – 50 age group, accounting for 33.6% of all utilizers, followed by 51 – 65 (19.8%) and 21 – 30 (15.6%). Youth and older adults represent smaller proportions of total utilization.



Language	UU	Non-Util	Total Membership	% NSMHS UU
Chinese	1,135	29,365	30,500	3.7%
English	16,626	225,198	241,824	6.9%
Farsi	247	3,038	3,285	7.5%
Spanish	5,456	106,094	111,550	4.9%
Tagalog	71	1,946	2,017	3.5%
Vietnamese	365	8,339	8,704	4.2%

English and Farsi speakers show higher unique utilizer (UU) engagement, and Spanish, Chinese, Tagalog, and Vietnamese speakers have lower utilization, which remains consistent when compared to the 2024 utilization assessment.



Race/Ethnicity	UU	Non-Util	Total Membership	% NSMHS UU
American Indian or Alaskan Native	58	612	670	8.7%
Asian	3,045	66,733	69,778	4.4%
Black	3,709	42,220	45,929	8.1%
Hispanic	6,985	113,875	120,860	5.8%
Other	4,619	58,716	64,005	7.3%
Unknown	2,764	68,768	70,862	3.9%
White	2,720	23,056	25,776	10.6%

White members have the highest utilization at 10.6%, even though they represent a smaller share of the overall membership. Similarly, American Indian or Alaskan Native members, though the smallest group with only 670 members, show a higher utilization percentage at 8.7%. In contrast, Asian members have a lower UU proportion at 4.4%, and Hispanic members, despite being the largest group with 120,860 members, have only 5.8% UU, slightly below the overall average.

Based on the utilization assessment, priority populations for targeted outreach and education should focus on member groups demonstrating consistently lower utilization of NSMHS. These include males, who utilize services at a lower rate than females, and older adults aged 66 and above, whose utilization declines after peaking in middle age. Language groups with lower utilization, specifically Spanish, Chinese, Tagalog, and Vietnamese speakers, should also be prioritized to address potential linguistic and cultural barriers to care. Prioritizing these populations will help address disparities in access, improve equity in mental health service utilization, and align outreach strategies with identified gaps in care.

Strategies used to reach member groups with low utilization of NSMHS are included in this report.

These outreach and education strategies will continue to be leveraged along with new considerations listed here:

2026 Outreach Strategies

Description	Key Message	Target Audience(s)	Channel
Mental Health Services Flyer Color flyer in the member's preferred language with imagery associated with the member's demographic information.	Stigma reduction messaging: Your Mental Health is important. Everyone needs and deserves help. There is no wrong door and always someone to talk to.	Alliance members with a focus on Chinese, Vietnamese, Spanish, and adults aged 66 and older. Targeting communications to Alliance families, informing parents and young adults about mental health services, and seeking help is not a sign of weakness.	Distribution through member and provider channels, including member health education and case management mailings, community health clinics, doulas, and CHWs.
Member Newsletter Biannual newsletter with articles and creatives in biannual publications. With visuals to attract older adults, Chinese, and Vietnamese speakers, older adults and those in long-term care. Translated into Chinese and Vietnamese (as well as other threshold languages).	Members have a right to timely mental health services without delay, no matter where they seek care. Members can maintain treatment relationships with trusted providers without interruption. Information on how and when to access Alliance network services and additional county resources. Seeking out professional help is the right thing to do. List additional county resources.	Alliance Members with messaging and visuals focused on Chinese, Vietnamese, Spanish, and adults aged 66 and older.	Mailing to all members and online.

Description	Key Message	Target Audience(s)	Channel
Provider Alert Provider biannual newsletter.	Members have access to mental and behavioral health benefits and services. Highlight stigma reduction best practices, and promote services including community health clinics, doulas, and CHWs. Reinforce the availability of interpreter services for Alliance members at no cost to them.	Alliance Provider Network, including clinics serving Asian members, Latinx/Hispanic members, and older adults.	Online and Fax Blast to the Alliance provider network.
Collaboration with Local Stakeholders	Alameda County Behavioral Health Care Services - ACCESS Program; Asian Health Services; LifeLong Over 60 Health Center; City of Berkeley and ACPHD CHA/CHIP activities.	Community Leaders to help advocate for services	Collaborative meetings, Quality Improvement meetings with clinic partners.
Community Health Worker Perinatal Peer Support	CHWs will conduct depression and anxiety screenings, offer peer coaching, and connect members with additional services and supports available through the Alliance when relevant, especially referrals to treatment. Launch a new CHW perinatal support provider and outreach focused on addressing prenatal mood and anxiety disorders through peer support sessions, screening, and referrals to treatment.	Low-risk prenatal members.	Phone and texting via CHW provider – Roots Community Health

Description	Key Message	Target Audience(s)	Channel
Outreach Events **Alliance kiosk and staff presence at community outreach events.**	Share behavioral health messages through handouts distributed at community outreach events where underutilizing members may attend.	Seniors United in Alameda County, Chinese New Year Celebration, Day of the Dead Celebration in the Latino/Hispanic neighborhood of Oakland, etc.	In-person. Seek out new outreach opportunities targeting underperformin g cultural groups listed in this plan.
Social Media **Alliance presence on Facebook, Instagram, and LinkedIn.**	Post messages, using images of our underutilizing groups, including non-stigmatizing language regarding availability and how to access mental health services.	Alliance members with a focus on Chinese, Vietnamese, and Spanish, adults aged 66 and older.	Digital and targeted to the sub-populations listed below. Target young adults with our messaging.
Video Media **Broadcast developed videos on Alliance digital channels**	Messages from the Alliance provider network, highlighting the availability of services and talking to the importance of seeking help to reduce the stigma.	Alliance members on the Internet and the community at large.	Instagram, YouTube, Alliance website, Facebook, and more.

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

4.1. Outreach and Education Plan – Describe 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 Alliance will incorporate 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 NSMHS. 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 Farsi, 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 member's language of choice.
- The Alliance Member Services Department can be reached for help at **1.510.747.4567** or toll-free at **1.877.932.2738** (CRS/TTY **711/1.800.735.2929**).
- 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 culturally appropriate services at no cost.

4.2. Outreach and Education Plan – Describe how the 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 culturally appropriate services are also available 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 upon 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 – Describe how the 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 a minimum at quarterly joint operations meetings, and any questions or concerns are 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.

4.4. *Outreach and Education Plan – Describe how the 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 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 culturally appropriate services are also available 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 upon request, also at no cost.

4.5. *Outreach and Education Plan – Describe 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 (6^{th}) grade Flesch-Kincaid reading level and a minimum of 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 that 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.

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

The NSMHS Outreach and Education Plan will take a data-driven approach to addressing disparities in NSMHS access and utilization by annually assessing member utilization of NSMHS across race, ethnicity, age, language, gender, and other demographic data across all lines of business. The utilization assessment findings will be shared with the Alliance Community Advisory Committee, the Native American Health Center, and other community-based organizations to solicit and integrate diverse perspectives from populations of focus and those with lived experience.

The Alliance CAC and its Steering Committee ensure that its members and stakeholders reflect the diverse communities of Alameda County. The Alliance regularly leverages this forum to conduct field testing for outreach and education materials to ensure cultural and linguistic appropriateness.

The engagement with the Alliance CAC and other stakeholders representing our underutilizing populations, including Chinese and Vietnamese members and older adults, generates insights that will shape outreach and education design, development, and implementation of plan policies, programs, and services that address prioritized inequities and intentionally reduce disparities in access to NSMHS.

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. All materials are reviewed for accuracy, grammar, cultural and linguistic suitability, appropriate visuals, style, structure, etc. It also incorporates best practices in material development, including those intended to reduce stigma among vulnerable subpopulations as described below.

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) health education materials, member-informing, and other materials are written in plain language at a 6th-grade reading level, translated into threshold languages, and reviewed for cultural appropriateness and suitability. Alliance members can access these materials via the Alliance Wellness Form.

Health education materials are developed and approved by a qualified health educator in collaboration with internal and external subject matter experts and reviewed for cultural appropriateness, readability and suitability, and medical accuracy. New health education materials are field tested with the target audience they intend to serve and regularly with the Alliance CAC to ensure language and messaging are respectful and do not unintentionally contribute to stigma.

Additionally, the Alliance works to reduce stigma by using language about mental health in a straightforward way, it uses respectful and person-first language, highlights personal stories where appropriate, and avoids reinforcing the idea that a stigma exists. The NSMHS Outreach and Education Plan, through 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 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 NSMHS, 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 (PCP) Outreach and Education

7.1. Outreach and Education Plan – Describe the MCP's plan to conduct annual outreach and education to PCPs regarding covered NSMHS.

The Alliance informs PCPs regarding covered NSMHS through 1:1 quarterly meetings and behavioral health town halls, the Provider Manual and quarterly provider packets, the Alliance public website, newsletters, and fax blasts.

- The PCP outreach and education plan notes how the plan was informed by 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.

The plan was presented to the Alliance QIHEC meeting on Friday, February 14, 2025. QIHEC affirmed Alliance's approach to conduct non-specialty mental health outreach and education through various methods, such as mailings, website posts, and social media for members and providers. This included opportunities for outreach and education to older adults, Chinese, Vietnamese, and Spanish speakers, and those in long-term care.

Alliance Member Communication Plan

The Alliance 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, how to access NSMHS, and that seeking these services is positive and a part of one's overall health. Members are provided with information regarding NSMHS through our welcome and annual mailings, which include 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 and Provider Pulse newsletters

Social Media Outreach

During Native American Heritage Month, mental health information and resources will be integrated into preexisting posts.

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

- Asian American and Pacific Islander Heritage Month
- Asian American and Pacific Islander Month
- Autism Awareness Month
- Black History Month
- Black Maternal Health Week
- Caribbean Heritage Awareness Month
- Disability Pride Month
- Hispanic Heritage Month
- Immigration Heritage Month
- Indigenous Peoples Day
- International Stress Week
- Latinx Heritage Month
- LGBTQIA+ Pride Month
- Men's Health Month
- Mental Health Awareness month
- Mexico Independence Day
- Minority Health Month
- Native American Heritage Day
- National Homeless Awareness Month
- Stress Awareness Month
- Suicide Prevention Month/Week/Day
- Transgender Day of Visibility and Transgender Day of Remembrance

Alliance Public Website Content Updates

The Alliance's 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 2026 Alliance NSMHS Member and Provider Outreach and Education Plans
- Publishing the 2025 Utilization Assessment of NSMHS

Electronic Outreach

- Local Radio Public Service Announcements
- Interactive Voice Response (IVR) Calls
- Frequently Asked Questions (FAQ) Call Center Scripts
- Videos posted on the Alliance YouTube site and social media channels of testimonials from providers with the Alliance provider network on the topic of mental health and mental health services available to members.

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.