



# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

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## Introduction

The following is Partnership HealthPlan of California's Member Outreach and Education Campaign for CY 2026 in compliance with the requirements of Senate Bill 1019 and All Plan Letter (APL) 24-012.

Partnership contracts with Carelon Behavioral Health to administer the non-specialty mental health benefit on behalf of the plan. Carelon manages the provider network and processes claims. The non-specialty mental health provider network is comprised of over 4,000 individual providers at more than 1,800 provider sites.

## Methodology and Background

Pursuant to the requirements of SB 1019 and All Plan Letter 24-012, Partnership engaged in the following activities, in order to solicit input and feedback to inform our Member Outreach and Education Plan.

## Mental Health Utilization Assessment

Partnership completed a comprehensive Mental Health Utilization Assessment that identified utilization rates for various member demographic groups. Results from this assessment identified several lower utilizing groups, which informs our Member Outreach and Education Plan. This Assessment is attached to this document (see Exhibit I).

## Stakeholder Input (Surveys, Interviews and Focus Groups)

### *Community Advisory Committee (CAC)*

On September 11, 2025, Partnership staff presented to Community Advisory Committee (CAC) members results from the 2024 Mental Health Utilization Assessment, using demographic utilization data and highlighting disparities. Furthermore, CAC members were given surveys to complete soliciting their feedback on potential outreach strategies and to garner their own experience obtaining mental health services, if applicable.

### *Primary Care Provider Engagement*

Partnership engaged SPH Analytics to conduct a physician / specialist study via a multi-mode survey approach, allowing respondents to complete via mail or web. Courtesy phone calls were made to encourage participation. This information was useful in identifying barriers in collaboration between medical and mental health providers which can be construed as barriers to referrals.

### *Quality Improvement and Health Equity Committee (QIHEC)*

The Quality Improvement and Health Equity Committee (QIHEC) serves as the principal advisory body for Partnership's Primary Care Provider outreach and education strategy. Meeting bi-monthly, QIHEC includes internal Partnership clinical leadership and external advisory members representing

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FQHCs, health systems, public health departments, and community-based organizations across all Partnership regions. The committee reviews stratified HEDIS, MCAS, and QIP performance data at each meeting to identify disparities requiring targeted provider education.

## Member Outreach and Education Plan

### Developed with Stakeholder and Tribal Partner Engagement

#### Results and Feedback

##### *Community Advisory Committee (CAC) Survey:*

The Community Advisory Committee (CAC) provides Partnership members with a forum to discuss common issues of interest and importance, while creating a supportive and informative environment. Partnership's CAC is primarily composed of members, advocates, and stakeholders. Partnership values the input received through the CAC and considers the feedback during annual reviews and policy / procedural updates that affect quality and health equity. To better understand the barriers and opportunities of non-specialty mental health services, we conducted a targeted survey. Responses were collected through written surveys that allowed us to capture a view of the needs and experiences of our members. The responses highlight the following:

- **Awareness of Mental Health Benefits:**
  - All members are aware of mental health benefits available through Partnership.
  - Most members are aware of Partnership's collaboration with Carelon for mental health services.
  - Only a small percentage have used Carelon's services.
- **Barriers to Accessing Services:**
  - Wait times for appointments.
  - Lack of specific providers.
  - Challenges with obtaining prescriptions and scheduling appointments.
- **Recommendations for Improvement:**
  - Enhance the accuracy and availability of provider information.
    - Regularly update provider details.
    - Create an online list of service locations that accept Partnership.
  - Increase access to qualified psychologists with diverse training and backgrounds.
  - Add additional diversity to demographic reporting to include Asian populations
  - Improve service delivery by:
    - Improving access to transportation in rural areas
    - Shortening wait times.
- **Member Experiences:**
  - Some respondents already use the services.

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- Others are unsure about changes needed, indicating varied experiences with current mental health service access.

### *Tribal Engagement:*

On October 24, 2025, Partnership hosted the annual Tribal Convening, which brought together Tribal leaders from nearly all our Tribal Health Centers, community members, and health care stakeholders to collaborate on culturally-responsive strategies. Partnership's Senior Behavioral Health Director presented on Non-Specialty Mental Health Services utilization, access to care metrics, and requested participation in a survey to assess awareness and access to these services. With approximately thirty respondents from Tribal communities, the survey identified barriers to service utilization and highlighted opportunities for improved outreach. Outcomes of the survey can be found in Exhibit 3.

Partnership Behavioral Health participated in Tribal Round Table quarterly meetings hosted by the Tribal Health Liaison. Discussion items included culturally-appropriate material development, engagement strategies, and allowed for greater collaboration through the ways in which we interact with our Tribal partners.

Collaboration with our Tribal Liaison continued in 2025 to work through deliverables outlined in the outreach and education plan and included a series of meaningful discussions aimed at fostering a culturally appropriate and respectful approach to engaging with Tribal communities. Our Tribal Liaison's expertise provided guidance in understanding the nuances of Tribal sovereignty, historical trauma, and community-driven practices, ensuring that our engagement methods align with the expectations and preferences of the communities we serve. Partnership's Tribal Liaison provided valuable reference materials on Tribal outreach and engagement that guides some of the efforts herein. These materials are included in Exhibit 4 for reference.

In 2026, Partnership plans to continue the build on the Tribal outreach and engagement strategy designed in 2024 to align efforts with the 2016 Tribal Behavioral Health Agenda. Communication materials will be reviewed to ensure they continue to reflect cultural values and health priorities. The year will focus on areas identified as important to our Tribal partners, including those areas specifically called out in the Tribal health survey:

### Systemic Barriers:

- Wait times for behavioral health services remain a primary access challenge
- Limited provider availability in certain geographic areas
- Difficult referral and appointment scheduling processes

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### Logistical Barriers:

- Navigation challenges related to system of obtaining access of care
- Transportation access constraints, particularly in geographically remote tribal communities
- Limited awareness of available NSMHS services (over 50% of respondents demonstrated limited understanding)

### Cultural Barriers:

- Disconnect between current service delivery and community values around traditional healing integration.
- While traditional healers have low utilization rates as first points of contact, integration with traditional healing practices has been identified as the top community improvement priority.

### Emotional and Social Barriers:

- Stigma surrounding mental health service utilization
- Fear of judgment within community settings

The year will conclude with an evaluation of whether barriers remain, analyzing outcomes and gathering feedback to refine future strategies. A comprehensive report will summarize the year's activities, lessons learned, and recommendations for 2027, ensuring continued progress in addressing behavioral health disparities.

### *County Behavioral Health Engagement:*

In addition, Partnership collaborated with County Mental Health Partners to gather input on strategies for effectively reaching and educating members about Non-Specialty Mental Health Services (NSMHS) available in their counties. During the Quarterly Mental Health Directors meeting, discussions were targeted to identify tailored outreach approaches and received valuable feedback.

- Key suggestions included leveraging social media platforms to raise awareness
- Participating in community health and event fairs to engage directly with residents
- Building connections with local community health agencies for broader outreach

These insights inform our outreach and education efforts, ensuring they are aligned with community needs and preferences, and effectively promote access to NSMHS in all service areas.

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### *Primary Care Engagement:*

SPH conducted surveys on behalf of Partnership to measure the perception of service availability and collaboration within the primary care network:

- 46% of providers agreed that they routinely receive reports after my Partnership patients have accessed Mental Health Care and Services.
- 55% of providers agreed that once a referral has been issued to Beacon, they routinely receive confirmation that their patient's mental health referral is being addressed.

This information was included to address potential barriers or bias in referring members to non-specialty mental health services.

### *Quality Improvement and Health Equity Committee (QIHEC)*

In the September 2025 meeting, reviewed findings showing Black mothers have postpartum care rates 5% below target, rural children aged 3-6 have only 32% well-child visit completion, and white members have lower prenatal TDAP vaccination rates than Hispanic members. Based on these findings, QIHEC directed specific PCP education on culturally responsive postpartum care, well-child visit messaging for rural families, and prenatal vaccine counseling addressing hesitancy. The QIHEC-informed plan operates on a continuous improvement cycle where bi-monthly meetings review performance data, community findings, and training completion, then make recommendations that are implemented and measured.

### **Alignment with Population Needs Assessment**

#### **Health Education, Cultural and Linguistic Gap Analysis**

Partnership maintains a Health Education unit responsible for creating and providing health education materials at an appropriate reading and comprehension level for members. The Health Education unit supports the creation of member-facing materials (including health education materials) to meet the needs of various member-outreach activities carried out by the organization. Other health education materials are more readily available on the Member Portal through the Healthy Living Tool. There are additional external health education materials available for both member and provider access on Partnership's external website:

- Members: [www.partnershiphp.org/Members/Medi-Cal/Pages/Health%20Education/HealthEducation---Members.aspx](http://www.partnershiphp.org/Members/Medi-Cal/Pages/Health%20Education/HealthEducation---Members.aspx)
- Providers: [www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/HealthEducationProviders.aspx](http://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/HealthEducationProviders.aspx)

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Printed copies of materials are available to both members and providers. Educational and informing materials created by the Health Education Team are reviewed and updated no less than every 5 years and are translated into all Partnership threshold languages (Spanish, Russian, Tagalog; Punjabi will likely become part of this list in 2025); other languages are available upon member request. The Health Education unit reviews educational materials on the external website on an annual basis. This established process has been effective in providing materials to members, both directly and through providers.

The Health Education team is also responsible for the Cultural and Linguistic program, including evaluation of member grievances for issues arising from discrimination (which includes discrimination based on language), and performance of audits for delegates mandated to carry out various Cultural and Linguistic responsibilities. They also review and recommend staff and provider training to promote awareness of inclusivity to serve our members better as requested. The evaluation of member grievances for issues arising from discrimination will transition to the Health Equity department in 2025. *Source: Population Needs Assessment 2025 pg. 66*

### Inclusivity Training

#### *Partnership Staff Training*

Partnership is committed to ensuring both staff and members feel included and have equal opportunities for their mental, social, and physical wellbeing. One of the ways Partnership addresses inclusions is through an annual Health Equity Week for staff. Historically, in alignment with the Dr. Martin Luther King, Jr. holiday (the third week of January), a project team designs emails, videos, and interactive activities to raise staff awareness of the diversity of Partnership’s employees and members, and how to respectfully interact with others. Below are the results of Health Equity Week 2024.

Table 19: LMS Completion Report for Health Equity Week 2024 Activities

LMS Activity	Total Completions
Health Equity Week 2024: A Conversation with Partnership’s Dr. Mohamed Jalloh and Hannah O’Leary	236
Health Equity Week 2024: Gena, a Member’s Story	266
Health Equity Week 2024: Madeline, a Member’s Story	280

*Source: LMS Training Report; Partnership Human Resource Department, 2024*

Partnership also offers virtual and recorded training sessions for all staff to remind them of the legal rights of our diverse team and to educate them on how best to include others in office activities. There are at least 2 mandatory educational sessions per year. As additional training

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opportunities arise, they are made available to staff based on interest or assignment. Human Resources tracks staff participation through the Learning Management System (LMS). As of December 31, 2024, there were 1,307 Partnership employees. In 2024, Partnership employees completed the following trainings:

Total Completion	Partnership Training Sessions	Staff Assignment
1421	Diversity Basics: Foundations	Assigned to all staff in April 2024 and all new hires, temps, and contractors
445	Cultural and Linguistics Program Overview and Staff Training	Assigned to new hires and temps only
443	Affordable Care Act – Section 155	Assigned to new hires and temps only
280	Health Equity Week 2024: Madeline, a Member’s Story	Optional training for all Partnership staff
266	Health Equity Week 2024: Gena, a Member’s Story	Optional training for all Partnership staff
236	Health Equity Week 2024: A Conversation with Partnership’s Dr. Mohamed Jalloh and Hannah O’Leary	Optional training for all Partnership staff
20	Improving Health Outcomes for People Living in The Crisis of Poverty	Optional training for all Partnership staff
24	Tale of Two Zip Codes	Optional training for all Partnership staff
1	Partnership’s Health Equity Journey: The Present	Optional training for all Partnership staff

To promote awareness and understanding of inclusivity, Partnership will continue to identify and mandate high-quality staff training(s) on an annual basis. Some staff may seek further training opportunities to gain better insight into their peers and Partnership’s population.

### Provider Training

Partnership is committed to enhancing the member experience by actively reviewing and offering training to contracted providers, with a focus on reducing unintended bias, discrimination, and health disparities. In 2024, Partnership’s Cultural and Linguistic/Health Education Team reviewed and

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updated the comprehensive toolkit designed to help providers document patient language needs in medical records, utilize interpreter services, and refer patients to culturally and linguistically appropriate community programs. Additionally, Partnership offers an on-demand Cultural and Linguistic training webinar for providers and their staff, ensuring they receive the necessary tools to improve cultural competency and communication with patients. Furthermore, Partnership provides cultural awareness and sensitivity training for all contracted providers and their employees who interact with members of the Seniors and People with Disabilities population, supporting a more inclusive and effective healthcare experience.

Partnership's Director of Health Equity developed a training program in 2024 to align with DHCS's APL 24-016 Inclusivity Training Program Requirements. In 2025, Partnership began offering providers regular inclusivity training to align with NCQA and DHCS quality standards.

*Source: Population Needs Assessment 2025 pg. 70-72*

### **Health Education, Culture, and Linguistics**

Partnership has an ongoing concern that its members lack knowledge around their benefits and how to use them. While managed care plans have several departments dedicated to member support, Partnership recognized an opportunity to support efforts to increase member awareness of Partnership benefits, including development of videos, written materials, and the distribution of educational materials at community outreach efforts in various threshold languages as appropriate. One example is heavily promoting the Growing Together Program to Partnership's providers and community partners; this program promotes well-child visits and perinatal.

Another example is Partnership's Member Services staff conducting in-person presentations. These presentations are referred to as "Member (or Community) Informative Sessions" and provide an educational and collaborative forum for new members and county partners while also building upon our organizational branding campaign centered around "Your Partner in Health". At these sessions, Member Services staff provide an overview of Partnership's services and the resources that are available to members. While onsite, Member Services staff provide in-the-moment support, helping members navigate their transition into Partnership. Partnership conducts these sessions primarily in English and Spanish. Sessions may also be conducted in other languages and are available on request. The overall goal with these sessions is to ensure Partnership members and community partners gain knowledge about Partnership's benefits and services, and to leave a positive and lasting impression that Partnership is responsive and here to support all the communities we serve. Partnership will also continue to collaborate with community groups and plans to offer educational sessions to members about available benefits like vision, mental health services, and preventative care services.

Partnership also offers robust Community Resource pages on our external website. These pages are a collection of local resources that are meant to supplement member needs. Each of Partnership's

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counties has a dedicated county page. Partnership members also have the option to contact Partnership's Population Health Department to learn how to access local community resources. Population Health staff also routinely provide community resources to members during their various outbound call campaigns. Population Health staff track the resources provided to members, and conduct follow-up calls to ensure the resource(s) met the needs of the member. These community resources are sufficient for Partnership member needs, though they are continuously updated and improved as new resources emerge.

Member grievance data provides insight into member engagement with the health plan, their experience of culturally and linguistically appropriate care, and reported rates of discrimination. Members who want to report grievances with their care must know how to report grievances using the appropriate channels and feel some assurance that their concerns will be taken seriously. Therefore, Partnership uses reported grievances as a proxy for trust in the agencies against whom the grievance is filed. While a general lack of trust in government and institutions may be the root cause for some distrust, Partnership works to overcome this through demonstrating responsiveness to member needs, as reflected in interactions with our members. This effort is ongoing and, while there are sufficient resources allocated, there are likely more opportunities to educate members on their rights and how to exercise them.

Finally, in alignment with DHCS and NCQA objectives, Partnership will continue its own organizational culture of inclusion by offering regular staff and provider trainings. The goal of these trainings are to engage staff and providers in topics relating to equity (e.g., race, ethnicity, gender, and more) and the barriers members experience that prevent them from being healthy. Partnership also hosts an annual Health Equity Week to educate on and promote health equity for its members and staff. Activities from Health Equity week 2024 included a staff town hall highlighting health equity efforts, staff interviews, member stories, and more. Finally, Partnership's Director of Health Equity has also been tasked with developing a mandatory inclusivity training for all Partnership network providers and other relevant stakeholders; a pilot went live mid-2025.

*Source: Population Needs Assessment 2025 pg. 83-84*

### **Primary Language**

English continues to be the primary language spoken by Partnership's members. Based on Partnership's December 2024 enrollment data, 76.1% of members identify as English speaking and 24% identify as limited English proficiency (LEP). Partnership has 3 threshold languages – Spanish, Russian, and Tagalog. New threshold languages are added as needed. Members identifying as Spanish speaking total 20.6%. Russian and Tagalog speakers account for 0.9% of LEP members, while 2.5% of the population speaks a language other than the 3 threshold languages. This data demonstrates a need to ensure LEP members can access care in their own language to stay healthy.

*Source: Population Needs Assessment 2025 pg. 21*

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### **Alignment with Utilization Assessment**

In 2026, Partnership will continue several targeted outreach strategies to enhance awareness of non-specialty mental health services (NSMHS) for our members. This multi-faceted approach leverages social media to broadly inform members of the available services, aiming to reduce mental health stigma and drive engagement.

A key component of this initiative includes a text messaging campaign tailored to all members in Modoc and Sierra County (low utilizers). These tailored messages will aim to bridge gaps in service awareness and accessibility within these populations.

In recognition of Mental Health Awareness Month in May, Partnership will again participate in a Community Health Event focused on mental health resources, support, and education. Focus on maternal mental health will be driven through a quality improvement partnership with Carelon, targeting follow up opportunities for pregnant or postpartum women with an Edinburgh depression screening of 10 or more. This is an important effort for a vulnerable member population with potential mental health needs.

Finally, development of PCP Education flyers, which will serve as a key resource for primary care providers, equipping them with essential information to guide patients toward mental health resources.

Through these strategies, Partnership aims to improve mental health service accessibility, provide culturally relevant outreach, and empower both members and healthcare providers with the knowledge and resources needed for mental wellness.

### **Alignment with National Culturally and Linguistically Appropriate Services Standards**

The outreach and member engagement activities involved in this plan will employ the cultural and linguistic requirements set forth in policy, MCND 9002, Cultural and Linguistic Program Description, and attachments to the policy.

Partnership provides culturally and linguistically appropriate health care services to its diverse member population, ensuring equitable access and health equity for all. Partnership offers free language assistance services to members with limited English proficiency (LEP) and other communication needs, including interpretation services in over 200 languages such as Spanish, Tagalog, and Russian, as well as American Sign Language (ASL). Written translations of vital materials, such as Member Handbooks, Notices of Action, and Grievance Letters, are made available in threshold languages and accessible formats, including Braille, large print, and audio. These services ensure that members receive timely and effective care without language barriers.

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Members are informed about the availability of language assistance services through non-discrimination notices and taglines included with all major correspondence. These notices are provided in up to 18 languages and are designed for accessibility, written to promote understanding. Partnership further ensures the competence of language assistance providers by employing qualification standards, requiring interpreters and translators to demonstrate proficiency in English and target languages, adhere to ethical principles, and use specialized medical terminology. This ensures members receive accurate and culturally sensitive support, avoiding reliance on untrained individuals or minors as interpreters.

All member-facing materials, including preventive health reminders and benefit information, are provided in easy-to-understand formats and translated into the most commonly used languages in the service area. Partnership routinely evaluates the linguistic needs of its population through annual assessments and adjusts materials and services to reflect any changes in language prevalence or regulatory requirements. This approach ensures that all materials meet the cultural and linguistic needs of members while also adhering to state and federal guidelines.

Partnership actively collaborates with community advisory committees, such as the Consumer Advisory Committee (CAC) to design, implement, and evaluate policies and practices that address cultural and linguistic appropriateness. These committees, composed of diverse community members, provide critical feedback on health education, accessibility, and outreach programs. Their input shapes the development of initiatives that address health equity and cultural competence, ensuring that services align with the unique needs of members.

To promote continuous improvement, Partnership offers training programs for staff, providers, and subcontractors on cultural competency, implicit bias, and health equity. In addition, Partnership tracks cultural and linguistics trainings. These training programs emphasize sensitivity to cultural differences, effective communication with LEP members, and awareness of structural and institutional inequities affecting member health. Staff and provider training records are regularly reviewed to ensure compliance, and opportunities for improvement in inclusivity are identified and addressed within the organization.

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### **Best practices in Stigma Reduction**

Pursuant to the article *Best Practices: Strategic Stigma Change* by Patrick W. Corrigan, PsyD.<sup>1</sup>, there are four components to ensure effective results in stigma reduction. These components include the following:

- Education: Provide education to combat myths or misunderstandings
- Targeted: Focus on specific groups for the highest impact and keep it local
- Credible: People hear it best from others who are most like them
- Continuous: The message needs to be repeated and in multiple ways for it to land

Best practices for reducing stigma in outreach and education materials focus on using inclusive, non-judgmental language, and normalizing mental health as part of overall health. Education addresses myths and misunderstandings about mental health through accurate, accessible information, empowering individuals with knowledge to challenge stigma. A targeted approach focuses on specific groups most affected by stigma, tailoring efforts to local contexts for greater relevance and impact. Ensuring credibility is critical, as people are more receptive to messages delivered by individuals who share similar experiences or backgrounds. Finally, continuity reinforces the message through repeated and varied communication methods, ensuring it resonates over time.

### **Multiple points of contact for member access**

The Outreach and Education Plan highlights the multiple points of contact available for members to access information about their mental health benefits, ensuring they are informed and supported in utilizing these services. This includes a text messaging campaign specifically designed to notify members about Non-Specialty Mental Health Services (NSMHS) benefits, offering direct and timely communication. Additionally, information is shared through the Partnership website, providing an accessible platform for members to learn about their mental health options. Partnership will continue to enhance the website to expand resource pages for mental health services in 2026, striving to make it more engaging and user-friendly to encourage members to retrieve information easily and navigate their mental health benefits.

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<sup>1</sup>American Psychiatric Association. (2011). [*Best Practices: Strategic Stigma Change*]. *Psychiatric Services*, 62(8), 824. [https://doi.org/10.1176/ps.62.8.pss6208\\_0824](https://doi.org/10.1176/ps.62.8.pss6208_0824)

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### Qualitative Assessment Summary of Findings (Across All Categories)

<p>Developed with Stakeholder and Tribal Partner Engagement</p>	<ul style="list-style-type: none"> <li>• Wait times for appointments.</li> <li>• Lack of specific providers.</li> <li>• Transportation challenges in-person services.</li> <li>• Difficulties navigating the healthcare system.</li> </ul>
<p>Alignment with Population Needs Assessment / NCQA Population Assessment</p>	<ul style="list-style-type: none"> <li>• Partnership offers virtual and recorded training sessions for all staff on inclusivity.</li> <li>• Partnership offers and reviews training to contracted providers to improve member experience and reduce unintended bias, discrimination, and health disparities.</li> <li>• Partnership has an ongoing concern that its members lack knowledge around their benefits and how to use them.</li> </ul>
<p>Alignment with Utilization Assessment</p>	<ul style="list-style-type: none"> <li>• All members in Sierra and Modoc County are low utilizers of NSMHS. Based on the commitment to improve understanding and access for Tribal members, we will continue efforts with this population.</li> </ul>
<p>Alignment with National Culturally and Linguistically Appropriate Services Standards</p>	<ul style="list-style-type: none"> <li>• Partnership provides free interpretation in over 200 languages and in accessible written translations.</li> <li>• Advisory committees like CAC guide culturally and linguistically appropriate policies and practices.</li> <li>• Partnership trains staff and providers in inclusivity with regular reviews.</li> </ul>
<p>Best Practices in Stigma Reduction</p>	<ul style="list-style-type: none"> <li>• Limited understanding of mental health and available services contributes to stigma.</li> <li>• There are four components to ensure effective results in stigma reduction.</li> </ul>
<p>Multiple Points of Contact for Member Access</p>	<ul style="list-style-type: none"> <li>• Creating accessible avenues for members to obtain information on NSMHS benefits.</li> </ul>
<p>Primary Care Provider Outreach and Education</p>	<ul style="list-style-type: none"> <li>• Annual staff and provider training on NSMHS.</li> <li>• Informed decisions and feedback with the Quality Improvement and Health Equity Committee.</li> </ul>

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## Education Plan

In 2026, Partnership plans to further explore strategies to improve mental health access and address barriers. Efforts include leveraging social media and text message campaigns, hosting community health events and engaging in further discussions with Tribal providers and leaders. Partnership is also initiating a Behavioral Health access notification campaign highlighting the newly developed Partnership call center dedicated to providing support through screening and connection to mental health and substance use disorder services. Additional enhancements will be made to the Partnership website and PCP education flyers will be distributed throughout the network to support provider awareness. These approaches aim to reduce disparities and potentially sustain or enhance mental health utilization rates. (Strategies Timeline shown in Exhibit 2)

### 1. Developed with Stakeholder and Tribal Partner Engagement

- Provide a platform for dialogue with focus population partners and community stakeholders to address concerns and co-develop culturally sensitive solutions.
- Outreach Events: Foster direct engagement with stakeholders, ensuring feedback shapes strategies to meet unique community needs.

### 2. Alignment with PNA / NCQA Assessment

- Promote use of Partnership's Behavioral Health Access line through member informing campaigns such as website carousel, articles on the Member Portal, and updates to member facing materials.
- PCP Education Flyers: Support PNA goals by enhancing provider understanding of member needs and improving service coordination.

### 3. Alignment with Utilization Assessment

- Text Message Campaign: Directly addresses underutilization trends identified through utilization assessments by promoting awareness of available services and reducing barriers to engagement in focus populations.
- Outreach Events: Target low-utilization areas to improve access and increase awareness about mental health and other essential services.

### 4. Alignment with National Culturally and Linguistically Appropriate Services (CLAS) Standards

- PCP Education Flyers: Provide providers with culturally relevant educational materials to ensure care aligns with CLAS Standards.
- Text Message Campaign: Delivered in multiple languages to improve accessibility for members with limited English proficiency, meeting CLAS requirements for linguistic inclusivity.

### 5. Best Practices in Stigma Reduction

- Outreach Events: Facilitate face-to-face interaction to normalize mental health discussions, reducing stigma around seeking care.

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- Townhalls: Create a safe space for sharing experiences and fostering community support, addressing stigma at the community level.
6. Multiple Points of Contact for Member Access
1. Text Message Campaign: Provides immediate, accessible communication directly to members, improving access to timely information.
  2. Website Enhancement: Improving digital platform to provide clear, comprehensive, and accessible information about non-specialty mental health services.
7. Primary Care Provider Outreach and Education
- PCP Education Flyers: Educate providers on upcoming changes on an annual basis, such as appointment scheduling support through Partnership's Behavioral Health Access line, and equip them with tools to better support member engagement and referrals.
  - Outreach Events: Engage providers in discussions to improve alignment on member needs and facilitate coordinated care strategies.

### Measurement of Effectiveness

Partnership's 2025 mental health utilization assessment highlights strong performance in providing access to non-specialty mental health services with utilization rates exceeding 12% when combined with specialty mental health services. This places Partnership on the higher end of Medi-Cal mental health utilization rates statewide, however opportunities for improvement remain, particularly for specific subgroups such as members with disabilities, individuals identified through Sexual Orientation and Gender Identity (SOGI) data, and other underutilizing populations.

Members with disability aid codes demonstrated significantly higher utilization rates with over 13% accessing mental health services. While this is a positive outcome it is essential to continue monitoring and tailoring services for this subgroup to sustain and build on this engagement. In contrast, data limitations regarding SOGI have hindered a comprehensive analysis of mental health utilization by sexual orientation and gender identity. However, it is the intent for Partnership and the state to improve data collection to accurately reflect and address the identity of members.

Overall, 68% of mental health services utilized by members were delivered through the non-specialty mental health system, meeting the needs of those with mild to moderate impairments. Federally Qualified Health Centers (FQHCs) and Tribal FQHCs have played a critical role in achieving this outcome by offering low-barrier, integrated care models that make mental health services more accessible. Despite this success, the current utilization rate of 8.6% still falls short of the anticipated prevalence of mental health conditions among the membership.

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### *Measuring the Effectiveness of the 2025 Outreach and Education Plan*

To measure the effectiveness of this Outreach and Education Campaign for 2026, Partnership will track utilization rates of the campaign's targeted groups. Specifically, utilization rates of the following groups will be tracked: Spanish-speaking members, Hispanic members, and Native American members. Additionally, monitoring the utilization rates of Modoc and Sierra County members will be a trackable measure. The hope for outcome would be to see increases in utilization rates for these members. However, given that the campaign will continue through 2026, we recognize this will require additional years to see meaningful changes in utilization rates or trends.



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## (Exhibit I)

### Partnership HealthPlan of California's Annual Mental Health Utilization Assessment

September 2025

#### Introduction

The following is Partnership's mental health annual utilization assessment in compliance with the requirements of Senate Bill 1019 and All Plan Letter (APL) 24-012. The utilization data reviewed has been culled from calendar year 2024 claims and encounter information.

Partnership contracts with Carelon Behavioral Health to administer the non-specialty mental health benefit on behalf of the plan. Carelon manages the provider network and processes claims. The non-specialty mental health provider network is comprised of over 4,000 individual providers at more than 1,800 provider sites.

Also noteworthy, Partnership has a robust network on Federally Qualified Health Centers (FQHCs) and Tribal FQHCs. These health centers provide primary care to nearly 90% of the membership. Many of these FQHCs also provide integrated behavioral health services. This low-barrier, integrated model appears to serve Partnership's members quite well. This is evidenced, in part, by the fact that five of the top ten non-specialty mental health providers by number of members served in the network are FQHCs.

#### Overall Mental Health Utilization

During calendar year 2024, Partnership had on average 906,500 members throughout the year in the twenty-four counties where it was operating. Over 112,000 members (12%) received mental health services in either the specialty mental health system (SMHS) operated by the respective counties or in the non-specialty mental health system (NSMHS) administered by Partnership and its delegate, Carelon Behavioral Health. The majority of the utilizers obtained services in the non-specialty mental health system (68%), compared to the specialty mental health system (32%). This trend is longstanding and expected given that the majority of the mental health needs of members fall into the mild to moderate range of impairment and, therefore, can be served in the non-specialty mental health system of care.

Traditional mental health providers are not the only purveyors of mental health. Primary care providers address mental health needs of members with a significant frequency. Members seek out mental health interventions through primary care. In 2024, about 13.4% of primary care visits included a mental health diagnosis indicating that some aspect of a members' mental health was addressed during the visit. This is significant in that primary care providers address some of the mental health needs that patients present.

# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

## Demographics

Membership sex and demographic data is obtained from the eligibility files provided by the state of California. Partnership members in the twenty-four counties being served in 2024 are comprised of the following demographics:

47.40%	White
22%	Hispanic
4%	Asian
3%	Black
1.8%%	Native American

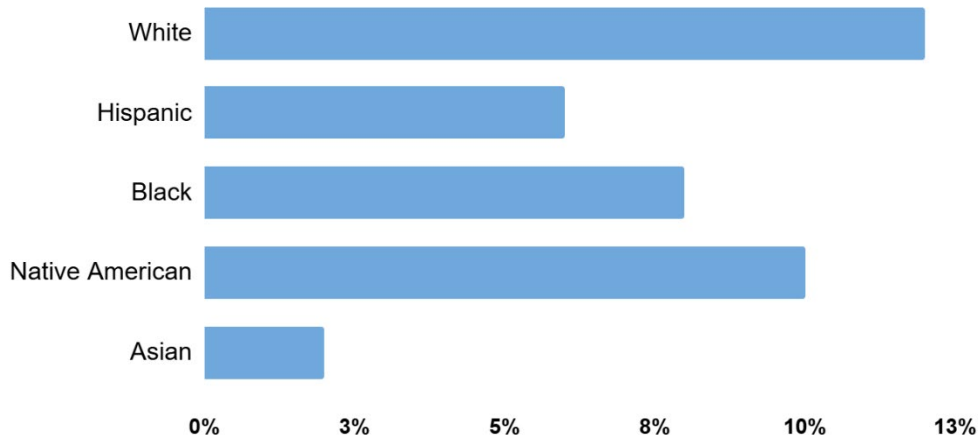
Nearly 10% of Partnership membership have identified as “other” or “unknown.” Given the substantive numbers who have identified as such, some further inquiry was completed in 2024 as part of the eligibility renewal process. These efforts may have led to the decrease in this category from 18% in 2023 to 10% in 2024.

It would be noteworthy to complete further discovery by comparing these numbers to other managed care plan numbers to identify if this is a consistent experience across plans or not. However, Partnership’s membership is represented predominantly by White and Hispanic members. Other populations tend to be represented more regionally.

As part of this non-specialty mental health utilization assessment, Partnership analyzed the utilization rate by race and ethnicity. White members had the highest utilization rate for mental health services (12%). Asian members had the lowest utilization rate at 1.7%, followed by Hispanic members at 6.4%. Utilization for Black members increased to 7.6% in 2024, marginally higher than the 2023 rate of 5%. The most significant increase in utilization came from the Native American population, rising to 10.2% in 2024, compared to 5.5% in 2023.

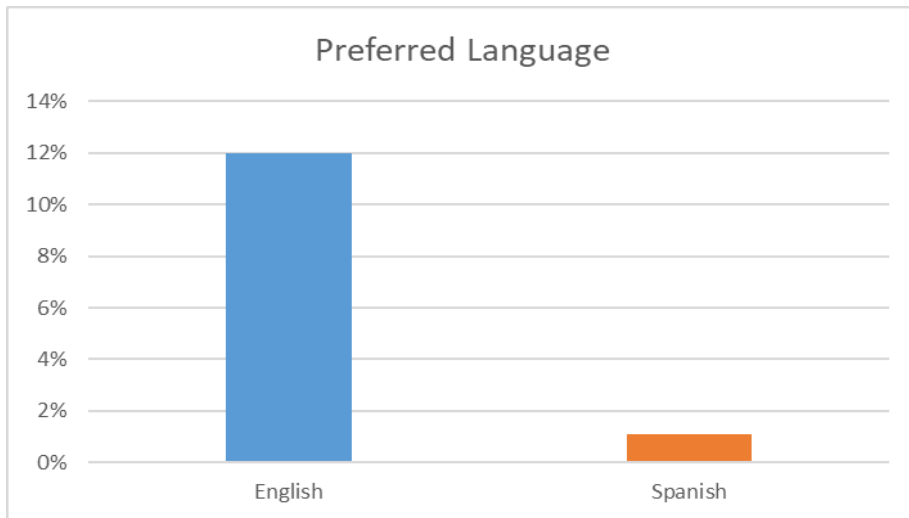
# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

Utilization Rate vs. Race/Ethnicity



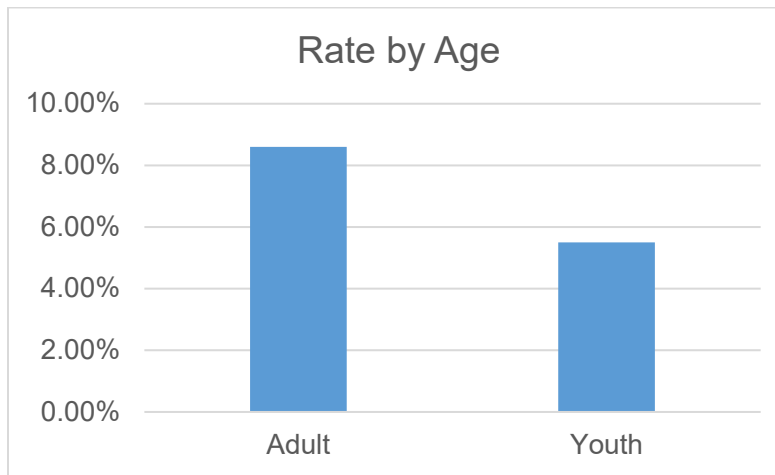
## Preferred Language and Age

In 2024, 75.8% of Partnership’s membership identified English as their preferred language, whereas 20.6% of members identified Spanish as their preferred language. Additionally, over 2% of members identified “Other” as a preferred language. Partnership reviewed the non-specialty mental health utilization rate by member’s preferred language. There is a substantive difference in utilization rates by preferred language. Members whose preferred language was English had a utilization rate (12%) that was nearly nine times the rate of members who identified Spanish as their preferred language (1.1%). Further inquiry is necessary to better identify reasons for this disparity in utilization.



Partnership membership included 583,000 members, or 65%, who were 20 years old or younger. Analyzing the utilization rate of mental health services by age, children and youth had a slightly lower utilization rate (5.5%) than the adult membership utilization (8.6%).

## Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)



### Sexual Orientation and Gender Identity

Due to data limitations, Partnership does not actively have a mechanism to track complete data that collected membership gender identity and sexual orientation. Therefore, Partnership is limited in its ability to analyze utilization rates based upon sexual orientation or gender identity other than what has been indicated on the membership eligibility files provided by the state of California. It is the intent of both the state and Partnership that moving forward systems will be enhanced to more accurately reflect the identity of members.

Given these limitations, Partnership did analyze the utilization rates by the gender indicated on the membership files. Partnership’s membership has slightly more female members (65.2%) than male members (34.8%). This is a significant shift since 2023 where 52% of services were provided to female members and 48% to male. Females tended to utilize non-specialty mental health services at a substantially higher rate than male members.

### Members with a Disability or Unstable Housing Status

Utilization rates for the members with a disability membership aid code are significantly higher than that of the overall utilization for the entire membership. The total utilization of mental health services for those members who obtained services in non- specialty mental health was nearly 13.7%. Further, nearly 6% of individuals accessing services are unhoused, lending a potential opportunity to educate Enhanced Care Management (ECM) providers who serve this population of focus.

### Geography

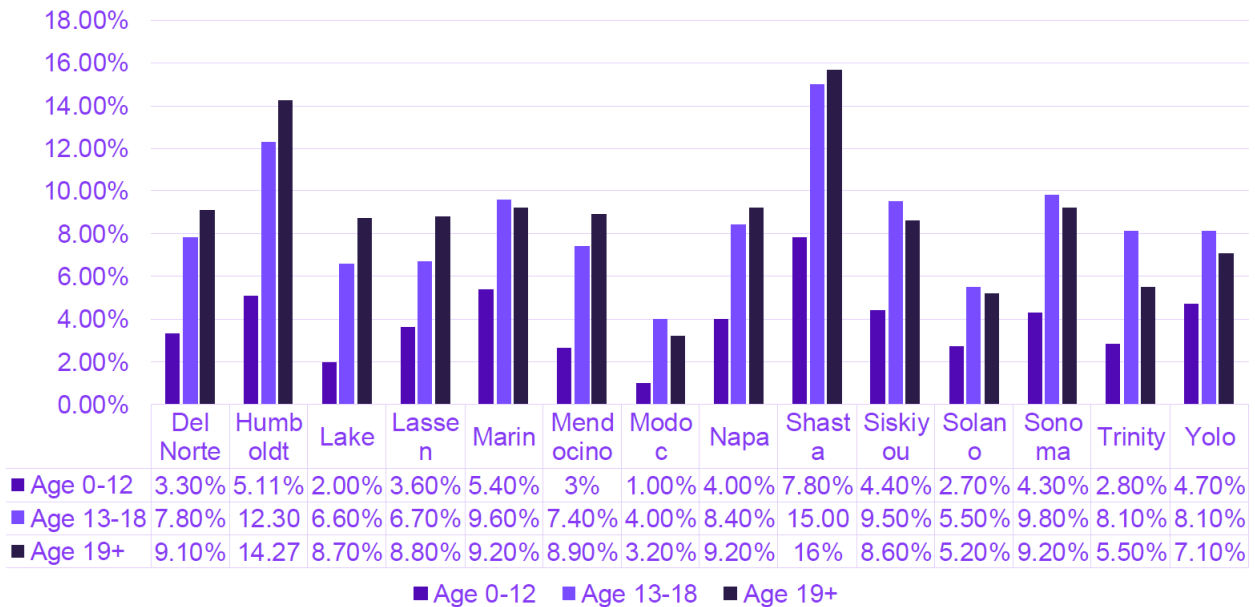
Partnership covered members in twenty-four counties during 2024. These counties are quite diverse; from more urban areas to rural and some of the most remote areas of California in the far north. This diverse geography also demonstrates diverse utilization of mental health services. The county with the highest utilization is Shasta County at nearly 15%. A possible explanation for this high utilization

## Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

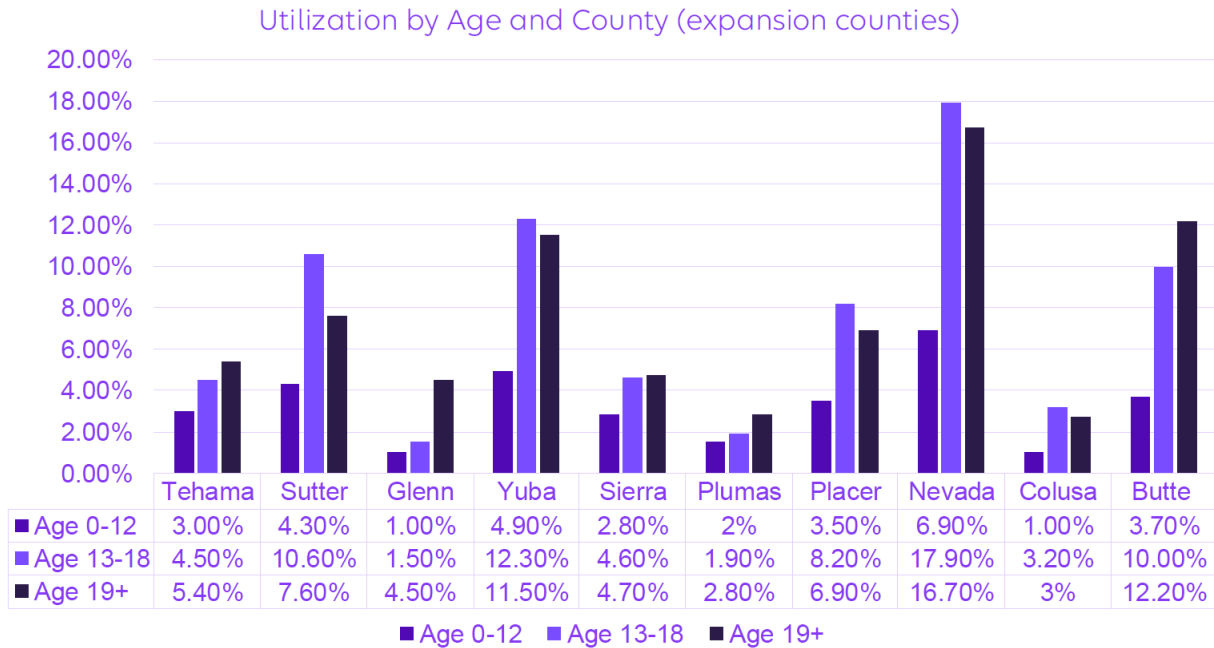
rate is perhaps explained by the fact that the county enjoys robust FQHCs with strong integrated behavioral health. Additionally, one of the largest contracted non-specialty mental health providers, North American Mental Health Services, also has a large clinic in-county.

Sierra County has the lowest utilization of non-specialty mental health services amongst Partnership counties. It is unclear as to the reasons for this low utilization rate compared to other Partnership counties. Possible contributors may include a paucity of in-person providers within the county, cultural factors and even unknown factors. However, Modoc County could be a potential target for a second year for a member outreach and education campaign, pending input from stakeholders.

Utilization by Age and County (legacy counties)



# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)



## Summary

Partnership’s utilization rate for non-specialty mental health services is 8.6%. Moreover, the utilization rate is over 12% when combined with members who receive services through the specialty mental health system. Although this rate is perhaps on the higher end of Medi-Cal members’ utilization rate statewide, it still doesn’t equate to the anticipated need based upon expected prevalence rates of mental illness. There is unmet need. Furthermore, through this utilization assessment, Partnership was able to identify significant discrepancies in utilization between certain racial and ethnic groups, and by preferred language. Another noted utilization discrepancy is by geography. It would behoove Partnership to be mindful of these discrepancies while creating the membership outreach and education campaign. Directly soliciting feedback and input from these lower utilizing groups will be important to better understand and identify barriers and challenges to obtaining mental health services.

Moving forward it will be important to track and evaluate some of the significant changes occurring and incorporate these changes in the annual utilization assessment in the future. These changes include improvements to SOGI data and tracking, and eventual impact of the new school-based Multi-Payer Fee Schedule. Hopefully, there will be increased understanding of utilization patterns for members based upon sexual orientation and gender identity.

Lastly, with annual outreach and education campaigns, the hoped for result would be to see increased utilization overall, particularly amongst those groups who have been lower utilizers historically.

# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

**(Exhibit 2)**

**Partnership HealthPlan of California’s NSMHS Outreach and Education Plan Strategies Timeline**

**2026**

Strategies	Scope	Target Population	Timeframe
<b>PCP Engagement &amp; Education</b>	Partnership will develop and distribute educational materials to primary care providers highlighting available NSMHS, the Behavioral Health Access line, and appointment scheduling support resources. This initiative aims to improve provider awareness and strengthen the referral pathway between primary care and behavioral health services.	Primary Care Providers (PCPs)	Q1-Q2 (develop/distribute), Q4 (review)
<b>Perinatal MH Effort</b>	Partnership will enhance behavioral health support for pregnant and postpartum members through targeted outreach and education efforts. This initiative will leverage the 2026 Perinatal Health Symposium scheduled for April 13, 2026, as a key engagement opportunity to promote awareness of perinatal mental health services and available NSMHS resources.	Pregnant/postpartum Members	Q2
<b>Mental Health Awareness Month Event</b>	Partnership will participate in or host community-based events during Mental Health Awareness Month in May to promote behavioral health resources, reduce stigma, and provide direct member education. Events will focus on increasing awareness of available services and creating opportunities for face-to-face engagement with members.	All Members	Q2 (May)
<b>Text Messaging Campaign</b>	Partnership will design and deploy targeted text messaging campaigns to inform members about available Non-Specialty Mental Health Services (NSMHS) and the Behavioral Health Access line. The campaign will focus on reducing awareness gaps and improving service utilization among underutilizing populations.	Modoc and Sierra County Members	Q2 (May), Q4 (Nov)
<b>Modoc Pilot: Direct Referral Program</b>	Partnership will pilot a streamlined referral pathway between Modoc Behavioral Health and Modoc County Office of Education for school-aged members meeting NSMHS eligibility criteria. This initiative aims to reduce wait times and bring behavioral health services directly to members through school-based coordination.	School-aged Modoc County members meeting NSMHS eligibility	Q2-Q4
<b>Sierra COE Telehealth at School Sites</b>	Partnership will explore expanding school-based behavioral health access to Sierra County through collaboration with Sierra County Office of Education. Building on the Modoc pilot's direct referral approach, this initiative would establish telehealth-enabled behavioral health services at school locations to address barriers in remote areas.	School-aged Sierra County members	Q2-Q4



## Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

<b>Social Media Outreach</b>	Partnership will conduct social media campaigns to broadly inform members about available NSMHS, reduce mental health stigma, and drive engagement with behavioral health resources. Content will be developed in coordination with Communications and delivered through Partnership's established social media platforms.	All Members	Quarterly
<b>BH Access Team: ED Follow-up Work</b>	Partnership's Behavioral Health Access Team will conduct outreach to members who accessed behavioral health services through emergency departments. This connects members to appropriate ongoing care as well as provides screening behavioral health needs.	All Members receiving BH services in Emergency Departments	Year-round
<b>CYBHI Fee Schedule - Monthly COE Meetings</b>	Partnership will convene regular meetings with participating County Offices of Education and school districts to support implementation of the Children and Youth Behavioral Health Initiative (CYBHI) Multi-Payer Fee Schedule. These collaborative sessions will address challenges, share best practices, and create additional behavioral health access points for school-aged youth within educational settings.	School-aged youth and families	Year-round (Monthly)
<b>Tribal Outreach Continuation</b>	Partnership will maintain and expand behavioral health outreach efforts with Tribal communities building on 2025 initiatives. The annual Tribal Convening will serve as a key touchpoint for gathering feedback and assessing service needs.	Tribal communities, Native American members	Year-round (Q3-Q4 focus)

# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

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## (Exhibit 3) SB 1019 Tribal Survey Outcomes Tribal Convening Analysis

### Survey Overview

In 2025, Partnership conducted surveys at the 2025 Tribal Convening conferences to assess awareness and access to Non-Specialty Mental Health Services (NSMHS). With approximately thirty respondents from tribal communities, the survey identified barriers to service utilization and highlighted opportunities for improved outreach.

### Key Survey Findings

- Survey Reach: 50% respondents were health staff and providers with 48.3% requesting continued engagement in SB 1019 and 27.6% considering partnering in SB 1019 efforts.
- The Awareness Gap: 53.6% have limited or no understanding of what NSMHS includes. (Heard but unsure and Not Familiar). This represents our biggest opportunity for impact
- Top Barriers: Stigma leads at 20.2%, wait times close behind at 19.0%. These are described as primary obstacles to accessing care.
- Insightful Integration: Family (25.9%) and Tribal Healthcare (24.1%) are first contacts when needing support.
- Traditional Healing integration (36.7%) is the top requested improvement.

### Effective Communication Strategies, from our Tribal Community:

#### Most Effective Channels:

- In-person Events/Community gatherings (28.4%)
- Community Leaders as messengers (17.3%)
- Flyers and Posters in visible locations (16.0%)
- Schools and Youth Programs (14.8%)
- Social Media platforms (12.3%)
- Traditional Mass Media (11.1%)

#### Most Effective Message Styles

1. Elder Voices sharing wisdom (32.0%)
2. Youth-Led Messaging (28.0%)
3. Storytelling and personal narratives (24.0%)
4. Visual Materials with cultural imagery (16.0%)

## Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

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Observation: Personal, relational approaches through trusted community voices resonate deeply. Elder wisdom combined with youth energy creates powerful messaging. Traditional mass media approaches are less effective than community-based, interpersonal communication.

### Qualitative Themes - In Their Own Words

#### Culturally Appropriate Care

- *"We need providers who understand our culture and history"*
- *"Partner meaningfully with Tribal health centers"*
- *"Services must be culturally sensitive and relevant"*

#### Access Challenges

- *"We need faster access and more available providers"*
- *"Transportation is a huge barrier for rural families"*
- *"Housing instability makes everything harder"*

#### Community-Based Outreach

- *"Leverage our community health staff"*
- *"In-person, one-on-one approaches work best"*
- *"Meet people where they are - schools, community centers"*

#### Whole Person Care

- *"Support traditional healers"*
- *"We need whole person care that honors our ways"*

#### Specific Populations

- *"Youth programs can break intergenerational cycles"*
- *"LGBTQ+ members need affirming support"*

# Member Outreach and Education Campaign for Non-Specialty Mental Health Services (Calendar Year 2026)

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## Strategic Recommendations

### 1. Launch Awareness Campaign

- Clarify what NSMHS include through clear, accessible materials
- Use Elder Voices and Youth-Led messaging strategies
- Leverage in-person community events and trusted channels

*Why: Addresses the 53.6% awareness gap as this our biggest opportunity*

### 2. Reduce Wait Times

- Optimize scheduling systems for faster access
- Expand telehealth options for remote communities
- Utilize peer support programs

*Why: Second highest barrier at 19.0%*

### 3. Integrate Traditional Healing

- Partner with traditional healers and elders
- Provide support and recognition

*Why: Top community priority at 36.7%*

### 4. Stigma Reduction

- Explore peer support programs with trained community members
- Create storytelling initiatives featuring success stories

*Why: Highest barrier at 20.2%*

### 5. Strengthening Family Pathways

- Provide family education programs
- Utilize family navigators to help connect loved ones to care
- Recognize family as central to healing journey

*Why: Family is the number one first contact at 25.9%*