CalViva Health NSMHS Outreach and Education Plan

Background:
CalViva Health ("The Plan") is a licensed full-service health care service plan contracted with the DHCS to offer health care services to members in its Medi-Cal Managed Care Plan under the Two Plan Model in the counties of Fresno, Kings, and Madera. The Medi-Cal Managed Care Plan is the only product line offered by CalViva Health. CalViva Health has a Capitated Provider Services Agreement ("CPSA") with Health Net Community Solutions, Inc. ("HNCS" or "Health Net") for the provision of health care services to CalViva Health members through the HNCS network of contracted providers. CalViva Health also has an Administrative Services Agreement ("ASA") with HNCS to provide certain administrative services on the Plan's behalf. Although the CPSA with HNCS covers a significant portion of the Plan's network, CalViva Health also maintains direct contracts with three (3) federally qualified health centers ("FQHC") in Fresno, Kings and Madera counties. HNCS provides the same administrative services for CalViva Health's directly contracted providers as it does for Health Net's contracted provider network. Through these contractual agreements, CalViva Health provides Non-Specialty Mental Health Services (NSMHS) to its members.

The CalViva Health NSMHS Outreach and Education Plan describes how CalViva Health will strive to address gaps in service and support an increase in utilization of Non-Specialty Mental Health Services. This Plan includes descriptions of activities that will take place in calendar year 2025 targeting members and providers to support accessing covered NSMHS. On an annual basis the Plan will conduct a NSMHS utilization assessment to identify the populations and regions within the Plan with historically low utilization. The Utilization Assessment and feedback from the community will inform future education and identify strategies to be included in future NSMHS Outreach and Education Plans.

Category 1: Developed with stakeholder and tribal partner engagement plan

Outreach and Education Plan describes MCP collaboration with tribal partners:

The Plan leveraged relationships that Plan Liaisons have with tribal partners to obtain direct feedback. In Quarter 3 of 2024 the Plan had several Indian Health Service (IHS) representatives attend a virtual meeting. During the meeting, IHS representatives shared feedback on patient education, time constraints, and barriers to accessing care:

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

The Plan looks forward to on-going collaboration with our tribal partners to deploy the planned interventions efficiently and effectively. Annually the Plan will leverage relationships with the Plan Liaisons to assess the effectiveness of actions taken and discuss potential modifications and improvements to future versions of the NSMHS Outreach and Education Plan. The Plan will also invite the IHS representatives to directly connect with the Plan through the PPC setting and encourage those representatives to make their members aware of the opportunity to engage.

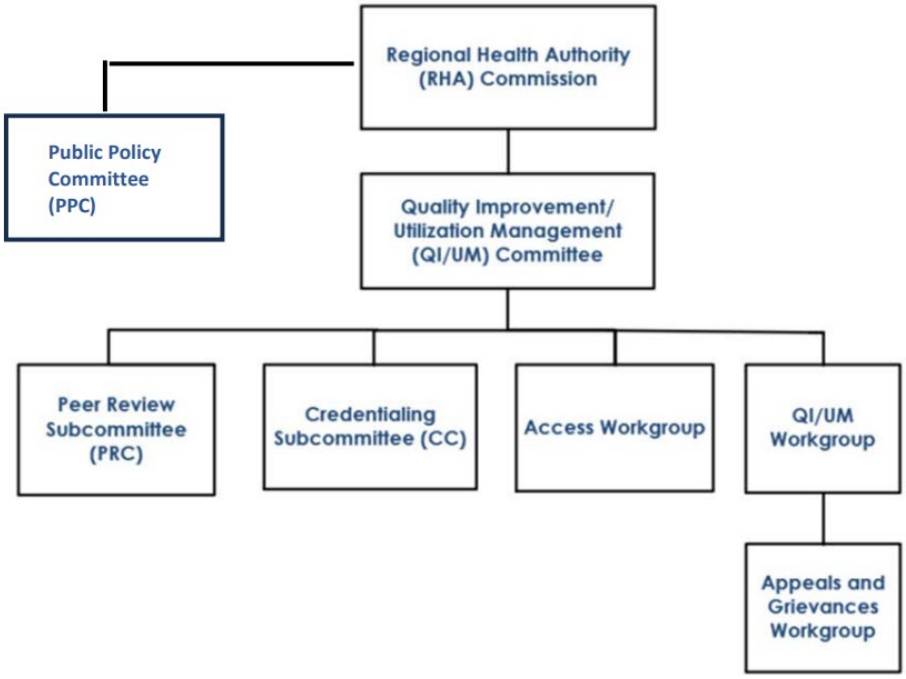
Outreach and Education Plan describes MCP collaboration with the community advisory committee established by the Plan and the collaboration with local stakeholders representing diverse racial and ethnic communities:

CalViva has established a Public Policy Committee (PPC) covering all three counties: Fresno, Kings, and Madera counties. The PPC is CalViva Health's CAC. The PPC meets at least quarterly and reports to the Regional Health Authority Commission. The PPC provides a forum for Plan Members to participate in establishing the public policy of the Plan. The Committee also addresses the linguistic and cultural needs of the member population including members with disabilities.

Some of the principal responsibilities of the PPC are to review summary data regarding the nature and volume of member complaints and how those complaints were resolved, review and evaluate member satisfaction data, and advise on health education and cultural and linguistic service needs through a review of a Population Needs Assessment (PNA) and other reports. The Committee also advises on problems related to the availability and accessibility of services. It is through these responsibilities that the PPC prepared to support the development of the NSMHS Outreach and Education Plan and assess the Plan's effectiveness.

The Plan attests that at the September 2024 Public Policy Committee meeting (i.e., CalViva Health's CAC), the Plan included the NSMHS Outreach & Education Plan as an agenda item. A brief overview of the new requirements was presented, and discussion questions were posed to inspire feedback and input into the development of the NSMHS Outreach & Education Plan. This communication strategy was informed by the Committee members' experiences, observations, and/or suggestions related to challenges, barriers, and strategies for reducing stigma associated with mental health or substance use services. Meeting minutes are publicly posted and located here: www.calvivahealth.org/meetingagenda/public-policy-committee/

The Plan also obtained feedback from the Quality Improvement/Utilization Management (QI/UM) Committee which is a key component of the CalViva Health Committee structure as depicted in the diagram below. This committee structure ensures connectedness to the findings, recommendations and actions from the QI/UM Committee, and the Public Policy Committee to drive universal decisions and programming. Further, the Commission is responsible for adequately addressing recommendations put forth by the PPC and providing a feedback loop that outlines progress and decisions on recommendations. In alignment with the PPC, the QI/UM Committee annually informs and provides feedback on the Primary Care Provider (PCP) portion of the NSMHS Outreach & Education Plan to the RHA Commission.



Category 2: Alignment with PNA / NCQA Population Assessment

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

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

We design our outreach and education materials with our diverse plan members in mind. To meet the different needs of our members, we provide materials in multiple languages and use plain language to make the information easy to understand, especially for members with limited health literacy. Additionally, we develop materials in threshold languages commonly spoken by members (Spanish and Hmong) to ensure they are culturally relevant and respectful.

Our messaging is designed with careful consideration of cultural differences, using appropriate tone and respectful language to make messages more relatable and engaging. For example, through our social media campaign, we will use various messaging that are made clear, respectful and relevant to our

members regardless of age, culture or background. Messages are written so they're easy to read and understand. This helps to reduce stigma, build trust and improve understanding across our diverse member population.

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

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

The Plan communicates the following information to members:

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

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

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

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

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

The NDN also includes information about the Plan's provision of free aids and services to people with disabilities such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats) and free language services to people whose

primary language is not English, such as qualified interpreters and information written in other languages. It includes contact information for requesting the previously mentioned services as well as how to file a grievance if there is any failure on the Plan's part to provide the services or any discrimination is perceived.

Category 3: Alignment with utilization assessment

The Utilization Assessment used to inform this Outreach and Education Plan accounts for utilization of covered mental health benefits for calendar year 2023. The Utilization Assessment was informed by the PNA which is separately attached to this submission (see "QIUM 75 PHM Assessment CalViva Health"). The demographic information for the members who accessed the NSMHS was stratified by race, ethnicity, language, age, sexual orientation, gender identity, and disability.

Based on the utilization assessment findings, the ethnicity data for the population receiving services in 2023 reflects a diverse group. The largest ethnic category is Alaskan Native or American Indian at 7% followed by White at 7%, Japanese close to 6%, and Hispanic and Black at 4%. Smaller groups like, Korean, Laotian, Samoan, Vietnamese, Guamanian, Hawaiian, Filipino, Chinese, Cambodian, Asian or Pacific Islander and Asian Indian range from 1% to 3%. The race distribution shows that Hispanic is the largest group, comprising approximately 100% of the population. Whites accounts for about 16% and American Indian or Alaska Native make up 13%. Other groups, including Asian American, Blacks or African American, and Native Hawaiian and other Pacific Islander, range from about 5% to 8%.

For language, Punjabi dominates at 30%, followed by English at 5% and American Sign at %4. Other languages such as Arabic, Farsi, Hmong, Khmer, Korean, Laotian, Spanish, and Tagalog range from 1% to 3%. This data is included in the appendix of this outreach and education plan.

The Plan has developed the following strategies to reach member groups with low utilization of NSMHS:

Audience	2025 Outreach and Education Strategy
Member	1. Implement a social media campaign on various non-specialty mental health topics such as stress management, trauma, anxiety and mild depression, mental health in children and youth, substance use and coping, etc., as well as promote the Plan's behavioral health benefits. The campaign will be publicly posted on social media and promoted to engage a diverse audience across all ages, ethnicities, race, and genders to reduce stigma among diverse communities and increase awareness of services. 2. Launch a member e-mail campaign to inform members about mental health with a focus on the availability and benefits of NSMHS. We will use simple and clear messaging to increase awareness and reduce stigma. We will also include DHCS resources such as Brightlife and Soluna. Emails will feature targeted, low-utilization non-specialty mental health services, such as Dyadic Services and Family Therapy. These emails will be sent to all members with a valid email address and will be translated into Spanish (3.7%), as they are the threshold language with the largest population but lower utilization. 3. Develop a member flyer on NSMHS and other programs such as Dyadic Care and Family Therapy to inform members on available services for their mental

	health. Flyers will be translated into threshold languages and printed for dissemination at outreach events. 4. Educate, inform, and refer members to NSMHS through the Plan's Member Services, Pharmacy, Care Management, Quality, etc. Additionally, the plan will explore pilot projects with community clinics to increase utilization of specific NSMHS benefits that show notably low usage across all ages, race, ethnicities, and gender. 5. Leverage the annual member mailing and newsletter to promote NSMHS by highlighting available resources, raise awareness and promote access to services and benefits. These materials will be translated into threshold languages: Spanish and Hmong. The annual newsletter is scheduled to be mailed in September 2025, and the member mailing is scheduled for December 2025/January 2026.
Provider	1. Partner with the Plan's Advance Behavioral Health's (CABH) training team to schedule a new series for 2025. The live trainings are open to staff, providers, and community partners to support their work with members. Additionally, Continuing Education (CE) credits are available. Trainings will focus on the following topics: • Motivational Interviewing (MI) • Trauma Informed Care (TIC) • Adverse Childhood Experiences (ACEs) • Social Determinants of Health (SDOH) • Cultural Humility • De-Escalation Techniques • Screening, Brief Intervention, and Referrals to Treatment (SBIRT) 2. The Plan's Connecting the Dot training series will include a topic on NSMHS, how to refer, and spotlight a provider's experience/member success stories to promote and increase awareness of services with provider and community partners. 3. Launch a monthly Behavioral Health provider email campaign to educate providers on Mental Health (MH) and Substance Use Disorder (SUD) as well as promote the various referral pathways to NSMHS. 4. Determine the utilization of behavioral health services to help drive behavioral health HEDIS® measure and increase enrollment into NSMHS through Pharmacy live calls and Care Management support. 5. Develop provider communication on NSMHS to ensure providers are aware of available services, resources for members, promoting mental well-being and referring members to services.

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

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

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

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

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

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

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

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

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

   These materials inform providers about the availability of language assistance services in preferred languages. Our comprehensive approach includes numerous communications,

collateral materials, and online resources to ensure providers have the information they need. For example:

3. **Annual Provider Updates**, titled, ***Meet Members' Language Needs with the Language Assistance Program,*** outline language service requirements including:
   - No-cost interpreter services for patients
   - Threshold language information
   - Member demographic information by population and location
   - Cultural competency training
   - Tips to ensure language services meet established standards

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

7. **Provider Library** online includes information on the following:
   - ***Quality Management Program and Resources*** section includes information on how to ***Access Interpreter Services*** such as contact information to request no-cost Interpreter Services in preferred languages.

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

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

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

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

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

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

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

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

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

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

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

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

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

- Ask or require members to take their own interpreter.
- Rely on staff other than qualified bilingual staff to communicate directly with members with LEP.
- Use of a minor or attending adult to interpret or help with communication, except:
    - In an emergency where a qualified interpreter is not available. You must note the emergency in the member's medical record. A parent cannot give permission for a minor child to interpret in any circumstances.
    - If the member asks for the attending adult to interpret, that adult must agree to assist and the reliance on that adult is fitting. Note in the member's medical record the reason for the use of an attending adult as an interpreter.
    - Delay the appointment time due to no availability of interpreter services.

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

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

Plan staff are provided with guidelines on developing clear and simple written and web-based health information for the members we serve. Plan staff use plain language guidelines to develop written information understandable for members, especially those who have low health literacy or have limited English proficiency (LEP). Plan staff have opportunities to be trained in applying plain language principles by the Health Equity Department.

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

To ensure that the health and medical information remain up to date, the Health Equity Department

must review and approve previously approved written health education materials, including field testing when required, or any time the material is updated or changed.

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

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

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

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

Category 5: Best practices in stigma reduction

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

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

- Case managers to assist in building trust with patients who are recently arrived immigrants;
- Quality improvement coordinators to help identify cultural issues that may impede cancer screening;
- Grievance coordinators and provider relations staff to address perceived discrimination including but not limited to those due to members' gender, gender preference or gender identity;

- Care coordinators trying to obtain medical information for patients hospitalized outside of the U.S.

The Health Equity Department conducts English Material Reviews (EMR) on all member informing materials to ensure that the information received by members is culturally and linguistically appropriate. Readability levels are assessed on the original document and revised accordingly to ensure they comply with required readability levels mandated by regulatory agencies. The review process ensures that document layouts are clean, easy-to-read, well organized, and that images are appropriate and culturally relevant and prepares vital documents to be "translation ready." Cultural competency and plain language checklists are required to be submitted with all EMR requests. Specifically, our Content Checklist provides the following guidance on stigma reduction messaging:

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

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

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

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

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

The Health Equity Department takes the lead to annually host CLAS Month for staff as the main cultural competency training activity. Staff engage in training, interactive learning and events related to cultural competency. Cultural competency training courses include content on access to care needs for all

members regardless of their gender, sexual orientation, or gender identity. The cultural issues that impact seniors and persons with disabilities are topics covered during the CLAS Month event. The event demonstrates our commitment to being a culturally competent organization by providing a forum for staff to learn about diverse cultures, which increases their understanding of the diverse cultures represented in our membership. This understanding also serves to build sensitivities that promote a non-discrimination environment within the enterprise.

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

The Plan regularly collaborates with our County Mental Health Plan partners on a variety of efforts and initiatives from CalAIM (California Advancing and Innovating Medi-Cal) to MOUs (memoranda of understanding). We will invite our County Mental Health Plan partners to join the CalViva PPC where the NSMHS Outreach and Education Plan will be an annual topic of discussion. An element of the first year of the Outreach and Education Plan is to share the final document with our county partners for 12 awareness. As we work to implement the strategies outlined in this plan we will continue to engage and coordinate with the County Mental Health Plan.

Category 6: Multiple points of contact for Member Access

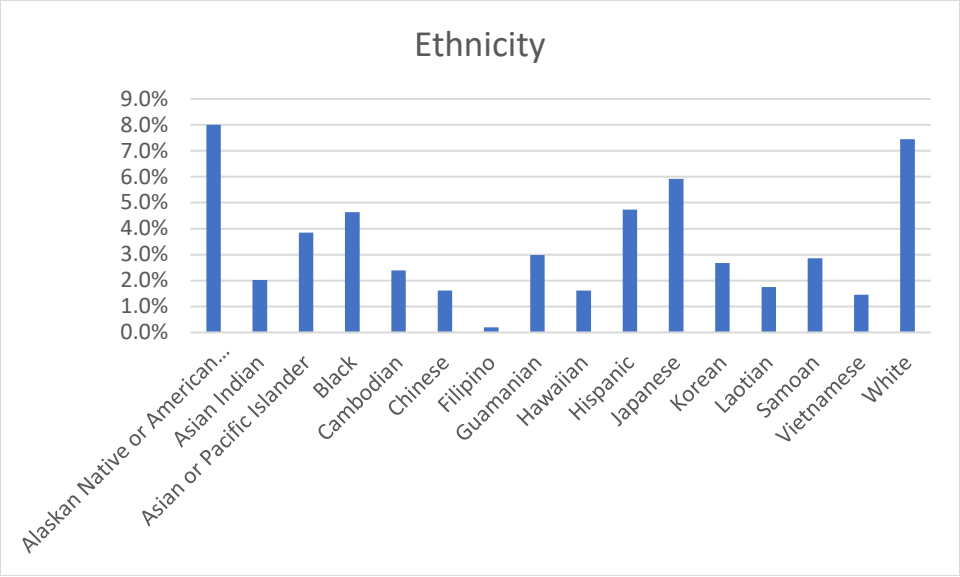
Outreach and Education Plan lists multiple points of contact for Members to access mental health benefits:
Members can access behavioral health services in a variety of ways. Many of them choose to call our Customer Contact Center to obtain behavioral health benefit information and referrals for treatment.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

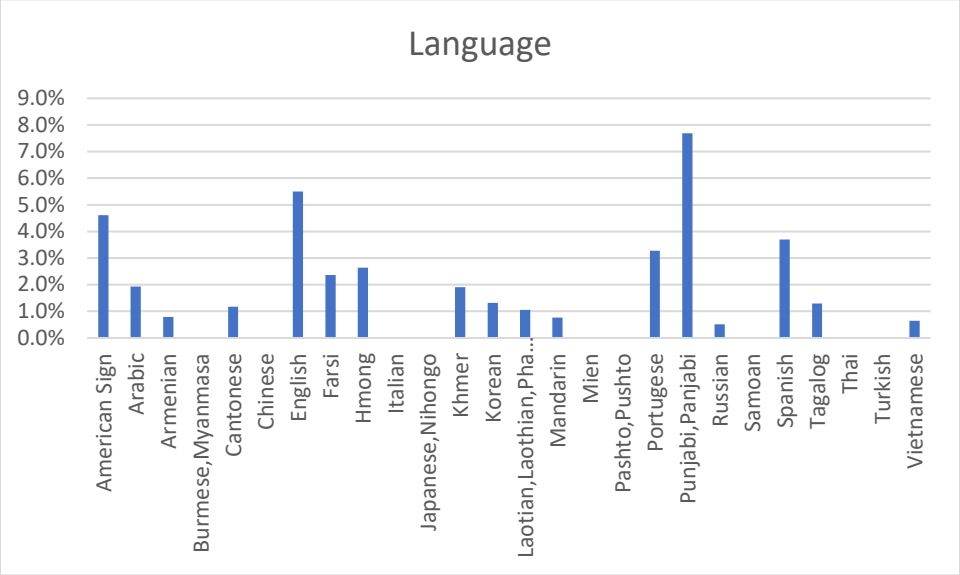
- ***CalViva Health Website:*** www.calvivahealth.org
- ***Behavioral Health Toll-Free Phone number:*** 1-888-426-0030, operates M-F 8 a.m. – 8 p.m.
- ***Member Services Toll-Free Phone number:*** 1-888-896-1569, operates 24/7
- ***DHCS Ombudsman Hours of Operation: Monday through Friday, 8 a.m. to 5 p.m. PT; excluding holidays.***
    - By Phone: 1-888-452-8609
    - By email*: MMCDOmbudsmanOffice@dhcs.ca.gov The Plan's County behavioral health partners also serve as a conduit to the NSMHS that the Plan provides.

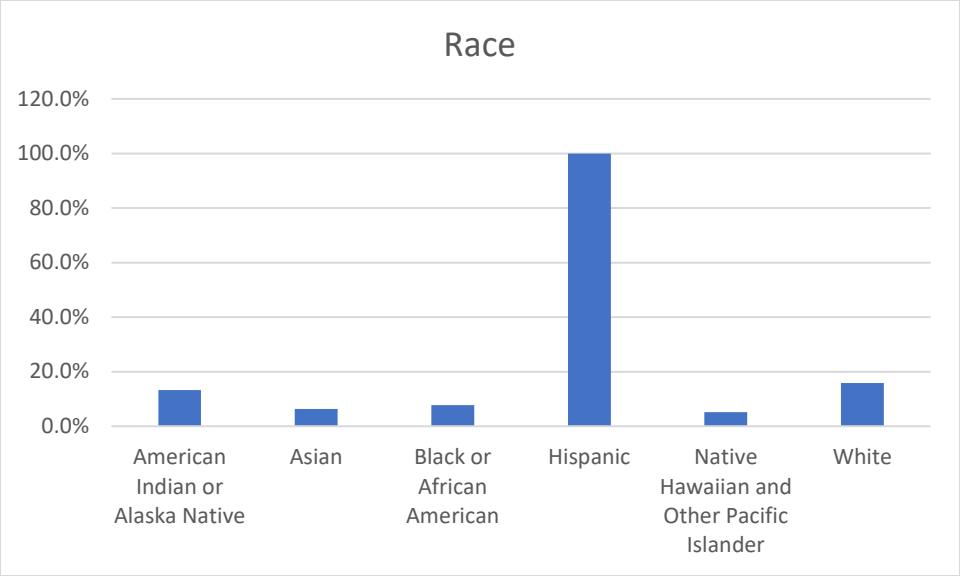
The Plan's County behavioral health partners also serve as a conduit to the NSMHS that the Plan provides.

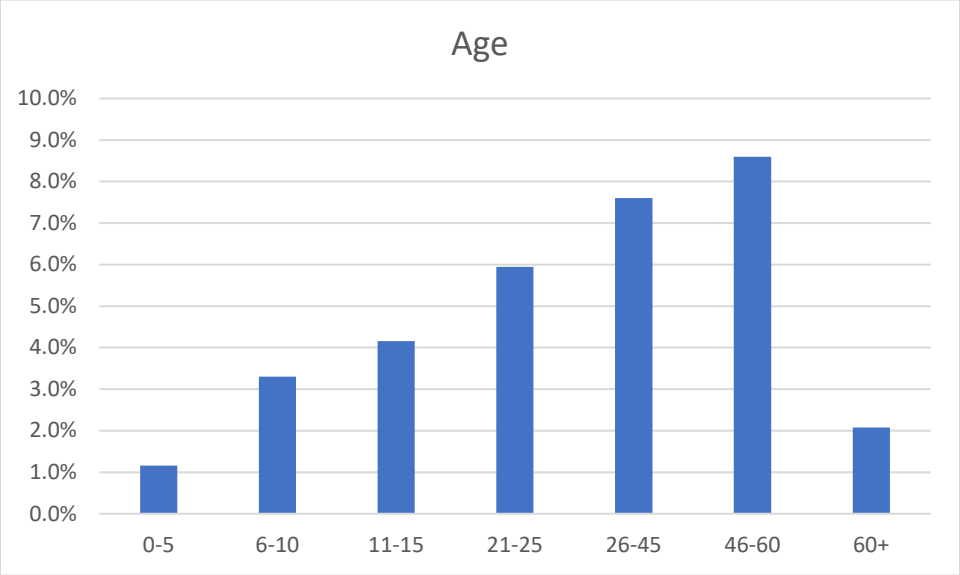
Appendix:

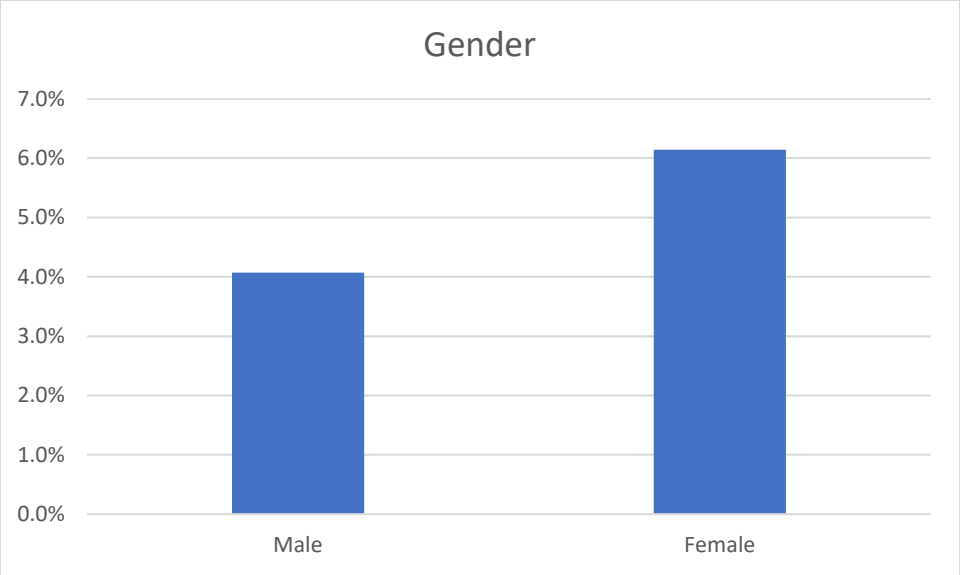
CalViva Utilization Assessment Findings: The utilization assessment used to inform this Outreach and Education Plan accounts for utilization of covered mental health benefits for calendar year 2023. The demographic information for the members who accessed the NSMHS was stratified by ethnicity, language, race, age, gender, sexual orientation, and disability as shown in the charts below.

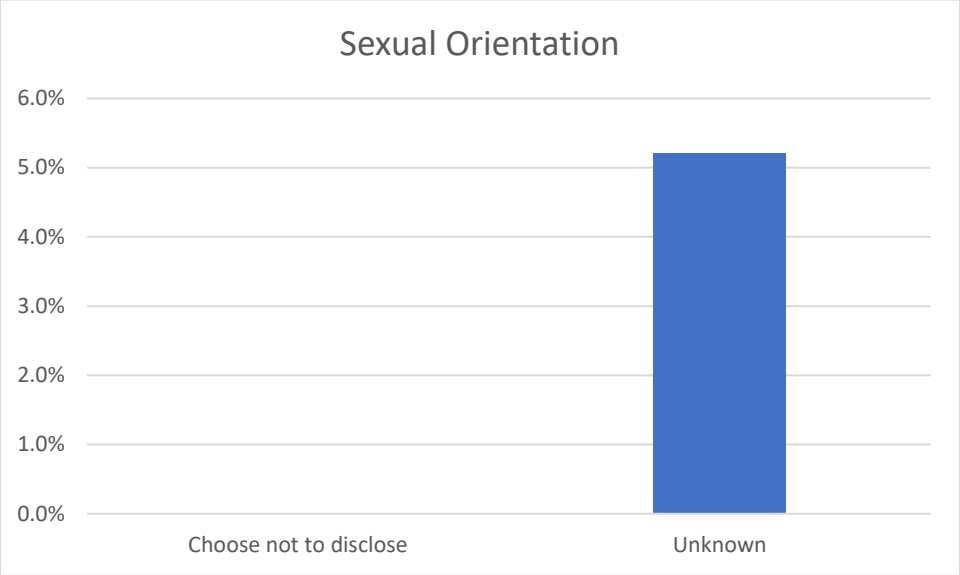

Ethnicity
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Alaskan Native or American...
Asian Indian
Asian or Pacific Islander
Black
Cambodian
Chinese
Filipino
Guamanian
Hawaiian
Hispanic
Japanese
Korean
Laotian
Samoan
Vietnamese
White

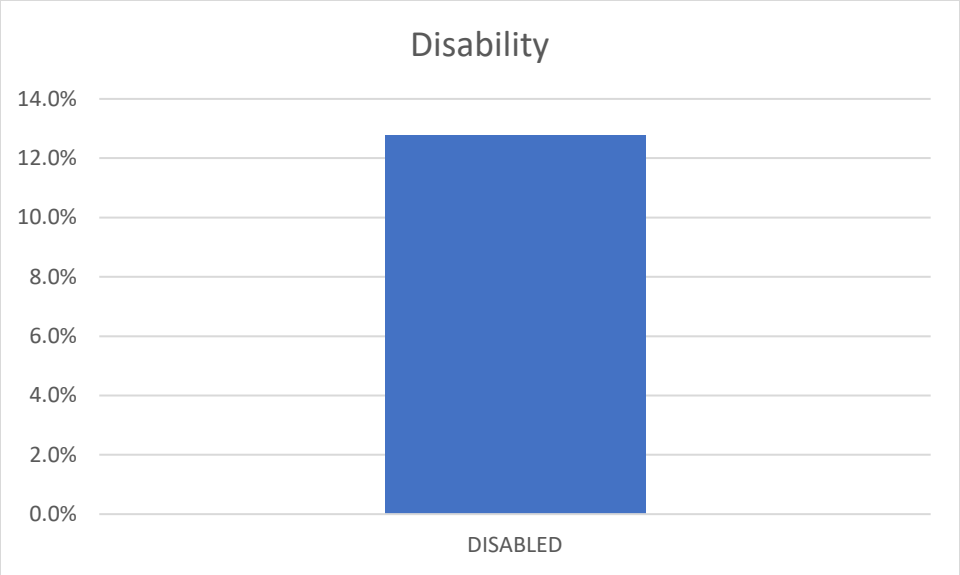

Language
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
American Sign
Arabic
Armenian
Burmese,Myanmasa
Cantonese
Chinese
English
Farsi
Hmong
Italian
Japanese,Nihongo
Khmer
Korean
Laotian,Laothian,Pha...
Mandarin
Mien
Pashto,Pushto
Portugese
Punjabi,Panjabi
Russian
Samoan
Spanish
Tagalog
Thai
Turkish
Vietnamese


Race
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
American Indian or Alaska Native
Asian
Black or African American
Hispanic
Native Hawaiian and Other Pacific Islander
White


Age
10.0%
9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
0-5
6-10
11-15
21-25
26-45
46-60
60+


Gender
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Male
Female


Sexual Orientation
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
Choose not to disclose
Unknown


Disability
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
DISABLED