

## **Kaiser Foundation Health Plan, Inc. | Medi-Cal Line of Business Program**

### **Non-Specialty Mental Health Services Outreach and Education Plan for Members and Primary Care Physicians**

#### *Introduction*

Kaiser Foundation Health Plan, Inc.'s (KFHP), "the Plan", mission is to provide high-quality, accessible, and affordable health care services to improve the health status of its members and the communities we serve. The Plan ensures that all its Medi-Cal members receive timely mental health services without delay, regardless of the delivery system where they seek care. The Plan recognizes that many Medi-Cal members experience mental health symptoms that go undertreated each year. In accordance with Senate Bill (SB) 1019, *Managed Care Plan Mental Health Benefits* and the California Department of Health Care Services (DHCS) All Plan Letter (APL) 24-012, *Non-Specialty Mental Health Services (NSMHS: Member Outreach, Education, and Experience Requirements)*, the Plan developed a Medi-Cal Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plan to help members and Primary Care Physicians (PCPs) better understand how to access NSMHS using outreach and education.

The following Outreach and Education Plan includes:

1. Goals, Objectives, and Implementation Activities
2. Member Audiences and Mental Health Messaging
3. SB 1019 and APL 24-012 Requirements for:
  - a. Member Outreach and Education Plan
  - b. PCP Outreach and Education Plan
  - c. Operational Implementation

### **1. Medi-Cal Non-Specialty Mental Health Services Outreach and Education Plan – Goals, Objectives, and Implementation Activities**

#### **Goals – KFHP Medi-Cal Non-Specialty Mental Health Services Outreach and Education Plan**

The Plan's NSMHS Outreach and Education Plan goals and objectives are as follows:

- Address outreach and education requirements in accordance with APL 24-012.
- Improve mental health screenings for the Plan's Medi-Cal members.
- Improve the Plan's post-service follow-up for its Medi-Cal members receiving or seeking NSMHS.
- Improve coordination of all Medi-Cal covered Mental Health services regardless of access point.

#### **Objectives - Member Outreach and Education Plan**

In alignment with SB 1019 and APL 24-012, the objectives of the Plan's NSMHS member outreach and education efforts are to:

- Increase the Plan's Medi-Cal Members' awareness of covered NSMHS.
- Improve the Plan's Medi-Cal Members' access to covered NSMHS.
- Improve the Plan's Medi-Cal Members' experience with NSMHS.

#### **Objectives - PCP Outreach and Education Plan**

In alignment with SB 1019 and APL 24-012, the objectives of the Plan's NSMHS PCP outreach and education efforts are to:

- Enhance PCP awareness of Medi-Cal covered NSMHS.
- Engage Primary Care Providers as partners in improving the Plan's Medi-Cal Members' access to and experience with covered NSMHS.

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- Provide PCPs with tools to help inform the Plan's Medi-Cal Members of covered NSMHS.

#### **Implementation Activities**

As required by SB 1019 and APL 24-012, the Plan is working with its mental health services stakeholders, the Plan's tribal liaison, and mental health outreach and education professionals to improve awareness of Medi-Cal covered mental health benefits, including NSMHS, through increased visibility for all Plan Medi-Cal members, via the following implementation efforts:

- Widespread member outreach with materials and messaging (e.g. mailers, phone and text messages to the Plan's Medi-Cal beneficiaries) designed to be appropriate for the Plan's diverse Medi-Cal membership.
- Tailored outreach approach and messaging targeting low-utilizing and high-risk Plan Medi-Cal members as informed by NSMHS utilization and population assessments.
- Collaboration with Enhanced Care Management (ECM) providers, community health workers (CHW), navigators, and other outreach and education specialists to share mental health services education in the community.
- Partnerships with Local Health Jurisdictions (LHJs), including County Mental Health Plans, to facilitate continuity of care for the Plan's Medi-Cal members, so that these members may access mental health services from their preferred delivery system and trusted provider(s).
- Offering Medi-Cal NSMHS Provider Training opportunities, so that providers are equipped to help members better understand how to access NSMHS using outreach and education, as needed.

## **2. Non-Specialty Mental Health Services Outreach and Education Plan – Member Audiences and Mental Health Messaging**

In alignment with DHCS guidance, the Plan's Medi-Cal members who meet the following criteria are eligible for NSMHS:

- Medi-Cal members twenty-one (21) years and over with mild-to-moderate distress or mild-to-moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.
- Medi-Cal members under age twenty-one (21), to the extent otherwise eligible for services through Early and Periodic Screening, Diagnostic and Treatment (EPSDT), regardless of level of distress or impairment or the presence of a diagnosis.
- Medi-Cal members of any age with potential mental health disorders not yet diagnosed.

The Plan's Medi-Cal Members will be identified in the following ways for outreach and education regarding NSMHS benefits:

- Intake screenings conducted by the Plan, Community Based providers, County Mental Health Plans or other qualified stakeholders
- Bi-directional referrals between the Plan, Community Based providers, County Mental Health Plans or other qualified stakeholders
- Plan Medi-Cal Member self-referral, including self-administered online mental health assessments at [Wellness resources](#) | [Kaiser Permanente](#)
- Plan Internal Utilization Assessment of NSMHS as required by SB 1019 and APL 24-012, using stratified Plan claims data, to identify the Plan's Medi-Cal members who meet criteria and risk factors for NSMHS.

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#### **Key Messaging**

Information regarding NSMHS includes the mental health benefits available to the Plan's Medi-Cal members, details regarding how and where Medi-Cal members may access services, and overcoming obstacles preventing members from timely access to services. Key messaging to the Plan's Medi-Cal member audience regarding NSMHS benefits will include:

#### *Medi-Cal Mental Health benefits covered by the Plan (Member and PCP facing materials)*

NSMHS are available to the Plan's Medi-Cal members as a covered benefit, even when provided during the initial assessment process, prior to diagnosis, or prior to determining if a Plan Medi-Cal member meets the criteria for NSMHS.

Medi-Cal covered NSMHS are provided timely even if not included in the Plan's Medi-Cal member's individual treatment plan, if the member has a co-occurring mental health condition and Substance Use Disorder (SUD), or if member is receiving Specialty Mental Health Services (SMHS) from the County Mental Health Plan, as long as those services are not duplicative and are coordinated between the Plan and the County Mental Health Plan.

NSMHS covered by Medi-Cal include:

- Mental health evaluation and treatment, including individual, group and family psychotherapy, and youth (dyadic) behavioral health services.
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric Consultation
- Outpatient labs, covered drugs, supplies, and supplements

NSMHS may be provided by Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), licensed psychologists, Psychiatric Physician Assistants (PAs), Psychiatric Nurse Practitioners (NPs), and psychiatrists as consistent with the practitioner's training and licensing requirements.

The Plan's Medi-Cal Members can access NSMHS online at [kp.org/mentalhealth](http://kp.org/mentalhealth) at the links below which include the services available, how to get care, and access alternatives.

#### *Services / [Mental Health Services](#) | [Kaiser Permanente](#)*

- 24/7 suicide and mental health-related crisis lifeline
- View all previously scheduled appointments, including Mental Health appointments
- Call for a mental health appointment
- Emotional Wellness and Self Care apps (Calm, Headspace)
  - At zero dollar (\$0) cost share
  - 24/7 emotional support via emotional support coaching

#### *How to get care (on [kp.org](http://kp.org)) / [Mental Health and Wellness Care](#) | [Kaiser Permanente](#)*

- Access Youth Mental Health Services, tools, appointments
- Access Pregnancy and postpartum mental health services, tools, appointments
- Online assessments by condition
- Find care near you:
  - Addiction and recovery, Anxiety, Depression, Attention Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Eating Disorders, Obsessive Compulsive Disorder (OCD)

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- Digital self-care apps (Calm, Headspace)
- Classes and support groups

Access alternatives not requiring internet access

- Call the number on the back of the Plan's Medi-Cal member ID card
- Referral/Coordination via community-based provider or organization, or the Plan's Tribal Liaison
- Referral/Coordination of NSMHS and SMHS between County Mental Health Plan and the Plan
- PCP Referral/Coordination

*How to access Specialty Mental Health Services (SMHS) benefits through the County Mental Health Plan (Member facing)*

The Plan's Behavioral Health liaisons use DHCS-approved screening and transition of care tools for Specialty Mental Health Services referrals to the County Mental Health Plan. While the member is receiving SMHS from the County Mental Health Plan, ongoing patient care coordination is provided by the Plan's Care Coordinators.

The Plan's Medi-Cal Members may also seek services directly from the County Mental Health Plan, without a referral.

**3. SB 1019 and APL 24-012 Requirements – Member Outreach and Education**

**Stakeholder and Plan Tribal Liaison Engagement**

The Plan collaborates with its Tribal Liaison, the Community Advisory Committee (CAC), and Local Stakeholders to develop and inform its NSMHS Outreach and Education Plan messaging. Local Stakeholders and the Plan's Tribal Liaison are involved in the development of the overall approach to the Plan's Medi-Cal Member NSMHS Outreach and Education Plan on an ongoing basis, by providing a lens into the diverse member perspective in the communities they serve. A variety of outreach modalities have been identified for inclusion in the Plan's Medi-Cal Member NSMHS Outreach and Education Plan for the purpose of meeting the member where they are, acknowledging that not all Medi-Cal members want or are able to access information in the same way.

In 2025, the Plan's NSMHS Stakeholders will receive quarterly updates on the most recent Plan Medi-Cal member NSMHS utilization, any Plan Medi-Cal member escalations related to NSMHS, and discuss opportunities for continued improvement of the Plan's Medi-Cal member experience with accessing NSMHS. These ongoing efforts aim to ensure representation of Medi-Cal beneficiaries of diverse ages, racial and ethnic communities, and other groups experiencing high rates of mental health concerns.

***Tribal Partners***

The Plan partners with its Tribal Liaison to both deliver feedback from the American Indian member population on their experience accessing NSMHS and to provide education on the availability of NSMHS and tools available to American Indian members covered by Medi-Cal. The Plan's Tribal Liaison coordinates referrals, provides benefits and services navigation and coordination (including facilitating member education on availability of NSMHS and how the Plan's Medi-Cal members can access services), and works collaboratively to address the Plan's Medi-Cal member access hurdles including transportation.

The Plan's NSMHS Outreach and Education Plan will evolve to continuously incorporate feedback received from the Plan's Tribal Liaison and Tribal Partners. The Plan's Medi-Cal Member feedback regarding

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NSMHS will inform improvements to Plan Medi-Cal member outreach, education, and access pathways for all American Indian members covered by Medi-Cal who utilize NSMHS.

#### ***Community Advisory Committee***

The Plan maintains a Community Advisory Committee (CAC) whose composition reflects the Plan's diverse member population and whose input is actively utilized in policies and decision-making by the Plan. The Plan collaborates with the CAC to ensure representation from its diverse Plan Medi-Cal member population as decisions are made and strategies are formed to continuously improve health care for these Plan members. Committee meeting agendas are comprised of topics and issues that matter deeply to the Plan's Medi-Cal members, and the CAC is one way to ensure the voice of these members drive improvements in the Plan's care delivery to its Medi-Cal members.

In 2024, the Plan's Behavioral Health leads convened with the CAC, presenting an overview of NSMHS and seeking committee feedback to inform the Plan's NSMHS Outreach and Education Plan. CAC Members expressed concerns around wait times in-between appointments, confusion around the coordination of services, and limited availability of Mental Health Services providers. These areas were identified as critical education opportunities for Plan and Community providers as well as process improvement opportunities for the Plan. The CAC forum and the feedback received influenced the NSMHS Outreach and Education Plan by highlighting specific Plan Medi-Cal member concerns and barriers to access.

#### ***Local Stakeholders and Community Outreach and Education Specialists***

Part of the Plan's strategy to reach Medi-Cal Member groups with low utilization of NSMHS is to collaborate, consult and partner with stakeholders in local communities. The Plan collaborates with Local Health Jurisdictions (LHJs), County Mental Health Plans, and Community Outreach and Education Specialists on an ongoing basis to improve health care delivery, increase the span of outreach efforts, allow the Plan to meet Medi-Cal members where they are, and encourage the Plan's Medi-Cal members to access covered mental health services via their preferred entry point.

Outreach and Education Specialists include:

- Community Based Organizations
- Navigators
- Community Health Workers

Collaboration with local stakeholders (including Outreach and Education Specialists), aids in identifying geographic and demographic differences in the concerns and barriers to accessing mental health services that the Plan's Medi-Cal members face, which will further inform the Plan's NSMHS Outreach and Education Plan.

#### **Access to Covered Services**

The Plan ensures that its Medi-Cal members receive timely mental health services, without delay, regardless of where they seek care (e.g., from their preferred delivery system and trusted provider(s)). The Plan maintains a robust Care Coordination program for all its Medi-Cal members, including those with NSMHS and Specialty Mental Health (SMH) needs that have been referred to and are receiving services from the County Mental Health Plan. Continuity of care considerations also apply to the Plan's Medi-Cal Members.

The Plan's Medi-Cal Members may access covered NSMHS via any of the following points of contact:

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- KP.org/mentalhealth
- 1-800-390-3503, Monday – Friday, 8am – 5pm
- Call the County Mental Health plan, phone numbers are available online for every County. Members will be assessed and offered a phone, video, or in-person appointment with a County mental health specialist.
- Medi-Cal Ombudsman office 1-888-452-8609 or email [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov)

### **Population Needs Assessment/Population Health Management Strategy**

In alignment with National Committee for Quality Assurance (NCQA) standards for Population Health Management (PHM), the Plan segments and/or stratifies its entire member population into subsets for targeted intervention. As part of its Population Needs Assessment (PNA), the Plan routinely collects various information for all age groups, relevant subpopulations (e.g., racial/ethnic groups or transgender members), and members with disabilities or serious and persistent mental illness (SPMI) to assess the characteristics and needs of the Plan's individual members and member groups. The information collected includes, but is not limited to, clinical data (diagnoses, laboratory/diagnostic results, procedures), sociodemographic information (gender, race/ethnicity, age, address), benefits eligibility (copays, coinsurance, medical financial assistance), and social determinants of health (language/literacy needs, access to health care services and/or community resources). The information collected may trigger a referral to the Plan's various programs (e.g., NSMHS), and may inform the developments of a patient-centered care plan that includes individualized goals.

An intrinsic part of the Plan's PNA involves close collaboration with each of the 35 Local Health Jurisdictions (LHJs), in the areas where the Plan offers Medi-Cal services, to better understand and support the LHJ's Community Health Assessment (CHA) and Community Health Improvement Plans (CHIPs). Information gleaned from the CHA/CHIPs and from the Plan's meaningful participation with the LHJs will inform outreach and education materials.

### **Utilization Assessment**

To best understand the Mental Health needs of its diverse membership, the Plan conducted a broad utilization assessment of NSMHS, stratified by race, ethnicity, language, age, and gender identity. In 2025, the Plan will conduct targeted outreach and education for NSMHS where utilization was below average.

### **Cultural and Linguistic Competency**

All medically necessary covered services are available and accessible to all Plan members regardless of race, ethnicity, color, national origin, cultural background, creed, ancestry, religion, primary language, age, gender, marital status, sex, sexual orientation, gender identity, gender expression, socioeconomic status, health status, physical or mental disability, source of payment, genetic information, citizenship, immigration status or identification with any other persons or groups defined in Penal code 422.56, and all covered services are provided in a culturally and linguistically appropriate manner.

The Plan does not unlawfully discriminate in the delivery of healthcare services based on age, race, ethnicity, color, cultural background, national origin, ancestry, religion, sex (including gender, gender identity, gender expression or gender related appearance/behavior whether or not stereotypically associated with the person's assigned sex at birth), language (including members with limited English proficiency), marital status, veteran's status, sexual orientation, age, genetic information, medical history, medical conditions, citizenship, immigration status, claims experience, evidence of insurability (including conditions arising out of acts of domestic violence), or source of payment to ensure that all covered services are provided in a culturally and linguistically appropriate manner.

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The Plan requires culturally and linguistically appropriate services for members. The Plan will partner with the community to design, implement, and evaluate policies, procedures, and services which ensure cultural and linguistic appropriateness. The Plan incorporates language-specific materials for members to access when learning about services and resources. Member facing materials, including educational flyers and guidance on accessing Non-Specialty Mental Health care, are translated into 13 threshold languages identified in the Plan's service area. Outreach and educational content development occurs in collaboration with key stakeholders within the Plan and the community it serves and is designed to be appropriate for the diversity of the Plan's Medi-Cal membership. The Plan uses inclusive visual representation throughout all materials. Marketing and educational materials feature images of people from diverse racial, ethnic, and age groups to reflect the Plan's membership. Videos and posters include scenarios and settings that resonate with different cultural norms and values.

The Plan appropriately uses a consistent message across channels. Whether a member receives information via print, phone, or online, the messaging is consistent in tone, terminology, and intent. Content is reviewed to ensure reading level and messaging consistency. The Plan has appropriately made literacy-level adjustments and comprehension considerations to meet members' needs. The Plan's Qualified Health Educators review all marketing content for literacy levels. For example, this occurs with the various content posted on the [Mental Health and Wellness Care | Kaiser Permanente](#) website. Written materials are kept at or below a sixth grade reading level to accommodate members with limited health literacy. Plain language and visual aids (e.g., infographics, pictograms) are used to explain complex health topics. The Plan complies with all language translation regulatory requirements, related obligations in its direct contract with the DHCS, and requirements and policy as set forth in APL 21-004 *Standards for Determining Threshold Languages, Non-discrimination Requirements and Language Assistance Services*.

The Plan informs all individuals of the availability of language assistance services clearly, in multiple languages, in a written Evidence of Coverage (EOC) and verbally through language assistance services. The Plan provides language assistance, including interpreters and sign-language interpreters, to individuals who have limited English proficiency, disability and/or other communication needs, at zero-dollar (\$0) cost share, to facilitate timely access to all health care and services. The Plan-employed interpreters go through rigorous background checks and screening upon hiring to ensure the competence of the individuals providing language assistance. The Plan recognizes that the use of untrained individuals and/or minors as interpreters should be avoided. Language assistance is available to all Plan Medi-Cal members via easy to understand print and multi-media materials in accessible formats, including braille, large print, audio, and electronic formats, and signage in the languages commonly used by the populations in the Plan's service areas. Medi-Cal members can access language assistance services by contacting the Plan's Member Services at 1-855-839-7613 (TTY 711), available 24 hours a day, 7 days a week. Additionally, the Plan provides information on language assistance to members verbally by Member Services Representatives, office support staff, and clinicians. This information is also available on the Plan's website at [Help in your language](#). Documents are available in alternative formats upon request through Member Services

### **Best Practices in Stigma Reduction**

To reduce stigma that often accompanies mental illness and substance use disorders, the following best practices are applied to all work associated with the Plan's NSMHS Outreach and Education Plan:

- Appropriate wording of messaging and materials normalizing mental health
- Increasing awareness and mental health literacy, beginning with all Plan Medi-Cal members, through phased NSMHS outreach and education

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- Promoting whole person care combining physical and mental health care; promoting self-awareness
- Incorporating the voice of the member obtained via community engagement; timely reviewing and addressing of member grievances and direct feedback
- Employee training on stigma with mental illness and substance use disorders and discrimination reduction

The Plan collaborates with MHP partners to share behavioral health resources, enabling members and other constituents to navigate between non-specialty mental health services and specialty mental health services through the use of Screening and Transition of Care (TOC) tools. The Plan ensures that internal regional, clinical or coordination teams are engaged in conversations with MHP partners around NSMHS, level of care or service appropriateness, as they arise to ensure MHP staff feel educated on how to assist members on how to navigate and/or access their mental and behavioral health services. The Plan also conducts standardized training sessions across counties where an MHP Memorandum of Understanding (MOU) is in place to educate staff on how members can access resources included in the Plan's benefits and care.

In addition, the Plan collaborates with several Local Health Jurisdictions (LHJs) throughout California who are focused on behavioral health initiatives.

As part of this collaboration, the Plan participates in LHJ-led Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) planning sessions and workgroups, many of which involve County Mental Health Plans. These forums provide the Plan with valuable insights into community-identified challenges in accessing behavioral health services. Key concerns identified by the community that can help to inform the Plan's Outreach and Education plan include:

- The stigma associated with seeking mental health support
- The overwhelming number of resources, which can hinder access during times of urgent need
- Cultural barriers that may prevent certain populations from utilizing available services
- Accessing NSMHS when managing perinatal mood or anxiety disorders (associated with maternal mental health)

The Plan has also engaged in community-based efforts to educate the public about behavioral health services. For instance, in Yuba/Sutter County, the Plan co-presented with Partnership HealthPlan, Anthem, Blue Shield of CA, and TRICARE to help community members understand how to access mental health services. As part of the Department of Health Care Services (DHCS) shared goals and SMART objectives initiative, the Plan will continue building partnerships with interested Local Health Jurisdictions (LHJs) and County Mental Health Plans (MHPs) across California. These collaborations aim to identify and implement complementary strategies that expand education on accessing mental health services.

**4. SB 1019 and APL 24-012 Requirements – Primary Care Provider Outreach and Education**

In 2025, the Plan will conduct annual outreach and education to the Plan's Primary Care Providers (PCPs) regarding covered NSMHS in accordance with SB 1019 and APL 24-012.

*Convening with the Quality Improvement and Health Equity Committee*

The Plan maintains a Quality Improvement and Health Equity Committee (QIHEC) facilitated by a Plan Medical Director in collaboration with the Plan's Health Equity Officer. The QIHEC is responsible for directing all Quality Improvement and Health Equity Transformation Program findings and required actions. Convening with the QIHEC regarding the Plan's NSMHS Outreach and Education Plan ensures



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implementation activities are informed by and aligned with the Plan's Quality Improvement strategies and goals.

*Provider Outreach and Education Key Messaging*

In addition to convening the QIHEC, provider training regarding NSMHS will be provided as part of the Plan's NSMHS Outreach and Education Plan. Presentation modalities include printed materials, at-will training via recorded presentation, and live presentations to provider audiences. In accordance with SB 1019 and APL 24-012, provider outreach and education will include:

- Medi-Cal Covered NSMHS benefits and access points, as defined for the member audiences.
- Review of historical utilization of covered NSMHS.
- Overview of stakeholder and the Plan's Tribal Liaison feedback on NSMHS.
- Activities implemented to improve utilization of NSMHS Outreach and Education Plan goals and objectives.
- Details on QIHEC alignment.

**5. SB 1019 and APL 24-012 Requirements – Operational Implementation**

In accordance with requirements as set forth in APL 24-012, the Plan will begin its initial implementation of the NSMHS Outreach and Education Plan on 1/1/25.