

Non-Specialty Mental Health Services Member Outreach and Education Plan

Presented to

Department of Healthcare Services

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December 16, 2024



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Goal: To create a member 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 2023, the Molina Medi-Cal membership comprised 653,663 enrolled members, with female members representing a larger proportion at 52% compared to 48% for male members. The age group with the highest population count was 2 to 19 years old followed by members aged 20 to 44 years and those aged 45 to 64 years. Among the members, 73% identified as Hispanic, 47% as white, 13% as Asian, 8% as Black or African American and 4% as Native American. The top diagnoses among the Molina Medi-Cal membership were Hypertension, End Stage Renal Diseases, Acute Upper Respiratory Infection, and Chronic Obstructive Pulmonary Disease (COPD). Additionally, some of the notable Social Determinant of Health needs of the California population that disproportionately impacts the Medi-Cal population were:

- Unemployment Rate
 - 10.2% in CA vs. 6.5% national average
- Housing Issues
 - 40.1% of income spent on housing in CA vs. 22.8% national average
 - 49.9 work hours needed to pay for housing in CA vs. 40.6 hrs national average
 - -73.5% affordable housing shortfall in CA vs. -61.4% national average
 - 8.2% overcrowded households in CA average vs. 1.8% national average
- Food Costs Issues
 - 77.77% at-home food expenditures on fruits/vegetables for CA vs. 63.74% national average
- Air Quality
 - Air quality is the primary environmental hazard
 - Air Toxic Exposure Disparity index 12.39 CA vs. 1.87 national
 - Airborne Cancer Risk 35.53 CA vs. 25.92 national, and
 - Air Quality Hazard 0.55 CA vs. 0.34 national

Non-Specialty Mental Health Services Utilization Assessment:

The utilization assessment of our Population Health Assessment of non-specialty mental health services for 2023 revealed that San Diego County had the highest NSMHS utilization rates, consistent with the largest membership count. Our data by race indicated that Native American membership exhibited the lowest utilization, with less than 1% of claims in all Counties. This is lower than the proportion of Native American Medi-Cal membership, which is 4%. In terms of gender, female members demonstrated significantly higher utilization than male members, highlighting a notable gap in service engagement.

In response to our findings, in 2025, Molina plans to implement an outreach and education campaign targeting all members, emphasizing the availability and accessibility of NSMHS using

multiple communication platforms. This initiative will include specific outreach efforts to the tribal communities to encourage utilization by the American Indian and Alaska American members. We will evaluate overall claim submissions for NSMHS utilization in Q4 2025 to assess the effectiveness of our efforts.

Utilization Assessment of NSMHS in all Counties of Operation in 2023

County	% of NSMHS Claims
LOS ANGELES	12.94%
RIVERSIDE	13.33%
SACRAMENTO	5.98%
SAN BERNARDINO	10.45%
SAN DIEGO	57.30%
Grand Total	100.00%

Table A: Percentage of unique number of NSMHS claims in 2023 in all Counties

Among the unique claims, 57.30% are in San Diego, 13.33% are in Riverside, 12.94% are in Los Angeles, 10.45% are in San Bernardino and 5.98% are in Sacramento Counties. The high utilization in San Diego aligns with the fact that Molina had the highest membership in San Diego County in 2023.

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.24%
ASIAN	6.42%
BLACK OR AFRICAN AMERICAN	6.42%
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.18%
SOME OTHER RACE	25.15%
WHITE	61.60%
Grand Total	100.00%

Table B: Percentage of unique number of NSMHS claims in 2023 in all Counties by race

The unique claims utilized by race for all counties showed that the Native Hawaiian and Pacific Islander NSMHS was lower than expected based on the proportion of Medi-Cal Members in the population. Based on the demographic data, an area of focus is American Indian/Alaska Native as they represent less than 1% of NSMHS claims.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	6.4%

ALASKAN/AMER INDIAN	0.2%
AMERASIAN	0.0%
ANOTHER HISPANIC	0.0%
ASIAN INDIAN	0.4%
CAMBODIAN	0.2%
CAUCASIAN	17.7%
CHINESE	1.1%
FILIPINO	1.5%
GUAMANIAN	0.0%
HAWAIIAN	0.0%
HISPANIC	44.2%
I CHOOSE NOT TO ANSWER	0.0%
JAPANESE	0.1%
KOREAN	0.3%
LAOTIAN	0.2%
MEXICAN	0.0%
MULTIPLE ETHNICITIES	0.0%
NO ETHNICITY	25.0%
NOT OF HISPANIC	0.0%
OTHER ASIAN	1.2%
SAMOAN	0.1%
VIETNAMESE	1.3%
Grand Total	100.0%

Table C: Percentage of unique number of NSMHS claims in 2023 in all Counties by ethnicity

The unique claims utilized by ethnicity include 44.2% by Hispanic, 25.0% by members who have not disclosed their ethnicity, 17.7% by Caucasian, 6.4% by African American, followed by ethnicities that fall under the Asian race (Filipino, 1.5%, Vietnamese, 1.3%, Other Asian 1.2%, Chinese 1.1%, Asian Indian, 0.4%, Korean, 0.3%, Laotian, 0.2% Cambodian, 0.2%, and Japanese, 0.1%). Based on the ethnicity demographic data, an area of focus is African American and Asian, as they represent 6.4% and a total of 6.3%, respectively.

Gender	% of NSMHS Claims
Female	61.0%
Male	39.0%
Grand Total	100.0%

Table D: Percentage of unique number of NSMHS claims in 2023 in all Counties by gender

Based on unique claims, females utilized more NSMHS than males. Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts.

Age	% of NSMHS Claims
0-1	0.79%
2-19	26.13%
20-44	28.23%
45-64	28.13%
65-74	10.28%
75+	6.44%
Grand Total	100.00%

Table E: Percentage of unique NSMHS claims in 2023 in all Counties by age

Based on our 2023 PNA, members in the 2-19 age group represent most of our membership; however, based on unique claims, the 20-44 group utilized the most NSMHS in 2023. Additionally, members ages 45-64 utilized NSMHS at the same rate as members in the 20-44 age group, even though they represent a smaller portion of Molina’s membership. This means we have a disproportionately large number of individuals aged 45-65 targeted for NSMHS.

Language	% of NSMHS Claims
ARABIC	4.45%
ARMENIAN	0.23%
CANTONESE	0.03%
ENGLISH	66.87%
FRENCH	0.02%
HAITIAN CREOLE	0.00%
HEBREW	0.00%
ITALIAN	0.00%
JAPANESE	0.01%
KOREAN	0.19%
LAO (LAOTIAN)	0.08%
OTHER (NATIVE AMERICAN)	0.00%
POLISH	0.00%
PORTUGUESE	0.02%
RUSSIAN	0.53%
SAMOAN	0.01%
SPANISH	26.17%
TAGALOG	0.41%
THAI	0.01%
TURKISH	0.01%
VIETNAMESE	0.94%
Grand Total	100.00%

Table F: Percentage of unique NSMHS claims in 2023 in all Counties by Primary Language

Based on unique NSMHS claims, English-speaking members represented the highest utilization of NSMHS accounting for 66.87%, followed by Spanish-speaking members at 26.17% and Arabic-speaking members at 4.45%. Although Arabic may not be a threshold language in all our counties of Medi-Cal coverage, we notice Arabic speakers have been targeted for NSMHS care which may be the work of targeted interventions in their communities and a possible bright spot for investigating in the future.

Utilization Assessment of NSMHS in Los Angeles County in 2023

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.11%
ASIAN	9.16%
BLACK OR AFRICAN AMERICAN	9.01%
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.12%
SOME OTHER RACE	7.22%
WHITE	74.38%
Grand Total	100.00%

Table A: Percentage of unique claims in 2023 in Los Angeles County by Race

The utilization rates of unique NSMHS claims in Los Angeles County, categorized by race, indicate 74.38% white, 9.16% Asian, 9.01% Black or African American, 7.22% individuals identifying themselves as some other race, and 0.11% Native American. The unique claims utilized by race for Los Angeles showed that the Native Hawaiian and Pacific Islander NSMHS was lower than expected based on the proportion of Medi-Cal Members in the population.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	8.84%
ALASKAN/AMER INDIAN	0.11%
ANOTHER HISPANIC	0.01%
ASIAN INDIAN	0.46%
CAMBODIAN	0.51%
CAUCASIAN	13.37%
CHINESE	2.87%
FILIPINO	1.33%
GUAMANIAN	0.01%
HAWAIIAN	0.02%
HISPANIC	61.00%

I CHOOSE NOT TO ANSWER	0.01%
JAPANESE	0.09%
KOREAN	1.00%
LAOTIAN	0.01%
MEXICAN	0.02%
MULTIPLE ETHNICITIES	0.01%
NO ETHNICITY	7.65%
NOT OF HISPANIC	0.02%
OTHER ASIAN	0.93%
SAMOAN	0.09%
VIETNAMESE	1.65%
Grand Total	100.00%

Table B: Percentage of unique claims in 2023 in Los Angeles County by Ethnicity

The highest unique NSMHS claims utilized by ethnicity in Los Angeles County include 61.00 % Hispanic, 13.37% Caucasian, 8.85% African American, and 7.65% no ethnicity. The percentage of usage for those without an ethnicity listed was much less than the proportion for all counties where those with no ethnicity were listed as the 2nd most utilization.

Gender	% of NSMHS Claims
Female	59.56%
Male	40.44%
Grand Total	100.00%

Table C: Percentage of unique claims in 2023 in Los Angeles County by Gender

Based on unique NSMHS claims in Los Angeles County, females utilized more NSMHS than males. Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts. However, even with this gap in utilization by gender, Los Angeles is still closer than Riverside, San Bernardino, and San Diego gaps between gender.

Age	% of NSMHS Claims
0-1	0.55%
2-19	34.46%
20-44	21.48%
45-64	23.93%
65-74	11.08%
75+	8.49%
Grand Total	100.00%

Table D: Percentage of unique claims in 2023 in Los Angeles County by Age

Based on unique NSMHS claims in Los Angeles County, members in the 2-19 age group utilized the most NSMHS in 2023, followed by the age groups 45-64, 20-44, 65-74, 75+, and 0-1, respectively. It is not expected that the rate of utilization would be 1st for 2-19 years old in Los Angeles and that Members age 45-64 would be 2nd and 20-44 would be 3rd since the proportional for all counties is 20-44 and 45-64 are tied for 1st and 2-19 is 3rd.

Language	% of NSMHS Claims
ARABIC	0.18%
ARMENIAN	1.42%
CANTONESE	0.05%
ENGLISH	60.06%
FRENCH	0.00%
HEBREW	0.02%
ITALIAN	0.00%
JAPANESE	0.04%
KOREAN	0.71%
LAO (LAOTIAN)	0.01%
POLISH	0.00%
PORTUGUESE	0.00%
RUSSIAN	0.38%
SAMOAN	0.00%
SPANISH	35.62%
TAGALOG	0.28%
THAI	0.02%
TURKISH	0.00%
VIETNAMESE	1.20%
Grand Total	100.00%

Table E: Percentage of unique NSMHS claims in 2023 in Los Angeles County by Primary Language

Based on unique NSMHS claims in Los Angeles County, English and Spanish speaking Members are the 1st and 2nd highest utilization like other counties. However, Armenian-speaking members are the 3rd most for utilization, and Vietnamese-speaking is the 4th, which is unique to Los Angeles County.

Utilization Assessment of NSMHS in Riverside County in 2023

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.25%
ASIAN	5.67%
BLACK OR AFRICAN AMERICAN	6.69%

NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.20%
SOME OTHER RACE	17.45%
WHITE	69.75%
Grand Total	100.00%

Table A: Percentage of Unique NSMHS Claims in 2023 in Riverside County by Race

The utilization rates of unique NSMHS claims in Riverside County, categorized by race, indicate 69.75% white, 17.45% individuals identifying themselves as some other race, 6.69% Black or African American, 5.67% Asian, and 0.25% American Indian or Alaska Native, and 0.20% Native Hawaiian and Pacific Islander. The unique claims utilized by race for Riverside showed that the Native Hawaiian and Pacific Islander NSMHS was lower than expected based on the proportion of Medi-Cal Members in the population.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	6.46%
ALASKAN/AMER INDIAN	0.24%
AMERASIAN	0.00%
ANOTHER HISPANIC	0.01%
ASIAN INDIAN	0.59%
CAMBODIAN	0.20%
CAUCASIAN	20.09%
CHINESE	0.92%
FILIPINO	1.15%
GUAMANIAN	0.06%
HAWAIIAN	0.05%
HISPANIC	49.75%
JAPANESE	0.07%
KOREAN	0.43%
LAOTIAN	0.17%
MULTIPLE ETHNICITIES	0.08%
NO ETHNICITY	17.70%
NOT OF HISPANIC	0.08%
OTHER ASIAN	1.19%
SAMOAN	0.08%
VIETNAMESE	0.68%
Grand Total	100.00%

Table B: Percentage of Unique NSMHS Claims in 2023 in Riverside County by Ethnicity

The highest unique NSMHS claims utilized by ethnicity in Riverside County include 49.75% Hispanic, 20.09% Caucasian, 17.70% no ethnicity, and 6.46% African American. The percentage of usage for those without an ethnicity listed was 3rd which was less than the proportion for all counties where those with no ethnicity were listed as the 2nd most utilization.

Gender	% of NSMHS Claims
Female	61.07%
Male	38.93%
Grand Total	100.00%

Table C: Percentage of Unique NSMHS Claims in 2023 in Riverside County by Gender

Based on unique NSMHS claims in Riverside County, females utilized substantially more NSMHS than males. Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts. However, Riverside, San Bernardino, and San Diego had the largest gaps between genders.

Age	% of NSMHS Claims
0-1	0.56%
2-19	30.36%
20-44	28.21%
45-64	26.83%
65-74	7.88%
75+	6.16%
Grand Total	100.00%

Table D: Percentage of Unique NSMHS Claims in 2023 in Riverside County by Age

Based on unique NSMHS claims in Riverside County, members in the 2-19 age group utilized the most NSMHS in 2023, which is in alignment with the overall proportion of the Medicaid population, followed by the age groups 20-44, 45-64, 65-74, 75+, and 0-1, respectively. It is not expected that the rate of utilization would be 1st for 2-19 years old in Riverside and that Members age 20-44 would be 2nd and 45-64 would be 3rd since the proportion for all counties is 20-44 and 45-64 are tied for 1st and 2-19 is 3rd.

Language	% of NSMHS Claims
ARABIC	0.60%
ARMENIAN	0.07%
CANTONESE	0.03%
ENGLISH	72.41%
FRENCH	0.01%
ITALIAN	0.01%

JAPANESE	0.01%
KOREAN	0.20%
LAO (LAOTIAN)	0.08%
OTHER (NATIVE AMERICAN)	0.00%
POLISH	0.00%
PORTUGUESE	0.01%
RUSSIAN	0.08%
SAMOAN	0.00%
SPANISH	25.88%
TAGALOG	0.22%
THAI	0.02%
TURKISH	0.01%
VIETNAMESE	0.38%
Grand Total	100.00%

Table E: Percentage of Unique NSMHS in 2023 in Riverside County by Primary Language

Based on unique NSMHS claims in Riverside County, English and Spanish speaking Members are the 1st and 2nd highest utilization like other counties; however, Arabic-speaking members are the 3rd most for utilization which is unique to Riverside and San Diego Counties.

Utilization Assessment of NSMHS in Sacramento County in 2023

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.74%
ASIAN	10.91%
BLACK OR AFRICAN AMERICAN	13.97%
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.38%
SOME OTHER RACE	29.86%
WHITE	44.14%
Grand Total	100.00%

Table A: Percentage of Unique NSMHS Claims in 2023 in Sacramento County by Race

The utilization rates of unique NSMHS claims in Sacramento County, categorized by race, indicate 44.14% white, 29.86% individuals identifying themselves as some other race, 13.97% Black or African American, 10.91% Asian, and 0.74% American Indian or Alaska Native. The unique claims utilized by race for Sacramento showed that the Native Hawaiian and Pacific Islander NSMHS was lower than expected based on the proportion of Medi-Cal Members in the population.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	13.66%
ALASKAN/AMER INDIAN	0.72%
AMERASIAN	0.00%
ASIAN INDIAN	1.93%
CAMBODIAN	0.23%
CAUCASIAN	18.86%
CHINESE	1.56%
FILIPINO	1.04%
GUAMANIAN	0.04%
HAWAIIAN	0.15%
HISPANIC	25.89%
JAPANESE	0.06%
KOREAN	0.08%
LAOTIAN	0.87%
NO ETHNICITY	29.79%
OTHER ASIAN	2.60%
SAMOAN	0.19%
VIETNAMESE	2.31%
Grand Total	100.00%

Table B: Percentage of Unique NSMHS Claims in 2023 in Sacramento County by Ethnicity

The highest unique NSMHS claims utilized by ethnicity in Sacramento County include 29.79% of no ethnicity, 25.89% of Hispanic, 18.86% of Caucasian, and 13.66% of African American. The percentage of usage for those without an ethnicity listed was 1st which was more than the proportion for all counties where those with no ethnicity were listed as the 2nd most utilization.

Gender	% of NSMHS Claims
Females	58.32%
Males	41.68%
Grand Total	100.00%

Table C: Percentage of Unique NSMHS Claims in 2023 in Sacramento County by Gender

Based on unique NSMHS claims in Sacramento County, females utilized more NSMHS than males. Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts. However, even with this gap in utilization by gender, Sacramento is still closer than Riverside, San Bernardino, and San Diego gaps between genders.

Age	% of NSMHS Claims
0-1	0.51%
20-44	29.86%
2-19	22.60%
45-64	32.66%
65-74	9.34%
75+	5.03%
Grand Total	100.00%

Table D: Percentage of Unique NSMHS Claims in 2023 in Sacramento County by Age

Based on unique NSMHS claims in Sacramento County, members in the 45-64 age group utilized the most NSMHS in 2023, followed by the age groups 20-44, 2-19, 65-74, 75+, and 0-1, respectively. It is not expected that the rate of utilization would be 1st for 45-64 years old in Sacramento and that Members age 20-44 would be 2nd and 2-19 would be 3rd since the proportion for all counties is 20-44 and 45-64 are tied for 1st and 2-19 is 3rd.

Language	Claim Count	% of NSMHS Claims
ARABIC	796	0.83%
ARMENIAN	199	0.19%
CANTONESE	36	0.03%
ENGLISH	73002	77.24%
FRENCH	7	0.01%
HEBREW	5	0.01%
ITALIAN	2	0.00%
JAPANESE	5	0.00%
KOREAN	58	0.06%
LAO (LAOTIAN)	203	0.20%
PORTUGUESE	10	0.02%
RUSSIAN	2830	2.97%
SAMOAN	58	0.06%
SPANISH	14689	15.97%
TAGALOG	405	0.40%
THAI	5	0.00%
TURKISH	45	0.04%
VIETNAMESE	1873	1.95%
Grand Total	94228	100.00%

Table E: Percentage of Unique NSMHS Claims in 2023 in Sacramento County by Language

Based on unique NSMHS claims in Sacramento County, English and Spanish speaking Members are the 1st and 2nd highest utilization like other counties. However, Russian-speaking members are the 3rd most for utilization, which is unique to Sacramento County.

Utilization Assessment of NSMHS in San Bernardino County in 2023

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.15%
ASIAN	8.28%
BLACK OR AFRICAN AMERICAN	9.61%
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.13%
SOME OTHER RACE	11.33%
WHITE	70.49%
Grand Total	100.00%

Table A: Percentage of Unique NSMHS Claims in 2023 in San Bernardino County by Race

The utilization rates of unique NSMHS claims in San Bernardino County, categorized by race, indicate 70.49% White, 11.33% individuals identifying themselves as some other race, 9.61% Black or African American, 8.28% Asian, and 0.15% American Indian or Alaska Native, and 0.13% Native Hawaiian and Pacific Islander. The unique claims utilized by race for San Bernardino showed that the Native Hawaiian and Pacific Islander NSMHS was lower than expected based on the proportion of Medi-Cal Members in the population.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	9.49%
ALASKAN/AMER INDIAN	0.19%
AMERASIAN	0.00%
ANOTHER HISPANIC	0.05%
ASIAN INDIAN	0.61%
CAMBODIAN	0.20%
CAUCASIAN	13.28%
CHINESE	2.86%
FILIPINO	1.07%
GUAMANIAN	0.01%
HAWAIIAN	0.03%
HISPANIC	57.66%
JAPANESE	0.04%
KOREAN	0.65%
LAOTIAN	0.05%

MULTIPLE ETHNICITIES	0.13%
NO ETHNICITY	11.32%
NOT OF HISPANIC	0.11%
OTHER ASIAN	1.38%
SAMOAN	0.09%
VIETNAMESE	0.77%
Grand Total	100.00%

Table B: Percentage of Unique NSMHS Claims in 2023 in San Bernardino County by Ethnicity

Based on the percentage of unique NSMHS claims in San Bernardino County, the highest utilization by ethnicity in San Bernardino County includes 57.66% Hispanic, 13.28% Caucasian, 11.32% no ethnicity, and 9.49% African American. The percentage of usage for those without an ethnicity listed was 3rd, which was similar to the utilization distribution seen in Riverside County and different from the proportion we saw for all counties which was 2nd.

Gender	% of NSMHS Claims
Female	61.31%
Male	38.69%
Grand Total	100.00%

Table C: Percentage of Unique NSMHS Claims in 2023 in San Bernardino County by Gender

Based on unique NSMHS claims in San Bernardino County, females (61.31%) utilized substantially more NSMHS than males (38.69%). Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts. However, Riverside, San Bernardino, and San Diego had the largest gaps between genders.

Age	% of NSMHS Claims
0-1	0.51%
20-44	28.33%
2-19	28.43%
45-64	27.02%
65-74	8.84%
75+	6.87%
Grand Total	100.00%

Table D: Percentage of Unique NSMHS Claims in 2023 in San Bernardino County by Age

Based on unique NSMHS claims in San Bernardino County, members in the 2-19 age group utilized the most NSMHS in 2023, followed by the age groups 20-44, 45-64, 65-74, 75+, and 0-1, respectively. It is not expected that the rate of utilization would be tied for 1st for 2-19 years old and 20-44 year olds in San Bernardino and that Members age 45-64 would be 3rd since the proportion for all counties is 20-44 and 45-64 are tied for 1st and 2-19 is 3rd.

Language	% of NSMHS Claims
ARABIC	0.36%
ARMENIAN	0.15%
CANTONESE	0.07%
ENGLISH	70.60%
KOREAN	0.45%
LAO (LAOTIAN)	0.04%
OTHER (NATIVE AMERICAN)	0.00%
POLISH	0.00%
PORTUGUESE	0.01%
RUSSIAN	0.04%
SAMOAN	0.00%
SPANISH	27.59%
TAGALOG	0.16%
THAI	0.03%
VIETNAMESE	0.49%
Grand Total	100.00%

Table E: Percentage of Unique NSMHS Claims in 2023 in San Bernardino County by Primary Language

Based on unique NSMHS claims in San Bernardino County, English and Spanish speaking Members are the 1st and 2nd highest utilization like other counties, however Korean-speaking members are the 3rd most for utilization and Arabic speaking is the 4th which is unique to San Bernardino County

Utilization Assessment of NSMHS in San Diego County in 2023

Race	% of NSMHS Claims
AMERICAN INDIAN OR ALASKA NATIVE	0.22%
ASIAN	5.17%
BLACK OR AFRICAN AMERICAN	4.40%
NATIVE HAWAIIAN AND PACIFIC ISLANDER	0.17%
SOME OTHER RACE	33.02%
WHITE	57.02%
Grand Total	100.00%

Table A: Percentage of Unique NSMHS Claims in 2023 in San Diego County by Race

The utilization rates of unique NSMHS claims in San Diego County, categorized by race, indicate 57.02% White, 33.02% individuals identifying themselves as some other race, 5.17%

Asian, 4.04% Black or African American, and 0.22% American Indian or Alaska Native, and 0.17% Native Hawaiian and Pacific Islander.

Ethnicity	% of NSMHS Claims
AFRICAN AMERICAN	4.39%
ALASKAN/AMER INDIAN	0.24%
AMERASIAN	0.00%
ANOTHER HISPANIC	0.00%
ASIAN INDIAN	0.18%
CAMBODIAN	0.14%
CAUCASIAN	18.86%
CHINESE	0.41%
FILIPINO	1.67%
GUAMANIAN	0.05%
HAWAIIAN	0.04%
HISPANIC	38.26%
I CHOOSE NOT TO ANSWER	0.00%
JAPANESE	0.09%
KOREAN	0.09%
LAOTIAN	0.14%
MEXICAN	0.00%
MULTIPLE ETHNICITIES	0.01%
NO ETHNICITY	32.89%
NOT OF HISPANIC	0.04%
OTHER ASIAN	1.03%
SAMOAN	0.07%
VIETNAMESE	1.37%
Grand Total	100.00%

Table B: Percentage of Unique NSMHS Claims in 2023 in San Diego County by Ethnicity

Based on the percentage of unique MSNHS claims in San Diego County, the highest utilization by ethnicity in San Diego County included 38.26% Hispanic, 32.89% no ethnicity, 18.86% Caucasian, and 4.39% African American. The percentage of usage for Members with no ethnicity was 2nd for utilization which aligned with the usage for all counties.

Gender	% of NSMHS Claims
Female	61.58%
Male	38.42%
Grand Total	100.00%

Table C: Percentage of Unique NSMHS Claims in 2023 in San Diego County by Gender

Based on unique NSMHS claims in San Diego County, females utilized substantially more NSMHS than males. Although this is to be expected because our Medi-Cal Member population is proportionally more female, males use disproportionately less services than their female counterparts. However, Riverside, San Bernardino, and San Diego had the largest gaps between genders.

Age	% of NSMHS Claims
0-1	0.98%
20-44	29.56%
2-19	23.12%
45-64	29.15%
65-74	11.08%
75+	6.12%
Grand Total	100.00%

Table D: Percentage of Unique NSMHS Claims in 2023 in San Diego County by Age

Based on unique NSMHS claims in San Diego County, members in the 20-44 age group utilized the most NSMHS in 2023, followed by the age groups 45-64, 2-19, 65-74, 75+, and 0-1, respectively. It is expected that the rate of utilization would be as is in San Diego since the proportion for all counties is 20-44 and 45-64 are tied for 1st and 2-19 is 3rd.

Language	% of NSMHS Claims
ARABIC	7.55%
ARMENIAN	0.02%
CANTONESE	0.02%
ENGLISH	65.20%
FRENCH	0.02%
HAITIAN CREOLE	0.00%
HEBREW	0.00%
ITALIAN	0.01%
JAPANESE	0.01%
KOREAN	0.04%
LAO (LAOTIAN)	0.09%
OTHER (NATIVE AMERICAN)	0.00%
POLISH	0.00%
PORTUGUESE	0.03%
RUSSIAN	0.51%
SAMOAN	0.01%
SPANISH	24.90%
TAGALOG	0.54%

THAI	0.01%
TURKISH	0.02%
VIETNAMESE	1.01%
Grand Total	100.00%

Table E: Percentage of Unique NSMHS Claims in 2023 in San Diego County by Primary Language

Based on unique NSMHS claims in San Diego County, English and Spanish speaking Members are the 1st and 2nd highest utilization like other counties, however Arabic-speaking members are the 3rd most for utilization which is unique to Riverside and San Diego Counties..

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 Community Advisory Committee meetings representing members and Community Based Organizations 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 also ensures members are informed through their providers by notifying our network of providers, at least annually, via Provider Bulletins of the members’ 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 Limited English Proficiency 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](#))

Outreach and Education Plan

<p>Goal: Collaborate with internal and external stakeholders to draft the outreach and education plan for NSMHS by 12/31/2024.</p>	
<p>To collaborate with Internal Stakeholders to draft the outreach and education plan.</p>	<p>✓ 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.</p>
<p>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.</p>	<p>✓ 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.</p>

	<ul style="list-style-type: none"> ✓ 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. ✓ 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</p>	<ul style="list-style-type: none"> ✓ Share member-facing educational materials with provider offices on an ongoing basis.

<p>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"> • 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. • 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.

	<ul style="list-style-type: none"> • 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).
<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. Track the number of partners engaged for each strategy and the number of resources, such as 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.