



Non-Specialty Mental Health (NSMH) Services Outreach and Education Plan

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Introduction

What are Non-Specialty Mental Health (NSMH) Services:

The Health Plan of San Mateo (HPSM) provides benefits for Non-Specialty Mental Health Services (NSMH) for Medi-Cal members with mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders. These benefits include but are not limited to mental health evaluation and treatment, including individual, group and family psychotherapy; dyadic behavioral health services; and outpatient drug therapy.

The Outreach and Education Plan

Pursuant to All Plan Letter (APL) 24-012, the HPSM is required to develop and implement an annual outreach and education plan for members and primary care providers (PCPs) regarding NSMH services that (1) provides multiple points of contacts for members to access NSMH services, (2) meets cultural and linguistic appropriateness standards, and (3) incorporates best practices in stigma reduction. Developed in collaboration with a variety of diverse stakeholders, the purpose of this plan is to document strategies to increase NSMH services utilization through outreach and educating both members and providers. HPSM will follow APL 24-012 guidelines and will use member data and survey findings to inform outreach and education plans that target low utilization in our membership:

1. Review data to inform development and updates to annual plan
2. Develop targeted plans that focus on outreach and education to members and providers
3. Solicit and incorporate feedback from stakeholders
4. Conduct outreach and education

Oversight

This plan will be presented to the following committees annually for feedback and awareness.

Quality Improvement and Health Equity Committee (QIHEC): QIHEC is a multidisciplinary committee that serves as an advisory body to HPSM's Quality Improvement Program. It includes physicians and representatives from across the care delivery system—primary care, pediatrics, adult medicine, behavioral health, and specialty care—who offer frontline insight into system performance and member needs. The committee is responsible for:

- Reviewing quality improvement activities and data
- Monitoring health equity efforts and addressing disparities
- Recommending interventions to improve access, quality, and outcomes for HPSM members

Purpose of the Presentation:

Sharing the full NSMH Outreach and Education Plan with QIHEC serves several key goals:

- Engage provider voices: Provider feedback is essential to validate assumptions, identify missed opportunities, and ensure the plan is responsive to the populations most in need.
- Ground the plan in operational reality: Committee members can offer practical insight on implementation strategies, particularly around referral workflows, culturally competent care delivery, and resource alignment.
- Strengthen collaboration across sectors: As trusted partners in care, QIHEC members bring invaluable experience that can inform outreach messaging, language access planning, and the integration of behavioral health services across primary and specialty care settings.

The September 18, 2025 session was a critical opportunity to align the NSMH outreach strategy with provider knowledge, improve member engagement pathways, and ensure that the plan supports HPSM's broader equity and quality goals.

At the session, providers raised questions and concerns regarding the referral process and timeliness of access. Feedback from PCPs revealed that they were unfamiliar with what happens to a referral for mental health and/or substance use disorder services once it is sent by the PCP. In response, as part of the outreach and education plan, HPSM will dedicate resources to ensuring the referral process is clear to referring providers. For example, HPSM will consider creating a Frequently Asked Questions document to post on the provider specific page of the Behavioral Health website that addresses some of the commonly asked questions about the referral process.

Community Advisory Committee (CAC): The CAC is a standing advisory body composed of HPSM members and representatives from community-based organizations that serve Medi-Cal populations. The committee brings forward the lived experiences of members, identifies access barriers, and advises HPSM on how to better support the communities we serve. CAC plays a critical role in:

- Sharing firsthand experiences with the health system
- Identifying gaps in communication, outreach, and service delivery
- Guiding HPSM on how to be more inclusive, accessible, and responsive
- Promoting culturally relevant and linguistically appropriate engagement

Purpose of the Presentation:

Presenting the NSMH Outreach and Education Plan to CAC ensures that the strategies we design reflect the real needs and preferences of members. Specifically, the goals of the presentation include:

- Ground-truthing our approach: CAC members can validate whether our planned materials, outreach channels, and education topics resonate with what members actually need and experience.
- Identifying gaps: Members and advocates can highlight missing perspectives—especially among underserved groups like youth, non-English speakers, people with disabilities, and members with mental health needs.
- Shaping future improvements: Feedback from CAC will directly inform future updates to the plan and may lead to additional engagement, partnerships, or peer-driven solutions.

This discussion is essential to ensure that our outreach and education efforts not only meet regulatory standards but are truly reflective of and accountable to the people we serve.

The NSMH Outreach and Education Plan was presented to the CAC for awareness and feedback on October 15, 2025. Members of the CAC suggested leveraging community organizations, such as schools, to reach youth members and their caregivers/families. Since schools are trusted resources with whom families already have established relationships, collaborating with schools may be fruitful in promoting access to NSMH services. Additional insight and feedback gathered from this meeting is discussed in the “Alignment with Population Needs Assessment” section.

Addressing Diversity Collaboration Requirement

The Outreach and Education Plan must describe collaboration with local stakeholders representing diverse racial and ethnic communities, including those experiencing high rates of mental health concerns. While our current plan does not fully meet this requirement, CAC is designed to address this gap by ensuring representation from:

- Members of diverse racial and ethnic backgrounds.
- Individuals across age groups, including youth and caregivers.
- Populations disproportionately impacted by mental health challenges.
- Bilingual members, especially speakers of Chinese and Spanish.

Maintaining a Diverse and Inclusive CAC:

HPSM reviews Community Advisory Committee (CAC) membership annually with CAC members to ensure the committee continues to represent the diverse perspectives and lived experiences of the communities we serve. As part of this annual review, we look at utilization and membership data to identify gaps in representation or viewpoints.

If data indicate that certain member groups or communities are underrepresented, HPSM partners with community-based organizations and other stakeholders to recruit additional voices to the committee. This ongoing process helps ensure that outreach strategies, education plans, and program decisions are informed by those most impacted and supports our commitment to equity across all communities.

CAC Membership Snapshot (2025)

The CAC roster reflects a mix of community advocates, legal aid representatives, consumer advocates, and members from organizations serving diverse populations:

- **Legal Aid Society of San Mateo County** – Co-Chair representation.
- **Consumer Advocate** – Ensuring member voice in policy and service design.
- **Aging and Adult Services** – Addressing needs of older adults.
- **Human Services Agency (SPD)** – Supporting individuals with disabilities.
- **El Concilio of San Mateo County** – Serving Latino communities.
- **Burlingame Adult Day Care Health Center** – Representing older adults and caregivers.
- **SMC Family Health Services** – Supporting families and maternal health.
- **HPSM Commissioner** – Providing governance perspective.

Behavioral Health Access: Resources & Support Contacts

Multiple Points of Contact for Member Access

- a. Members can access information about behavioral health benefits offered by HPSM on this website: <https://www.hpsm.org/member/health-tips/mental-health/get-mental-health-care>
- b. Members can also find the most updated Member Handbook on HPSM's website: <https://www.hpsm.org/member/resources/handbooks>, which provides additional information regarding accessing NSMHS
- c. If members have questions or concerns regarding NSMHS, members can either:
 - o Call Member Services at 1-800-750-4776. TTY users can call 1-800-735-2929 or 7-1-1
 - o Or contact Member Services at this email for support:
MemberServicesSupport@hpsm.org
- d. HPSM offers health education materials, including a member newsletters that provides information on how to access NSMH services: https://www.hpsm.org/docs/default-source/health-matters-newsletter/bh-newsletter_en.pdf?sfvrsn=19afc252_10. This is available in threshold languages and is available through the HPSM website as well as distributed at community events.
- e. To receive mental health care, members can talk to their primary care provider (PCP) or call the San Mateo County Behavioral Health and Recovery Services (BHRS) ACCESS call Center at 1-800-686-0101. TDD users can call 1-800-943-2833. The ACCESS call center number is found on the back of HPSM membership cards.

Primary Care Provider Outreach and Education

Primary care providers (PCPs) are often the first point of contact for members seeking support for mental health needs. As such, PCPs play a critical role in identifying behavioral health concerns through regular appointments and screenings, facilitating referrals to appropriate services, and supporting early intervention. Strengthening provider awareness and alignment with HPSM's Non-Specialty Mental Health (NSMH) benefit is a core component of this outreach plan.

To support this goal, HPSM will conduct ongoing education and engagement with providers, with a focus on:

- a. Clarifying NSMH Benefits and Access Pathways: Ensuring providers understand what NSMH services are covered, how members can access them, and how to refer members.
- b. Promoting Culturally and Linguistically Appropriate Care: Equipping providers with tools and training to recognize cultural and language-related barriers to care, and to use interpreter services and translated materials effectively.
- c. Addressing Disparities Identified in the Population Needs Assessment: Sharing relevant data and trends—including disparities in utilization by race, ethnicity, language, age, and disability—to promote targeted action and responsiveness to member needs.
- d. Supporting Youth and High-Need Populations: Providing guidance on early identification of behavioral health needs among children, adolescents, and members with chronic conditions or disabilities.

HPSM uses a variety of communication channels to support these efforts, such as provider newsletters, informational meetings, webinar sessions, and targeted outreach through email or fax, as appropriate. These methods may be used to share updates, promote available resources, and respond to provider questions or concerns related to NSMH services.

Development with Stakeholder and Tribal Partner Engagement

Tribal Partners

HPSM has made repeated outreach attempts to engage Tribal and Native American-serving partners in this planning effort. The Native American population in San Mateo County — and within HPSM's Medi-Cal membership — is very small, representing less than 0.10% of members (116 individuals identifying as American Indian or Alaskan Native). As a result, there are very few Tribal or Native-focused organizations located within the county to engage with locally.

To support access to culturally appropriate care, HPSM allows Native American members to receive services at Indian Health Centers located in surrounding counties, consistent with member preference.

We have also invited San Mateo County Behavioral Health and Recovery Services' Native and Indigenous Peoples Initiative (NIPI) to participate in this work and explore partnership

opportunities. While we have not yet received a response, we remain committed to continued outreach and to creating space for meaningful collaboration and dialogue.

Between May and August, multiple outreach efforts were made to engage the Native and Indigenous Peoples Initiative (NIPI) regarding participation in the outreach and education plan and the Community Advisory Committee.

- **Initial Contact (May 16):** An email invitation was sent to the NIPI group to initiate engagement and explore collaboration opportunities.
- **Follow-Up (May 29):** A second email was sent to reinforce the invitation and encourage a response.
- **Alternate Contact (June 17):** Due to a lack of response, outreach was redirected to a different contact within the NIPI network.
- **Response Received (June 24):** A reply was received, opening the door for further dialogue.
- **Meeting Held (July 21):** A meeting was conducted to discuss the current status of the NIPI committee. During this meeting, the possibility of a site visit was explored, along with opportunities to present the outreach and education plan and introduce the Community Advisory Committee.
- **Presentation Follow-Up (August 5):** A follow-up email was sent to schedule a formal presentation. Unfortunately, no response was received.

While initial engagement showed promise, further efforts did not result in a confirmed presentation or sustained collaboration. **We will continue to monitor utilization data for this population, and if trends indicate underutilization of benefits or services, we will reengage NIPI and other relevant community groups to ensure equitable access and support.**

Alignment with Population Needs Assessment (PNA)/ NCQA Population Assessment

- HPSM ensures that member education materials and messaging are designed to be appropriate for the plan enrollee membership by evaluating membership data and findings from the PNA. In addition, all HPSM member education materials meet readability and suitability requirements in alignment with [All Plan Letter \(APL\) 18-016](#),

which includes field testing materials and a review of cultural appropriateness of materials to ensure materials are tailored towards the target audience.

- The PNA is completed every year to identify member health needs and health disparities, assess health outcomes and resources available, evaluate the health experiences of HPSM subpopulations, and inform implementation of targeted strategies for program/services gaps. The PNA yields data on membership race, ethnicity, language, along with other demographic information. This data helps inform outreach and education strategies to target populations and will inform the NSMHS outreach and education materials for the diversity of the plan enrollee membership.
- Historically, HPSM has identified threshold or concentration languages based on the California Department of Health Care Services APL 21-004. APL 21-004 defines threshold languages as those spoken by a numeric threshold of 3,000 or 5% of the eligible beneficiaries, whichever is lower. APL 21-004 defines concentration languages as a language other than English who is spoken by 1,000 members in a single zip code or 1,500 members in two contiguous ZIP codes. Based on these standards, HPSM threshold languages include English, Spanish, and Chinese. Tagalog is a concentration language. Written member materials are available in HPSM's threshold and concentration languages in accordance with APL 21-004.
- Based on the NCQA Health Equity Accreditation definition of 5% or 1,000 individuals, whichever is less, HPSM's threshold languages include English, Spanish, Chinese, Tagalog, and Portuguese. HPSM currently provides written member materials in English, Spanish, Chinese, and Tagalog. As a result of findings from the 2024 PNA, HPSM is working to ensure all vital member information is available in Portuguese by 2026.
- HPSM conducts an annual member survey of member experience with NSMH providers. Based on the findings and feedback from members, HPSM develops goals to improve the member experience.

Alignment with Utilization Assessment

HPSM's 2025 Population Needs Assessment (PNA) includes a utilization assessment of Non-Specialty Mental Health Services (NSMHS) that incorporates race, ethnicity, language, age, and disability. While data on sexual orientation and gender identity (SOGI) are limited, HPSM is working toward building future data capacity in this area.

- a. Race & Ethnicity: Utilization data reflect disparities in access to care, with Hispanic members (55% of the population) being the predominant users of services. Asian and

Pacific Islander members (14%) and Black members (1.85%) are underrepresented in mental health service use relative to their population share, highlighting the need for targeted outreach.

- b. Language: Spanish is the most common non-English language among members, with interpreter services most frequently requested for Spanish, Chinese, Portuguese, and Tagalog speakers. Outreach and education efforts align with these needs by providing multilingual materials and interpreter access.
- c. Age: The majority of NSMHS users are in the 22–50 and 0–21 age ranges, which align with the plan's focus on both youth and adult behavioral health. Pediatric utilization gaps—such as 36% of youth not seeing any provider—inform youth-focused mental health outreach.
- d. Disability: Among older adults and members with disabilities, 7% have a serious and persistent mental illness (SPMI). These members have complex care needs and are a priority population for targeted behavioral health education and care coordination.
- e. Sexual Orientation & Gender Identity: HPSM acknowledges current data limitations in tracking SOGI-based disparities in NSMHS utilization. As part of ongoing equity work, HPSM is exploring options to collect and analyze this data in future assessments.

HPSM took the findings from the PNA to the committees to solicit feedback on how to reach low utilization groups. At the Community Advisory Committee (CAC) meeting on October 15, 2025, the finding pertaining to low utilization among members who identified as AAPI or Black was brought to the committee members for insight and feedback. CAC members opined that utilization rates for these two racial subpopulations may be low due to cultural and familial stigma, the dearth of diverse and representative providers available, and barriers to accessing services (e.g., lack of transportation, time constraints). HPSM will seek to understand more about the feedback provided. HPSM will incorporate this feedback into existing approaches of promoting telehealth NSMH services, which would solve for the transportation barrier and potentially the time constraint barrier. One CAC member noted that members may respond more positively to their primary care provider recommending NMSH services as members have established relationships and a level of trust with their PCPs. As part of the NSMH Outreach and Education Plan, HPSM will emphasize PCP education regarding the importance of mental health care and accessing NSMH services with members. To address the low utilization of services by the AAPI and Black communities, HPSM will reach out to the Diversity and Equity Council through the Office of Diversity and Inclusion at San Mateo County, and offer to present on NSMH services available to members and how members can connect to these services. The Diversity and Equity Council “provides a space for collaboration and guidance for the Health Equity Initiatives, a forum for cultural competence questions from community-based organizations, and a hub of information and resources for community members committed to advancing equitable behavioral health care” (<https://www.smchealth.org/bhrs/ode/dec>). Moreover, HPSM participates in the San

Mateo County Community Health Improvement Plan mental health workgroup. During these meetings, HPSM's representative shares out member education materials regularly. Other attendees of this workgroup include Taulama for Tongans (who represent the AAPI community), Bay Area Community Health Advisory Council (who represent the African-American and diverse communities). In the coming year, HPSM will explore additional outreach and education opportunities with these groups.

Alignment with National Culturally & Linguistically Appropriate Services Standards

HPSM is committed to ensuring that all members have access to health information and services in a culturally and linguistically appropriate manner, in accordance with state and federal requirements. Our approach combines language access services with community partnership to design, implement, and evaluate policies and practices that reflect the needs of our diverse member population.

Interpreter Services

- Free interpretation services are available in-person, by telephone, or via video at every point of care.
- Qualified Medical Interpreters adhere to professional ethics, including privacy and confidentiality.
- Providers and staff are trained to avoid reliance on unqualified individuals (e.g., family members or untrained staff).

Written Translations and Alternative Formats

- Member-facing materials are translated into all threshold languages.
- Alternative formats such as Braille, large print, and audio recordings are available upon request.
- For materials containing PHI, audio formats are delivered securely via CD or email.
- Internal processes are continuously improved to ensure timely delivery

How Members Request Alternative Formats

- Members can request alternative formats by contacting HPSM Member Services.
- Instructions are included in language taglines and disclaimers on all communications.

Multimedia Materials and Signage

- Translated multimedia formats include website content, newsletters, and member notices.
- Medical office signage and non-discrimination notices are available in threshold languages.
- All materials are written in clear, accessible language to promote understanding.

Provider and Staff Training

- Providers and staff receive training to proactively offer language access services.
- Training emphasizes avoiding reliance on unqualified interpreters and ensuring cultural sensitivity.

Partnering with the Community to Ensure Cultural and Linguistic Appropriateness

- HPSM partners with the community to **design, implement, and evaluate policies, practices, and services** that promote cultural and linguistic appropriateness. Key strategies include:
 - **Community Advisory Committee (CAC):**
 - CAC members represent diverse racial, ethnic, and linguistic communities. They review outreach materials, education plans, and service delivery strategies, providing feedback that shapes culturally relevant approaches.
- **Stakeholder Engagement:**
 - Partnerships with organizations such as Legal Aid Society of San Mateo County, El Concilio, Aging and Adult Services, and Burlingame Adult Day Care Health Center ensure that the voices of older adults, bilingual populations, and families experiencing mental health challenges inform program design and implementation.
 - **Evaluation and Continuous Improvement:**
- Feedback from CAC and community partners is integrated into program evaluations and updates to outreach and education plans. This ensures that language access services, translated materials, and alternative formats meet member expectations and regulatory standards.
- **Data-Driven Reengagement:**
 - Utilization data is monitored to identify disparities. If underutilization is detected among specific cultural or linguistic groups, HPSM reengages community partners to co-design targeted interventions.

Best Practices in Stigma Reduction

- a. To reduce stigma in outreach/education materials, HPSM uses person-centered language (language that puts people first) when developing outreach/education materials. In addition, and as mentioned above, all HPSM member education materials meet readability and suitability requirements in alignment with [All Plan Letter \(APL\) 18-016](#), which includes field testing materials and a review of cultural appropriateness of materials to ensure materials are tailored towards the target audience.
- b. At the CAC quarterly meeting in the Fall of 2024 and 2025, the PNA was reviewed, yielding fruitful discussions about member needs. Engaging community organizations and members that make up CAC strengthen HPMS's stigma reduction commitment.
- c. This outreach and education plan will also be reviewed annually and input and feedback gathered as needed in quarterly meetings with San Mateo Behavioral Health and Recovery Services (BHRs), our County Mental Health Plan partner. HPSM and BHRs closely collaborate to coordinate efforts to educate members on how to access behavioral health services. Collaboration with BHRs also helps to strengthen HPSM's stigma reduction commitment.

Annual Outreach and Education Plan Summary

Each year, HPSM will use the inputs and information from above to inform how and when members and providers receive information about the NSMH benefit, and if there are any subpopulations that need to be targeted. HPSM will consider adjustments to timing, cadence, and format of communications to members and providers on an annual basis.

Based on the information gathered through the oversight and best practices so far, HPSM will incorporate the following considerations to implement interventions:

- a. The PNA indicates that AAPI and Black/African American members are underrepresented in MH service use relative to the populations share
- b. The value of ensuring PCPs understand the importance of mental health care and accessing NSMH services with members
- c. The importance of providing sufficient detail around the benefits of telehealth NSMH services, and how they may support families to address time and transportation constraints
- d. The importance of clarity of the referral process for referring providers