



Non-Specialty Mental Health Services Member and Provider Outreach and Education Plan

Prepared by Blue Shield of California Promise Health Plan

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Introduction

Blue Shield of California Promise Health Plan's (Blue Shield Promise) Behavioral Health department collaborates with Health Education, Customer Care, Provider Relations, Quality Improvement, Utilization Management, and stakeholders including tribal partners to develop the member and Primary Care Provider (PCP) outreach and education plan for Medi-Cal Non-Specialty Mental Health Services (NSMHS).

Medi-Cal behavioral health coverage through Blue Shield Promise is available in Los Angeles County and San Diego County. Blue Shield Promise assesses members' experiences in Los Angeles and San Diego County through the member satisfaction survey and provides outreach and education on an annual basis to help members and PCPs better understand how to access their mental health benefits and coverage.

This plan complies with All Plan Letter (APL) 24-012 issued by California Department of Health Care Services (DHCS) to help managed care plans (MCPs) improve access to mental health services. This was created in response to Senate Bill (SB) 1019 to address the service gaps by mandating MCPs to develop plans and conduct annual outreach and education for members and PCPs about covered NSMHS. It aligns with the DHCS CalAIM initiative's No Wrong Door Policy to enhance understanding of NSMHS access. The bill requires evaluating Members' experiences using NSMHS through surveys and assessing MCPs' plans' effectiveness.

Stakeholder & Tribal Partner Engagement

Blue Shield Promise has partnered with local stakeholders representing diverse racial and ethnic communities, including the Community Advisory Committees (CAC) and Quality Improvement and Quality Improvement and Health Equity Committee (QIHEC) to develop the outreach and education plan.

The CAC meetings in Los Angeles and San Diego are convened quarterly. The Blue Shield Promise Los Angeles Community Advisory Committee (CAC) is composed of eight representatives, including four health plan enrollees and seven leaders from community-based organizations that serve Medi-Cal enrollees. The community-based organizations represented in the committee are:

- Partners in Care Foundation
- Neighborhood Legal Services
- Worksite Wellness LA
- Personal Assistance Council
- LA South-Central Mental Health Non-Profit Organization

- Project Angel Food
- Pathways LA

The committee includes members of diverse backgrounds and demographics. There is one member between the ages of 19-44, three members between the ages of 45-64, and four members who are 65 or older. The gender distribution includes one male and seven females. Ethnically, six members are Hispanic/Latino, two members are Caucasian/White. Linguistically, five members speak English, and three member speaks Spanish.

The Blue Shield Promise San Diego Community Advisory Committee (CAC) is composed of eight representatives, including four health plan enrollees and four leaders from community-based organizations that serve Medi-Cal enrollees. The community-based organizations represented in the committee are:

- Consumer Center for Health Education and Advocacy, Legal Aid Society of San Diego, Inc.
- National Alliance Mental Illness
- SD 211
- Access to Independence

The committee includes members of diverse backgrounds and demographics. There is one member between the ages of 19-44, two members between the ages of 45-64, and one member who is 65 or older. The gender distribution includes one male and two females. Ethnically, two members are Hispanic/Latino, one member is Caucasian/White, and one member is Native American. Linguistically, three members speak English, and one member speaks Spanish.

In September 2024, an updated member-facing behavioral health webpage was presented at these meetings. This webpage provides comprehensive information on Blue Shield Promise coverage, county services, benefits, health programs, and more. Members received a link to the page and were solicited for feedback regarding access to behavioral health services. Blue Shield Promise will continue collaborating with stakeholders and convening additional meetings as necessary to enhance outreach and educational efforts.

In November 2024, the Blue Shield Promise Health Education team presented the member newsletters in the health education classes to gather feedback. Surveys were distributed to attendees to obtain their input on the mental health newsletter article and their preferences for receiving information about mental health services. Overall, the response from the members was positive. The majority strongly agreed that the information used familiar terminology and felt that the message clearly explained how to access mental health services. Members indicated their top two preferences for learning about mental health services such as "Attending a health education class" and "Receiving printed health

education material by mail." Blue Shield Promise will continue collaborating with the health education team to educate members about their mental health benefits and coverage. Annually, every Spring, the member newsletters will be updated to include updated mental health information.

The Behavioral Health department presented an overview of the updated member and provider outreach and education plan, utilization assessment, and recommendations to increase engagement among low utilizers at the December 4, 2025, Promise QIHEC. The QIHEC members will coordinate with the Behavioral Health department to design and implement interventions for low utilizers. Interventions include targeted outreach and education, improving language access, enhancing data collection, reducing barriers to care, foster collaboration, and improving member and provider facing behavioral health webpages. The utilization data will be reviewed regularly to monitor progress and adjust strategies as needed.

Additionally, there is a low volume of members that are linked with a tribal partner, and outreach may have little to no impact. The Behavioral Health department partnered with QIHEC and have identified that the ethnicity totals below for our American Indian/Alaskan population in LA and SD counties.

- Medi-Cal LA: AI/AA total of 190
- Medi-Cal SD: AI/AA total of 237

Potential tribal partners have been identified, but many are not willing to contract at this time. Collaboration with Blue Shield Promise Provider Relations and Contracting will continue for further insights. Blue Shield Promise Contracting team is working on bringing a tribal clinic and will engage once the contract has been finalized.

Blue Shield Promise has also engaged our Tribal Liaison and requested feedback and input to the questions below regarding the Native American community.

1. What services are most relevant to the Native American community?

Blue Shield Promise continues to work on building relationships with Indian Health Care Providers in San Diego and Los Angeles County. The Tribal Liaison works with each Tribal Health Clinic to provide education and information regarding referrals (medical and behavioral health) and supports issue resolution to any payments for services. The Blue Shield Promise Tribal Liaison attends monthly Indian Health Provider PATH Collaborative calls which has emphasized the services most relevant to the Native American community at the present time, are heart disease, cancer, sufficient mental health services to address suicide and substance abuse.

2. What are some of the challenges and successes about engaging the Native American community in behavioral health care?

Some of the challenges in engaging with Native American community in behavioral health care is ensuring access to behavioral health providers (reducing barriers to accessing transportation) and the shortage of behavioral health practitioners in the more rural areas. There has been some success in countering these challenges with more telehealth services and online resources. Blue Shield Promise Health has already contracted with Southern Indian Health Council for Behavioral Health services. Blue Shield Promise is also outreaching to IHCPs regarding claims issues to assist in gaining a quick resolution. Another success will be in the implementation of recognizing or incorporating Traditional Healers into the Indian Health Care Provider structures.

3. How can Blue Shield effectively engage Native American members about NSMHS while being culturally sensitive and reducing stigma?

Blue Shield Promise currently has a Health Equities Foundational course available for staff. Blue Shield Promise is in the process of expanding internal staff training regarding the AIAN experience. This expanded training will focus on understanding how disparities began, to provide a historical context, and review the disparities which were exposed by COVID. In creating the trainings, there will be an emphasis to include information related to self-awareness and etiquette by the non-Native American community.

Population Needs Assessment

Blue Shield Promise Population Needs Assessment (PNA) conducted on its San Diego County membership fulfilled APL 19-011 requirement by identifying member health status and behaviors, member health education and cultural and linguistic needs, health disparities, and gaps in services related to these issues.

The 2022 PNA key findings for San Diego County identified through data from Quality Improvement, Health Education, and Cultural and Linguistics are as follows:

- English identified as the preferred language, followed by Spanish as the second most preferred language.
- Among members who have reported their language preference as Spanish, Tagalog, Vietnamese, Arabic, Chinese, or Farsi, 88.39% live within 10 miles of a PCP who speaks their preferred language.
- Top three Member grievances related to cultural and linguistic services include Member perception of provider/provider office discriminating based.

Blue Shield Promise ensures that member materials and communications are tailored to the diverse enrollee membership.

- Preferred languages are identified through DHCS' files, and materials are matched to these languages for Los Angeles and San Diego counties. The top languages in each area per zip code are determined, and translations are provided and mailed accordingly. Members can download a printable copy of the member handbook in their preferred languages by LA and SD counties listed here: <https://www.blueshieldca.com/en/bsp/medi-cal-members/plan-documents/member-handbook-evidence-of-coverage>
- Members are encouraged to contact Customer Care line to request materials in their preferred languages if they are unable to read the documents provided. In addition, our Customer Care Representatives speak Spanish, Cantonese, Mandarin, Korean, and Vietnamese, among other languages and dialects. Furthermore, members have access to our [language support resources](#), which include 24/7 after-hours interpreting services available at no cost and we print many of our brochures in different languages. Members who need language help and interpreting services can access the resources here: <https://www.blueshieldca.com/en/bsp/medi-cal-members/plan-documents/language-help-interpreter-services>

Blue Shield Promise has worked towards improving provider and member communication by offering a network provider Health Literacy training and assigning BSC Promise member-facing staff an online health literacy/plain language training course. All outreach and education materials are designed at a sixth grade reading level or below. Contracted providers and medical groups are sent email reminders of the available resources and materials on the BSC Promise website throughout the year.

In Los Angeles County, Blue Shield Promise's oversight agency, LA Care Health Plan, conducted the PNA using member data from its contracted Plan Partners including Blue Shield Promise. Blue Shield Promise continues to partner and support LA Care's initiative to improve both health education and cultural and linguistic services by providing continued education to members in multiple languages.

Blue Shield Promise continues to work on promoting interpreter services to members, network providers, and BSC staff through written, telephonic, and face-to-face communications and interactions, and in-service trainings.

In accordance with APL 21-004 Standards for determining threshold languages, nondiscrimination requirements, and language assistance services and APL 22-002 Alternative Format Selection, Blue Shield Promise is proactively working on improving the automatic translation of written Medi-Cal member communications in the threshold languages identified and required by DHCS (Department of Health Care Services). Threshold languages include, but not limited to the following: Arabic, Chinese, Farsi, English, Spanish, Tagalog, Vietnamese, Armenian, Khmer/Cambodian, Korean, and Russian. Any member informing materials are translated into the member's preferred language or alternative formats set forth in APL 21-004.

Member Outreach & Education Plan

Blue Shield Promise promotes and educates members on their mental health benefits and coverage via the new member orientation, member newsletters, member welcome packets, member handbook, and website postings on the behavioral health services program and enhanced care management (ECM). According to DHCS' CalAIM initiative's No Wrong Door Policy, Blue Shield Promise ensures members can receive timely mental health services without delay regardless of the delivery system where prompt mental health services and maintain treatment relationships without interruption.

The Medi-Cal member newsletter is mailed to each member household and includes brief articles on a variety of health topics as well as information on Blue Shield Health Education programs. The Blue Shield Promise Medi-Cal member newsletters were mailed to members in Spring of 2025 and it included behavioral health resources and contacts to promote the available services to members. The newsletter will be updated annually to ensure members are aware of the behavioral health resources.

The member orientation, welcome packet, and handbook detail the Medi-Cal program's benefits and coverage. This includes the following: starting with the plan, accessing care quickly, billing, and community resource centers (only in Los Angeles County). These resources are available on the behavioral health webpage in the member's area and preferred language. Members can download the handbook or request a mailed copy. All member resources are reviewed and updated on an annual basis and can be accessed through the behavioral health website.

The Behavioral Health [website](#) will be redesigned to provide more resources, increasing awareness and accessibility to behavioral health services. Upcoming changes include:

- Publish the revised 2025 Member and Provider Outreach and Education Plans.
- Publish the 2024 Utilization Assessment of NSMHS.
- The Behavioral Health department will collaborate with the QIHEC to add a list of resources on targeted populations.

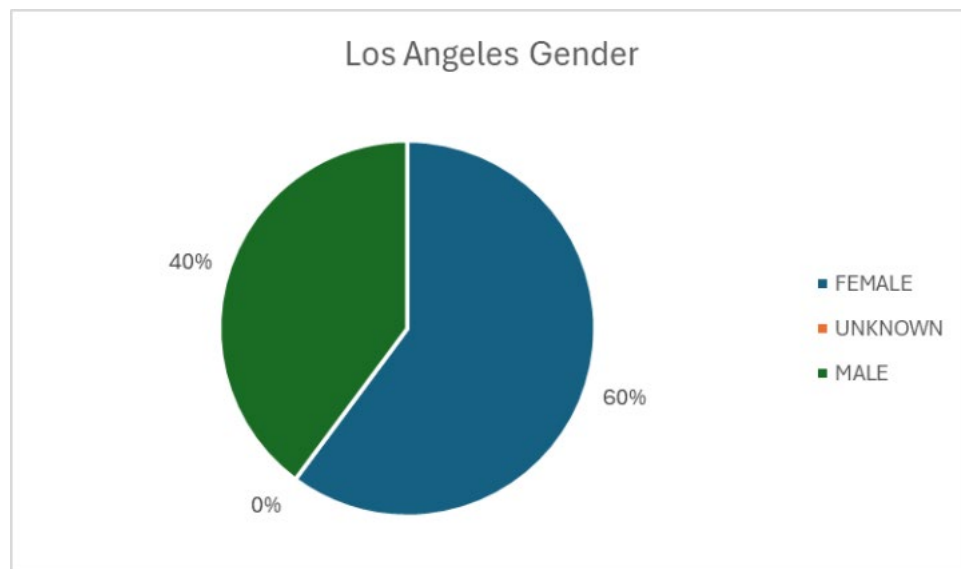
Utilization Assessment

A utilization assessment was conducted for Los Angeles and San Diego Counties, with results broken down by gender, race, age, ethnicity, and language, sexual orientation, and disability. Due to data limitations, the stratification of utilization by race, sexual orientation, and gender identity and disability is still under development. Blue Shield Promise is committed to improving the quality of data in future years. The data source for information on race, sexual orientation, and gender identity and disability will be thoroughly evaluated, and strategies will be implemented to enhance data collection and ensure more comprehensive reporting.

As part of our ongoing efforts to improve healthcare services and address health disparities, Blue Shield Promise is implementing a series of initiatives aimed at enhancing patient care and promoting equity.

- As part of the National Committee of Quality Assurance (NCQA) Health Equity Accreditation (HE) standard requirements, the Quality Assurance team developed 14 NCQA Health Equity Reports that provide reporting related to race, ethnicity, language, sexual orientation and gender identity (REGaL and SOGI, respectively).
- The Behavioral Health department will continue to collaborate with Contracting to improve data reporting and accuracy.
- The Behavioral Health department will collaborate with QIHEC to evaluate health disparities and develop future strategies to address them.
- The Behavioral Health department will continue to build out Find a Doctor (FaD) Web. BSCPHP has launched new search capabilities for behavioral health providers on unified search. Now, users with BSC as their Mental Health network* can easily find providers using everyday terms for their conditions or concerns. This means more intuitive searches based on providers' clinical focus and results across multiple mental health specialties.
- The Behavioral Health department will maintain its commitment to educating staff and members regarding telehealth access. Telehealth groups encompass a range of cultures and languages, ensuring inclusivity for all members.

Key Takeaways from the Utilization Assessment



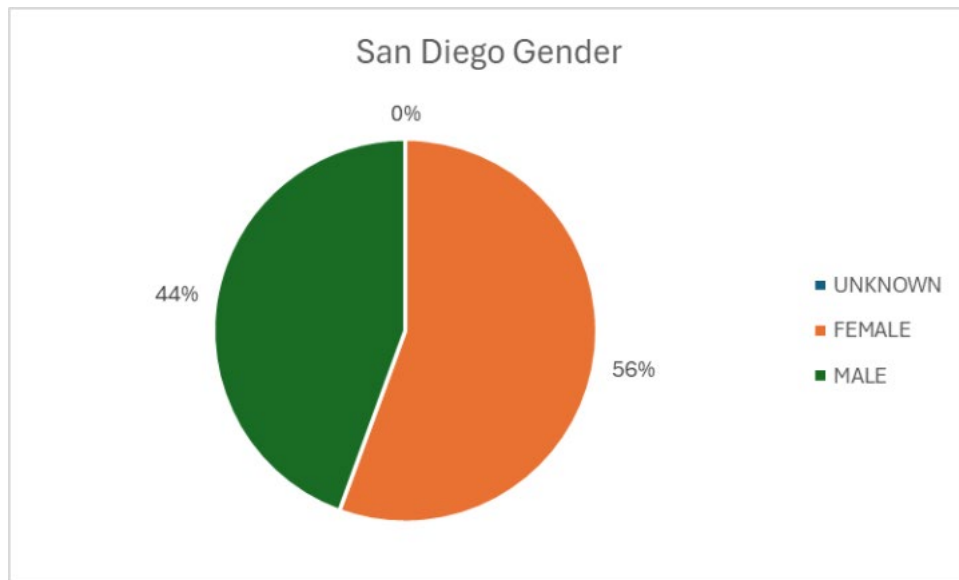
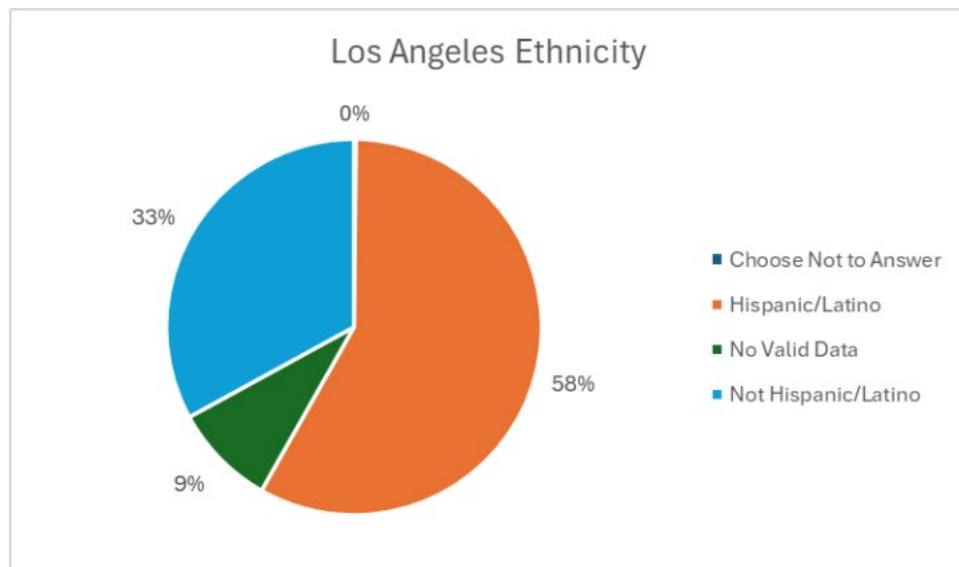


Figure 1. NSMHS utilization by gender

In Los Angeles County, 60.17% of NSMHS utilizers were female, and 39.82% were male; in San Diego County, females accounted for 55.58% and males 44.42%. The percentage of unknown gender was minimal at 0.01% in both counties. Females are more likely to seek mental health treatment in comparison to males due to mental health stigma.¹



¹ Chatmon B. N. (2020). Males and Mental Health Stigma. *American journal of men's health*, 14(4), 1557988320949322. <https://doi.org/10.1177/1557988320949322>

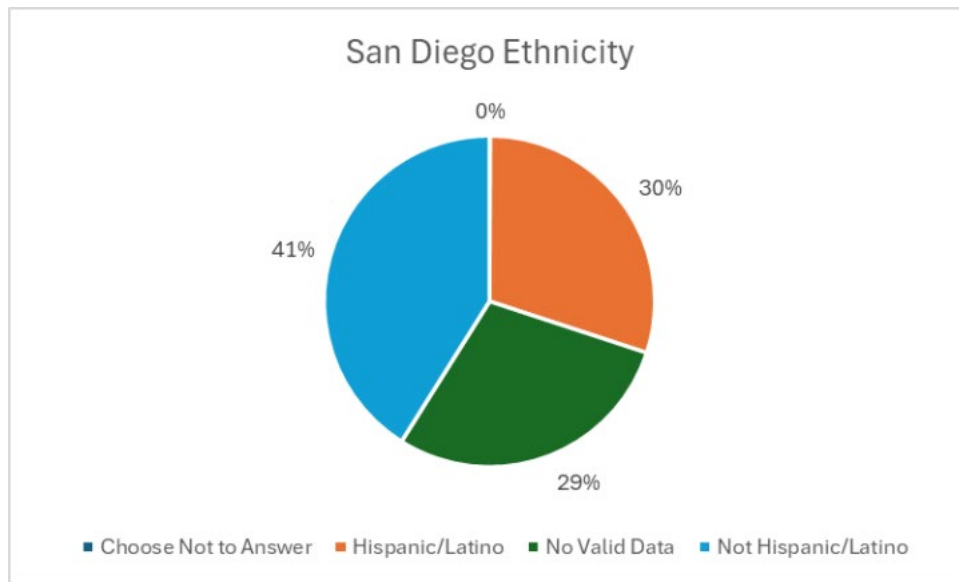
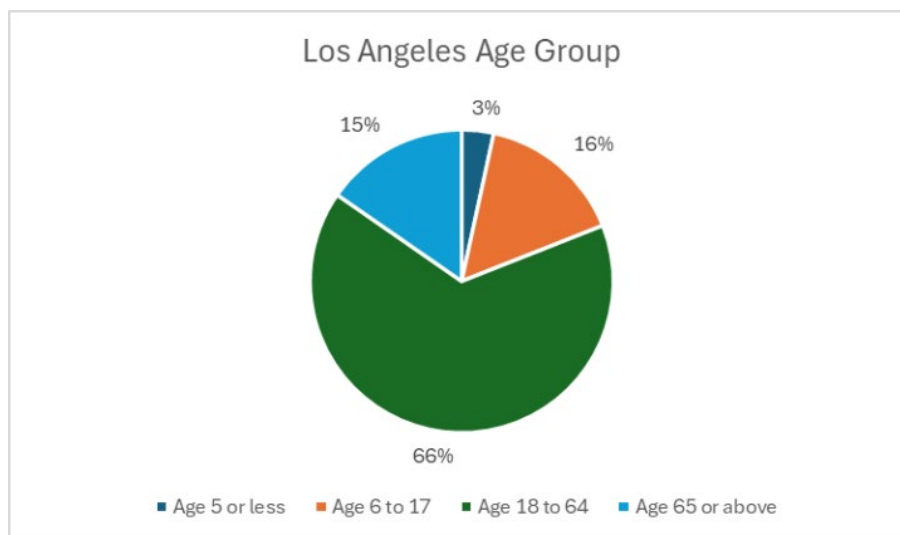


Figure 2. NSMHS utilization by ethnicity

The utilization assessment by ethnicity highlighted a data gap, as ethnicity information was unavailable for 9% of members in Los Angeles and 29% of members in San Diego. This lack of data hinders comprehensive analysis of outcomes. Of the data available, 58.04% in Los Angeles identified as Hispanic or Latino, whereas in San Diego, this was 29.96%. The data source for collecting ethnicity information will be thoroughly reviewed, and measures will be implemented to reconcile any discrepancies, ensuring more accurate and comprehensive data collection in the future.



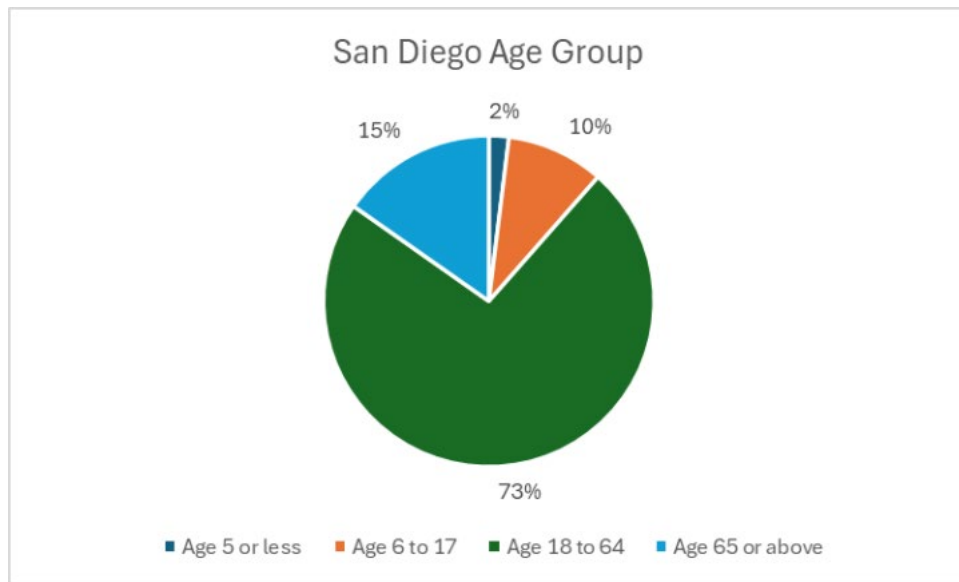


Figure 3. NSMHS utilization by age group

The utilization assessment by age group shows that the largest user group in both counties was adults aged 18 to 64: 65.65% in Los Angeles and 73.25% in San Diego. Children aged 6 to 17 accounted for 15.61% (LA) and 9.55% (SD), while seniors 65 or above comprised about 15.34% (LA) and 15.26% (SD). According to the World Health Organization, 14% of adults aged 60 have some type of mental health problem². Older adults face mental health stigma, preventing them from seeking the appropriate mental health support and treatment.³

² World Health Organization. (2023). *Mental health of older adults*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>.

³ De Mendonça Lima, C. A., & Ivbijaro, G. (2013). Mental health and wellbeing of older people: opportunities and challenges. *Mental health in family medicine*, 10(3), 125–127.

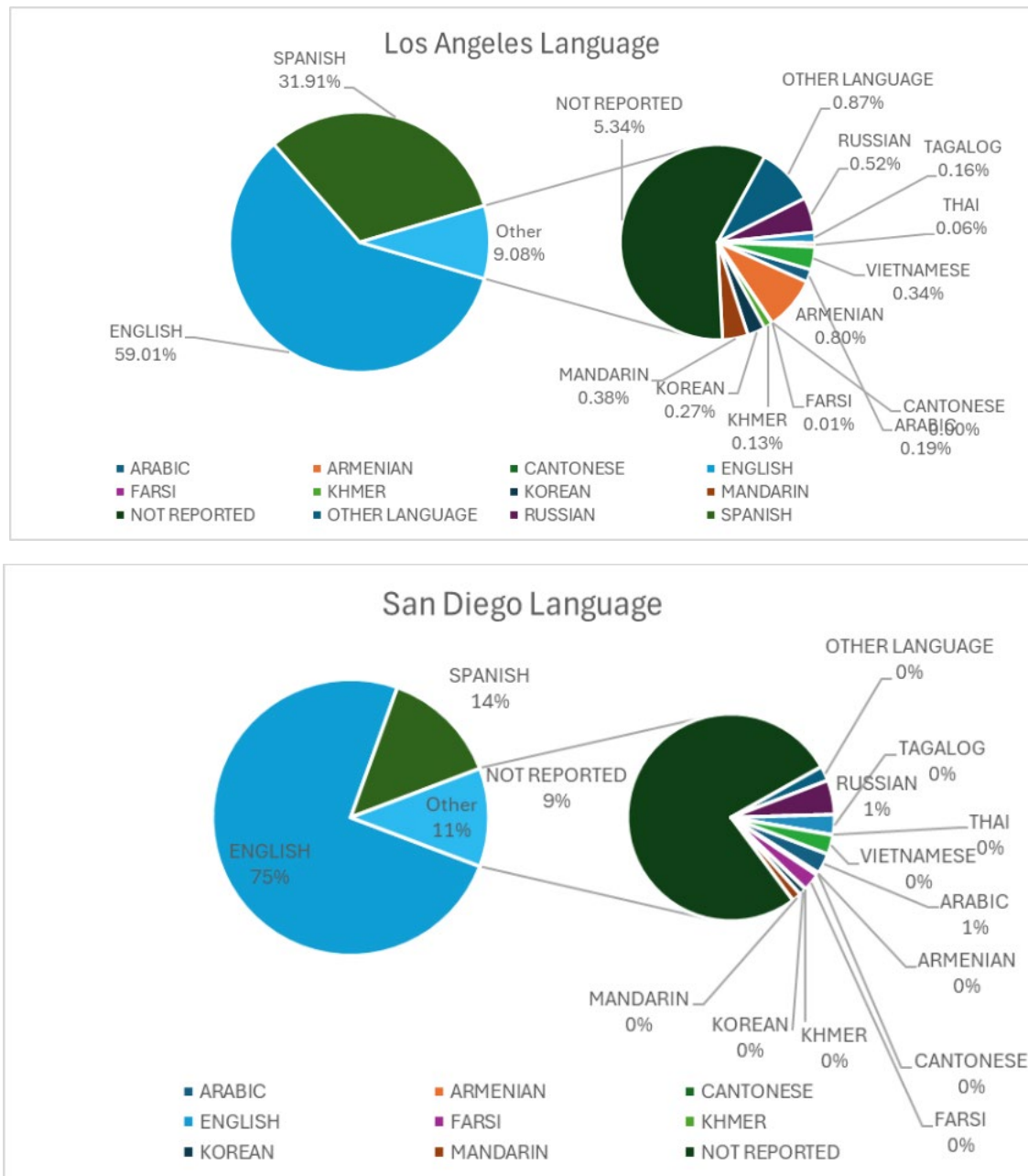


Figure 4. NSMHS utilization by spoken language

English was the primary spoken language among utilizers: 59.01% in Los Angeles and 74.73% in San Diego; Spanish speakers were 31.91% (LA) and 13.73% (SD) This aligns with the PNA findings, identifying English as the preferred language and Spanish as the second most preferred.

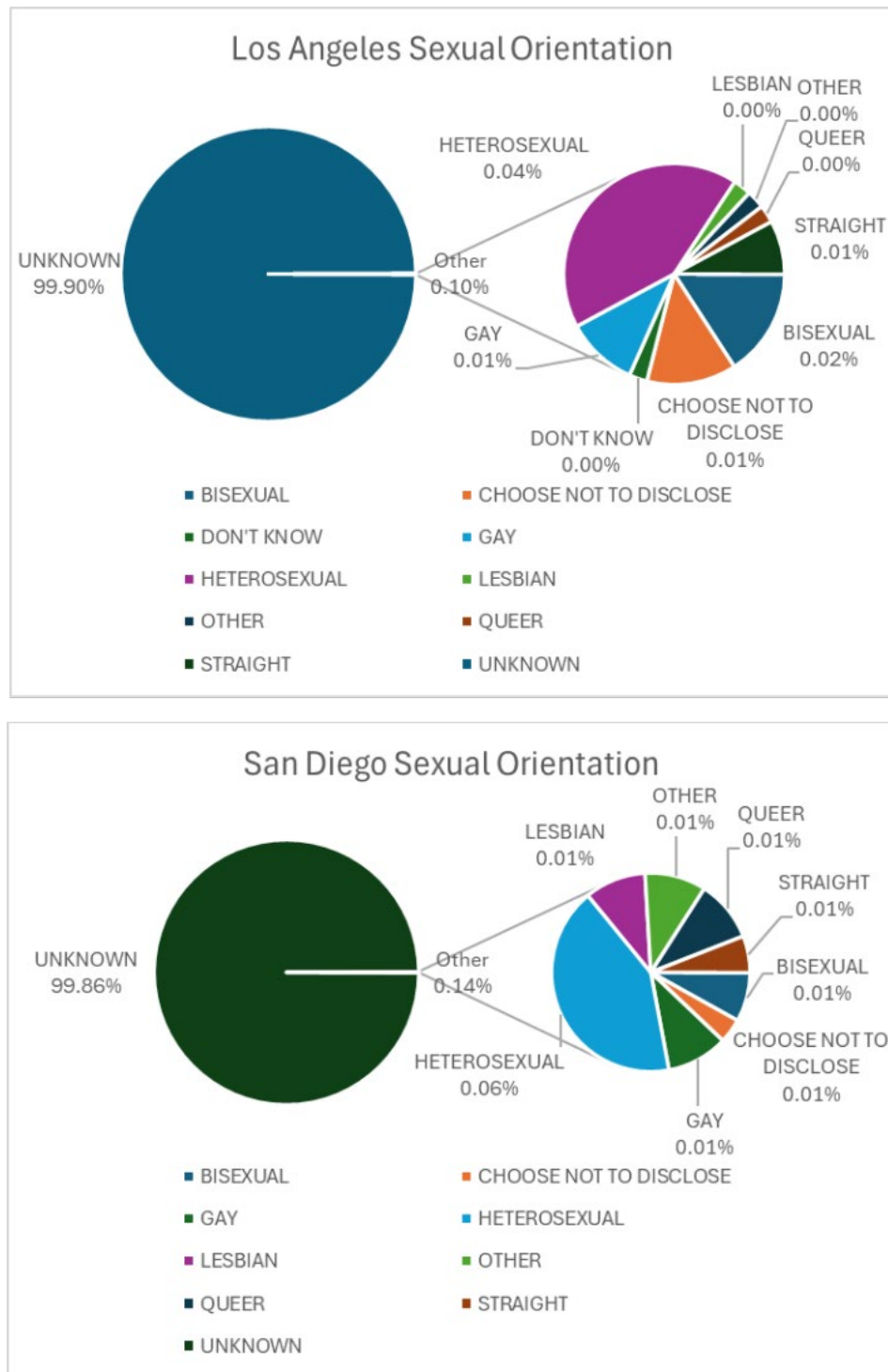


Figure 5. NSMHS utilization by sexual orientation

Sexual orientation data was largely unknown, with 99.89% (LA) and 99.86% (SD) reported as unknown; disclosed orientations were less than 0.1% in all categories .

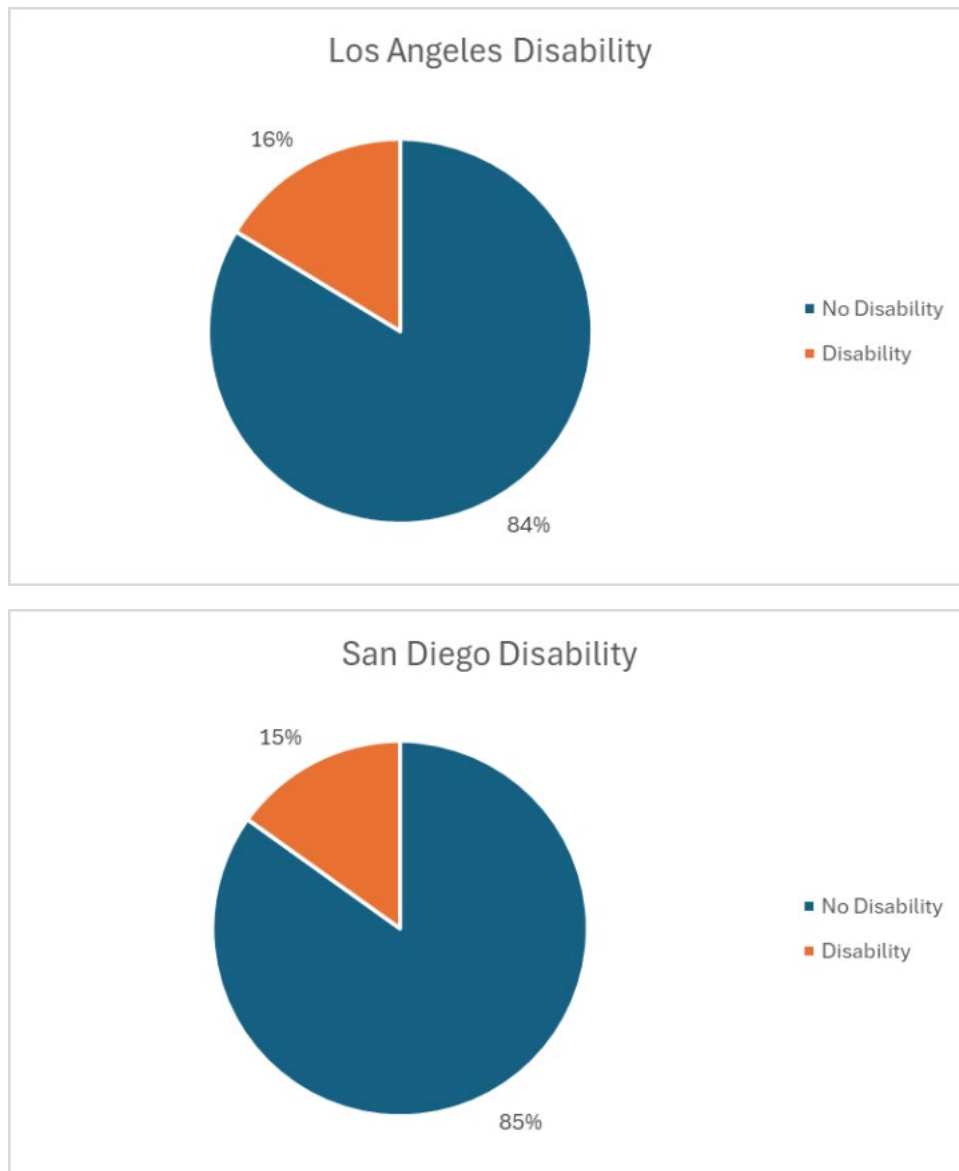


Figure 6. NSMHS utilization by disability

Among NSMHS utilizers, 16.32% in Los Angeles and 15.11% in San Diego reported having a disability, with the remainder reporting no disability

Top Priorities from Utilization Assessment and Stakeholder Engagement

- Disparities by Gender:

- To address the disparity in NSMHS utilization between males and females, Blue Shield Promise aims to leverage digital advertisements and expand photo libraries to help destigmatize seeking mental health services.
 - Blue Shield Promise will work on increasing the diversity of the photo library which will be utilized in articles, PowerPoint presentations, and other forms of media to destigmatize seeking mental health among men.
- **Disparities by Age:**
 - Blue Shield Promise Behavioral Health department will work with member communications and the health education team to further develop materials and release articles to highlight resources available to the elderly such as access to telehealth and transportation.
- **Disparities by Race, Sexual Orientation, and Disability**
 - Implement standardized procedures to capture complete demographic data
 - Train staff and providers on the importance of accurate data collection to better identify and support low utilizers.
- **Disparities by Language:**
 - Based on member feedback and data analysis, Blue Shield Promise will continue to build the provider network to increase the availability of culturally competent providers to address the diverse needs of the Medi-Cal population.
 - Blue Shield Promise plans to use digital advertisements and expand photo libraries to increase visibility to diverse ethnic groups and address the stigma associated with seeking mental health support among the LatinX communities.
 - Blue Shield Promise will continue to promote interpreter services and educate staff on the protocol on interpreting services.

Nationally Culturally & Linguistically Appropriate Services Standards

Blue Shield Promise has adopted policies & procedures that are consistent with the National Standards of Care for Health Plans for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. These standards are consistent with DHCS, DMHC, and LA Care regulatory requirements.

Blue Shield Promise contracts with Language Line and ISI (Interpreting Services International) to offer language assistance to individuals who have limited English proficiency (LEP) and other communication needs at no cost to them, to facilitate timely access to all health care and services. Blue Shield Promise communicates with members in many different languages and dialects including English, Spanish, Cantonese, Mandarin, Armenian, Russian, Vietnamese, Khmer (Cambodian), among others. Interpreting services

are offered via over the phone, face-to-face including American sign language, and at medical and non-medical off-sites. Over-the-phone services are available to members 24 hours a day and 7 days a week.

All individuals are informed of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Blue Shield Promise has published articles in the Medi-Cal member newsletters and updated call scripts to ensure that members are notified and aware of these services. All members' written communications include a language assistance notice and a non-discrimination notice. Language assistance resources are displayed on the behavioral health member-facing webpage.

Contracted providers are educated and informed that they must not require or suggest that LEP, hard-of-hearing, or deaf members provide their own interpreters or use family members or friends as interpreters. The use of family members, friends, and minor children as interpreters may compromise communications with LEP individuals. Blue Shield Promise ensures that the competence of individuals providing language assistance, in which the use of untrained individuals and/or minors as interpreters are avoided in accordance with APL 21-004. Blue Shield Promise informs members that they have the right to free interpreter services and that the use of such an interpreter will not compromise the effectiveness of services or violate the beneficiary's confidentiality. Members are also advised not to use family members, friends, or minors to interpret for the member except when there is an emergency/life-threatening situation and a qualified interpreter is not immediately available. Blue Shield Promise and Subcontractors may also accept the request if the LEP individual specifically requests that an accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide assistance, and reliance on that accompanying adult for that assistance is appropriate under the circumstance.

Furthermore, all interpreters that work with the contracted vendors have gone through multiple training courses and are certified interpreters. Providers and bilingual staff providing interpreting services must maintain an "Employee Language Skill Self-Assessment" form, certification of language proficiency or interpreting training on file.

All health education materials are culturally sensitive and linguistically appropriate and meet the sixth grade reading level requirement. The materials are reviewed using the Readability and Suitability (RSC) checklist in accordance with APL 18-016. The review process includes assessing the content for appropriate reading level (6th grade reading level or below) and formatting; and field-testing it to ensure members understand the material. Member-informing materials and digital content are reviewed for readability to ensure the content is at sixth grade reading level or below. In the first quarter of 2024, Blue Shield Promise has redesigned the member-facing behavioral health services webpage for Medi-Cal members to meet the sixth grade reading level. Members can select the following threshold languages by using the toggle at the top left corner: English, Vietnamese, Chinese, and Spanish.

Blue Shield Promise provides easy-to-understand print and multimedia materials, along with signage in multiple languages. Blue Shield contracts with a health education library vendor whose materials have been approved by DHCS for meeting readability and suitability (RSC) standards. Consequently, these materials are exempt from the RSC review process. The library features brochures and videos on various health topics available in English and Spanish, which can be accessed at www.blueshieldca.com/healtheducationmaterials. Both members and providers can view and print these brochures as needed.

Members and providers can contact the Health Education department using the phone number listed on the webpage to obtain printed copies of materials or request them in other languages or formats. For health education materials outside the vendor library, an RSC is conducted and maintained on file. Members are informed about the library through a biennial newsletter and monthly outreach letters. Providers receive information about the library via the provider manual and annual communications.

To help promote and improve the accessibility of mental health resources, Blue Shield Promise Health Education team will partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. The Health Education team will include behavioral health materials such as the Medi-Cal member newsletter to be reviewed and discussed in the monthly health education classes offered to members. Member satisfaction surveys are also sent to members annually to obtain feedback on interpreter services they have received. Blue Shield Promise will obtain the members' feedback and incorporate it into the project plan.

Stigma Reduction

Blue Shield Promise promotes mental health awareness to reduce stigma through outreach and educational materials. Member education aims to minimize the stigma around mental health treatment. Outreach identifies the target audience, determines their preferred language based on zip code, and translates documents accordingly. These documents are mailed to members in their preferred languages and are available on the member website with resources on obtaining them.

In 2025, Blue Shield Promise introduced new branding materials, including a diverse photo library for use in PowerPoint presentations and other media, to destigmatize seeking mental health services.

The virtual and in-person mental health awareness classes are offered to members to discuss mental health resources and tools to help with loss, managing stress, and building a healthy support system. Stigma related to mental health conditions is addressed as part of the class curricula. Participants are presented with a definition of stigma, the various forms of stigma, and examples of stigma related to mental health conditions. A discussion follows on ways to reduce and fight stigma. Participants are also provided with a handout that

addresses this topic. The classes are available in English, Spanish, Cantonese, and Mandarin. To register, members can call Customer Service and ask to speak with the Health Education team or call: (562) 613-5113, 8:30 a.m. – 5 p.m., Monday – Friday to speak directly with the Health Education and Cultural and Linguistic Coordinator.

On September 2024, Blue Shield Promise collaborated with the County Mental Health Plan (MHP) to address stigma reduction and discrimination during the Healthy San Diego Behavioral Health Operations workgroup. The training slide deck for San Diego's Behavioral Health Services encompasses Medi-Cal behavioral health resources, care coordination, and additional pertinent information. Blue Shield Promise suggested incorporating these stigma reduction resources: NAMI Stigma Free Pledge and NIMH Stigma and Discrimination Research Toolkit. Future discussions will concentrate on integrating comprehensive stigma reduction strategies.

Multiple points of contact for Member access

Members requiring additional support are advised to consult the grid below and contact the pertinent agencies regarding their Blue Shield Promise coverage. The grid provides a comprehensive overview of the available services and respective contact information, ensuring members can easily reach out for assistance.

Further resources are provided to enhance member experience and understanding of their benefits. These include:

- **Behavioral Health Webpage:** This online resource offers valuable information on mental health services, including counseling and therapy options available under the Blue Shield Promise plan.
- **Member Handbook:** A detailed guide that outlines all aspects of coverage, rights, and responsibilities. It serves as an essential reference for navigating healthcare benefits.
- **Newsletters:** Regularly updated publications that keep members informed about new services, policy changes, and health tips.
- **Enhanced Care Management:** Programs designed to provide personalized care coordination and support for members with complex medical needs. This service ensures integrated and continuous care tailored to individual health requirements.
- **Language Assistance:** Services available to help non-English speaking members access information and communicate effectively with healthcare providers. This includes translation and interpretation services to ensure clear and accurate communication.

The appendix contains detailed resources that offer additional information and support tools to assist members in utilizing their Blue Shield Promise coverage.

Behavioral Health Services Member Contacts			
Agency	Los Angeles	San Diego	Hours
Blue Shield Promise: Behavioral Health	(855) 765-9701 (TTY: 711)	(855) 321-2211 (TTY: 711)	8 a.m. to 6 p.m. Monday through Friday
Applied Behavioral Analysis/Behavioral Health Treatment	(888) 297-1325		8 a.m. to 6 p.m. Monday through Friday
Department of Mental Health	(800)-854-7771	(888) 724-7240 (TTY: 711)	24/7
County Substance Abuse Services	(844) 804-7500 (TTY: 711)	(888) 724-7240 (TTY: 711)	24/7
Department of Health Care Services Substance Use Disorder Non- Emergency Treatment Referral Line	(800) 879-2772 (TTY: 711)		24/7
National Suicide and Crisis Lifeline	Call 988 Crisis Text Line: Text "HOME" to 741741		24/7

Primary Care Provider Outreach & Education Plan

Blue Shield Promise will conduct annual outreach and education for primary care providers regarding covered Non-Specialty Mental Health Services (NSMHS). For additional information on APL 24-012, a link and a summary of the APL are accessible to providers at: <https://www.blueshieldca.com/en/bsp/providers/policies-guidelines-standards-forms/all-plan-letters>. Providers can access the provider-facing behavioral health [website](#) for more information on the available behavioral health services for Blue Shield Promise Medi-Cal members.

Information on mental health benefits and coverage will be disseminated through the New Provider Orientation, Behavioral Health Screenings Trainings, Enhanced Care Management (ECM), Provider Manuals, and San Diego County resource training. Furthermore, resources such as the Adverse Childhood Experiences (ACEs) Provider Fact Sheet will be distributed in accordance with state mandates or based on provider performance on required measures. Please refer to the appendix for the ACEs Provider Fact Sheet issued in 2022.

The comprehensive new provider orientation, available throughout the year, includes behavioral health and screening protocols. This encompasses the identification of mental health issues, conducting thorough assessments, and utilizing advanced screening tools. Providers will also be instructed on delivering compassionate care, formulating treatment plans, and effectively communicating with patients regarding their behavioral health needs.

Training sessions are offered either monthly or quarterly to providers depending on their performance. This is in partnership with the Quality and Provider Relations team.

In addition, in-service training based on availability and how to access interpreter services is provided to Blue Shield Promise staff and network providers. Signs and posters informing members of their right to request free interpreting services are also distributed to all network providers in San Diego County.

To increase efforts in helping to address the diverse needs of the Blue Shield Promise member populations, the Quality Assurance team developed 14 NCQA Health Equity Report that are intended to be used as part of Blue Shield Promise dedication in advancing health equity, improving quality, and eliminating health care disparities. Since Blue Shield Promise align with U.S. Department of Health and Human Services (HHS) National Culturally and Linguistically Appropriate Services (CLAS) 15 Standards by continuously evaluating its members' cultural, ethnic, racial, and linguistic preferences and needs, including our provider network, to ensure services are being provided. Therefore, these reports are fundamental elements used to develop strategic decisions for intervention. As mentioned previously, additional efforts and improvements to the outreach and education plan are presented and informed by the QIHEC annually. Feedback from members will be incorporated into the project plan and updated as needed.

Providers are encouraged to consult the grid below to determine suitable behavioral health services for patient referrals. Additional resources can be found in the appendix.

Behavioral Health Services Provider Contacts		
Responsible Party	Services	Referral Information
Blue Shield Promise: Behavioral Health	Outpatient treatment for mild/moderate mental health conditions: - Individual and group mental health testing and treatment (psychotherapy) - Psychological testing to evaluate a mental health condition. - Lab work, drugs, and supplies - Drug therapy monitoring - Psychiatric consultation	Los Angeles County 8 a.m. to 6 p.m., M-F (855) 765-9701, TTY:711
		San Diego County 8 a.m. to 6 p.m., M-F (855) 321-2211, TTY:711
Blue Shield Promise	Behavioral health treatment for members younger than 21: - Applied behavior analysis. - Diagnostic evaluation - Psychological assessment	Blue Shield Promise Health Plan Member Care Coordinators (888) 297-1325
County mental health	Specialty Mental Health Services for serious mental health conditions: - Counseling - Psychiatric medication management - Crisis intervention - Crisis mobile response	Los Angeles County Access Center Helpline (24/7) (800) 854-7771, Option 1
		San Diego County Access & Crisis Line (888) 724-7240; TTY (619) 641-

	• Inpatient psychiatric hospitalization • Referrals	6992
Drug Medi-Cal Organized Delivery System	Substance Use Disorder services: • Residential care • Counseling	Los Angeles County Substance Abuse Service Helpline (844) 804-7500
		San Diego County Drug Medi-Cal Organized Delivery System (888) 724-7240 TTY 711

Appendix:

References	Links
APL 24-012 Non-Specialty Mental Health Services: Member Outreach, Education, and Experience Requirements	https://www.blueshieldca.com/en/bsp/providers/policies-guidelines-standards-forms/all-plan-letters
Member Resources	
Member-Facing Behavioral Health Services Webpage for Medi-Cal Members	https://www.blueshieldca.com/en/bsp/medi-cal-members/benefits/behavioral-health-services
Member Handbook	https://www.blueshieldca.com/en/bsp/medi-cal-members/plan-documents/member-handbook-evidence-of-coverage
Member Newsletters	https://www.blueshieldca.com/en/bsp/medi-cal-members/health-wellness/member-newsletter
Enhanced Care Management (ECM)	https://www.blueshieldca.com/en/bsp/medi-cal-members/benefits/enhanced-care-management
Health Education Materials for Members	https://www.blueshieldca.com/en/bsp/health-and-wellness/health-education-materials
Nondiscrimination and Language Assistance Notice	https://www.blueshieldca.com/en/bsp/about-blue-shield-promise-health-plan/nondiscrimination-and-language-assistance-notice
Provider Resources	
Provider-Facing Behavioral Health Services Webpage for Medi-Cal Providers	https://www.blueshieldca.com/en/bsp/providers/programs/behavioral-health-services
Provider Manuals	https://www.blueshieldca.com/en/bsp/providers/policies-guidelines-standards-forms/provider-manuals
Enhanced Care Management (ECM)	https://www.blueshieldca.com/bsca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/patient_care_resources/enhanced-care-management
Health Education Resources for Medi-Cal Providers	https://www.blueshieldca.com/en/bsp/providers/programs/health-education-medi-cal

Example: 2024 New Provider Orientation

2024 Blue Shield Promise Medi-Cal Provider Orientation Course feedback

Click the boxes for information. The attestation link appears after all solid pink boxes have turned gray.

Regulatory

Access to care	Cultural awareness & linguistics	Member rights
Assessments	Fraud prevention	Provider dispute
Authorizations	Marketing prohibitions	Provider manuals
Clinical guidelines	Member benefits	Referrals
	Member programs	



Resources

Behavioral health	Formulary	Provider education
Claims	Incentive programs	Provider forms
Contact information	Practice information	Quality improvement

Click the boxes for information. The attestation link appears after all solid pink boxes have turned gray.

Assessments
Click links to learn more.

Initial Health Appointment

ACES

SABIRT

Depression

Maternal Mental Health

Annual Cognitive Health Assessment

Contact information

Practice information

Quality improvement

Example: ACEs Provider Fact Sheet



Screening for Adverse Childhood Experiences (ACEs)

Blue Shield of California Promise Health Plan supports the goals of [ACEs Aware](#), a partnership initiative by the California Surgeon General and the California Department of Health Care Services (DHCS) to screen for childhood trauma and treat the impacts of toxic stress. An ACEs screening evaluates children and adults for potentially traumatic events that may have occurred during the first 18 years of life. A child or adolescent who experiences ACEs without the buffering protections of trusted, nurturing caregivers and safe, stable environments can develop toxic stress response, which can impact brain development, hormone and immune systems, and genetic regulatory systems.

Please review the information below to learn more about screening for adverse childhood experiences and how you, as a Blue Shield Promise Medi-Cal Network healthcare provider, can use the available resources to provide this service to your patients.

1. Why is this screening important?

- By screening for ACEs, providers can better determine whether a patient may be at an increased health risk due to a toxic stress response.
- Early detection and early intervention can help prevent or reduce the health risks associated with ACEs.

2. Where can healthcare providers find supporting clinical evidence regarding this screening?

ACEs Aware outlines research on the [Science of ACEs & Toxic Stress](#), including the landmark Centers for Disease Control (CDC) and Kaiser Permanente Adverse Childhood Experiences Study.

3. Where can healthcare providers find tools and resources for conducting the screening?

ACEs Aware offers many resources to support providers in implementing ACEs screenings, including:

- [Screening Tools](#)
- [Provider Toolkit](#) and [Patient/Family Education Handouts](#)
- Ongoing [Educational Events](#)
- [Resources](#) for managing stress related to COVID-19
- How to [get certified](#) to screen for ACEs

4. How may Medi-Cal providers be reimbursed for providing this service to Blue Shield Promise Medi-Cal members?

Healthcare providers who attest to taking a free, 2-hour online [ACEs Aware training](#) can bill for ACEs screenings administered (\$29/eligible screen).

Pathways for Medi-Cal Plan Members: Behavioral Health Follow-Up, Referrals, and Resources

Agency	Population	Phone Number	Description
Blue Shield Promise	Outpatient mental health services for Mild to Moderate mental health conditions	(855) 765-9701 (LA) (855) 321-2211 (SD)	Blue Shield Promise's Social Services team can help members navigate mental health resources and options and will reach member by phone.
Los Angeles County Department of Mental Health Helpline	Serious mental health conditions and substance use disorders (SUD)	(800) 854-7771	This free helpline is available 24/7 to provide mental health support, resources, and referrals.
Los Angeles Substance Abuse Service Helpline (SASH)	Serious mental health conditions and substance use disorders (SUD)	(844) 804-7500	This free helpline is available 24/7 to provide help in connecting individuals who are seeking specialty SUD services.
San Diego Access and Crisis Line	Serious mental health conditions and substance use disorders (SUD)	(888) 724-7240	This free helpline is available 24/7 to provide crisis intervention, suicide prevention, referrals for mental health and/or alcohol and drug needs.

Example: Enhanced Care Management



Enhanced Care Management

Enhanced Care Management (ECM) is a Medi-Cal benefit that provides extra care management services to members with complex needs that make it difficult to improve their health. This could include chronic health conditions or socioeconomic challenges such as not having a place to live.



Blue Shield of California Promise Health Plan offers ECM to the following Populations of Focus in Los Angeles and San Diego counties:

- Adults and their families experiencing homelessness
- Adults with serious mental health or substance use disorder (SUD) needs
- Adults with intellectual or developmental disabilities (I/DD)
- Adults living in the community and at risk for Long Term Care (LTC) Institutionalization
- Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly "High Utilizers")
- Individuals transitioning from incarceration
- Pregnant or postpartum adults
- Adult nursing facility residents transitioning to the community
- Adults without dependent children/youth living with them experiencing homelessness
- Pregnant or postpartum youth
- Pregnant or postpartum youth and adults in racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality
- Homeless families or unaccompanied children/youth experiencing homelessness
- Children and youth at risk for avoidable hospital or ED utilization
- Children and youth with serious mental health and/or SUD needs
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition
- Children and youth involved in child welfare
- Children and youth with intellectual or developmental disabilities (I/DD)