



2025

**Non-Specialty Mental Health Services
Outreach and Education Plan**

**Prepared by
Behavioral Health & Care Management (BH&CM),
Complex Children & Family Services**

December 2024

INTRODUCTION

The purpose of this Outreach and Education Plan (referred to as the “Plan” herein) is to demonstrate Inland Empire Health Plan’s (IEHP) compliance with the requirements of California Senate Bill (SB) 1019 and All Plan Letter (APL) 24-012, both of which are centered around increasing awareness and Medi-Cal Members’ access to Non-Specialty Mental Health Services (NSMHS). As defined in APL 22-005, *No Wrong Door for Mental Health Services Policy*, NSMHS include Mental Health Evaluation and Treatment, Psychological Testing, Psychiatric Consultation, and outpatient lab, drugs, and supplies.

This Plan outlines the following:

1. [Stakeholder and Tribal Partner Engagement](#)
2. [Alignment with Population Needs Assessment](#)
3. [Utilization Assessment](#)
4. [Alignment with National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#)
5. [Best Practices in Stigma Reduction](#)
6. [Multiple Contact Points for Member Access](#)
7. [Primary Care Provider \(PCP\) Outreach and Education](#)
8. [Proposed Timeline of NSMHS Efforts in 2025](#)

IEHP worked extensively with multiple internal and external stakeholders to develop ways in improving Members’ access to NSMHS as well as inform in-network Primary Care Providers (PCPs) to encourage their Members to utilize NSMHS. Additionally, as outlined in this Plan, IEHP has routine and ongoing efforts that contribute towards NSMHS access and awareness efforts.

STAKEHOLDER AND TRIBAL PARTNER ENGAGEMENT

Community Advisory Committee (CAC)

IEHP Community Advisory Committee (CAC) meetings are held on a quarterly basis to foster stakeholder engagement and collaborations within Riverside and San Bernardino County communities. Members in attendance to the CAC include IEHP Members, various stakeholders, community advocates, and health care providers.

In Q3 2024, IEHP presented to the CAC, SB-1019 and APL 24-012 and IEHP’s efforts relating to NSMHS, including the annual Behavioral Health (BH) Member Experience

Study, Member Newsletters, Education Materials, Provider Blast Faxes, and Provider trainings. Members of the CAC expressed and suggested the following:

Topic/Area	CAC Feedback	2025 Goals
Stigma Reduction	<p>Find ways to normalize seeking help for mental health.</p> <p>IEHP should investigate facilitating a gathering to discuss mental health.</p> <p>Bring more awareness and normalize therapy to reduce stigma.</p>	<ul style="list-style-type: none"> • Launching of a television advertisement around Mental Health in 2025. • Stigma reduction groups/sessions in school settings.
Expanding Access to Care	<p>Help to increase awareness and services in “hard-to-reach” areas within IEHP’s provider network.</p> <p>Providers should utilize the Mental Health Screeners as an opportunity to discuss Mental Health.</p> <p>Providers should have a list of Mental Health providers in their area.</p>	<ul style="list-style-type: none"> • Increase Provider Trainings/Communication that promotes BH Care to Members. • Continue to conduct quarterly JOMs with Third-Party External Partner.
Promotion of NSMHS	<p>Focus on education around access to Mental Health early on and encourage Members to access care as soon as possible and not wait until they are in crisis.</p> <p>Explore utilizing faith-based settings to provide forums to discuss mental health.</p> <p>Expanding creative spaces for services, such as schools and in the community.</p> <p>IEHP should explore explaining Mental Health methodically to ensure that all understand.</p> <p>Use IEHP Newsletters/materials as an opportunity to discuss mental health.</p> <p>Be mindful of vocabulary used when communicating about mental health stigmas as some words may exacerbate existing stigmas as opposed to decreasing them.</p> <p>Explore utilizing a public service announcement type platform to educate the community on Mental Health.</p>	<ul style="list-style-type: none"> • Launching of a television advertisement around Mental Health in 2025. • Mental Health Events and Campaign: May is Mental Health Awareness Month, Maternal Mental Health: Community Events. • Continue distribution of Mental Health Education Materials: Member Brochure on Depression and Teen Mental Health Guide during community events.

Topic/Area	CAC Feedback	2025 Goals
Cultural Sensitivity	<p>IEHP should explore explaining Mental Health methodically to ensure that all understand.</p> <p>Use IEHP Newsletters/materials as an opportunity to discuss mental health.</p> <p>Be mindful of vocabulary used when communicating about mental health stigmas as some words may exacerbate existing stigmas as opposed to decreasing them.</p>	<ul style="list-style-type: none"> • Stigma reduction groups/sessions in school settings • Member Newsletter: Education on accessing NSMHS and Patient Rights/Responsibilities • Psychotropic Medication Fact Sheet Distribution

With the feedback elicited from the most recent CAC meeting, all will be considered in 2025; both the Health Equity Operations and Marketing departments will have an essential role in moving initiatives forward to help reduce mental health stigma and increase the use of NSMHS.

Quality Management and Health Equity Transformation Committee (QMHETC)

QMHETC includes multidisciplinary representation from IEHP departments. Participating IEHP staff include but are not limited to the Chief Health Equity Officer, Civil Rights Coordinator, and representatives from Quality Management (QM), Utilization Management (UM), Behavioral Health and Care Management, Pharmaceutical Services, Member Services, Community Health, Health Education, Grievance and Appeals, and Provider Experience. IEHP staff participating on the QMHETC have been selected to allow input and technical expertise related to Member and Provider experience, encounter data, and to provide links back to other IEHP departments.

The QMHETC meets at least quarterly. This outreach plan will be presented at the next IEHP QMHETC meeting on September 2nd, 2025 to elicit feedback from the committee. The feedback received, along with 2024-2025 utilization data, will be incorporated to develop 2026 initiatives. Annually, IEHP’s NSMHS Outreach and Education plan will be presented to the QMHETC for review and approval.

Community-Based Organizations (CBOs) and Memoranda of Understanding

IEHP has ongoing collaborations with several Community-Based Organizations (CBOs) in both Riverside and San Bernardino Counties, some of which IEHP has established, or are in progress of establishing, and Memoranda of Understanding (MOU) with entities including:

Third Party Entity	Agency Name
Local Health Departments (including Women, Infants, and Children (WIC) Supplemental Nutrition Programs and Indian Health Service)	<ul style="list-style-type: none"> • Riverside and San Bernardino County Indian Health, Inc. (RSCBCIHI) • San Bernardino County Department of Public Health (SB DPH) • Riverside University Health System (RUHS)
County Behavioral Health Departments for Specialty Mental Health Care and Substance Use Disorder Services	<ul style="list-style-type: none"> • RUHS: Behavioral Health • San Bernardino Department of Behavioral Health
Social Services	<ul style="list-style-type: none"> • San Bernardino Department on Aging and Adult Services (DAAS) & IHSS • Riverside County IHSS & IHSS Public Authority • San Bernardino MSSP • Riverside County DPSS Includes APS
Child Welfare Departments	<ul style="list-style-type: none"> • Riverside County, Department of Public Social Services (DPSS) • San Bernardino County, Children and Family Services (CFS)
First 5 County Commissions	<ul style="list-style-type: none"> • First 5 San Bernardino County • First 5 Riverside County
Regional Center	<ul style="list-style-type: none"> • Inland Regional Center (IRC)
Other	<ul style="list-style-type: none"> • Child Care Resource Center

The MOUs and work completed with these entities take into careful consideration Members care and needs, especially if there is a suspected or an established need for NSMHS. Most require quarterly meetings and routine check-ins to ensure alignment and collaboration for our mutual Members.

IEHP has an established connection with local tribal partners that are a part of the Riverside and San Bernardino County Indian Health, Inc. (RSBCIHI) as well as in-network providers within RSBCIHI. These partners work heavily with our American Indian and American Native Member population to maintain communication with them. Joint operations meetings (JOM) are held monthly to ensure all stakeholders within RSBCIHI are up to date on pertinent Member and provider matters.

Tribal Partner Engagement

In partnership with our internal Tribal Liaison, we leverage our Indian Health Community events as opportunities for education on NSMHS. With the new Centers for Medicare and Medicaid (CMS) guidance around the utilization of Traditional Healers, they will also help expand the availability of providers for this population and reduce stigma around Mental Health. IEHP will also continue to utilize the JOM with Riverside and San Bernardino County Indian Health on a quarterly basis to educate and elicit feedback on Mental Health care from our local tribal partners.

Ongoing Initiatives and Routine Work

In alignment with the Child Youth Behavioral Health Incentive (CYBHI), IEHP participated in the Student Behavioral Health Incentive Program (SBHIP) and the work from this initiative will continue with the vision of expanding mental health services to students in school settings as well as those in the community. To support ongoing CYBHI efforts, an electronic platform toolkit is currently in development allows quick interfacing for the pilot school districts.

In addition to the standard work that IEHP conducts with Members utilizing NSMHS as well as the partnerships with the Third-Party Entities listed above, routine JOMs will continue to be held with said entities as well as other CBOs that help coordinate care for mutual Members. For example, JOMs with Riverside County, Department of Public Social Services (DPSS) and Riverside University Health Systems (RUHS) ensures that NSMHS are discussed, especially with the most vulnerable and high-risk populations including those within the Child Welfare System as well as Members who utilize County Mental Health Services in both Riverside and San Bernardino County. As part of a pilot that is planned for 2025, RUHS and Department of Public Social Services (DPSS) plan to directly refer eligible Members to IEHP to access NSMHS.

IEHP also partnered with both Riverside and San Bernardino First 5 Agencies to launch Healthy Steps programs in various Primary Care Settings to address dyadic care for the family unit.¹ This will continue to assist with bringing education and awareness to NSMHS.

IEHP and our County MHP partners work in collaboration to ensure Members are connected to the most appropriate level of behavioral health services. Both IEHP and the Mental Health Plans (MHPs) use universal screening and transition of care tools² to ensure Members get treatment at the right level of care. When IEHP identifies Members needing behavioral health services that meet county standards, Members are referred to CARES program at Riverside County and ACCESS program at San Bernardino County. The CARES and ACCESS program focused on providing support and resources for individuals with mental health conditions or substance use disorders. These County teams initiate outreach to ensure Members are successfully connected to mental health services within their system. This process ensures that individuals are placed at the most appropriate level of care as their treatment progresses, whether Members need to move from one system to another (e.g., from the health plan to the mental health plan, or vice-versa).

IEHP is actively engaged with our County MHP partners to enhance partnership and collaboration to meet the needs of the community. IEHP incorporates county partner's feedback, community concerns, and Member access barriers identified by community partners into the development of future Outreach and Education plans, to ensure the needs of our Members are met. The following are examples of meetings IEHP participates at:

- IEHP conducts quarterly Joint Operation Meeting (JOM) with both county partners to develop strategies and identify emerging needs. JOM participants includes executive staff, clinicians and administrators. JOMs have standing agenda items to share any agency announcements including events, duplication of Services, quality improvement activities, other collaborations, dispute resolution, Member engagement, new programs/services, Community Supports and ECM programs; Eating Disorder coordination of care; BH Collaborative, etc. The 2025 NSMHS Outreach and Education Plan will be presented at county JOMs in the fourth quarter of 2025. IEHP will present annually the NSMHS Outreach and Education plan for county partner feedback and collaboration opportunities, directly informing the development of future Plans.
- Participation at SBDBH Community Policy Advisory Committee (CPAC) monthly. CPAC bringing together community agencies, the public, and IEHP team members. These

¹ Department of Health Care Services (DHCS) All Plan Letter (APL) 22-029, Dyadic Services and Family Therapy Benefit

² DHCS, APL 25-010, Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

meetings serve as a forum for voicing concerns, providing updates on Mental Health Services Act (MHSA) legislation and its funded programs, and gathering crucial stakeholder feedback for program development.

- Participation in and support of Community Behavioral Health events organized by or in collaboration with our County MHP partners.
- Training for Member-Facing Staff: Both IEHP and County MHP conducted joint training sessions for Member-facing staff. IEHP County Liaison team trained RUHS BH Peer Team, with an overview of IEHP benefits and services; Also, IEHP supervisors from different units (CM, Dispatch, ECM, CS, County) provided an overview of services to County MDT Teams; Health Ed provided information on the Health Ed classes.
- Shared social media message about accessing mental and behavioral health services through both IEHP and the MHP. Most recently, IEHP and RUHS worked on the social media resource on Suicide Survivors benefit.
- Attend RUHS BH System of Care Meeting and RUHS Behavioral Advisory Committees to shared Members discussing access and barriers to care.

Utilization of Community Health Workers (CHWs)

IEHP actively trains CHWs on IEHP benefits. We then partner with Community Based Organizations and other Provider groups and embed our CHWs into their settings. For example, IEHP has partnered with PCP offices who are experiencing lower performance HEDIS scores with the various preventive measures. The CHW is cross trained in all IEHP services and educates the PCP (and our Members) on NSMHS, as appropriate.

IEHP also continues to utilize its Community Health Workers out in the community to bring awareness to Mental Health services. For example, IEHP has established partnerships with organizations like *A Core Solutions* (financial literacy workshops) and schools to enable CHWs to integrate mental health education and resource navigation into trusted community spaces. Additionally, the CHWs share feedback with their leaders on ways to improve processes along the way to ensure that all processes are updated accordingly for our Members.

ALIGNMENT WITH POPULATION NEEDS ASSESSMENT

A Population Assessment for IEHP's entire membership is conducted annually and assesses the needs of IEHP's general Population, relevant subpopulations, Social Determinants of Health (SDOH), Children and Adolescents Members, Members with SPMI, Members with disabilities, and Members of racial and ethnic groups, and Members with limited English proficiency.

Key findings from the population assessment are used to review and update health plan activities, resources, and community resources. It highlights that:

- Outreach/education materials and messaging are designed to be appropriate for the diversity of the plan enrollee membership.
- Language and translations needs are met by the notice of nondiscrimination and taglines and Member Handbook.

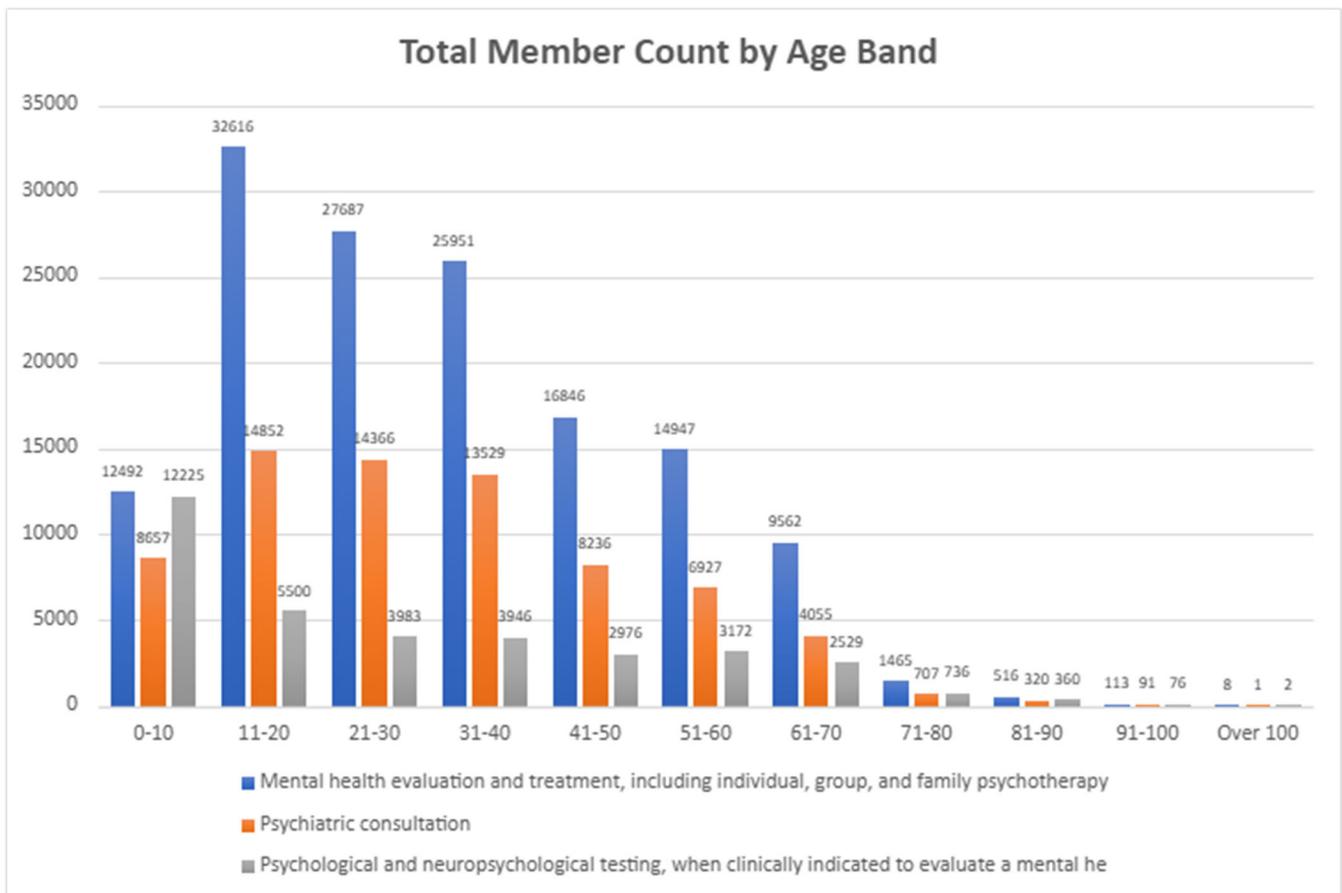
Please see the Appendix for the IEHP 2023 Population Needs Assessment in full.

UTILIZATION ASSESSMENT

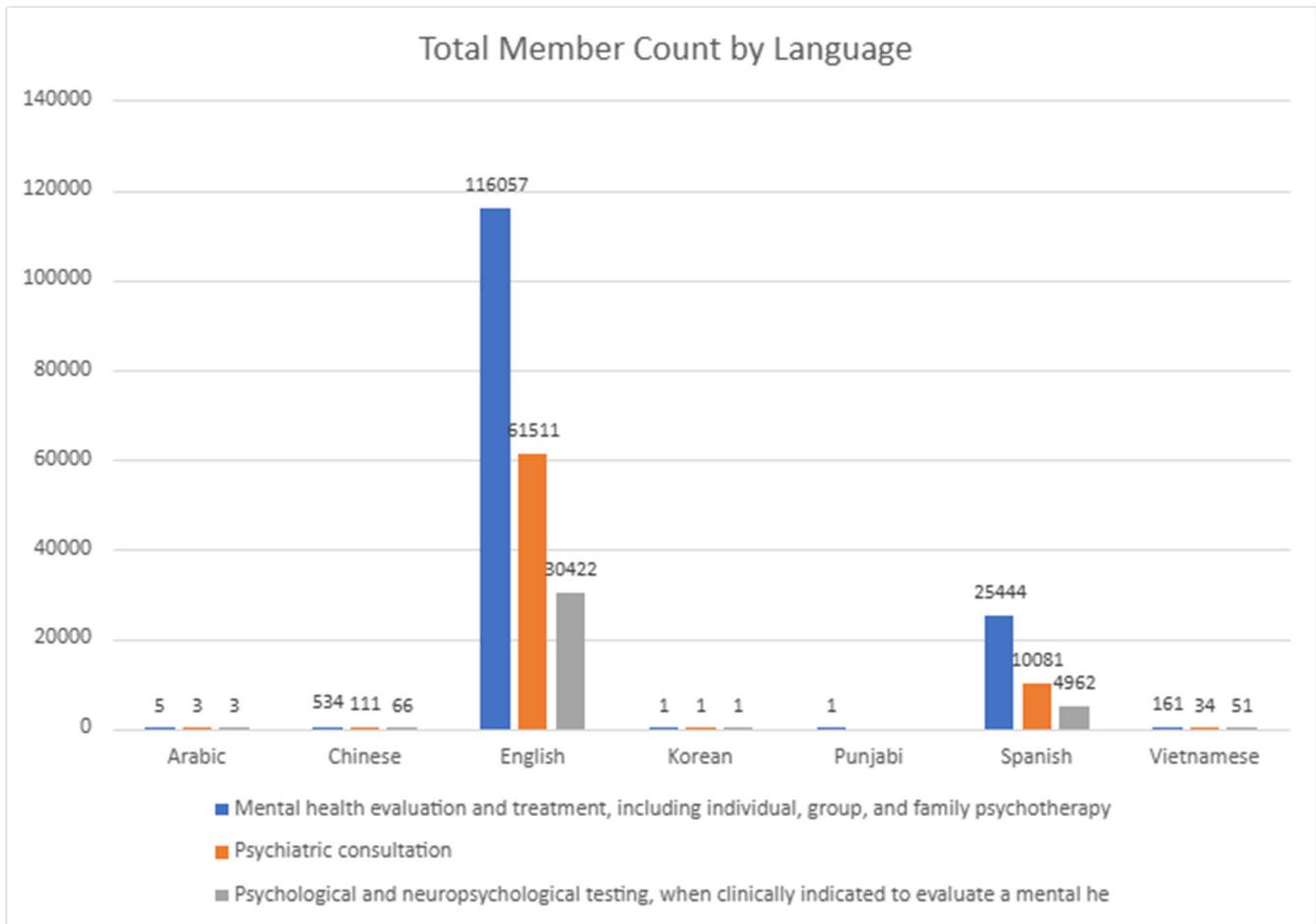
A utilization assessment of NSMHS was conducted for and it was found that the 3 highest utilized service categories are mental health evaluation and treatment, including individual, group, and family psychotherapy, Psychiatric consultation and Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.

IEHP analyzed the NSMHS utilization data and compared to total IEHP Members by same category breakdown to determine needs for Members.

The assessment showed that the highest utilization of NSMHS is between age 11-40, and population greater than 41 is the lower utilization group.

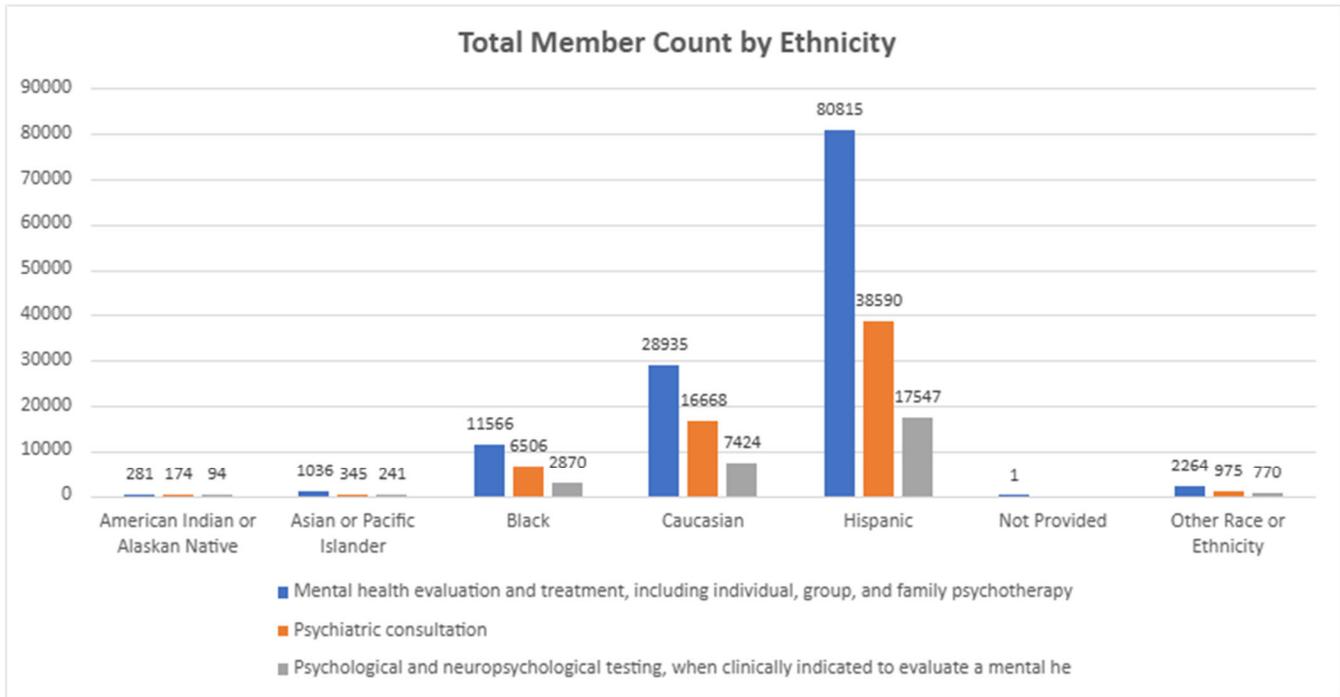


This assessment showed utilization of NSMHS by language. English speakers had the highest rates while Spanish, Chinese and Vietnamese speaking populations showed lower utilization.



Total Member Count by Language				
Category	Language	Unique Members	% Utilization	% of Membership
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Arabic	5	0.00%	0.00%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Chinese	534	0.38%	0.51%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	English	116,057	81.61%	78.80%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Korean	1	0.00%	0.00%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Punjabi	1	0.00%	
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Spanish	25,444	17.89%	20.40%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Vietnamese	161	0.11%	0.29%
Psychiatric consultation	Arabic	3	0.00%	0.00%
Psychiatric consultation	Chinese	111	0.15%	0.51%
Psychiatric consultation	English	61,511	85.74%	78.80%
Psychiatric consultation	Korean	1	0.00%	0.00%
Psychiatric consultation	Spanish	10,081	14.05%	20.40%
Psychiatric consultation	Vietnamese	34	0.05%	0.29%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Arabic	3	0.01%	0.00%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Chinese	66	0.19%	0.51%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	English	30,422	85.68%	78.80%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Korean	1	0.00%	0.00%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Spanish	4,962	13.98%	20.40%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Vietnamese	51	0.14%	0.29%

Additionally, Members with lowest utilization base on ethnicity is Asian American and Pacific Islander (AAPI) compared to membership percentage of ethnicity.



Total Member Count by Ethnicity				
Category	Ethnicity	Unique Members	% Utilization	% of Membership
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Hispanic	80,815	56.83%	56.10%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Caucasian	28,935	20.35%	16.70%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Black	11,566	8.13%	8.50%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Other Race or Ethnicity	2,264	10.98%	1.50%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Asian or Pacific Islander	1,036	3.51%	4.60%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	American Indian or Alaskan Native	281	0.20%	0.20%
Mental health evaluation and treatment, including individual, group, and family psychotherapy	Not Provided	1	0.00%	12.40%
Psychiatric consultation	Hispanic	38,590	53.79%	56.10%
Psychiatric consultation	Caucasian	16,668	23.23%	16.70%
Psychiatric consultation	Black	6,506	9.07%	8.50%
Psychiatric consultation	Other Race or Ethnicity	975	11.36%	1.50%
Psychiatric consultation	Asian or Pacific Islander	345	2.31%	4.60%
Psychiatric consultation	American Indian or Alaskan Native	174	0.24%	0.20%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Hispanic	17,547	49.42%	56.10%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Caucasian	7,424	20.91%	16.70%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Black	2,870	8.08%	8.50%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Other Race or Ethnicity	770	18.29%	1.50%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	Asian or Pacific Islander	241	3.03%	4.60%
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental he	American Indian or Alaskan Native	94	0.26%	0.20%

According to the 2023-2024 Utilization Report, the populations with the lowest NSMHS rates are Members whose primary language is Spanish and Members who identify as AAPI. In reference to race, sexual orientation, gender identity, disability the data available is inconclusive to draw reliable conclusions.

Nonetheless, as of June 15, 2025, IEHP has collected a total of 38,393 Sexual Orientation and Gender Identity (SOGI) records and the goal is to reach 45,556 records by June 30, 2025. The Health Equity Operations (HEO) team deployed a data collection plan outlining a framework for receiving, storing, retrieving, and collecting Members SOGI data using standardized methods. A method for collecting data that does not stigmatize individuals who do not identify as male or female, direct collection of sex assigned at birth, direct collection of gender identity, direct collection of pronouns, and sharing pronoun information with Member-facing staff. HEO continues to collaborate with internal departments who have direct contact with Members to identify opportunities to collect SOGI data in a non-stigmatizing manner. HEO has also partnered with various community-based organizations (CBOs) such as, Transgender Health & Wellness Center, TruEvolution, Victor Valley College and Sahaba Initiative for their support to collect SOGI data from the communities they serve. In addition, Members can directly update their demographics including SOGI data through the Member Portal and the SmartCare Application. IEHP will continue its efforts to augment SOGI records and support its commitment to advance health equity, improve the quality of health care and reduce health care disparities by assessing, respecting, and responding to diverse cultural health beliefs, behaviors and needs when providing health care services. For Members with disabilities, IEHP will utilize 2024 data as a baseline to monitor NSMHS utilization. This monitoring will aid future strategy development, particularly if a trend of low utilization is identified. Additionally, IEHP will leverage the 2023-2024 Utilization Report, as a baseline to evaluate the outcomes of implemented initiatives and develop new strategies.

From May to December 2025, IEHP is running a multimedia campaign in English and Spanish to reduce mental health stigma and connect members with resources. The campaign's "You are not alone, let's start the conversation" strategy aims to empower members struggling with mental health or substance use, assuring them of IEHP's support on their journey to recovery.

IEHP's Health Equity Operations department has outlined a strategy to increase access to and utilization of NSMHS for low utilization populations identified in the utilization assessment by embedding Health Equity Programs Liaisons within trusted community-based organizations (CBOs). The objective of embedding Health Equity Programs Liaisons within trusted CBOs are to reduce stigma and misinformation surrounding behavioral health services, build trust through community partnerships, and provide guidance on accessing covered mental health services.

The Health Equity Programs Liaisons will partner with CBOs serving Spanish speaking and AAPI populations to embed services. The Liaisons will provide culturally and linguistically appropriate educational materials to build awareness of available services, educate and inform Members about the importance of preventative care, and inform Members about ease of care. In addition, the Liaisons will collaborate with internal departments to assist with coordination of Member benefits, provider searches, and follow-up.

In addition to the collaboration with CBOs, the Liaisons will attend community events to provide educational materials aimed to reduce community stigma about mental health and provide Members and the community at large with mental health resources. The following is a list of potential community events serving the two target populations:

- Riverside Lunar Festival
- AAPI Heritage Celebration Events (Various cities in the month of May)
 - San Bernardino, Ontario, Corona, Riverside
- Mexican Consulate Health Fair
- Indio International Tamale Festival
- Annual Riverside Tamale Festival
- Beaumont's 2nd Annual Hispanic Heritage Event
- Riverside & San Bernardino County Mental Health Events in the month of May
 - Palm Desert
 - San Jacinto
 - Riverside

IEHP is committed to addressing the underuse of behavioral health services to improve overall population health outcomes and Member satisfaction.

ALIGNMENT NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICE (CLAS) STANDARDS

IEHP offers language assistance to individuals with limited English proficiency and/or other communication needs, at no cost to them, to ensure timely access to all health care services. IEHP also ensures that those providing interpreter services are competent and within compliance with National CLAS standards.

IEHP informs Members of the availability of interpreter services, and their policies and procedures in the Evidence of Coverage/Member Handbook, Member Newsletters,

Provider Directory and IEHP Website.³

² Any programming developed as part of the education and outreach plan will also offer necessary translation services to our Members, as requested. For example, if Spanish is identified as one of the common spoken languages in the area of the program, materials are provided in that language. IEHP plans on administering post surveys to any groups used for the targeted education to ensure the services are culturally and linguistically appropriate. Additionally, IEHP uses every engagement as an opportunity to educate Members on language assistance services. IEHP will continue to leverage the CAC to elicit community feedback on policies and practices as it pertains to cultural and linguistic appropriateness.

IEHP ensures competence of our interpreter service vendors by contracting with agencies that hire and recruit superior talent as verified by rigorous tests and screenings. IEHP also ensures all materials provided to our Members are written a manner so all our Members understand.⁴

BEST PRACTICES IN STIGMA REDUCTION

Leveraging feedback from the CAC, IEHP will continue to develop specific Member resources on reducing the stigma of mental health for the general population, focusing on minority Member populations (e.g., American Indian and American Native as well as LGBTQI), and launching a television advertisement around Mental Health in 2025.

The CAC recommended hosting groups in school settings and as mentioned above, IEHP already leverages its CHWs in the school setting. In 2025 IEHP will continue to

³ DHCS APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance

⁴ DHCS APL 18-016, “Readability and Suitability of Written Health Education Materials”

collaborate with school partners to host stigma reducing groups and educational sessions around Non-Specialty Mental Health Services.

IEHP continues to utilize Community Health Workers (CHWs) to increase awareness and access to Mental Health services. They are trained to identify behavioral health needs using standardized screening instruments such as the PHQ-2, PHQ-9, and Edinburgh Postnatal Depression Scale (EPDS), and a few CHWs also administer the Ages and Stages Questionnaire (ASQ) to assess developmental delays. CHWs provide psychoeducation, normalize conversations about mental health, and connect Members and/or the community to appropriate behavioral health providers. They also assist individuals and families with accessing other critical resources, ensuring holistic support.

CHWs establish trusted access points within communities by stationing themselves at food banks, senior centers, libraries, colleges, and faith-based organizations; these face-to-face interactions allow them to screen Members for mental health concerns, provide psychoeducation, and offer critical follow-up support to ensure successful connections to behavioral health services. CHWs are embedded in high-need areas throughout the Inland Empire, some of which include senior centers, food banks, libraries, colleges, and rescue missions in the following areas:

- Blythe: Bi-monthly presence at a Senior Center and Palo Verde College to support students with health insurance enrollment, behavioral health, and housing referrals.
- Coachella Valley: Bi-weekly presence at Coachella Valley Rescue Mission and monthly at Olive Crest Foster Family Agency, alongside a Men's Support Group at the DPSS office in Indio.
- Yucca Valley: Monthly presence at a Senior Center with planned expansions to Santa Fe Social Club and additional senior centers in 2025.

It was requested by the CAC that IEHP explore utilizing faith-based organizations as an avenue for reducing stigma. IEHP will continue their monthly presentations with faith-based organizations focus on reducing stigma, educating on mental health, and connecting individuals to non-specialty services.

Through their diligent outreach, screenings, and partnerships, CHWs reduce barriers to behavioral health care, foster community trust, and create new opportunities for mental health awareness and support. Whether at a faith-based presentation, senior center, or local rescue mission, the Social and Community Services team ensures that mental health remains a priority for the communities we serve.

IEHP will continue its work with Marketing to bring awareness to NSMHS. IEHP hosts a podcast *Covering Your Health* and will continue this effort into 2025. In the Spring, IEHP will leverage Marketing to continue its focus on Mental Health awareness and stigma reducing with its *May Mental Health Awareness*, *Pride Month* posts, *Member Newsletters*, and will have a paid television advertisement which was also suggested as part of the CAC. During quarter three of 2025 Marketing plans on launching a campaign centered on *Depression Screenings for Adolescents*, *Suicide Prevention* Month posts, *Breaking Cultural Stigma* posts, and will continue to host the *Out of the Darkness Walk* which focuses on bringing awareness to suicide prevention. Additionally, in 2024 IEHP partnered with a local singer, Abi Carter, who will continue her work with IEHP in 2025 where she will advocate and speak out on behalf of Mental health.

IEHP also has existing Member Materials on Depression, Teen Mental Health, Psychotropic Medication, and general Mental Health Awareness and Education. These materials are used, as appropriate, at events and shared with our Members and Providers. The materials provide basic psychoeducation, explain mental health in easy, simple terms that help Members understand, ultimately normalizing the condition and assisting with reducing stigma.

Launched in 2021, IEHP hosts three annual Maternal Wellness events which are open to the entire community. In 2024 IEHP began administering the Edinburgh Depression Screenings and/or PHQ 9 for anyone in attendance. Those who screened positive were educated on crisis services, NSMHS, and followed-up on by the Health Plan. We found that by meeting with the Member face to face, offering them a private area to ask questions, and normalizing their feelings/symptoms we were able to engage our Members. IEHP will continue these efforts into 2025.

MULTIPLE POINTS OF CONTACT FOR MEMBER ACCESS

There are multiple points of contact for IEHP Members to access Mental Health Services; they can learn about services by accessing the Mental Health and Wellness page on IEHP.org, calling into the Member Services department to request information on NSMHS, education through the Member Newsletters, Member handouts, and working with their PCP.

Additionally, IEHP has several Community Health Workers (CHW) and have trained CHWs throughout the Inland Empire; they routinely go into the community to educate Members on IEHP services and benefits, including NSMHS. The Marketing department mails our Member Newsletter, and community facing team Members educate and screen Members utilizing the appropriate instruments (e.g., PHQ 2/9, Edinburgh Postnatal Depression Screening, and Generalized Anxiety Disorder-7 Anxiety Scale).

PRIMARY CARE PROVIDER (PCP) OUTREACH AND EDUCATION

In 2025, IEHP plans to further expand existing PCP electronic learning modules to include additional trainings on NSMHS so that they can help promote Members' access to NSMHS and care. Lastly, in 2025, as part of our Outreach and Education plan IEHP will host a minimum of one (1) PCP Training/Webinar with a focus/emphasis on NSMHS in effort to increase access to services.

As mentioned above, First 5 County Commissions in Riverside and San Bernardino County have implemented Healthy Steps initiatives to allow Pediatricians to deliver Dyadic Care services to Members and their parents and/or guardians.

Additionally, IEHP has educated Primary Care Providers on the requirements of providing *Screening, Assessment, Brief Interventions and Referral to Treatment* (SABIRT) services.⁵ This will continue to take place and will allow our PCPs to bring increased awareness and access to NSMHS for our Members.

In Quarter 3 of 2024 IEHP removed our Prior Auth requirements for all Therapy and Psychiatry services. This shift will allow PCPs to directly refer a Member to a Provider in the community and remove any barriers and delays to access. This will continue into 2025. This shift will allow us to continue our alignment with APL 22-005 which has a goal to ensure that beneficiaries have access to the right care, in the right place, at the right time.

IEHP will continue to include information on NSMHS in our training and reference guides, which are available to all our Providers.

IEHP also has over 40 Providers throughout the Inland Empire that offer Enhanced Case Management Services (ECM) services. One of their assigned Value Based Payments is the completion of the depression screening. Currently there is a 76% completion rate for the PHQ-9. Should a Member screen positive or at-risk they are linked to appropriate BH services.

Furthermore, as mentioned, IEHP has leveraged CHWs in some PCP offices to assist with quality metrics, which ties to NSMHS as well.

⁵ DHCS APL 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment

PROPOSED TIMELINE OF NSMHS EFFORTS: 2025

Quarter 1:

- Outreach and Education Plan Approval

Quarter 2:

- IEHP BH Provider Training
- May is Mental Health Awareness Month Campaign
- Maternal Mental Health: Community Events
- Distribute Member Brochure on Depression
- Distribute Teen Mental Health Guide during community events

Quarter 3:

- PRIDE Month Education
- CAC Presentation
- Host Provider NSMHS educational session(s)
- Community Advisory Committee (CAC) Meeting
- Member Newsletter providing Education on how to access NSMHS and Rights/Responsibilities

Quarter 4:

- IEHP BH Provider Training
- Marketing: Stigma reduction groups/sessions in school settings
- Member Newsletter: Education on accessing NSMHS and Patient Rights/Responsibilities
- Psychotropic Medication Fact Sheet Distribution (Annual)

Routine Efforts

Monthly Occurrence:

- JOM with RSBCIHI
- CPAC with SBDBH

Quarterly Occurrence:

- JOMs with Third-Party Entities (i.e., those with an established MOU)
- Community Advisory Committee (CAC) Meeting
- JOM with SB County MHP
- JOM with Riverside County MHP

APPENDIX

CATEGORY	NAME	ATTACHMENT
Stakeholder and Tribal Partner Engagement	IEHP CAC: 3rd Quarter Agenda	 IEHP CAC Agenda 9.19.24.pdf
National Standards for Culturally and Linguistically Appropriate Services (CLAS)	Health Education: Member Brochure - Depression	 IEHP_Member_Depression Brochure 2024_
National Standards for Culturally and Linguistically Appropriate Services (CLAS)	Health Education: Teen Mental Health Guide	 IEHP_TeenMentalHealthGuide2024_EN.pdf
Alignment with Population Needs Assessment	2023 IEHP Population Needs Assessment	 2023 IEHP PHM Population Assessme
Multiple Contact Points for Member Access	Member Handbook	 2024 IEHP Medi-Cal EOC - Final EN 11302
Multiple Contact Points for Member Access	Psychotropic Medication Educational Materials: Cover Letter and Fact Sheet (in English; other threshold languages, Chinese (Traditional), Spanish, and Vietnamese, are available).	 PH_23_4458988_Psychotropic Medications C
Multiple Contact Points for Member Access	IEHP.org: Mental Health and Wellness	IEHP.org
Utilization Assessment	NSMHS Utilization Assessment	 IEHP SB-1019 Utilization Assessment