



**2026**

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

**Prepared by  
Integrated Care Management  
December 2025**

**INLAND EMPIRE HEALTH PLAN**

*IEHP: Non-Specialty Mental Health Services Outreach and Education Plan (2026)*

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## INTRODUCTION

As part of Senate Bill (SB) 1019-Managed Care Plan Mental Health Services Outreach and Education efforts, Inland Empire Health Plan (IEHP) has developed an Outreach and Education Plan (“the Plan”) to demonstrate annual compliance with California SB 1019 and APL 24-012. These requirements focus on increasing awareness and improving Medi-Cal Members’ access to Non-Specialty Mental Health Services (NSMHS). In alignment with APL 22-005, which outlines the No Wrong Door for Mental Health Services Policy, NSMHS includes services such as mental health evaluation and treatment, psychological testing, psychiatric consultation, and outpatient lab, drugs, and supplies. The Plan reflects IEHP’s commitment to ensuring Members are informed about and connected to these essential behavioral health (BH) services.

## STAKEHOLDER AND TRIBAL PARTNER ENGAGEMENT

IEHP partners with multiple internal and external stakeholders to develop ways of 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 that are measured and monitored for effectiveness.

### **Community Advisory Committee (CAC)**

IEHP's Community Advisory Committee (CAC) serves as the health plan's Member Advisory Committee, providing a structured platform for Member engagement and feedback. Composed of various stakeholders such as Medi-Cal Members with active eligibility, community-based organizations (CBOs), and providers, the CAC promotes meaningful dialogue between IEHP and the communities it serves.

The CAC meets quarterly, both online and in person, and plays a critical role in shaping IEHP's outreach, education, and service delivery strategies. Through education, advocacy, collaboration, and feedback, the CAC:

- Empowers Members to share their experiences and priorities.
- Identifies barriers to mental health access and equity.
- Provides input on communication, educational materials, and outreach strategies.
- Serves as a liaison between IEHP and the broader community.

The committee serves as a cornerstone in IEHP's implementation of SB 1019, ensuring that member voices actively shape the development of culturally responsive, stigma-reducing behavioral health services. IEHP attests that it has convened with the Community Advisory Committee (CAC) to design the annual outreach and education plan, aligning efforts with these objectives.

### **2025 Q4 Engagement Highlights and 2026 Outreach Priorities**

On December 4, 2025, the Integrated Care Management leadership presented IEHP's 2025 Outreach and Education Plan outcomes to CAC confirming that the committee's prior recommendations had been successfully implemented. During the same meeting, the proposed 2026 Outreach and Education Plan was shared for feedback. Input from CAC members was reviewed and incorporated into 2026 plan.

Key discussion:

- Addressing DHCS requirements for an outreach plan.

- Reduce stigma surrounding mental health through culturally and linguistically sensitive education and community engagement.
- Enhance provider engagement via targeted behavioral health training and support for increased utilization of Non-Specialty Mental Health Services.
- Engage the Community Advisory Committee in shaping outreach strategies and materials.
- Use of population health surveys and stratification data to address behavioral health needs.
- Improve access in rural and underserved communities through localized outreach and strategic partnerships.
- Ensure cultural and linguistic appropriateness across all outreach materials, messaging, and services, including the use of professional translation, interpreter access, and plain language communication to support meaningful engagement with diverse Member populations.

#### **CAC Key Recommendations and Planned Solutions:**

<b>Recommendations</b>	<b>Solutions</b>
Engage ethnic and faith-based leaders in Latino and Asian communities	Strengthen partnerships with trusted faith leaders by providing culturally relevant materials and involving them in outreach planning.
Increase outreach using videos	Continue to develop and distribute short, multilingual videos through social media, community events, and partner networks to enhance engagement.
Include senior population in the outreach plan	Create age-friendly materials and collaborate with senior centers and CHWs to deliver targeted education and support.
Increase access in rural areas	Partner with rural CBOs and local leaders to develop outreach strategies that reflect the unique needs and priorities of their communities and promote telehealth options overcome transportation and provider shortages in rural regions. Utilize CHWs to assist members through health care navigation

#### **Tribal Partner Engagement**

In collaboration with IEHP's internal Tribal Liaison, we participated in Indian Health community events to provide education on NSMHS and gather feedback from tribal Members. These events served as key opportunities to build trust, promote culturally relevant care, and reduce stigma around mental health.

### **Integration of Traditional Healers**

This inclusion expands culturally appropriate care options and supports holistic healing approaches that are deeply rooted in tribal communities. IEHP continues to engage with Riverside and San Bernardino County Indian Health through the Joint Operations Meeting (JOM) on a quarterly basis.

These meetings are used to:

- Share updates on NSMHS programs and services.
- Elicit feedback from tribal partners on barriers and opportunities.
- Co-develop strategies to improve mental health access and education.

### **2026 Focus Areas**

#### **Tribal Partner Engagement**

Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI), along with other Indian Health Care Providers (IHCPs) in the Inland Empire, in collaboration with IEHP's Tribal Liaison, are committed to:

- Conducting regular JOMs with RSBCIHI to share NSMHS information, discuss Member needs, and address barriers to access.
- Co-design outreach messages with Tribal leadership and clinic staff to reduce stigma, uplift traditional healing, and clarify how NSMHS can be used alongside Traditional Health practices.
- Launch a targeted marketing and communications campaign for American Indian and Alaska Native communities that uplifts Indigenous representation and promotes whole-person health, including NSMHS.
- Support RSBCIHI in pursuing the DHCS Traditional Health Care Practices (THCP) benefit so they can bill for Traditional Healer and Natural Helper services, including assistance with policies, procedures, documentation expectations, and coordination with DMC-ODS counties.
- Remaining proactive outreach to non-contracted IHCPs in the Inland Empire to offer information, technical assistance, and a point of contact for NSMHS-related barriers or questions.

#### **American Indian/Alaska Native (AI/AN) Access to NSMHS**

In collaboration with our Tribal Liaison, IEHP remains dedicated to:

- Provide IHCPs with clear workflows to connect Members to NSMHS appointments with IEHP contracted providers and County Mental Health Plan providers.
- Offer training and technical assistance to RSBCIHI staff on how NSMHS benefits align with their workflows, including when Members may be eligible for Traditional Healer and Natural Helper services under the THCP benefit.
- Develop and disseminate updated job aids and standard work to internal IEHP departments (Member Services, Provider Services, Utilization Management, Integrated Care) to ensure staff understand Tribal resources that support NSMHS and can consistently assist Members and providers.
- Align the AI/AN focused marketing and communications campaign with internal and external materials so Members receive consistent, culturally affirming messaging about NSMHS and Tribal resources at multiple touchpoints.
- Extend outreach and support to non-contracted IHCPs with NSMHS information, coordination pathways, and a feedback channel for barriers impacting AI/AN Members.
- Establish feedback loops with RSBCIHI and other IHCPs and track key process indicators (staff training, IHCPs engaged, outreach touchpoints, barriers identified and addressed) to inform ongoing improvement of the NSMH Outreach and Education plan.

### **Community-Based Organizations (CBOs) and Memoranda of Understanding**

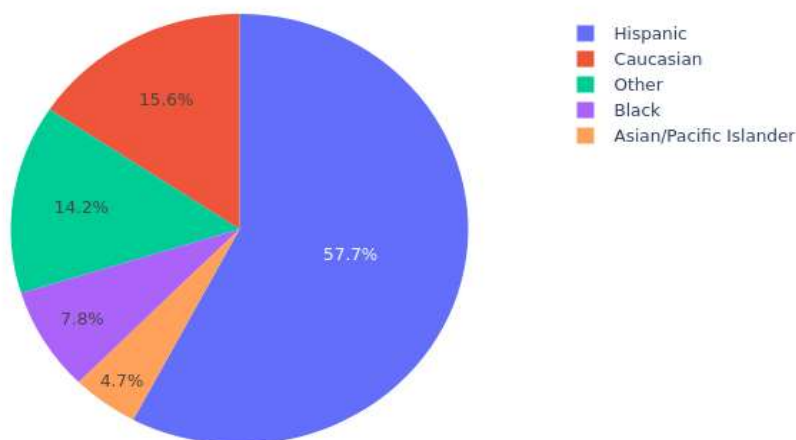
IEHP continues to strengthen its partnerships with CBOs across Riverside and San Bernardino Counties. These collaborations are formalized through existing and emerging Memoranda of Understanding (MOUs), reinforcing a shared commitment to addressing the behavioral health needs of our Members—particularly when there is a suspected or identified need for NSMHS. With discussions including our progress on NSMHS outreach, along with action items to appropriately address stigma, engagement and future alignment opportunities through these strong partnerships.

To ensure alignment and coordinated support for mutual Members, IEHP also facilitates quarterly meetings and conducts routine check-ins with CBO partners as needed. These engagements foster responsive, culturally appropriate care coordination and promote early identification of behavioral health needs. Through this collaborative approach, IEHP enhances timely access to essential services, supporting whole-person care and improved health outcomes.

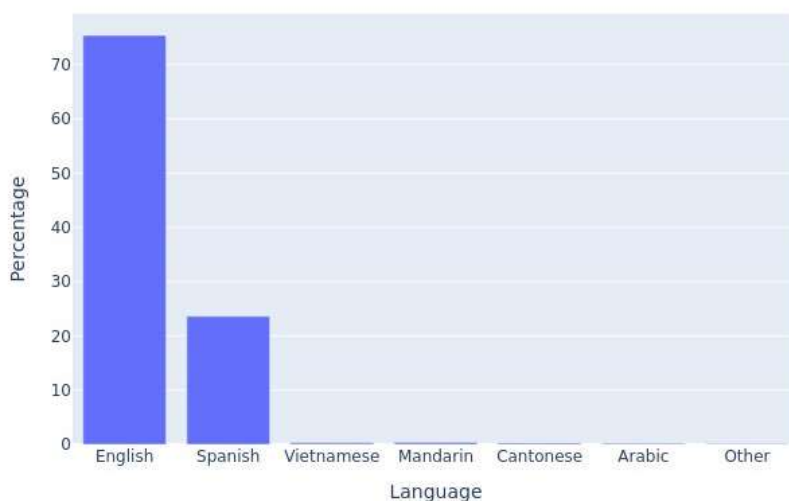
## POPULATION NEEDS ASSESSMENT

IEHP conducts an annual Population Needs Assessment (PNA) to evaluate the health needs of its entire Medi-Cal membership. This assessment includes an analysis of the general population, relevant subpopulations, Social Determinants of Health (SDoH), children and adolescents, members with Serious and Persistent Mental Illness (SPMI), members with disabilities, racial and ethnic groups, and members with limited English proficiency.

IEHP Member Ethnicity Distribution



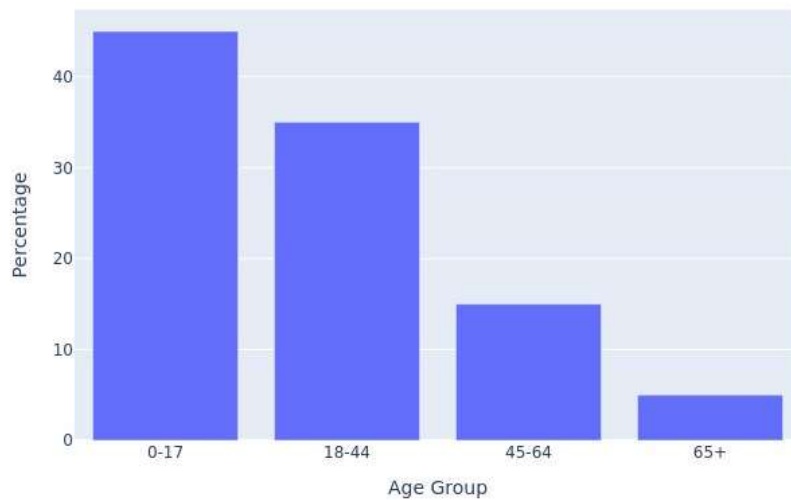
IEHP Member Language Distribution





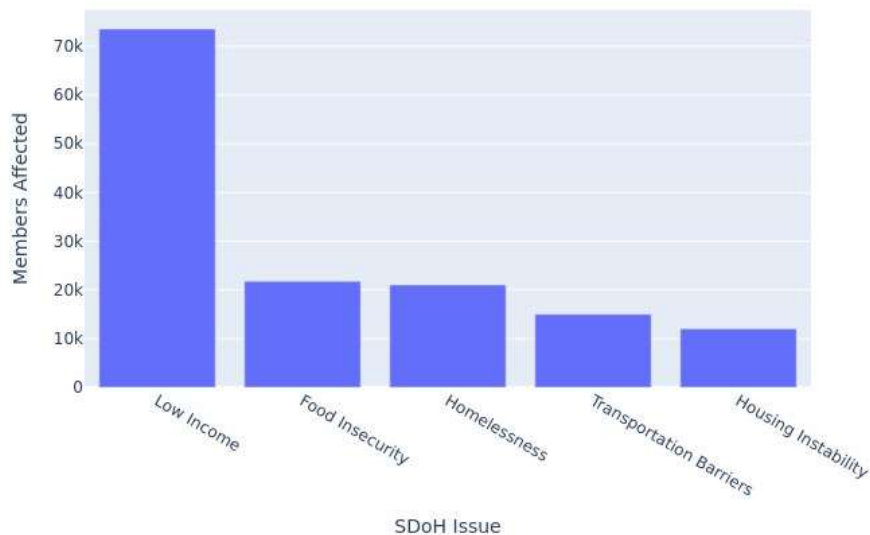
IEHP serves over 1.7 million members at the time of study, with 57.7% identifying as Hispanic, 15.6% as Caucasian, and 7.8% as Black. English and Spanish are the most commonly spoken languages, with smaller populations speaking Vietnamese and Chinese.

IEHP Member Age Distribution



Depression and anxiety are among the most prevalent behavioral health diagnoses across IEHP's Member population. Among children aged 2 to 19, developmental disorders rank within the top three diagnoses, with anxiety and depression following as the fourth and sixth most common, respectively. Notably, lower utilization of Non-Specialty Mental Health Services (NSMHS) has been observed among older adults, Asian American and Pacific Islander (AAPI) individuals, American Indian/Alaska Native (AI/AN) populations, and Spanish-speaking Members, indicating potential disparities in access and engagement.

Top Social Determinants of Health (SDoH) Issues



Food insecurity, homelessness, and low income are prevalent, contributing to barriers in accessing mental health services, that will remain a foundation of our engagement strategies combined with our IEHP benefits and community resources.

**The following mental health needs are met with a combination of IEHP benefits and community resources:**

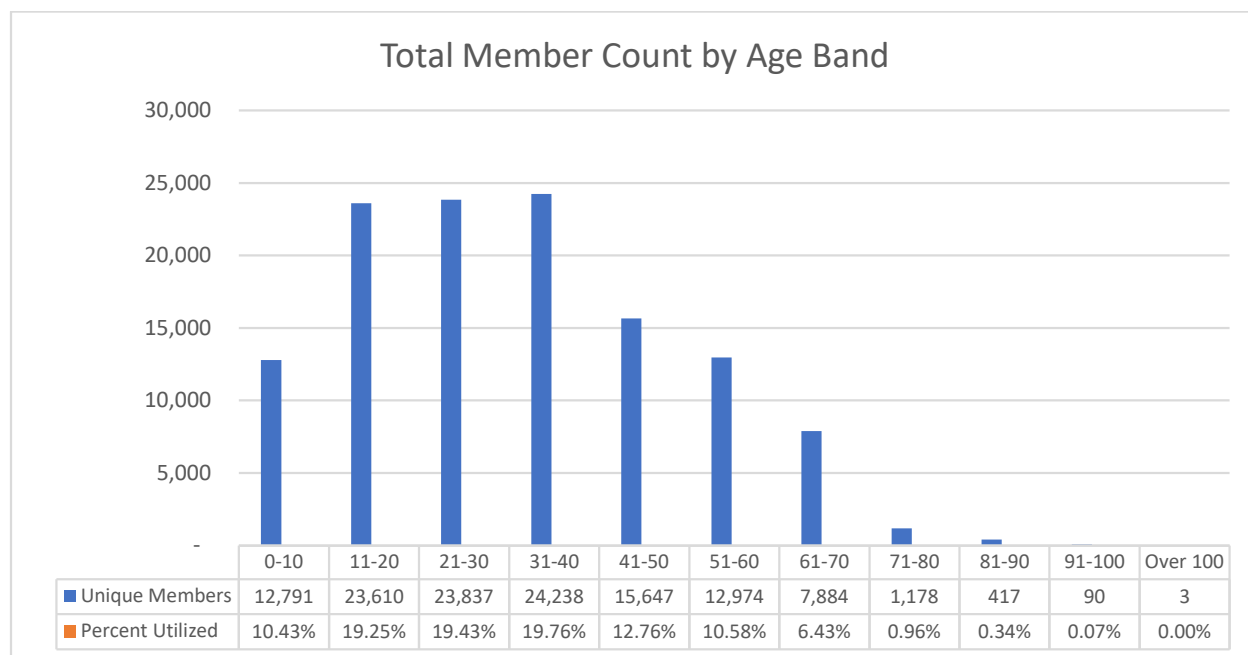
- Behavioral Health Treatment (BHT) for Autism Spectrum Disorder (ASD) and related diagnosis
- Non-specialty outpatient mental health services
- Alcohol misuse screening services
- Healthy School Program identifies gaps in care and provides Member education on preventive care
- The Community Behavioral Health (BH) department identify at risk Members via depression screenings Patient Health Questionnaire-2 (PHQ-2), PHQ 9 and Edinburgh when indicated, link members to needed care
- Substance use disorder treatment services
- IEHP in house BH call center and crisis queue
- Severe mental health and crisis services and resources, such as 988 Crisis Hotline, crisis response, and mobile evaluation team
- Transportation assistance

- IEHP Mental Health and Wellness page <https://www.iehp.org/en/learning-center/mental-health-and-wellness>

IEHP also ensures that interpreter services are available at no cost to Members with limited English proficiency or other communication needs, and that all interpreters meet national Culturally and Linguistically Appropriate Services (CLAS) standards for competency and compliance. IEHP integrates translation services into all programming developed under its education and outreach plan to meet the linguistic needs of the communities it serves.

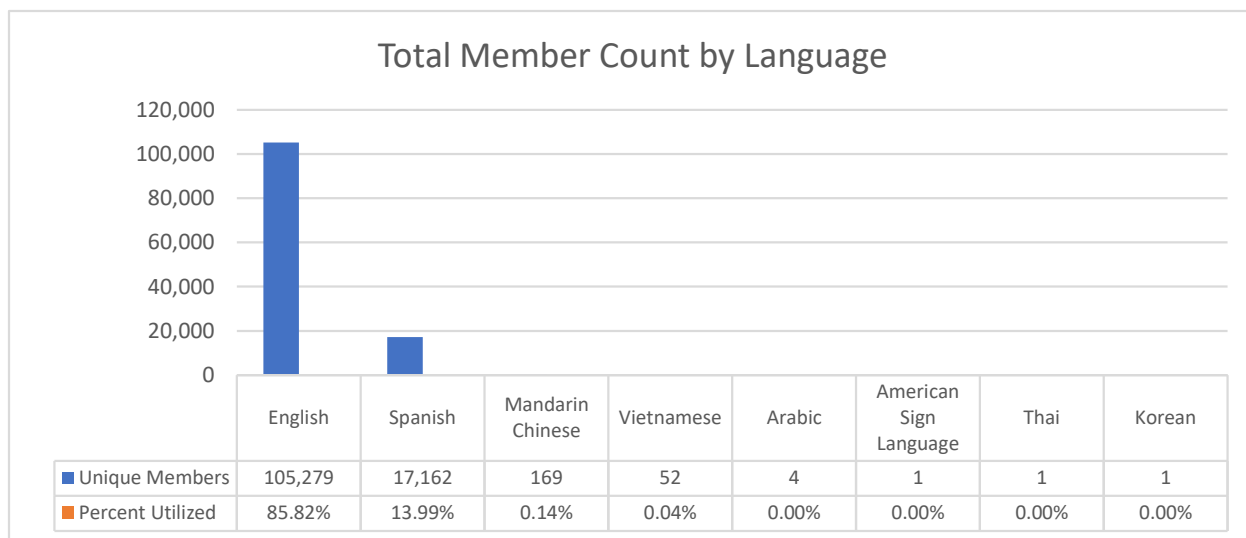
## UTILIZATION ASSESSMENT

A utilization assessment of NSMHS was conducted to identify trends across age groups. The analysis revealed that Members between the ages of 11 and 40 demonstrated the highest utilization rate. This was followed by children ages 0 to 10. Notably, utilization rates declined significantly among Members aged 41 and older. These findings highlight the importance of targeted outreach and tailored service strategies for younger populations, while also exploring potential barriers to access among older Members.

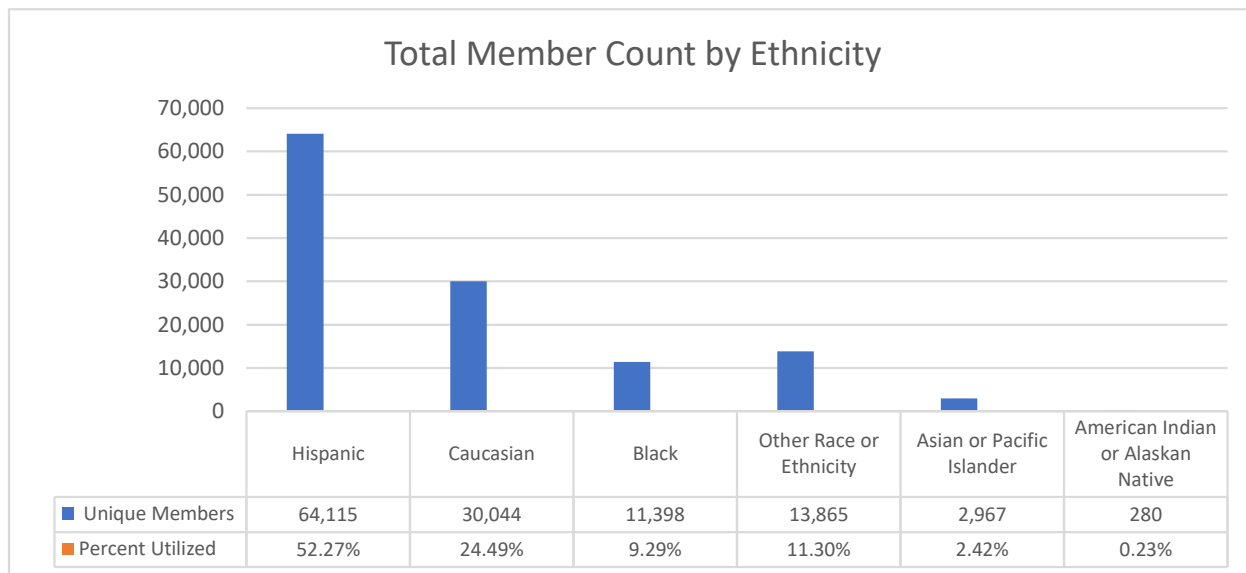


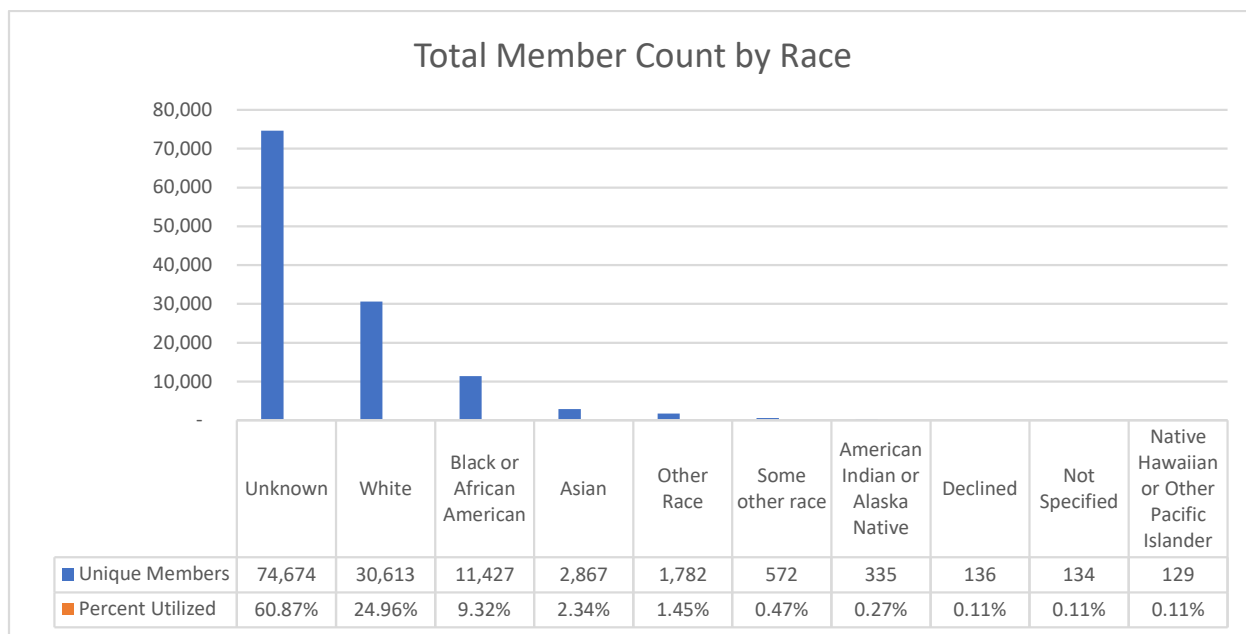
The assessment included an analysis of NSMHS utilization by Members' primary language. Findings revealed that English-speaking Members had the highest utilization rates, followed by Spanish-speaking Members. In contrast, Chinese and Vietnamese-speaking populations demonstrated significantly lower utilization, suggesting potential barriers related to language access, cultural considerations, or limited awareness of available services in these languages.

These disparities highlight the need for further exploration this year into how language and cultural factors may impact access to behavioral health services. Addressing these gaps is essential to ensuring equitable care and improving engagement among linguistically diverse communities.

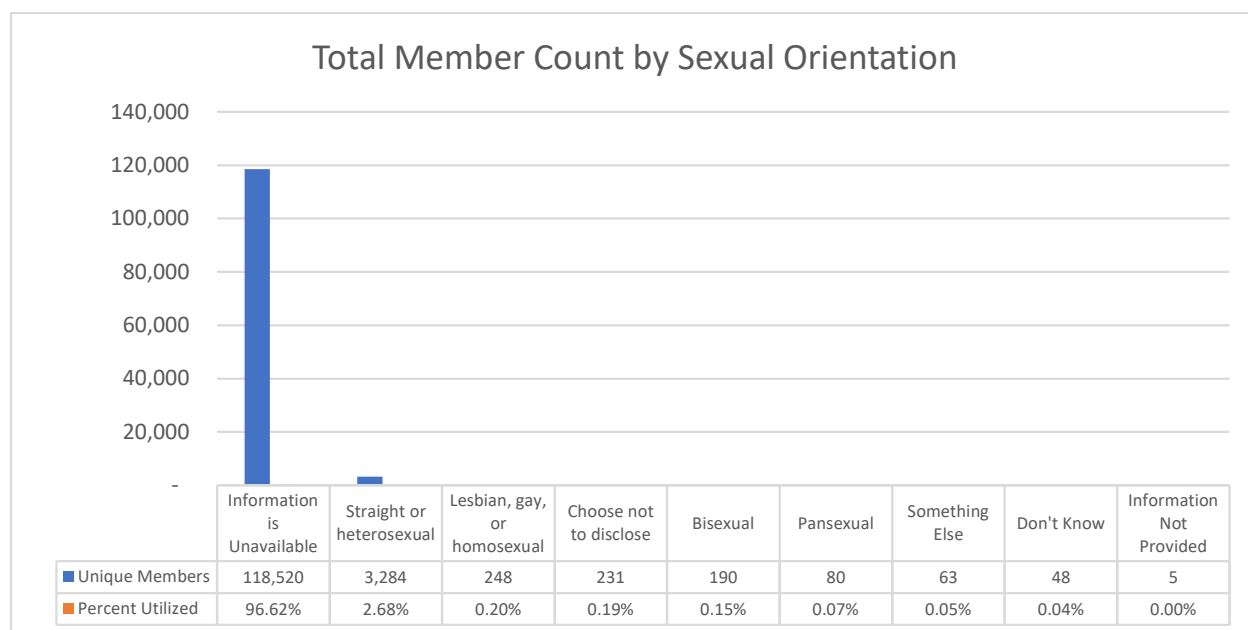


The assessment also identified disparities in utilization of NSMHS based on ethnicity. American Indian or Alaska Native and Asian American and Pacific Islander (AAPI) Members had the lowest utilization rates relative to their representation in the overall membership.





The high percentage of “Race: Unknown” in the dataset is primarily due to incomplete or inconsistent reporting from upstream sources such as claims and delegated entities, where demographic fields are often missing or defaulted to “Unknown.” Another contributing factor is that the race categories provided are limited and may not capture the full range of identities, leading some members to opt out of self-identification. While these gaps are systemic, IEHP actively offers multiple avenues for members to self-report race and ethnicity. Member Services Representatives collect this information during Health Risk Assessment outreach calls using culturally sensitive scripts, and members can update their data by calling Member Services or through the IEHP Member Portal and SmartCare app. IEHP continues to harmonize data across systems, strengthen staff training, and educate members on the importance of demographic data for equitable care.



Similarly, the high percentage of “Information Not Available” for Sexual Orientation and Gender Identity (SOGI) data reflects challenges such as inconsistent reporting across delegated entities, technical limitations in data exchange, and member hesitancy to disclose sensitive information without clear privacy assurances. Nonetheless, as of December 14, 2025, IEHP has collected 45,857 SOGI records. Through its Health Equity Operations (HEO) team, IEHP has implemented a comprehensive framework to standardize SOGI data collection using non-stigmatizing methods, including capturing sex assigned at birth, gender identity, and pronouns to foster respectful and inclusive interactions. Pronoun information is shared with Member-facing staff to support affirming care experiences, and members can update SOGI data via the Member Portal and SmartCare app. HEO also collaborates with internal teams and community-based organizations such as the Transgender Health & Wellness Center, TruEvolution, Victor Valley College, and Sahaba Initiative to promote culturally sensitive approaches and expand outreach within diverse communities.

Additionally, IEHP will train more member-facing team members to consistently collect race and SOGI data, reinforcing our commitment to accurate and respectful data collection practices.

For disability status, IEHP identifies members primarily through Seniors and Persons with Disabilities (SPD) aid codes, which serve as the core data source. IEHP pulls all aid codes that include a disability subcategory and matches them to member eligibility records; any member with a match is classified as having a disability. IEHP will actively monitor SPD data and NSMHS utilization trends to identify gaps, ensure timely access to care, and address any barriers through targeted interventions and resource allocation. These efforts ensure that disability status is considered in care coordination, resource planning, and equity-focused interventions,

supporting DHCS’s SB 1019 objectives to advance health equity and deliver culturally responsive, accessible care.

### **Multimedia Campaigns to Reduce Mental Health Stigma and Promote Access to Care**

In alignment with SB1019 objectives, IEHP is commitment to reducing mental health stigma and increasing access to behavioral health services through targeted multimedia outreach.

#### **2025 Campaign Highlights**

In 2025, IEHP launched a bilingual multimedia campaign titled “You Are Not Alone-Let’s Start the Conversation”. This initiative aimed to:

- Empower Members experiencing mental health or substance use challenges.
- Normalize help-seeking behavior.
- Connect Members with culturally appropriate behavioral health resources.
- Reinforce IEHP’s role as a supportive partner in Members’ recovery journeys.

The campaign was delivered in both English and Spanish to ensure accessibility and cultural relevance.

#### **2026 Planned Activities**

Building on the success of 2025, IEHP’s Marketing Department has developed a comprehensive plan for 2026 to further promote mental health awareness and increase utilization of NSMHS. This plan incorporates feedback from the Community Advisory Committee (CAC), including a key recommendation to expand the use of video content to better engage diverse communities.

Key activities include:

##### **Community Engagement:**

- Participation in local events to directly engage with Members and provide mental health education.

##### **Digital Outreach:**

- Email promotions and texting campaigns focused on mental health awareness.
- Social media content tailored to diverse audiences.
- Expand use of short, multilingual videos, as recommended by the CAC, to enhance accessibility and cultural relevance.

##### **Media and Public Relations:**

- Continued use of radio and TV spots.
- Expansion of Out-of-Home (OOH) advertising in high-traffic areas.
- Strategic media relations to amplify campaign messages.

##### **Culturally Responsive Messaging:**



- Development of materials that resonate with specific populations, including teens and the Asian community.
- Ensuring all content is linguistically and culturally appropriate.

These efforts are designed to increase awareness, reduce stigma, and drive utilization of behavioral health services among the community IEHP serves.

IEHP's Health Equity Operations department has developed a targeted strategy to address low utilization of NSMHS among specific populations identified in the utilization assessment. This strategy centers on collaboration between Health Equity Programs Liaisons (HEPLs) and trusted CBOs partnerships to build trust, reduce stigma, and improve access to behavioral health services.

### **Objectives of the Embedded HEPL Model**

- Reduce stigma and misinformation surrounding behavioral health services.
- Build trust through culturally aligned community partnerships.
- Provide direct guidance to Members on how to access covered mental health services.

### **Community-Based Partnerships**

IEHP is actively partnering with the following CBOs and community institutions:

- TH&WC
- TruEvolution
- Sahaba Initiative
- GANAS
- AAPI Resource Center (San Bernardino)
- County Cultural Liaisons
- Inland Regional Center (IRC)
- Mexican Consulate
- El Sol
- Ives Torres Foundation

These partnerships are designed to ensure culturally and linguistically appropriate outreach and service navigation support.

### **Ongoing Community Engagement**

- Health Equity Program Liaisons (HEPL) promote NSMHS at Inland Empire Disabilities Collaborative (IEDC) Meetings, held on the third Tuesday of every month.
- Health Equity Program Liaisons collaborate with CBOs serving Spanish-speaking and Asian American and Pacific Islander (AAPI) populations to provide:
  - Educational materials are tailored to cultural and linguistic needs.

- Information on the importance of preventative behavioral health care.
- Support in navigating Member benefits, provider searches, and follow-up coordination.

## **Commitment to Equity and Outcomes**

IEHP remains committed to addressing the underutilization of behavioral health services by:

- Enhancing culturally responsive outreach
- Strengthening community trust
- Improving population health outcomes and Member satisfaction in 2026 and beyond

IEHP continues to align its behavioral health initiatives with findings from the Population Needs Assessment and National Committee for Quality Assurance (NCQA) Population Assessment by tailoring outreach and education to meet the diverse needs of its Member population. Efforts include the Healthy School Program, Black Maternal Health educational content, and a Mental Health landing page available in all threshold languages.

Mental health topics are also featured in e-newsletters, and targeted outreach is conducted in collaboration with Health Navigators to support the LGBTQ+ community. These efforts will ensure culturally and linguistically appropriate engagement.

HEPLs actively promote culturally and linguistically appropriate materials during one-on-one meetings with CBOs while we participate at events such as Simple Solutions Psychotherapy, City of Eastvale, and SBC Black Pride. In 2026, HEPLs will support the rollout of enhanced marketing collateral for Interpreter Services and Alternative Formats. IEHP also informs Members of the availability of language assistance services through multiple channels, including the Evidence of Coverage (EOC) Handbook, Member Newsletters, IEHP Website, and Provider Directory, which highlights bilingual staff availability.

To improve access to NSMHS, IEHP has set a strategic goal to increase depression screening rates among Chinese-and Spanish-speaking Members. This initiative includes collaboration with Provider Services to conduct targeted outreach and education for Primary Care Providers (PCPs), with a focus on CLAS standards and stigma reduction.

Every Member engagement is treated as an opportunity to educate individuals about the availability of language assistance services. IEHP also leverages its Community Advisory Committee (CAC) to gather feedback on policies and practices related to cultural and linguistic appropriateness. This community-driven input helps ensure that services remain responsive to the diverse needs of IEHP's Member population.

To maintain high standards, IEHP contracts with interpreter service vendors that demonstrate competency through rigorous testing and screening. All Member-facing materials are written in plain, accessible language to ensure comprehension across all literacy levels. These practices reflect IEHP's commitment to advancing health equity and ensuring that all Members, regardless

of language or cultural background can access and understand their behavioral health benefits, including NSMHS.

## NATIONAL CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES STANDARDS

Building on the outreach and engagement plan established in 2025, IEHP continues its commitment into 2026 to reduce stigma and promote mental health awareness through comprehensive member education initiatives. Outreach materials are consistently reviewed for readability and translated into all threshold languages (English, Spanish, Chinese and Vietnamese) to ensure accessibility for all members. Inclusive communication practices remain a priority, with a strong emphasis on person-first language to normalize mental health and eliminate stereotypes.

Community engagement continues to be a cornerstone of these efforts, with active participation in events, health fairs, and workshops focused on mental health awareness. IEHP also expands resource sharing by distributing newsletters, multimedia materials, health libraries, and culturally resonant educational content. All communications are designed to reflect the cultural backgrounds of members, fostering understanding of mental health and improving access and outcomes.

IEHP provides language assistance at no cost to individuals with limited English proficiency or other communication needs, ensuring timely access to health care services. Interpreter services are delivered by qualified professionals who meet competency requirements and comply with National CLAS Standards. Members are informed of the availability of interpreter services and related policies through multiple channels, including the Evidence of Coverage/Member Handbook, Member Newsletters, Provider Directory, and the IEHP website.

All programming developed under the Outreach and Education Plan integrates translation services to meet the linguistic needs of the communities served. For example, if Spanish is identified as a commonly spoken language in a program's target area, all materials are translated accordingly. IEHP also administers post-engagement surveys to evaluate whether educational services are culturally and linguistically appropriate. Every member interaction is treated as an opportunity to educate individuals about language assistance services, and IEHP leverages CAC to gather feedback on cultural and linguistic appropriateness.

IEHP continues to reinforce with providers that minors should not be used as interpreters except in extraordinary circumstances, such as medical emergencies. This policy supports culturally and linguistically appropriate care and ensures that members receive accurate, professional language assistance in sensitive health care settings. Interpreter service vendors are vetted through rigorous testing and screening to ensure superior competency. Additionally, all member-facing materials are written in plain, accessible language to promote comprehension across varying literacy levels.

## BEST PRACTICES IN STIGMA REDUCTION

IEHP continues to prioritize health equity by providing monthly staff training on topics such as mental health awareness, reducing barriers for marginalized communities, and culturally responsive care. These sessions often feature expert panels and open discussions that address stigma and promote inclusive practices. In 2026, IEHP remains committed to equipping staff with the tools and understanding needed to support Members with compassion and cultural sensitivity.

The Marketing Department has actively engaged in community events to reduce stigma and raise awareness of available mental health resources. Notable efforts in 2025 included participation in RUHS Recovery Happens in Riverside and the Cedar House Testimonial. At KidChella, Health Navigators distributed teen mental health handbooks, helping normalize conversations and connect Members to support services.

The Provider Services team has focused on outreach to rural communities such as Yucca Valley and Needles through monthly meetings. In alignment with SB 1019 and CalAIM's No Wrong Door Policy, future sessions will include educational presentations on NSMHS to enhance provider awareness and improve access for underserved populations. These efforts reflect CAC recommendations and reinforce IEHP's commitment to culturally responsive care.

Additionally, Provider Services facilitates annual learning and networking events with IEHP Healthcare Scholars, in collaboration with the Community Wellness Collaborative (CWC) and county medical societies. Looking ahead to 2026, plans are underway to develop targeted educational sessions on NSMHS and SB 1019.

IEHP also plans to host a Mental Health Awareness Forum during Mental Health Awareness Month. This event will explore how mental health stigma is presented across diverse communities and provide culturally tailored education and resources. The forum will serve as a platform to uplift community voices; share lived experiences and reinforce IEHP's commitment to reducing stigma and improving access to behavioral health care.

### **County Liaison Efforts**

IEHP engages in routine collaboration with key partners to support Member access to NSMHS. JOMs are held with third-party entities and CBO, including Riverside County Department of Public Social Services (DPSS) and Riverside University Health System (RUHS). These meetings focus on care coordination for high-risk populations, such as those involved in the Child Welfare System and Members utilizing County Mental Health Services. A pilot program planned with RUHS and DPSS will allow for direct referrals of eligible Members to IEHP for NSMHS access.

IEHP also partners with First 5 Riverside and San Bernardino to implement Healthy Steps programs in primary care settings, supporting dyadic care and early intervention for families. In collaboration with County Mental Health Plans (MHPs), IEHP uses universal screening and

transition of care tools to ensure Members are connected to the appropriate level of behavioral health care. When Members meet county-level criteria, they are referred to the CARES Program in Riverside County or the ACCESS Program in San Bernardino County. These programs provide outreach and support to ensure successful linkage to services and continuity of care across systems.

IEHP actively incorporates feedback from county partners, community stakeholders, and Members to inform future outreach and education plans. The health plan participates in a variety of forums, including quarterly JOMs, the San Bernardino Department of Behavioral Health (SBDBH) Community Policy Advisory Committee (CPAC), and community behavioral health events. IEHP also collaborates on access and staff training, shares social media messaging on behavioral health access, and attends RUHS Behavioral Advisory Committees to address access barriers.

As part of SB1019's efforts and in alignment with APL 24-012 requirements to increase awareness and access to NSMHS for Medi-Cal Members, IEHP's County Programs Liaison team is expanding its presence at county-related events and meetings as well. This strategic engagement aims to strengthen partnerships, promote NSMHS, and ensure community stakeholders are informed about available behavioral health resources.

Below are some of the meetings the County Programs Liaison team have been invited to, where we continue to promote and increase awareness for our partners:

Riverside County C.A.R.E. Team Meetings
Riverside County DPSS Events and Meetings
RUHS BH System of Care Meetings
RUHS BH Community Events
RUHS BH Cultural Competency Events
SBDBH Community Policy Advisory Committee Meetings
Riverside & San Bernardino County Nutrition Action Partnership
SB County Cultural Competency Advisory Committee– Subcommittees

As part of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process, each county has identified three priority areas to address key health and social needs, where IEHP will also be actively participating in these initiatives as well.

These workgroups will serve as collaborative platforms for stakeholders to develop strategies, share resources, and drive progress on the identified priorities. Highlights and updates from each

workgroup will be shared with the respective CACs, supporting ongoing community engagement and transparency.

### **Priority Areas and Workgroups:**

- **Workgroup 1: Mental and Behavioral Health**  
Focused on improving access to mental health services, reducing stigma, and enhancing behavioral health outcomes across the county.
- **Workgroup 2: Housing**  
Addressing housing stability, homelessness prevention, and access to safe, affordable housing options.
- **Workgroup 3: Access to Care**  
Aiming to reduce barriers to healthcare services, improve health equity, and ensure timely access to quality care for all residents.

These ongoing efforts ensure that NSMHS outreach and education remain responsive, collaborative, and aligned with community needs.

### **Community Outreach Efforts**

In support of SB 1019 and IEHP's broader commitment to advancing behavioral health equity, Community Health Workers (CHWs) continue to play a vital role in expanding access to NSMHS. Throughout 2025 and continuing into 2026, IEHP has strategically deployed CHWs across high-need areas in Riverside and San Bernardino Counties to increase awareness, reduce stigma, and connect Members to essential behavioral health resources.

CHWs are equipped with standardized screening tools such as the PHQ-2, PHQ-9, and EPDS to identify behavioral health needs. Select CHWs also utilize the Ages and Stages Questionnaire (ASQ) to assess developmental delays in children. These tools enable early identification and intervention, ensuring timely access to care.

Beyond screenings, CHWs provide psychoeducation to normalize conversations around mental health and reduce stigma within communities. They serve as trusted connectors, linking Members to appropriate behavioral health providers and assisting individuals and families with accessing critical services such as health insurance enrollment, housing referrals, and other social supports. This holistic and culturally responsive approach ensures that care is tailored to the unique needs of each Member.

In 2025, IEHP expanded its outreach to faith-based communities, engaging local leaders to promote NSMHS and foster open dialogue around mental health. These partnerships have led to routine presentations focused on education, stigma reduction, and service navigation. CHWs have established consistent access points at food banks, senior centers, libraries, colleges, and

faith-based organizations, where they conduct face-to-face interactions, screen for mental health concerns, and provide follow-up support to ensure successful connections to care.

Regionally, CHWs maintain a bi-weekly presence in Blythe at the Senior Center and Palo Verde, offering assistance with health insurance, behavioral health, and housing services. In the Coachella Valley, CHWs are stationed bi-weekly at the Coachella Valley Rescue Mission and monthly at the Olive Crest Foster Family Agency. They also lead a Men's Support Group at the Department of Public Social Services (DPSS) office in Indio and participate in Bienestar Family Day, supporting the Men's Program during onsite visits.

In Yucca Valley, IEHP is currently awaiting approval of a Memorandum of Understanding (MOU) to establish a presence at the Senior Center. Once finalized, CHWs will begin regular outreach and service coordination in the area. These efforts directly support CAC recommendations to increase access in rural regions and promote service utilization among older adult Members.

To ensure continuous improvement, IEHP actively gathers feedback from CHWs to identify opportunities for refining outreach strategies and enhancing service delivery. This feedback loop helps maintain responsive, culturally appropriate care coordination, particularly for underserved and rural populations.

Additionally, in alignment with the Child and Youth Behavioral Health Initiative, IEHP supports the Student Behavioral Health Incentive Program (SBHIP). This initiative focuses on expanding access to mental health services for students, emphasizing early identification, intervention, and connection to care. CHWs are instrumental in this effort, helping students and families navigate available behavioral health resources.

Through sustained outreach, targeted screenings, and strong community partnerships, IEHP's CHWs are reducing barriers to behavioral health care, building trust, and promoting mental health awareness. Whether at a senior center, faith-based event, or local rescue mission, the Social and Community Services team ensures that mental health remains a visible and accessible priority for the communities we serve. These efforts will continue to grow and evolve throughout 2026, reinforcing IEHP's long-term commitment to equitable, community-driven behavioral health access.



## MULTIPLE POINTS OF CONTACT FOR MEMBER ACCESS

IEHP offers multiple ways for members to access mental health services

1. **Call IEHP Member Services**  
Members can call IEHP Member Services at 1-800-440-4347 to request assistance with accessing NSMHS. Representatives are available to provide personalized guidance and support.
2. **IEHP Behavioral Health Call Center Staff** are available during normal business hours (8 am-5 pm), (Monday – Friday), to receive phone calls regarding the BH process. Members may seek provider options for individual therapy and medication management, or issues regarding BH services.
3. **Primary Care Provider (PCP)**  
A Member’s PCP is a key resource for initial mental health screenings and determining care needs. If a Member screens positive, the PCP will refer the Member to an appropriate behavioral health provider within the IEHP network.
4. **IEHP Website**  
Members can visit [www.iehp.org](http://www.iehp.org) and navigate to the Mental Health and Wellness page under the “Benefits That Matter” section. This page includes updated resources and links to find NSMHS providers through the online provider directory.
5. **IEHP Email Support**  
Members may contact IEHP via email at [memberservices@iehp.org](mailto:memberservices@iehp.org) for questions or assistance related to mental health benefits.
6. **Walk-In Access to NSMHS Providers**  
Members may walk into any contracted NSMHS provider to request an in-person assessment or schedule an appointment directly.
7. **Community Health Workers**  
IEHP’s trained CHWs provide in-person education about NSMHS benefits and conduct behavioral health screenings using validated tools such as PHQ-2, PHQ-9, EPDS, and GAD-7. CHWs help identify Members in need of support and assist with referrals to appropriate services.
8. **Healthy School Program and College Outreach**  
IEHP’s Healthy School Program offers mental wellness resources to K-12 students. In partnership with the Enrollment and Eligibility team, IEHP is expanding outreach to college students by leveraging relationships with local community colleges to identify Members and address care gaps.
9. **County Behavioral Health Partnerships**  
IEHP collaborates with county behavioral health departments to support Members

transitioning from county specialty mental health services to NSMHS. This includes warm handoffs and improved referral processes to ensure continuity of care and personalized support.

These options provide flexibility for Members to access mental health services through direct outreach, provider referrals, digital tools, community engagement, and in-person visits. Members can also reach out to the Medi-Cal Managed Care Division, Office of the Ombudsman at 1-888-452-8609.

## PRIMARY CARE PROVIDER (PCP) OUTREACH AND EDUCATION

IEHP's Provider Outreach and Education Plan is designed to ensure that PCPs are well-informed, supported, and equipped to effectively deliver and connect Members to timely and equitable NSMHS. Guided by the Quality Management and Health Equity Transformation Committee (QMHETC), which serves as IEHP's Quality Improvement and Health Equity Committee (QIHEC), these efforts leverage the committee's expertise, insights, and recommendations to shape strategies that promote equitable care. QMHETC provides critical input on health equity priorities, cultural and linguistic needs, and stigma-reducing approaches, ensuring that outreach and education plans reflect member perspectives and community realities. By incorporating this guidance, IEHP fosters a coordinated, culturally responsive care environment that strengthens provider capacity, addresses disparities, and advances equitable access to behavioral health services.

In alignment with SB 1019 requirements, IEHP initiated foundational outreach and education efforts in 2025 to build awareness and readiness across its provider network. Building on the groundwork laid in 2025, IEHP will expand its outreach and education initiatives in 2026 to meet SB 1019 requirements and support continuous improvement.

As part of SB1019's efforts, IEHP's Provider Services Team is responsible for facilitating NSMHS training for PCPs and access to supportive resources. These trainings provide PCPs with comprehensive education on NSMHS, including covered services, pathway guidance to connect Members to NSMHS appointments, health screening tools (e.g. PHQ 2, PHQ9 and GAD 7) and strategies to reduce stigma in mental health care.

Trainings are facilitated by the Provider Services Team through the following points of engagement:

- **New PCP Onboarding Orientation:** Conducted within 30 days of a PCP's new network enrollment, this orientation introduces PCPs to NSMHS and IEHP's behavioral health programs, referral workflows, and available support resources. Providers receive access to the Provider Manual and have the opportunity to ask questions during these live training sessions.
- **Monthly Provider Webinars:** These sessions will be utilized to ensure that PCPs receive annual refresher training, reinforcing key concepts and providing a review and updates on NSMHS referral processes, policies and procedures, culturally responsive care and best practices.
- **As part of SB 1019 efforts,** IEHP's Provider Services Team expands outreach and education to include tailored behavioral health training for PCPs. These trainings support providers in understanding NSMHS, navigating referral processes, and utilizing screening tools, while also serve as a platform for ongoing dialogue and feedback between IEHP and its provider network.

IEHP also collaborates with Tribal leadership and clinic staff to co-design outreach messages that reduce stigma, uplift traditional healing practices, and clarify how NSMHS can be coordinated with traditional Tribal health approaches. This ensures culturally responsive engagement and supports access to care in Tribal communities.

To support sustained learning and operational consistency, IEHP maintains a centralized Behavioral Health Resource Repository accessible through [www.providerservices.IEHP.org](http://www.providerservices.IEHP.org). This repository includes:

- A PCP Training Guide outlining NSMHS coverage, referral protocols, and clinical guidelines.
- Resources on behavioral health screenings, stigma reduction strategies, and links to relevant regulatory and industry standards.

These tools are maintained to support provider knowledge, streamline care coordination, and ensure that Members receive timely, culturally and linguistically appropriate access to NSMHS. Through these efforts, IEHP promotes a high-quality, equitable behavioral health care experience across its provider network.

In conclusion, the IEHP SB-1019 Outreach and Education Plan for 2026 demonstrates a comprehensive and culturally responsive approach to enhancing access to Non-Specialty Mental Health Services (NSMHS) for Medi-Cal Members. Through strategic partnerships with Tribal communities, Community-Based Organizations, and County agencies, IEHP is committed to reducing stigma, improving health equity, and ensuring that behavioral health services are accessible to all populations, including underserved and linguistically diverse groups. The integration of multimedia campaigns, targeted provider education, and community health worker engagement underscores IEHP's dedication to whole-person care. As IEHP moves forward, continued collaboration, data-driven strategies, and community feedback will be essential to sustaining and expanding the impact of these initiatives, ultimately fostering a healthier and more inclusive Inland Empire.