

2025

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

**Prepared by
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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.

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 HIS & HIS Public Authority
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.

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.

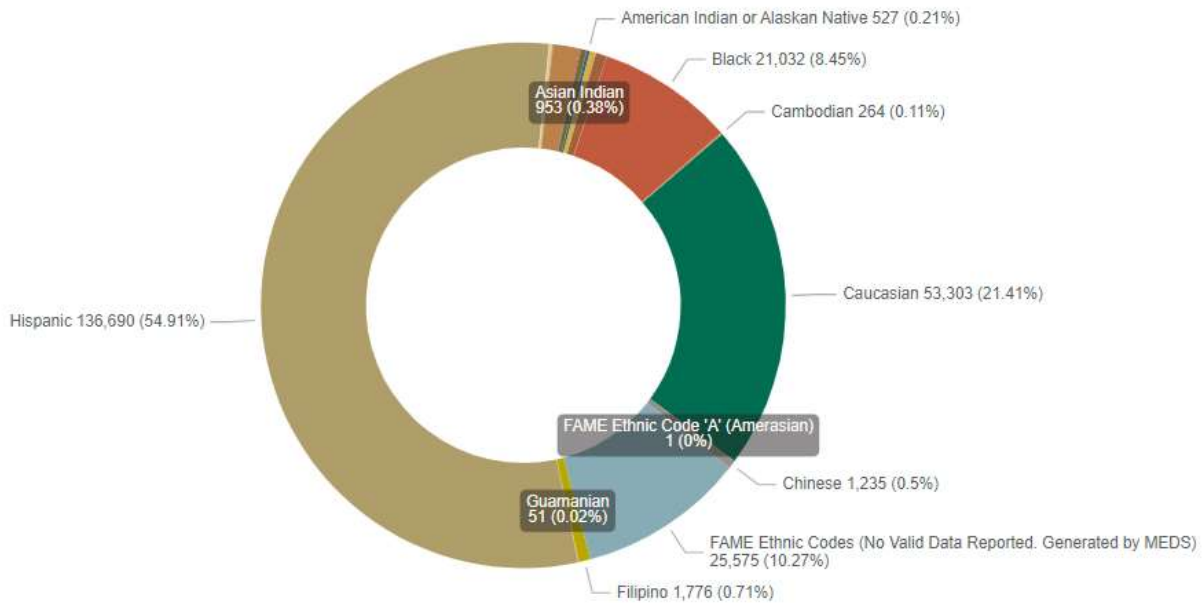
¹ Department of Health Care Services (DHCS) All Plan Letter (APL) 22-029, Dyadic Services and Family Therapy Benefit

UTILIZATION ASSESSMENT

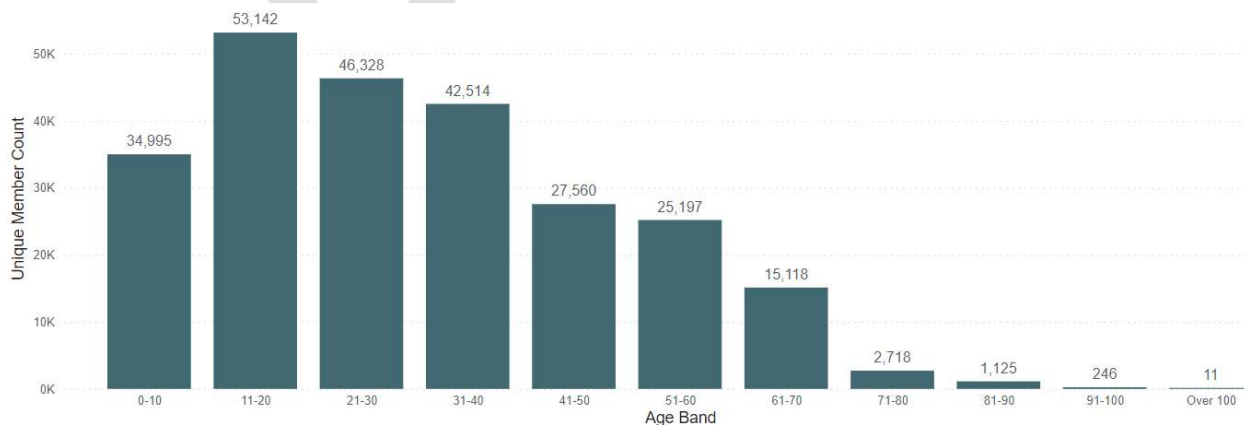
A utilization assessment of NSMHS was conducted and it was found that the 3 highest utilized service categories are the following:

Category	Total Unique Members	Total Unique Claims
Mental health evaluation and treatment, including individual, group, and family psychotherapy	141,905	936,888
Psychiatric consultation	71,616	105,995
Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition	35,433	97,983

The assessment showed that Hispanic Members are the highest utilizers of NSMHS:



Additionally, those between ages 11 and 40 are the highest utilizers of NSMHS:



With the results of this assessment in mind, we will cater upcoming efforts to help expand both mental health care and resources for all of these Member populations.

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.

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.³

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

² DHCS APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance

³ 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.⁴ 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.

⁴ 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

Quarterly Occurrence:

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

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_Depre ssion Brochure 2024_1
National Standards for Culturally and Linguistically Appropriate Services (CLAS)	Health Education: Teen Mental Health Guide	 IEHP_TeenMentalHeal thGuide2024_EN.pdf
Alignment with Population Needs Assessment	2023 IEHP Population Needs Assessment	 2023 IEHP PHM Population Assessmer
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_Psych otropic 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 Assessmen