

2026 Non-Specialty Mental Health Services Outreach and Education Plan

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Goal: Molina will continue to work on the outreach and education plan that outlines Molina's strategy to increase member utilization of Non-Specialty Mental Health Services (NSMHS) as measured by NSMHS claims.

Population Needs Assessment:

In 2024, the Molina Medi-Cal membership comprised 1,114,904 enrolled members, representing a 75% increase from the previous calendar year. The percentage of Molina Medi-Cal membership for Los Angeles County was 48%, San Diego County was 25%, Riverside County was 11%, San Bernardino County was 9%, Sacramento County was 6%. Molina has 48% of our membership in Los Angeles County, followed by 26% in San Diego, 11% in Riverside County, 9% in San Bernardino County, and 6% in Sacramento County. Female members represented a larger proportion at 51% compared to 49% for male members. The age group with the highest population count was 20 to 44 years old (32%) followed by members aged 2 to 19 years and those aged 45 to 64 years. For Member race/ethnicity, 54% identified as Hispanic, 16% Other, 14% as white, 8% as Asian, 8% as Black or African American, 0.2% Native Hawaiian or Other Pacific Islander, and 0.2% as American Indian/Alaskan. Of the Molina Medi-Cal members 64% have English as their preferred language and 31% have Spanish as their preferred language. For preferred language, Arabic, Vietnamese, Russian, and Armenian each have about 1% of the Molina Medi-Cal Population. In 2024, 14.4% of the Molina Medi-Cal Membership was enrolled in Aged, Blind, and Disabled (ABD) products. In 2024, Molina analysis counted 43,018 Medi-Cal Members with Serious Mental Illness (SMI) or Serious Emotional Disturbances (SED). This is an increase of 15,937 Members compared to 2023.

Molina assesses the characteristics and needs of its member population to ensure the appropriate structure and resources are in place for its Population Health Management (PHM) program. This assessment focuses on key social determinants of health: homelessness, poverty, distressed community index, food insecurity, educational attainment, and severe housing problems. By evaluating these determinants, Molina identifies the specific factors influencing member health and well-being, continually guiding the development of tailored strategies and interventions that address identified needs and improve care delivery. Key findings are below.

Homelessness: In 2024, Molina members experiencing homelessness were identified in California using Optum's Impact Pro SDOH: Housing Insecurity identifier, which predicts members' likelihood to experience housing insecurity, including homelessness. In California's Medicaid population, 12.5% of members were identified as having very high housing insecurity and 36.8% with high housing insecurity. Of the Medicaid members, Los Angeles county had the highest number of members experiencing homelessness, with 46.7% identified with very high housing insecurity and 51.4% with high housing insecurity.

Poverty: According to the Census Bureau, poverty is determined by comparing household income levels to established poverty thresholds, with households earning at or below 100% of these thresholds considered "in poverty." California's counties with the highest poverty rate from the U.S. Census Bureau are Trinity (20.8%), Modoc (20.1%), Butte (19.9%), Kern (19.0%),

Merced (18.6%), Madera (18.0%), Fresno (17.7%), Lake (17.6%), Kings (17.5%), Tulare (17.5%), Imperial (17.3%), Mariposa (17.3%), Lassen (17.1%), and Siskiyou (17.1%).

In 2024, Molina members experiencing poverty were identified in California using Optum's Impact Pro SDOH: Financial Insecurity identified, which predicts members' likelihood to experience overwhelming stress of making ends meet, affecting one's health. In California's Medicaid population, 38.2% of members were identified as having very high financial insecurity and 23.0% with high financial insecurity. Of the Medicaid members, Los Angeles County had the highest number of members experiencing financial insecurity, with 51.8% identified with very high financial insecurity and 45.7% with high financial insecurity.

Non-Specialty Mental Health Services Utilization Assessment:

The utilization assessment of the Population Health Assessment of non-specialty mental health services for 2024 revealed that county of service and gender of Member did not have any significant utilization gaps. The populations identified for focus include:

- Members identifying as Asian;
- Members identifying as Hispanic;
- Members age 2-19 years old; and
- Members who are non-English speaking.

Utilization Assessment of NSMHS in all Counties of Operation in 2024

County	2023 % of NSMHS Claims	2024 % of NSMHS Claims
LOS ANGELES	12.94	45.67
RIVERSIDE	13.33	7.11
SACRAMENTO	5.98	6.97
SAN BERNARDINO	10.45	5.46
SAN DIEGO	57.30	33.48
OTHER COUNTIES	N/A	1.4
Grand Total	100.00	100.00

Table A: Percentage of unique number of NSMHS claims in 2024 in all Counties

The unique claims utilized by counties showed Molina Medi-Cal Members in San Diego have more screening and engagement with NSMHS compared to the proportion of the Medi-Cal population in the county (25%). Riverside is slightly below the Medi-Cal population percentage (11%) however the difference is not significant enough to target.

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.24	0.36
ASIAN	6.42	4.98
BLACK OR AFRICAN AMERICAN	6.42	10.97

NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.18	1.49
SOME OTHER RACE	25.15	21.70
WHITE	61.60	60.50
Grand Total	100.00	100.00

Table B: Percentage of unique number of NSMHS claims in 2024 in all Counties by Race

The unique claims utilized by race for all counties showed Molina Medi-Cal Members that identify as Asian have NSMHS claims that are lower than expected based on the proportion of Asian Medi-Cal Members (8%). Based on the ethnicity demographic data, an area of focus is increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AFRICAN AMERICAN	6.4	10.97
ALASKAN/AMER INDIAN	0.2	0.36
ANOTHER HISPANIC	0.0	0.09
ASIAN INDIAN	0.4	0.30
ASIAN/PACIFIC	0.0	1.36
BLACK OR AFRICAN AMERICAN	0.0	0.06
CAMBODIAN	0.2	0.31
CAUCASIAN	17.7	29.53
CHINESE	1.1	1.47
FILIPINO	1.5	1.16
GUAMANIAN	0.0	0.03
HAWAIIAN	0.0	0.02
HISPANIC	44.2	30.97
HMONG	0.0	0.01
I CHOOSE NOT TO ANSWER	0.0	0.21
JAPANESE	0.1	0.12
KOREAN	0.3	0.73
LAOTIAN	0.2	0.07
MEXICAN	0.0	0.08
MULTIPLE ETHNICITIES	0.0	0.01
NO ETHNICITY	25.0	17.07
NOT OF HISPANIC	0.0	0.25
OTHER ASIAN	1.2	0.01
SAMOAN	0.1	0.07
UNKNOWN	0.0	3.72
VIETNAMESE	1.3	0.80
WHITE	0.0	0.20
Grand Total	100.0	100.00

Table C: Percentage of unique number of NSMHS claims in 2024 in all Counties by Ethnicity

The unique claims utilized by ethnicity for all counties showed Molina Medi-Cal Members that identify as Hispanic have NSMHS claims that are lower than expected based on the proportion of Hispanic Medi-Cal Members (54%). Based on the ethnicity demographic data, an area of focus is increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023 % of NSMHS Claims	2024 % of NSMHS 2024 Claims
Female	61.0	50.42
Male	39.0	49.56
Grand Total	100.0	100.0

Table D: Percentage of unique number of NSMHS claims in 2024 in all Counties by Gender

The unique claims utilized by gender for all counties showed that Molina Medi-Cal Members that identify as females have NSMHS claims that align with what is expected based on the proportion of female Medi-Cal Members (51%). Based on gender demographic data, no area of focus is selected to target for screening and engagement in NSMHS.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.79	0.02
2-19	26.13	8.64
20-44	28.23	26.13
45-64	28.13	29.02
65-74	10.28	20.65
75+	6.44	15.54
Grand Total	100.00	100.00

Table E: Percentage of unique NSMHS claims in 2024 in all Counties by Age

The unique claims utilized by age group for all counties showed that Molina Medi-Cal Members that were 2-19 years old have NSMHS claims that are lower than expected based on the proportion of Medi-Cal Members. Based on age demographic data, an area of focus is increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	4.45	1.55
ARMENIAN	0.23	2.97
BOSNIAN	N/A	0.00
CAMBODIAN	N/A	0.00
CANTONESE	0.03	0.00
CHINESE	N/A	0.08
ENGLISH	66.87	79.58
FRENCH	0.02	0.01

GAELIC (IRISH)	N/A	0.00
HAITIAN CREOLE	0.00	0.00
HEBREW	0.00	0.01
ITALIAN	0.00	0.01
JAPANESE	0.01	0.01
KOREAN	0.19	0.55
LAO (LAOTIAN)	0.08	0.05
MANDARIN	N/A	0.00
OTHER (NON-ENGLISH)	0.00	0.03
PERSIAN (FARSI)	N/A	0.00
POLISH	0.00	0.00
PORTUGUESE	0.02	0.02
PUNJABI	N/A	0.00
RUSSIAN	0.53	0.79
SAMOAN	0.01	0.01
SOMALI	N/A	0.0
SPANISH	26.17	13.76
TAGALOG	0.41	0.32
THAI	0.01	0.01
TURKISH	0.01	0.00
UNDETERMINED/UNDEFINED	N/A	0.03
VIETNAMESE	0.94	0.57
Grand Total	100.00	100.00

Table F: Percentage of unique NSMHS claims in 2024 in all Counties by Primary Language

The unique claims utilized by language for all counties showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in NSMHS claims decreasing the percentages for most other non-English speaking Members. Based on the language demographic data, an area of focus is increasing non-English Member screening and engagement in NSMHS.

Utilization Assessment of NSMHS in Los Angeles County in 2024

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.11	0.18
ASIAN	9.16	6.99
BLACK OR AFRICAN AMERICAN	9.01	13.08
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.12	1.61

SOME OTHER RACE	7.22	15.43
WHITE	74.38	62.71
Grand Total	100.00	100.00

Table A: Percentage of unique claims in 2024 in Los Angeles County by Race

The Los Angeles County unique claims utilized by race showed that Molina Medi-Cal Members that identify as Asian and White had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the race demographic data for all counties, increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AFRICAN AMERICAN	8.84	13.08
ALASKAN/AMER INDIAN	0.11	0.18
ANOTHER HISPANIC	0.01	0.03
ASIAN INDIAN	0.46	0.24
ASIAN/PACIFIC	N/A	1.54
BLACK OR AFRICAN AMERICAN	N/A	0.04
CAMBODIAN	0.51	0.52
CAUCASIAN	13.37	30.43
CHINESE	2.87	2.68
FILIPINO	1.33	1.15
GUAMANIAN	0.01	0.01
HAWAIIAN	0.02	0.01
HISPANIC	61.00	32.28
I CHOOSE NOT TO ANSWER	0.01	0.05
JAPANESE	0.09	0.15
KOREAN	1.00	1.34
LAOTIAN	0.01	0.01
MEXICAN	0.02	0.01
MULTIPLE ETHNICITIES	0.01	0.01
NO ETHNICITY	7.65	12.93
NOT OF HISPANIC	0.02	0.06
OTHER ASIAN	0.93	0.01
SAMOAN	0.09	0.05
UNKNOWN	N/A	2.25
VIETNAMESE	1.65	0.89
WHITE	N/A	0.04
Grand Total	100.00	100.00

Table B: Percentage of unique claims in 2024 in Los Angeles County by Ethnicity

The Los Angeles County unique claims utilized by ethnicity showed that Molina Medi-Cal Members that identify as Hispanic had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the ethnicity demographic data for all counties, increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023% of NSMHS Claims	2024% of NSMHS Claims
Female	59.56	50.78
Male	40.44	49.20
Unknown	N/A	0.02
Grand Total	100.00	100.00

Table C: Percentage of unique claims in 2024 in Los Angeles County by Gender

The Los Angeles County unique claims utilized by gender showed that Molina Medi-Cal Members that identify as Male had an increase in claims for NSMHS between 2023 and 2024. No gender focus area is necessary as year over year trends appear to be closing the utilization gap between genders that was more apparent in 2023.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.55	0.02
2-19	34.46	6.83
20-44	21.48	21.98
45-64	23.93	26.02
65-74	11.08	22.15
75+	8.49	23.01
Grand Total	100.00	100.00

Table D: Percentage of unique claims in 2024 in Los Angeles County by Age

The Los Angeles County unique claims utilized by age group showed that Molina Medi-Cal Members that identify as 2-19 years old had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the age group demographic data for all counties, increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	0.18	0.18
ARMENIAN	1.42	6.31
BOSNIAN	N/A	0.00
CAMBODIAN	N/A	0.00
CANTONESE	0.05	0.00
CHINESE	N/A	0.13
ENGLISH	60.06	75.89
FRENCH	0.00	0.01

HEBREW	0.02	0.02
ITALIAN	0.00	0.02
JAPANESE	0.04	0.02
KOREAN	0.71	1.09
LAO (LAOTIAN)	0.01	0.01
MANDARIN	N/A	0.00
OTHER NON- ENGLISH	N/A	0.02
PERSIAN (FARSI)	N/A	0.00
POLISH	0.00	0.00
PORTUGUESE	0.00	0.00
RUSSIAN	0.38	1.32
SAMOAN	0.00	0.01
SPANISH	35.62	13.94
TAGALOG	0.28	0.28
THAI	0.02	0.02
TURKISH	0.00	0.00
UNKNOWN	N/A	0.06
VIETNAMESE	1.20	0.66
Grand Total	100.00	100.0

Table E: Percentage of unique NSMHS claims in 2024 in Los Angeles County by Primary Language

The Los Angeles County unique claims utilized by language showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in 2024 NSMHS claims decreasing the percentages for most other non-English speaking Members. This aligns with the focus area selected based on the language demographic data for all counties, increasing non-English Member screening and engagement in NSMHS.

Utilization Assessment of NSMHS in Riverside County in 2024

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.25	0.51
ASIAN	5.67	3.00
BLACK OR AFRICAN AMERICAN	6.69	8.85
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.20	1.14
SOME OTHER RACE	17.45	17.64
WHITE	69.75	68.87
Grand Total	100.00	100.00

Table A: Percentage of Unique NSMHS Claims in 2024 in Riverside County by Race

The Riverside County unique claims utilized by race showed that Molina Medi-Cal Members that identify as Asian had a slight decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the race demographic data for all counties, increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AFRICAN AMERICAN	6.46	8.85
ALASKAN/AMER INDIAN	0.24	0.51
AMERASIAN	0.00	
ANOTHER HISPANIC	0.01	0.06
ASIAN INDIAN	0.59	0.45
ASIAN/PACIFIC	N/A	0.64
BLACK OR AFRICAN AMERICAN	N/A	0.06
CAMBODIAN	0.20	0.30
CAUCASIAN	20.09	30.83
CHINESE	0.92	0.53
FILIPINO	1.15	0.90
GUAMANIAN	0.06	0.05
HAWAIIAN	0.05	0.01
HISPANIC	49.75	38.03
JAPANESE	0.07	0.15
KOREAN	0.43	0.24
LAOTIAN	0.17	0.05
MULTIPLE ETHNICITIES	0.08	0.00
NO ANSWER	N/A	0.14
NO ETHNICITY	17.70	14.86
NOT OF HISPANIC	0.08	0.13
OTHER ASIAN	1.19	0.01
SAMOAN	0.08	0.43
UNKNOWN	N/A	2.11
VIETNAMESE	0.68	0.37
WHITE	N/A	0.23
Grand Total	100.00	100.00

Table B: Percentage of Unique NSMHS Claims in 2024 in Riverside County by Ethnicity

The Riverside County unique claims utilized by ethnicity showed that Molina Medi-Cal Members that identify as Hispanic had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the ethnicity demographic data for all counties, increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023 % of NSMHS Claims	2024 % of NSMHS Claims
Female	61.07	52.40
Male	38.93	47.60
Grand Total	100.00	100.00

Table C: Percentage of Unique NSMHS Claims in 2024 in Riverside County by Gender

The Riverside County unique claims utilized by gender showed that Molina Medi-Cal Members that identify as Male had an increase in claims for NSMHS between 2023 and 2024. No gender focus area is necessary as year over year trends appear to be closing the utilization gap between genders that was more apparent in 2023.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.56	0.01
2-19	30.36	12.43
20-44	28.21	29.00
45-64	26.83	27.79
65-74	7.88	18.06
75+	6.16	12.70
Grand Total	100.00	100.00

Table D: Percentage of Unique NSMHS Claims in 2024 in Riverside County by Age

The Riverside County unique claims utilized by age group showed that Molina Medi-Cal Members that identify as 2-19 years old had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the age group demographic data for all counties, increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	0.60	0.30
ARMENIAN	0.07	0.10
CANTONESE	0.03	0.00
CHINESE	N/A	0.08
ENGLISH	72.41	84.02
FRENCH	0.01	0.00
ITALIAN	0.01	0.00
JAPANESE	0.01	0.00
KOREAN	0.20	0.08
LAO (LAOTIAN)	0.08	0.03
POLISH	0.00	0.00
PORTUGUESE	0.01	0.00
RUSSIAN	0.08	0.06
SAMOAN	0.00	0.00
SPANISH	25.88	14.99

TAGALOG	0.22	0.08
THAI	0.02	0.01
TURKISH	0.01	0.00
VIETNAMESE	0.38	0.17
Grand Total	100.00	100.00

Table E: Percentage of Unique NSMHS in 2024 in Riverside County by Primary Language

The Riverside County unique claims utilized by language showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in 2024 NSMHS claims decreasing the percentages for most other non-English speaking Members. This aligns with the focus area selected based on the language demographic data for all counties, increasing non-English Member screening and engagement in NSMHS.

Utilization Assessment of NSMHS in Sacramento County in 2024

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.74	0.92
ASIAN	10.91	4.35
BLACK OR AFRICAN AMERICAN	13.97	17.23
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.38	1.79
SOME OTHER RACE	29.86	27.63
WHITE	44.14	48.08
Grand Total	100.00	100.00

Table A: Percentage of Unique NSMHS Claims in 2024 in Sacramento County by Race

The Sacramento County unique claims utilized by race showed that Molina Medi-Cal Members that identify as Asian had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the race demographic data for all counties, increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AFRICAN AMERICAN	13.66	17.23
ALASKAN /AMERICAN INDIAN	0.72	0.92
ASIAN INDIAN	1.93	1.32
ASIAN/PACIFIC	N/A	1.61
CAMBODIAN	0.23	0.05
CAUCASIAN	18.86	29.75
CHINESE	1.56	0.65

FILIPINO	1.04	0.53
GUAMANIAN	0.04	0.03
HAWAIIAN	0.15	0.08
HISPANIC	25.89	18.32
HMONG	N/A	0.17
JAPANESE	0.06	0.06
KOREAN	0.08	0.06
LAOTIAN	0.87	0.45
NO ANSWER	N/A	0.06
NO ETHNICITY	29.79	20.83
NOT OF HISPANIC	N/A	0.22
OTHER ASIAN	2.60	N/A
SAMOAN	0.19	0.07
UNKNOWN	N/A	6.52
VIETNAMESE	2.31	1.06
WHITE	N/A	0.01
Grand Total	100.00	100.00

Table B: Percentage of Unique NSMHS Claims in 2024 in Sacramento County by Ethnicity

The Sacramento County unique claims utilized by ethnicity showed that Molina Medi-Cal Members that identify as Hispanic had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the ethnicity demographic data for all counties, increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023 % of NSMHS Claims	2024 % of NSMHS Claims
Females	58.32	49.30
Males	41.68	50.68
Unknown	N/A	0.02
Grand Total	100.00	100.00

Table C: Percentage of Unique NSMHS Claims in 2024 in Sacramento County by Gender

The Sacramento County unique claims utilized by gender showed that Molina Medi-Cal Members that identify as Male had an increase in claims for NSMHS between 2023 and 2024. No gender focus area is necessary as year over year trends closed the utilization gap between genders that was more apparent in 2023.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.51	0.01
2-19	22.60	5.16
20-44	29.86	31.26
45-64	32.66	39.70
65-74	9.34	18.02

75+	5.03	5.85
Grand Total	100.00	100.00

Table D: Percentage of Unique NSMHS Claims in 2024 in Sacramento County by Age

The Sacramento County unique claims utilized by age group showed that Molina Medi-Cal Members that identify as 2-19 years old had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the age group demographic data for all counties, increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	0.83	0.28
ARMENIAN	0.19	0.12
CANTONESE	0.03	0.00
CHINESE	N/A	0.01
ENGLISH	77.24	90.44
FRENCH	0.01	0.00
HEBREW	0.01	0.01
ITALIAN	0.00	0.00
JAPANESE	0.00	0.00
KOREAN	0.06	0.02
LAO (LAOTIAN)	0.20	0.19
OTHER (NON-ENGLISH)	N/A	0.04
PORTUGUESE	0.02	0.03
RUSSIAN	2.97	0.90
SAMOAN	0.06	0.00
SPANISH	15.97	6.74
TAGALOG	0.40	0.14
THAI	0.00	0.01
TURKISH	0.04	0.01
UNKNOWN	N/A	0.02
VIETNAMESE	1.95	1.03
Grand Total	100.00	100.00

Table E: Percentage of Unique NSMHS Claims in 2024 in Sacramento County by Language

The Sacramento County unique claims utilized by language showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in 2024 NSMHS claims decreasing the percentages for most other non-English speaking Members. This aligns with the focus area selected based on the language demographic data for all counties, increasing non-English Member screening and engagement in NSMHS.

Utilization Assessment of NSMHS in San Bernardino County in 2024

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.15	0.34
ASIAN	8.28	3.40
BLACK OR AFRICAN AMERICAN	9.61	12.59
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.13	1.09
SOME OTHER RACE	11.33	17.60
WHITE	70.49	64.97
Grand Total	100.00	100.00

Table A: Percentage of Unique NSMHS Claims in 2024 in San Bernardino County by Race

The San Bernardino County unique claims utilized by race showed that Molina Medi-Cal Members that identify as Asian and White had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the race demographic data for all counties, increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AFRICAN AMERICAN	9.49	12.59
ALASKAN/ AMERICAN INDIAN	0.19	0.34
ANOTHER HISPANIC	0.05	0.08
ASIAN INDIAN	0.61	0.22
ASIAN/PACIFIC	N/A	1.04
BLACK OR AFRICAN AMERICAN	N/A	0.02
CAMBODIAN	0.20	0.11
CAUCASIAN	13.28	24.81
CHINESE	2.86	1.26
FILIPINO	1.07	0.86
GUAMANIAN	0.01	0.00
HAWAIIAN	0.03	0.00
HISPANIC	57.66	40.16
JAPANESE	0.04	0.03
KOREAN	0.65	0.46
LAOTIAN	0.05	0.06
MEXICAN	N/A	0.01
MULTIPLE ETHNICITIES	0.13	0.00
NO ANSWER	N/A	0.23
NO ETHNICITY	11.32	15.69
NOT OF HISPANIC	0.11	0.09
OTHER ASIAN	1.38	N/A

SAMOAN	0.09	0.04
VIETNAMESE	0.77	0.42
WHITE	N/A	0.17
Grand Total	100.00	100.00

Table B: Percentage of Unique NSMHS Claims in 2024 in San Bernardino County by Ethnicity

The San Bernardino County unique claims utilized by ethnicity showed that Molina Medi-Cal Members that identify as Hispanic had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the ethnicity demographic data for all counties, increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023 % of NSMHS Claims	2024 % of NSMHS Claims
Female	61.31	49.48
Male	38.69	50.50
UNKNOWN	N/A	0.01
Grand Total	100.00	100.00

Table C: Percentage of Unique NSMHS Claims in 2024 in San Bernardino County by Gender

The San Bernardino County unique claims utilized by gender showed that Molina Medi-Cal Members that identify as Male had an increase in claims for NSMHS between 2023 and 2024. No gender focus area is necessary as year over year trends closed the utilization gap between genders that was more apparent in 2023.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.51	0.02
2-19	28.43	8.01
20-44	28.33	29.84
45-64	27.02	29.92
65-74	8.84	19.39
75+	6.87	12.83
Grand Total	100.00	100.00

Table D: Percentage of Unique NSMHS Claims in 2024 in San Bernardino County by Age

The San Bernardino County unique claims utilized by age group showed that Molina Medi-Cal Members that identify as 2-19 years old had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the age group demographic data for all counties, increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	0.36	0.19
ARMENIAN	0.15	0.08
CANTONESE	0.07	0.00

CHINESE	N/A	0.10
ENGLISH	70.60	85.53
KOREAN	0.45	0.28
LAO (LAOTIAN)	0.04	0.05
MANDARIN	N/A	0.02
OTHER (NON-ENGLISH)	0.00	0.08
POLISH	0.00	0.01
PORTUGUESE	0.01	0.00
RUSSIAN	0.04	N/A
SAMOAN	0.00	N/A
SPANISH	27.59	13.35
TAGALOG	0.16	0.06
THAI	0.03	0.04
VIETNAMESE	0.49	0.19
Grand Total	100.00	100.00

Table E: Percentage of Unique NSMHS Claims in 2024 in San Bernardino County by Primary Language

The San Bernardino County unique claims utilized by language showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in 2024 NSMHS claims decreasing the percentages for most other non-English speaking Members. This aligns with the focus area selected based on the language demographic data for all counties, increasing non-English Member screening and engagement in NSMHS.

Utilization Assessment of NSMHS in San Diego County in 2024

Race	2023 % of NSMHS Claims	2024 % of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.22	0.49
ASIAN	5.17	3.07
BLACK OR AFRICAN AMERICAN	4.40	7.38
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.17	1.43
SOME OTHER RACE	33.02	30.74
WHITE	57.02	56.89
Grand Total	100.00	100.00

Table A: Percentage of Unique NSMHS Claims in 2024 in San Diego County by Race

The San Diego County unique claims utilized by race showed that Molina Medi-Cal Members that identify as Asian had a slight decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the race demographic data for all counties, increasing Asian Member screening and engagement in NSMHS.

Ethnicity	2023 % of NSMHS Claims	2024% of NSMHS Claims
AFRICAN AMERICAN	4.39	7.48
ALASKAN /AMERICAN INDIAN	0.24	0.49
ANOTHER HISPANIC	0.00	0.20
ASIAN INDIAN	0.18	0.22
ASIAN/PACIFIC	N/A	1.30
BLACK OR AFRICAN AMERICAN	N/A	0.10
CAMBODIAN	0.14	0.09
CAUCASIAN	18.86	28.84
CHINESE	0.41	0.19
FILIPINO	1.67	1.38
GUAMANIAN	0.05	0.06
HAWAIIAN/ NATIVE HAWAIIAN	0.04	0.04
HISPANIC	38.26	28.04
JAPANESE	0.09	0.10
KOREAN	0.09	0.17
LAOTIAN	0.14	0.11
MEXICAN	0.00	0.20
MULTIPLE ETHNICITIES	0.01	0.02
NO ANSWER	0.00	0.45
NO ETHNICITY	32.89	22.74
NOT OF HISPANIC	0.04	0.56
OTHER ASIAN	1.03	0.01
SAMOAN	0.07	0.04
UNKNOWN	N/A	6.02
VIETNAMESE	1.37	0.79
WHITE	N/A	0.45
Grand Total	100.00	100.00

Table B: Percentage of Unique NSMHS Claims in 2024 in San Diego County by Ethnicity

The San Diego County unique claims utilized by ethnicity showed that Molina Medi-Cal Members that identify as Hispanic had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the ethnicity demographic data for all counties, increasing Hispanic Member screening and engagement in NSMHS.

Gender	2023 % of NSMHS Claims	2024 % of NSMHS Claims
Female	61.58	49.87
Male	38.42	50.11
Unknown	N/A	0.02
Grand Total	100.00	100.00

Table C: Percentage of Unique NSMHS Claims in 2024 in San Diego County by Gender

The San Diego County unique claims utilized by gender showed that Molina Medi-Cal Members that identify as Male had an increase in claims for NSMHS between 2023 and 2024. No gender focus area is necessary as year over year trends closed the utilization gap between genders that was more apparent in 2023.

Age	2023 % of NSMHS Claims	2024 % of NSMHS Claims
0-1	0.98	0.03
2-19	23.12	11.12
20-44	29.56	29.27
45-64	29.15	30.80
65-74	11.08	19.96
75+	6.12	8.81
Grand Total	100.00	100.00

Table D: Percentage of Unique NSMHS Claims in 2024 in San Diego County by Age

The San Diego County unique claims utilized by age group showed that Molina Medi-Cal Members that identify as 2-19 years old had a decrease in claims for NSMHS between 2023 and 2024. This aligns with the focus area selected based on the age group demographic data for all counties, increasing 2-19 age group Member screening and engagement in NSMHS.

Language	2023 % of NSMHS Claims	2024 % of NSMHS Claims
ARABIC	7.55	4.07
ARMENIAN	0.02	0.01
CANTONESE	0.02	0.00
CHINESE	N/A	0.01
ENGLISH	65.20	79.89
FRENCH	0.02	0.02
HAITIAN CREOLE	0.00	N/A
HEBREW	0.00	0.00
ITALIAN	0.01	0.00
JAPANESE	0.01	0.02
KOREAN	0.04	0.06
LAO (LAOTIAN)	0.09	0.08
OTHER NON-ENGLISH	N/A	0.04
POLISH	0.00	0.00
PORTUGUESE	0.03	0.05
RUSSIAN	0.51	0.33
SAMOAN	0.01	0.00
SOMALI	N/A	0.01
SPANISH	24.90	14.36

TAGALOG	0.54	0.49
THAI	0.01	0.00
TURKISH	0.02	0.01
UNKNOWN	N/A	0.01
VIETNAMESE	1.01	0.52
Grand Total	100.00	100.00

Table E: Percentage of Unique NSMHS Claims in 2024 in San Diego County by Primary Language

The San Diego County unique claims utilized by language showed that Molina Medi-Cal Members that have English as their preferred language significantly increased in 2024 NSMHS claims decreasing the percentages for most other non-English speaking Members. This aligns with the focus area selected based on the language demographic data for all counties, increasing non-English Member screening and engagement in NSMHS.

How outreach/education materials and messaging are designed to be appropriate for the diversity of the plan enrollee membership:

Health education materials, member informing, and significant materials are written in plain language, translated into threshold languages, and made accessible to LEP members. Written materials, including print and multimedia materials, are developed in collaboration with internal and external subject matter experts and reviewed for cultural appropriateness and medical content accuracy, including the use of images. ([Standard 8](#)) Molina collaborates with the CAC to review member materials and website content for literacy and cultural appropriateness. ([Standard 13](#)) All materials requiring translation are submitted to Molina's contracted translation vendor. All translations are conducted by qualified individuals in accordance with the vendor's quality translation policies (Per Revised APL 21-004). Molina members will have access to full and immediate translation of all written materials into the appropriate threshold languages before it is mailed out to members at no cost.

How the population's language translation needs are met:

All members are informed of their right to oral interpreter services (Telephonic, VRI, and In-person), sign language interpreter, or bilingual providers) at no cost to them via regular member communications such as the Evidence of Coverage (EOC) and/or member newsletters. Molina will ensure members are informed, at least annually, via the Just The Fax (JTF) of their right to receive interpreter services at the time of an appointment offered within the time-lapsed standards, pursuant to Section 1367.031. ([Standard 6](#))

Molina offers qualified telephonic interpreter services to staff, providers, and members/potential enrollees 24 hours a day, 7 days a week across all lines of business via our Member and Provider Contact Center. These services are available to members with LEP and potential members at all medical and non-medical points of contact.

Molina offers qualified Video Remote Interpreter (VRI) services to staff, providers, and members/potential enrollees across all lines of business via the Member and Provider Contact Center. VRI services are provided in real-time audio over a dedicated high-speed, wide-

bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication; a clear, audible transmission of voices; and adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the remote interpreting services. Molina offers qualified onsite interpreter services to providers and members at medical appointments based on complex medical cases such as medical or surgical procedures or tests, end-of-life care, cancer/oncology care, organ transplants, behavioral health/psychiatric appointments, physical, occupational, and speech therapies, DME/orthotic/prosthetic appointments, hearing and vision loss, complex specialty care, and others as directed by a medical director. Providers and members may call the Member and Provider Contact Center to submit a request. ([Standard 5](#))

Molina does not rely on an adult or minor child accompanying the member with LEP to interpret or facilitate communication except under either of the following circumstances: 1) in an emergency, and a qualified interpreter is not immediately available for the beneficiary with limited English proficiency; 2) if the individual with limited English proficiency specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide that assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstances. ([Standard 7](#))

2026 Outreach and Education Plan

Goal: Collaborate with internal and external stakeholders to develop and implement the outreach and education plan for NSMHS by 12/31/2026.

- To collaborate with Internal Stakeholders to implement the 2026 outreach and education plan.
- To collaborate with External Stakeholders representing diverse racial and ethnic communities to implement the 2026 outreach and education plan, including the County Mental Health Plan, tribal-specific engagement, 100 Black Men of Long Beach, SCAIR, Rolling Start, and Child Care Resource Center.

Goal: To enhance member awareness of Non-Specialty Mental Health Services (NSMHS) as measured by the number of Members who engage with the various education strategies in the campaign.

- Use the Member Portal to bring awareness to NSMHS by 12/31/2026. Tracked by the number of Medi-Cal enrollees signed up for the Member Portal.
- Use the Member website, electronic messaging, and community connectors to bring awareness to NSMHS by 12/31/2026. Tracked by the number of users that land on the NSMHS Member-facing website, the number of text messages sent and bounced, the number of emails sent, clicked on, and bounced, and the number of members that call in to access services.
- Use Social Media Platforms to bring awareness to NSMHS by 12/31/2026. Tracked by the number of users that land on the NSMHS Member-facing website and track the number of video views.
- Use stakeholder meetings to bring awareness to NSMHS by 12/31/2026. Tracked by the number of attendees in the meeting and invites sent.

Goal: To maintain communication with Stakeholders to continually improve strategies as measured by the number of meetings with stakeholders regarding the NSMHS outreach and education work.

- Use partnerships to ensure outreach efforts are meeting the needs of Members by 12/31/2026. Tracked by the number of partners engaged for each strategy and by number of resources like handouts distributed.

Goal: Disseminate NSMHS advisory to all providers via Provider Bulletin annually.

- Update the NSMHS Provider Bulletin and redistribute to all Providers and IPAs.

Goal: Ensure continuous Provider education for NSMHS through provider education webinars and other mechanisms.

- Update all material created for provider education on NSMHS annually.
- Review and Update BH toolkit for Providers and IPAs and insert link in the NSMH Provider Bulletin
- Add agenda item for NSMHS on JOMs to educate IPAs
- Share member facing material for NSMHS with Provider offices

2025 Outreach and Education Plan Evaluation

- ✓ Indicates an effort completed in 2025
- Indicates an effort continued into 2026

Goal: Collaborate with internal and external stakeholders to develop and implement the outreach and education plan for NSMHS by 12/31/2025.	
To collaborate with Internal Stakeholders to implement the outreach and education plan.	<ul style="list-style-type: none"> ✓ Collaborated with the Behavioral Health and Customer Experience/IT Systems teams to review posted materials about NSMHS and SMHS and how to access them on the Medicaid public-facing website.
To collaborate with External Stakeholders representing diverse targeted populations to implement the outreach and education plan.	<ul style="list-style-type: none"> ✓ Collaboration with the Community Advisory Committee: Presented on covered mental health benefits at the CAC meetings and received feedback on the best ways to share this information with members. Members responded that email and text messages are the best way to share information with them. BH team presented BH benefits for the CAC in the IE (7/17), SD (8/20), LA (9/18), and SAC (8/28). ✓ Collaboration with Tribal partners: Collaborated with the Indian Health Council, representing nine tribal communities, to implement our outreach and education plan. During our meeting, we discussed effective strategies for engaging with the community to share information about available mental health services and how to access them. We were invited to table at the 2026 988 Tribal Response Conference and the Traditional Health Gathering event (7/12). Additionally, we sought their input on the appropriate language and imagery for a suicide prevention educational flyer, ensuring that this piece resonates with the communities' cultural values. ✓ Partnered with County Mental Health Plan (MHP) partners: Discussed the WEconnect app used to support substance use and mental health. Discussed process improvement - ways to improve collaboration between the MHP and the MCP, strategies to address duplication of services, and member engagement challenges and successes. Meetings with county occurred on the following dates: <ul style="list-style-type: none"> ○ San Bernardino: 2/3, 5/12, 8/4, 11/3 ○ Riverside: 2/6, 5/1, 8/7, 11/6 ○ San Diego: ○ Los Angeles: 3/21 ○ Sacramento: 2/21, 5/16, 8/22, 11/21 ✓ BH attended the Riverside Older Adult System of Care (OASOC) to share Molina BH information on: 4/8, 7/9

	<ul style="list-style-type: none"> ✓ BH attended the Riverside Adult System of Care (ASOC) to share Molina BH information on: 3/27, 5/29, 7/31 ✓ BH set up a table at the Riverside Children's May is Mental Health Awareness Celebration on 5/22 ✓ BH attended the Riverside Integrated and Forensic Programs Provider Meeting to network and collaborate with County Substance Use Dept on: 6/20, 9/11 ✓ BH set up a table at Platt College - Community Resource Fair in collaboration with Molina Growth & Community Engagement Team on: 10/9 ✓ BH set up a table at the Riverside Recovery Happens, a substance use recovery annual event on: 5/15 ✓ BH attended Riverside County Office of Education - Health & Mental Health Services Advisory Committee to share Molina information on: 10/30 ✓ BH attended the San Bernardino County QMAC meetings to collaborate on any NSMHS issues on: 2/3, 4/7, 5/5, 6/2, 11/6 ✓ Developed a suicide prevention education flyer that is culturally appropriate for the Tribal community. ✓ Attended the First Annual 988 Tribal Response Conference. ✓ Attended L.E.T.S Save Lives: An Introduction to Suicide Prevention for Black and African American Communities presentation by the American Foundation for Suicide Prevention.
<p>Goal: To enhance member awareness of Non-Specialty Mental Health Services (NSMHS) as measured by the number of Members who engage with the various education strategies in the campaign.</p>	
<p>Use the Member Portal to bring awareness to NSMHS by 12/31/2025. Tracked by the number of Medi-Cal enrollees signed up for the Member Portal.</p>	<ul style="list-style-type: none"> ✓ Member access to educational mental health videos via PsychHub on the Member Portal. This is a continuation of efforts that began in 2024. ✓ Collaborated with Digital Channel Management to add mental health benefit information and instructions for accessing services to the member portal in May 2025. The member portal can be accessed via a desktop or the Molina mobile app. ✓ Posted the mental health benefits information and the mental health video under newly created tabs (Wellness Programs and Services/My Videos) in the member portal. As of August 2025, there are 134,266 Medicaid members registered on the Member Portal.
<p>Use the Member website, electronic messaging, and community connectors to bring awareness to NSMHS</p>	<ul style="list-style-type: none"> • Share member-facing educational materials with provider offices. ✓ Collaborated with the Customer Experience team to develop and launch email and text message campaigns in May 2025, during Mental Health Awareness Month. Include the link to the Medicaid member website's mental health web page, which outlines the covered mental health benefits and how to access services. The web page includes the MCP Member

<p>by 12/31/2025. Tracked by the number of users that land on the NSMHS Member-facing website, the number of text messages sent and bounced, the number of emails sent, clicked on, and bounced, and the number of members that call in to access services.</p>	<p>Services phone number for access to the Behavioral Health Department so members can be screened for NSMHS as well as direct access information to Behavioral Health Providers to ensure multiple points of contact for access to mental health benefits to increase utilization of services.</p> <ul style="list-style-type: none"> ✓ Sent out a text campaign linking to the Member website with NSMHS specific information available twice a year. ✓ Sent out an email campaign linking to the Member website with NSMHS specific information available twice a year. ✓ Developed and added a banner to the Medicaid member website in May 2025 during Mental Health Awareness Month with a link to the mental health benefits website page. ✓ Shared the covered NSMHS and how to access it with internal stakeholders such as community connectors and care managers to empower them to educate and promote the availability of these services to members they engage with to increase utilization. ✓ The Provider Services and Community Engagement teams continue to share member-facing educational materials with provider offices and printed copies of health education flyers in threshold languages are provided to offices upon request. ✓ Developed a mental health video using best practices for stigma reduction – posted it on the mental health services website page, and member portal. From May to September there were 180 views of the English video and 30 views of the Spanish video. ✓ The Mental Health Services public website page was revised and enhanced. Some changes made to the website page included: simplified language, addition of types of services (NSMHS and SMHS), link to the mental health video, link to the 988 suicide and crisis lifeline, link to the covered mental health provider online directory, phone numbers to the County Mental Health Services in all counties of operation, links to the available digital mental health support apps (Soluna and BrightLife Kids and CalHOPE, and WEconnect and a link to the dedicated website page for Substance Use Support. ✓ Shared the MHS website page and mental health video with internal and external stakeholders to share with members. ✓ Mental health access information was integrated into the Wellness and Prevention Services flyer and posted on the provider website, and member portal. Copies were disseminated to internal staff to share with members. Copies were printed by the Community Engagement team for distribution to the Provider Offices, Molina One Stop Help Centers, and at community events. ✓ During Mental Health Awareness month, launched a comprehensive outreach and education campaign targeting all Medi-Cal only members.
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	<p>The campaign aimed to promote the availability of mental health services through the dissemination of the dedicated URL to the updated mental health services website page, mental health education video. Outreach efforts included email and text messaging.</p> <ul style="list-style-type: none">✓ Developed and posted a mental health awareness banner on the Medi-Cal public facing website with a link to the dedicated mental health services website page in May. Total visits to the Mental Health Services website page in 2024 was 6,579 and in 2025 (Jan-Sep) was 9,677 indicating increase hits to the page due to promotion.✓ Email and Text messaging outcomes are as follows: <table><tr><td>Email</td><td>Sent</td><td>Delivered</td><td>Bounced</td><td>Opened</td><td>Clicks</td></tr><tr><td>English</td><td>101,263</td><td>97,639</td><td>4,224</td><td>50,818</td><td>738</td></tr><tr><td>Spanish</td><td>32,217</td><td>29,611</td><td>1,605</td><td>16,557</td><td>183</td></tr></table> <table><tr><td>Texts</td><td>Sent</td><td>Delivered</td><td>Bounced</td><td>Respond</td></tr><tr><td>English</td><td>153,466</td><td>7,473</td><td>145,933</td><td>236</td></tr><tr><td>Spanish</td><td>48,175</td><td>3,902</td><td>42,354</td><td>67</td></tr></table>	Email	Sent	Delivered	Bounced	Opened	Clicks	English	101,263	97,639	4,224	50,818	738	Spanish	32,217	29,611	1,605	16,557	183	Texts	Sent	Delivered	Bounced	Respond	English	153,466	7,473	145,933	236	Spanish	48,175	3,902	42,354	67
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Texts	Sent	Delivered	Bounced	Respond																														
English	153,466	7,473	145,933	236																														
Spanish	48,175	3,902	42,354	67																														
<p>Use Social Media Platforms to bring awareness to NSMHS by 12/31/2025. Tracked by the number of users that land on the NSMHS Member-facing website and track the number of video views.</p>	<ul style="list-style-type: none">✓ Collaborate with Marketing to create a social media campaign (Facebook) for mental health awareness that will launch in May 2025 during Mental Health Awareness Month. Provide a link to the Medicaid member website's mental health web page, which outlines the covered mental health benefits and how to access them to increase utilization.✓ Collaborate with Marketing to develop a mental health awareness education video using best practices for stigma reduction (e.g., using first-person language, normalizing and educating on mental health, highlighting common experiences, addressing myths and stereotypes, and promoting empowerment and strength) for use with the social media campaign in May 2025.✓ Collaborated with the Social Media Marketing team and launched a social media campaign (Facebook) during mental health awareness month, raising awareness and available services with links to the public website. Results 24 days after the posting are as follows: 197 impressions, 190 reach, and 4 engagements.																																	
<p>Use stakeholder meetings to bring awareness to NSMHS by 12/31/2025. Tracked by the number of attendees in the meeting and invites sent.</p>	<ul style="list-style-type: none">✓ Promote available mental health resources at external stakeholder meetings and committees (e.g., Opioid crisis coalition meetings, Cultural Competency Advisory Committee/Subcommittees).																																	

<p>Goal: To maintain communication with Stakeholders to continually improve strategies as measured by the number of meetings with stakeholders regarding the NSMHS outreach and education work.</p>	
<p>Use partnerships to ensure outreach efforts are meeting the needs of Members by 12/31/2025. Tracked by the number of partners engaged for each strategy and by number of resources like handouts distributed.</p>	<ul style="list-style-type: none"> ✓ Collaborate with the county Mental Health Services Act coordinators on outreach and education to ensure consistent messaging and resource availability. ✓ Table at the 2025 Traditional Health Gathering to promote covered NSMHS to increase utilization. ✓ Table at the 2025 988 Tribal Response Conference and promote covered NSMHS to increase utilization. ✓ Tabled at the 2025 Traditional Health Gathering event promoting Molina's available mental health resources, and educational materials on July 12th in San Diego. ✓ Molina's Suicide Prevention flyer developed in collaboration with the Indian Health Council staff for the tribal community was disseminated at the 2025 988 Tribal Response Conference. The flyer has a QR code to access and view Molina's mental health services website page.
<p>Goal: Educate Providers on NSMHS to ensure that they know what services are available and how to refer members.</p>	
<p>Create Provider material for NSMHS by 12/31/2025.</p>	<ul style="list-style-type: none"> ✓ Created Provider bulletin fax blast and IPA e-blast distribution of the NSMHS advisory. ✓ Developed a quick guide for NSMHS information. ✓ Created NSMHS Provider training for the annual and biannual training.
<p>Integrate the NSMHS into existing education channels and implement by 2/1/2025.</p>	<ul style="list-style-type: none"> ✓ Incorporated NSMHS slides into the New Provider Orientation materials. ✓ Included the slides in the monthly Provider education webinar. ✓ Presented the material during the biannual provider webinars. ✓ Published the NSMHS education material for Providers on the Provider Website for continuous access.

Appendix A. 2024 Outreach and Education Plan- Archive

- ✓ Indicates an effort completed in 2024
- Indicates an effort continued into 2025

Goal: Collaborate with internal and external stakeholders to draft the outreach and education plan for NSMHS by 12/31/2024.	
To collaborate with Internal Stakeholders to draft the outreach and education plan.	<ul style="list-style-type: none"> ✓ Collaborated with the Behavioral Health and Customer Experience/IT Systems teams to post NSMHS and SMHS and how to access them on the Medicaid public-facing website: Mental Health Services, Member Services (888) 665-4621.
To collaborate with External Stakeholders representing diverse racial and ethnic communities to draft the outreach and education plan, including the County Mental Health Plan, tribal-specific engagement, 100 Black Men of Long Beach, SCAIR, Rolling Start, and Child Care Resource Center.	<ul style="list-style-type: none"> ✓ Collaboration with the Community Advisory Committee: Collaborated with the MCP Community Advisory Committee meetings representing members from Hispanic, white, African American, and Middle Eastern communities and CBOs such as local Public Health Department representatives, 100 Black Men of Long Beach, Southern California American Indian Resource Center (SCAIR), Rolling Start, and Disabled Resource Center during Q4, 2024. Presented on covered mental health benefits at the CAC meetings and received feedback on the best ways to share this information with members. Members responded that email and text messages are the best way to share information with them. ✓ Collaboration with Tribal partners: Collaborated with the Indian Health Council, representing nine tribal communities, to develop our initial outreach and education plan. During our meeting, we discussed effective strategies for engaging with the community to share information about available mental health services and how to access them. We were invited to table at the 2026 988 Tribal Response Conference and the Traditional Health Gathering event. Additionally, we sought their input on the appropriate language and imagery for a suicide prevention educational flyer, ensuring that this piece resonates with the communities' cultural values.

	<ul style="list-style-type: none"> ✓ Partnered with County Mental Health Plan (MHP) partners: Molina and San Bernardino County Behavioral Health Department Joint Operation Meeting on 11/4/24. Discussed the WEconnect app used to support substance use and mental health. Discussed process improvement - ways to improve collaboration between the MHP and the MCP, strategies to address duplication of services, and member engagement challenges and successes. ✓ Developed a suicide prevention education flyer that is culturally appropriate for the Tribal community. ✓ Attended the First Annual 988 Tribal Response Conference. ✓ Attended L.E.T.S Save Lives: An Introduction to Suicide Prevention for Black and African American Communities presentation by the American Foundation for Suicide Prevention.
<p>Goal: To enhance member awareness of Non-Specialty Mental Health Services (NSMHS) as measured by the number of Members who engage with the various education strategies in the campaign.</p>	
<p>Use the Member Portal to bring awareness to NSMHS by 12/31/2025. Tracked by the number of Medi-Cal enrollees signed up for the Member Portal.</p>	<ul style="list-style-type: none"> ✓ Member access to educational mental health videos via PsychHub is posted in the Member Portal. ✓ Collaborate with Digital Channel Management to add mental health benefit information and instructions for accessing services to the member portal by May 2025. The member portal can be accessed via a desktop or the Molina mobile app.
<p>Use the Member website, electronic messaging, and community connectors to bring awareness to NSMHS by 12/31/2025. Tracked by the number of users that land on the NSMHS Member-facing website, the number of text messages sent and bounced, the number of emails sent, clicked on, and bounced, and the number of members that call in to access services.</p>	<ul style="list-style-type: none"> • Share member-facing educational materials with provider offices on an ongoing basis. ✓ Collaborate with the Customer Experience team to develop and launch email and text message campaigns in May 2025, during Mental Health Awareness Month. Include the link to the Medicaid member website's mental health web page, which outlines the covered mental health benefits and how to access services. The web page includes the MCP Member Services phone number for access to the Behavioral Health Department so members can be screened for NSMHS as well as direct access information to Behavioral Health Providers to ensure multiple points of contact for access to mental health benefits to increase utilization of services.

	<ul style="list-style-type: none"> ✓ Send out a text campaign linking to the Member website with NSMHS specific information available twice a year. ✓ Send out an email campaign linking to the Member website with NSMHS specific information available twice a year. ✓ Direct mailings promoting available services will be conducted to members who have not consented to text messaging or shared their email addresses ensuring the largest member population is reached (Hispanic, white, Asian, Black or African American, and Native American) ✓ Develop and add a banner to the Medicaid member website in May 2025 during Mental Health Awareness Month with a link to the mental health benefits website page. ✓ Share the covered NSMHS and how to access it with internal stakeholders such as community connectors and care managers to empower them to educate and promote the availability of these services to members they engage with to increase utilization.
<p>Use Social Media Platforms to bring awareness to NSMHS by 12/31/2025. Tracked by the number of users that land on the NSMHS Member-facing website and track the number of video views.</p>	<ul style="list-style-type: none"> ✓ Collaborate with Marketing to create a social media campaign (Facebook) for mental health awareness that will launch in May 2025 during Mental Health Awareness Month. Provide a link to the Medicaid member website's mental health web page, which outlines the covered mental health benefits and how to access them to increase utilization. ✓ Collaborate with Marketing to develop a mental health awareness education video using best practices for stigma reduction (e.g., using first-person language, normalizing and educating on mental health, highlighting common experiences, addressing myths and stereotypes, and promoting empowerment and strength) for use with the social media campaign in May 2025.
<p>Use stakeholder meetings to bring awareness to NSMHS by 12/31/2025. Tracked by the number of attendees in the meeting and invites sent.</p>	<ul style="list-style-type: none"> ✓ Promote available mental health resources at external stakeholder meetings and committees (e.g., Opioid crisis coalition meetings, Cultural Competency Advisory Committee/Subcommittees).

Goal: To maintain communication with Stakeholders to continually improve strategies as measured by the number of meetings with stakeholders regarding the NSMHS outreach and education work.

Use partnerships to ensure outreach efforts are meeting the needs of Members by 12/31/2025. Track the number of partners engaged for each strategy and the number of resources, such as handouts, distributed.

- ✓ Collaborate with the county Mental Health Services Act coordinators on outreach and education to ensure consistent messaging and resource availability.
- ✓ Table at the 2025 Traditional Health Gathering to promote covered NSMHS to increase utilization.
- ✓ Table at the 2025 988 Tribal Response Conference and promote covered NSMHS to increase utilization.