



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



L.A. Care
HEALTH PLAN[®]
For All of L.A.

December 2024

Table of Contents

Introduction	1
Stakeholder & Tribal Partner Engagement:	1
Community Engagement	1
Tribal Partner Engagement.....	3
Quality Improvement and Health Equity Council Engagement	5
Los Angeles County Department of Mental Health Engagement.....	5
Carelon Behavioral Health Engagement.....	5
Population Needs Assessment	6
Utilization Assessment	7
Member Outreach Plan	10
Top Priorities from Utilization Assessment and Stakeholder Engagement	10
Social Media Outreach.....	11
Behavioral Health Website Updates.....	11
Multiple Points of Contact	12
Member Communications	12
Community Resource Center	12
Resources from Health Education.....	13
Culturally and Linguistically Appropriate Services	13
Primary Care Provider Outreach Plan	14
Email/Fax Distribution	14
Provider Newsletter	15
Carelon PCP Guides.....	15
Provider Portal.....	15
Provider Onboarding Training.....	15
L.A. Care Clinical Connection.....	15

Introduction

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose. Many Medi-Cal members experience mental health symptoms that are undertreated each year. Since the COVID-19 Public Health Emergency, these findings have been exacerbated with low utilization rates of non-specialty mental health services (NSMHS). In order to increase the utilization rates of these services among Medi-Cal members, particularly among those groups that are found to be underutilizing care, L.A. Care has created the following member and provider outreach and education plan to increase awareness about the type of mental health services available through L.A. Care, to help destigmatize seeking care, and ultimately increase utilization of NSMHS.

L.A. Care delegates the management of behavioral health services to Carelon Behavioral Health, a National Committee for Quality Assurance (NCQA) - Accredited Managed Behavioral Health Organization (MBHO). Members requiring NSMHS can contact Carelon directly to connect with an appropriate provider. L.A. Care maintains monitoring and oversight of Carelon to ensure the delivery of high-quality, accessible, and effective behavioral health services.

This plan complies with All Plan Letter (APL) 24-012, which is a guideline issued by the California Department of Health Care Services (DHCS) to help managed care plans (MCPs) improve access to mental health services. It was created in response to California Senate Bill (SB) 1019 and aims to address gaps in the use of these services. The plan requires managed care organizations to reach out and educate members and their primary care providers each year about the mental health services that are covered under the plan. This initiative supports the state's CalAIM program, which promotes the idea that there should be no wrong door for accessing necessary mental health services, ensuring that individuals understand how to access the mental health care they need.

The following plan outlines the activities undertaken and planned by L.A. Care's Behavioral Health department (hereafter Behavioral Health department) to achieve the goals of the outreach and education plan.

Stakeholder & Tribal Partner Engagement:

Community Engagement

L.A. Care has an established avenue for gathering feedback from its members, known as the Regional Community Advisory Committees (RCAC). RCACs meet on a bi-monthly basis in-person at a local L.A. Care Community Resource Center. RCAC 4 represents Metro Los Angeles and comprises members from various racial, ethnic, and linguistic backgrounds and varying housing and disability statuses. The stakeholders

are representative of L.A. Care’s Medi-Cal membership that this plan aims to engage to increase utilization of NSMHS. Members of the RCAC are L.A. Care members who volunteer to attend RCAC meetings consistently on a bi-monthly basis. RCAC members represent the diverse age groups, racial, and ethnic communities they are a part of. RCACs give members a voice and keep L.A. Care connected to the needs of the community it serves.

The Behavioral Health department attended the RCAC 4 meeting on November 19th, 2024, held at the Metro L.A. Community Resource Center in Koreatown. An overview of the plan was described, highlighting how L.A. Care intends to increase the utilization of NSMHS. Five questions were posed to gather feedback to incorporate into the outreach and education plan, each focusing on a key priority area of the outreach and education plan.

Priority Area	Question	Member Feedback/Suggestions
Feedback on the Plan	What feedback or suggestions do you have regarding the components of the plan presented today?	Emphasized that this outreach is important and the thought behind the plan is appreciated.
Access and Awareness	What challenges have you encountered when trying to access mental health services?	<ul style="list-style-type: none"> • Noted the long wait times associated with referrals, and sometimes being placed on a waitlist for extended periods of time. • Noted that they do not distinguish between the care delivery systems like Carelon or DMH when receiving care, so some of the feedback may be broad and not specifically applicable to NSMHS provided through Carelon. • Members noted challenges with consistently being seen by one provider and having to go through multiple providers to receive therapy. This prevents a rapport from developing and forces members to repeat themselves to each provider. • Upon being contacted, some providers state that they don’t accept Medi-Cal.
Culture and Language	Is it acceptable in your community to talk about and seek mental health services?	<ul style="list-style-type: none"> • African American/Black members noted that it was acceptable to talk about mental health whereas LatinX members noted that there is still a lot of stigma in their community regarding discussing mental health and seeking treatment. • Members noted the importance of cultural sensitivity from providers, particularly in terms of language used when speaking to trans and non-binary patients.
Engagement and Outreach	How do you currently receive information about available mental health services and resources?	<ul style="list-style-type: none"> • Members overall reaction to this question was they are not receiving adequate information about the available mental health services and resources. • A few members noted that they receive information via social media and emails from their primary care provider groups.
Areas for Improvement	What factors would make you more likely to seek out and use mental health services?	<ul style="list-style-type: none"> • Increasing awareness about the existing resources would enable members to seek and use care. • Improving the quality and accessibility of services would encourage members to seek and continue care.

The feedback collected from the November 19 RCAC meeting has been incorporated into this plan to guide L.A. Care's focus on critical areas such raising awareness of NSMHS, clarifying the distinction between different provider types, improving access, reducing stigma around mental health care, and addressing the needs of specific demographics requiring additional support. The Behavioral Health department will participate in the RCAC on an annual basis to collaborate on how to improve outreach and education practices for behavioral health and ensure cultural and linguistic appropriateness.

The Behavioral Health and Community Resource Center (CRC) leadership have met to discuss the needs of the community. CRC leaders frequently engage with stakeholders representing diverse age groups, racial and ethnic communities, and other marginalized groups. The feedback delivered by the CRC leaders underlined the need for greater awareness of behavioral health resources and how community members who come to the CRCs can learn about and access care.

Tribal Partner Engagement

United American Indian Involvement Inc. (UAI) is a Los Angeles-based organization focused on the holistic treatment of the American Indian and Alaskan Native community in the urban Los Angeles area by providing comprehensive integrated services that focus on all age groups and incorporate culture and traditions¹. UAI is the DHCS Indian Health Care Programs provider for Los Angeles County. The Behavioral Health Department met with leadership from UAI on October 23, 2024 to gather input and learn how L.A. Care can best engage and serve the needs of its Native American Medi-Cal members.

The Behavioral Health Department provided an overview of L.A. Care's plan to increase utilization of NSMHS through the outreach and education plan and facilitated a

¹ UAI (n.d.). *About United American Indian Involvement (UAI)*. United American Indian Involvement (UAI). <https://uaii.org/who-we-are/#mission-vision>

discussion on three topics with the UAI leadership. UAI provided valuable information to L.A. Care that has guided this outreach and education plan.

Question	Tribal Partner Feedback/Suggestions
What services are most relevant to the Native American community?	<ul style="list-style-type: none"> • Culturally sensitive and accessible substance use disorder treatment is a service needed by the Native American community. • Native Americans in Los Angeles are spread out across the County, and many use behavioral health services through telehealth. • Native Americans would like to receive treatment by providers who look and understand what it means to be Native American and understand what it means to be an Urban Native American. • Access to traditional services and medicines (sage, cedar, sweetgrass) • Social interaction with people who have the same history, values, interests, traumas as they do.
What challenges and successes can UAI share with L.A. Care about engaging the Native American community in behavioral health care?	<p>Successes: Continuity of care – UAI offers services for prevention and follow-up, their after-care plans involve community connections.</p> <p>Challenges: Finding providers to meet the needs of the Native American community.</p> <p>Additional input:</p> <ul style="list-style-type: none"> • Continuity of care – people may move back and forth between the Urban area and their Reservation. People may travel throughout the year on the Powwow trail, thus creating challenges with follow-up and consistent access to care. • Stigma against seeking care for mental health and substance use disorders is persistent in the Native American community. High levels of stigma against opioid use disorder and residential treatment for severe mental illnesses. • UAI has been a point of contact for people looking for their loved ones and helps connect families due to the ongoing Missing and Murdered Indigenous Women and Children/Persons crisis.
How can L.A. Care effectively engage Native American members about NSMHS while being culturally sensitive and reducing stigma?	<ul style="list-style-type: none"> • Utilize Motivational Interviewing (MI) to start where people are willing to receive services. • Outreach materials should be made to be culturally sensitive and relevant – developed in a way that speaks to community members best. • Work to improve historical trust issues with systems through consistent outreach, tabling at UAI events, being able to share branding materials. • To effectively engage members, it is essential to have and demonstrate knowledge about the community, through engaging L.A. Care staff and increasing knowledge and awareness of issues of importance to Native Americans.

The outreach and education plan incorporates UAI's guidance to create culturally sensitive materials for Native Americans. L.A. Care will be sharing information on mental health services through social media during Native American Heritage Month and Indigenous People's Day. L.A. Care is also working on increasing awareness of services available to members across all providers and through providers dedicated to providing culturally sensitive and trauma-informed services to Native Americans.

Quality Improvement and Health Equity Council Engagement

The Behavioral Health department presented an overview of the member and provider outreach and education plans at the November 19, 2024 Quality Improvement and Health Equity Council (QIHEC) meeting. The QIHEC members provided positive feedback on the plan components, and agreed that enhanced outreach efforts regarding behavioral health services would be beneficial to both members and providers to improve utilization of services. The QIHEC commended the Behavioral Health department on its equity-focused approach.

Feedback from members highlighted access issues that could be addressed by providing clearer guidelines on how to access behavioral health benefits. Providers emphasized the need for more frequent reminders on how to refer members to these services and supported the Behavioral Health department's proposal to encourage regular check-ins with members about their mental well-being.

Los Angeles County Department of Mental Health Engagement

L.A. Care maintains a strong, well-established partnership with the Department of Mental Health (DMH) through regular collaborative meetings. L.A. Care will continue collaborating with the DMH to develop and share materials to guide how County Members can access NSMHS when medically necessary. DMH and the Behavioral Health department met on November 22, 2024 to discuss how L.A. Care can increase visibility and access to DMH's health education resources. L.A. Care will also work to inform members that they can continue to receive care if they are transitioned from DMH to Carelon.

Carelon Behavioral Health Engagement

The Behavioral Health department met with Carelon Behavioral Health on November 20, 2024. Carelon has created a referral form to simplify the process for PCPs to refer members to services. Additionally, they offer PCP decision support, enabling PCPs to consult with Carelon's psychiatrist for guidance on psychiatric diagnoses and medications. This resource will be widely disseminated to providers and shared on the Behavioral Health Website. L.A. Care will also discuss the opportunity of developing member-facing materials in 2025.

Population Needs Assessment

L.A. Care's Annual Population Health Assessment includes a profile of L.A. Care's membership during Q3 of 2023 along with clinical utilization metrics from June 2022 through May 2023. The population health assessment, also known as the population needs assessment (PNA) describes how the Covid-19 pandemic disrupted access to preventative and chronic care, and that disparities that were exacerbated by the pandemic persist. A quarter of Los Angeles County's residents, and one third of the state of California's residents are living in poverty. The PNA and the data it contains is a critical tool that will be used to support and guide the education plan.

L.A. Care directly manages care for Medi-Cal members under the MCLA line of business. In the PNA, Medi-Cal includes members delegated to L.A. Care's Plan Partners- Anthem Blue Cross of CA, Blue Shield of California Promise Health Plan, and Kaiser Permanente. It is important to note that Kaiser Permanente is no longer a plan partner of L.A. Care. While it no longer reflects L.A. Care membership as of January 1, 2024, the membership composition during the PNA study period was representative of Kaiser members.

Key statistics from the PNA for MCLA:

- L.A. Care had 52.00% female members and 48.00% male members.
- The most commonly spoken languages is English (61.79%), Spanish (27.65%), Armenian (2.37%), and Cantonese (1.86%).
- The largest ethnic groups are Mexican (71.79%), Chinese (7.09%), Other (6.61%), and Korean (3.94%).
- The most prevalent races are White (76.64%), Black or African American (12.45%), and Asian (10.68%). People who identify as American Indian or Alaskan Natives comprise 0.18% of the Medi-Cal population.
- RCAC Region 1 (Antelope Valley) has the highest Area Deprivation Index (ADI) of about 6.9, compared to RCAC Region 5 (West) which has the lowest ADI of about 1.0. Area Deprivation Index is used to measure the burden of SDOH by geographic area. The ADI takes into account things such as income, employment, and housing quality in order to derive a score that represents the SDOH burden of geographic areas. It is a score from 1-10 with higher numbers indicating a higher burden of SDOH.
- RCAC 2 (San Fernando Valley), RCAC 4 (Metro or Central Los Angeles), and RCAC 6 (South) combined represent about half of L.A. Care's Medi-Cal membership.

Information from the PNA has guided the outreach and education plan as follows:

- L.A. Care will ensure outreach materials are posted at Community Resource Centers in RCAC areas that have been identified as having high Area Deprivation Indices, specifically providing information on telehealth behavioral

health services available through L.A. Care’s delegate, Caredon Behavioral Health.

Utilization Assessment

A utilization assessment stratified by gender, race, age group, and language was completed. Due to data limitations, the stratification of utilization by sexual orientation and gender identity and disability is still under development. L.A. Care is committed to improving the quality of data in future years. The data source for information on sexual orientation and gender identity and disability will be thoroughly evaluated, and strategies will be implemented to enhance data collection and ensure more comprehensive reporting.

Key Takeaways from the Utilization Assessment

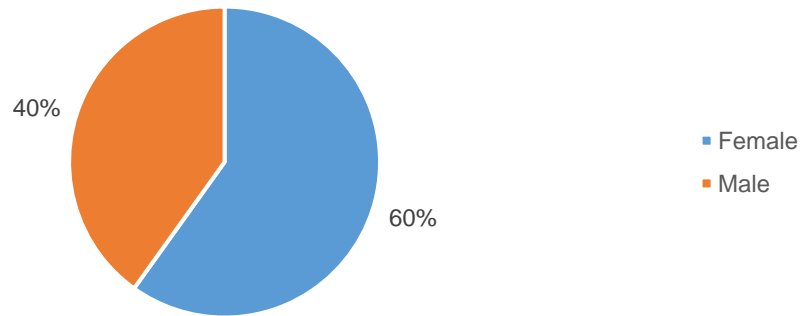


Figure 2. NSMHS utilization by gender

While the MCLA line of business is comprised of 48% male members, unique utilizers of NSMHS comprise only 40%, indicating a potential underrepresentation in utilization among males. While men tend to have a lower overall prevalence of behavioral health disorders, their conditions often go untreated, as men are significantly less likely to pursue behavioral health care compared to women. Depression and suicide are major public health concerns among men, with six million men in the United States experiencing depression annually. Social, cultural, professional, and self-stigma all contribute to reduced rates of utilization of behavioral health services among men.²

² Chatmon, B. N. (2020). Males and Mental Health Stigma. *American Journal of Men’s Health*, 14(4), 1557988320949322–1557988320949322. <https://doi.org/10.1177/1557988320949322>

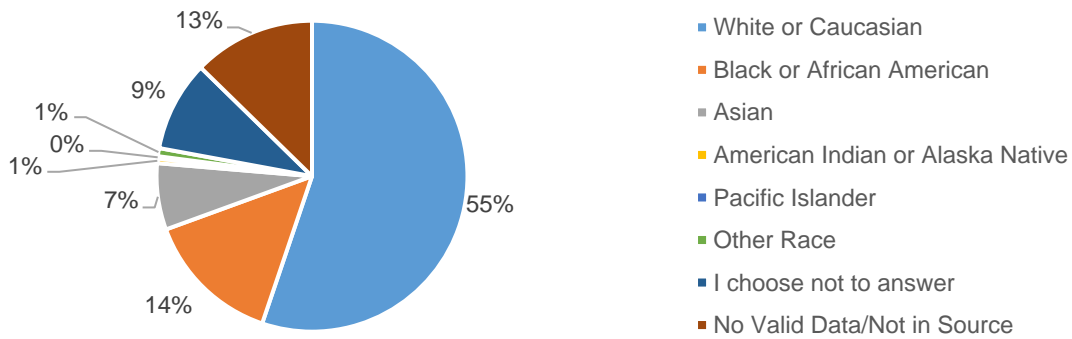


Figure 3. NSMHS utilization by race

Asians comprise 10.68% of the MCLA line of business as per the PNA, however, they only comprise 7% of unique utilizers of NSMHS. The Asian community often faces stigma around recognizing behavioral health disorders and pursuing care, indicating a potential underrepresentation in utilization among this group. Asians consistently report a lower perceived need for mental health care.³

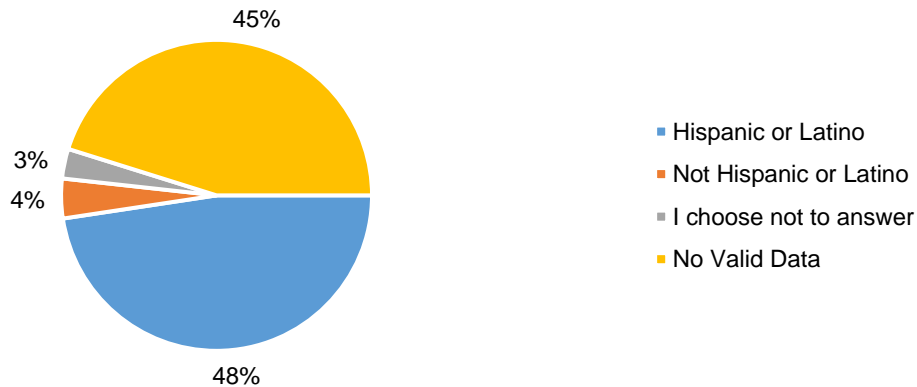


Figure 4. NSMHS utilization by ethnicity

The utilization assessment by ethnicity highlighted a data gap, with ethnicity information unavailable for 45% of members, which makes it more difficult to fully analyze outcomes. Of the data available, 48% of members identified as Hispanic or Latino. The data source for collecting ethnicity information will be thoroughly reviewed, and measures will be implemented to reconcile any discrepancies, ensuring more accurate and comprehensive data collection in the future.

³ Yang, K. G., Rodgers, C. R. R., Lee, E., & Lê Cook, B. (2020). Disparities in Mental Health Care Utilization and Perceived Need Among Asian Americans: 2012–2016. *Psychiatric Services*, 71(1), 21–27. <https://doi.org/10.1176/appi.ps.201900126>

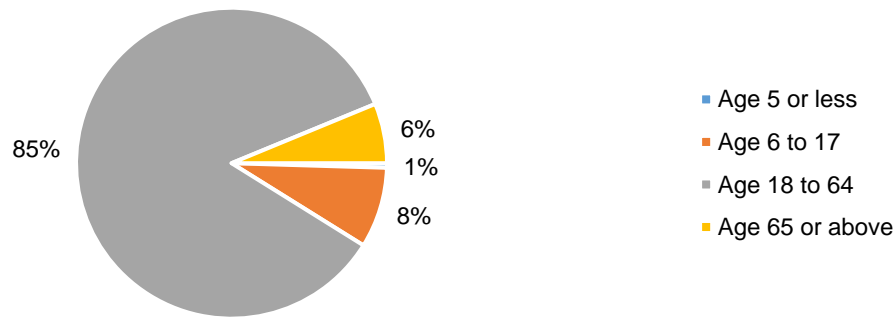


Figure 5. NSMHS utilization by age group

While MCLA members over the age of 65 comprise 10.27% of the member population, they only represent about 6% of unique utilizers. One study found that older adults have lower perceived need and lower motivation for mental health care, which could explain why services may not be sought, despite diagnosable mood and anxiety disorders⁴. This could be in part due to stigma associated with mental illness. One study found that both white and Hispanic elderly showed high levels of perceived public stigma associated with receiving mental health treatment⁵.

⁴ Byers, A. L., Arean, P. A., & Yaffe, K. (2012). Low use of mental health services among older Americans with mood and anxiety disorders. *Psychiatric services (Washington, D.C.)*, 63(1), 66–72. <https://doi.org/10.1176/appi.ps.201100121>

⁵ Min, J. W. (2019). The Influence of Stigma and Views on Mental Health Treatment Effectiveness on Service Use by Age and Ethnicity: Evidence From the CDC BRFSS 2007, 2009, and 2012. *Sage Open*, 9(3). <https://doi.org/10.1177/2158244019876277>

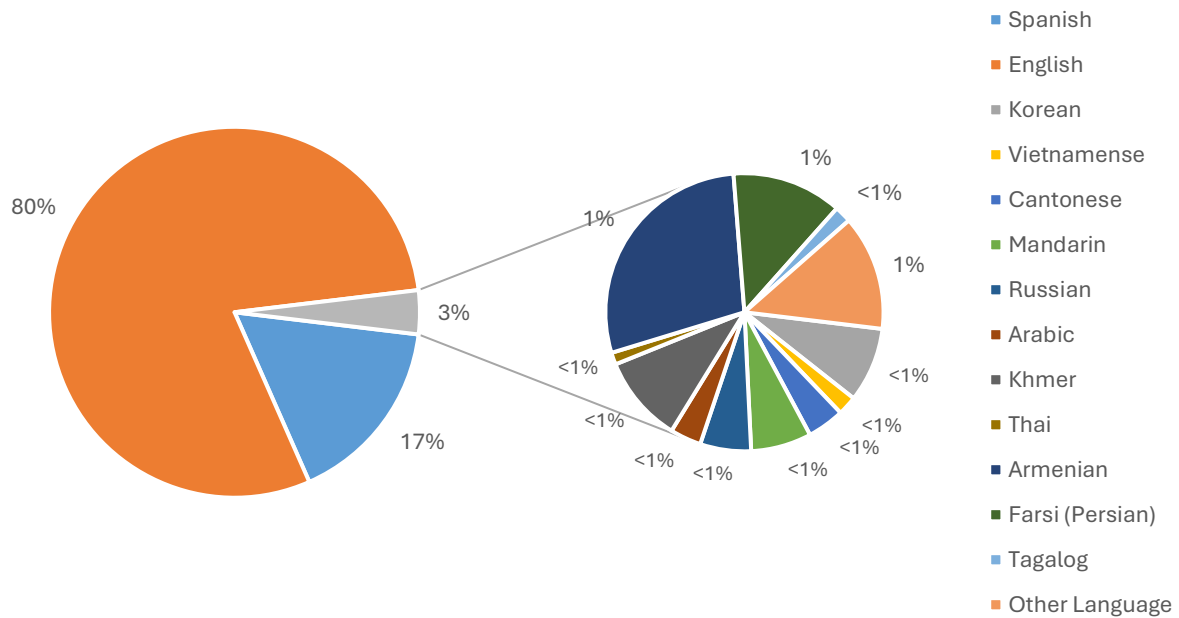


Figure 6. NSMHS utilization by spoken language

While Spanish speakers make up 61.79% of the MCLA membership, only about 17% of unique utilizers are shown as Spanish speakers. The discrepancy may stem from Spanish speakers opting to receive services in English, but it could also indicate that stigma is a factor contributing to reduced utilization of services among Spanish-speaking individuals. In LatinX communities, stigma may involve associating mental illness with a weak character, witchcraft/spells, demonic influence, and/or lack of faith in God. Research suggests that Latino men who are thought to be experiencing depression experience higher levels of stigma than Latina women thought to be experiencing depression.⁶

Member Outreach Plan

Top Priorities from Utilization Assessment and Stakeholder Engagement

- Disparities by Gender:
 - To address the disparity in NSMHS utilization between males and females, L.A. Care aims to leverage social media outreach to help destigmatize seeking mental health services among men.

⁶ Grieb, S. M., Platt, R., Vazquez, M. G., Alvarez, K., & Polk, S. (2023). Mental Health Stigma Among Spanish-Speaking Latinos in Baltimore, Maryland. *Journal of immigrant and minority health*, 25(5), 999–1007. <https://doi.org/10.1007/s10903-023-01488-z>

- Disparities by Race:
 - During Asian American and Pacific Islander Heritage month in May, L.A. Care will conduct a social media campaign to help destigmatize seeking mental health services.
 - L.A. Care will work to provide resources in multiple languages digitally to enable people to access information that is linguistically and culturally sensitive.
- Disparities by Age:
 - L.A. Care will develop materials specifically highlighting resources pertinent to elderly MCLA members to help destigmatize seeking care and increase utilization of NSMHS.
- Disparities by Language:
 - The data shows that there could potentially be underutilization of care among Spanish speakers. Based on member feedback and the data analysis, L.A. Care will conduct social media outreach focused on the LatinX community to assist with destigmatizing accessing mental health services and increase utilization.

Social Media Outreach

Dedicated posts about mental health will be posted during the following observances:

- Women’s History Month
- Men Health Month
- Asian American and Pacific Islander Month
- LatinX Heritage Month
- Native American Heritage Month

Mental health information and resources will be integrated into posts already planned for upcoming observances:

- Black History month
- Autism Awareness month
- Mental Health Awareness month
- LGBTQ Pride month
- Disability Pride month
- Transgender Day of Visibility and Transgender Day of Remembrance

Behavioral Health Website Updates

The Behavioral Health [website](#) will be redesigned to enhance user-friendliness, serving as a central hub for resources on accessing care and increasing awareness about behavioral health services. Some changes to the website include:

- Publish the 2025 Member and Provider Outreach and Education Plans.
- Publish the 2023 Utilization Assessment of NSMHS.

- Provide clear information on how to access and use Carelon’s “Find a Provider” tool.
- Resources and fliers tailored to demographic groups with lower utilization rates.
- Link additional resources available through Carelon and L.A. County, DMH.

A flyer will also be created to promote awareness of L.A. Care’s No Wrong Door Policy, which will be posted on the website and distributed at community resource centers (CRCs) to encourage members to seek and utilize NSMHS services.

Multiple Points of Contact

Below is information on how to access care and the resources available for members.

L.A. Care’s Behavioral Health Website	https://www.lacare.org/members/getting-care/behavioral-health
Carelon Behavioral Health – (dedicated for L.A. Care member)	https://www.carelonbh.com/lacare/en/home
Medi-Cal Member Services	1.888.839.9909 (TTY 711)
Medi-Cal Frequently Asked Questions	https://www.lacare.org/about/contact-us/medi-cal-faqs
Health Education	https://www.lacare.org/providers/tools/health-education-tools
Community Resource Centers	https://www.lacare.org/healthy-living/community-resource-centers

Member Communications

L.A. Care sends all newly enrolled members a New Member Guide that has easy to read resources on how to access care. L.A. Care also sends existing Medi-Cal members an annual mailing with reminders on how to access care and benefit information. These guides have been updated with information on how members can access NSMHS services through Carelon, Specialty Mental Health Services (SMHS) through DMH, and Substance Use Disorder Services (SUDS) through LA County Department of Public Health.

L.A. Care will leverage direct emails to members to increase awareness about behavioral health resources. Emails will be tailored to the needs of the community being outreached.

Community Resource Center

L.A. Care operates 13 Community Resource Centers (CRCs) that act as the bridge between L.A. Care and the community. Open to both L.A. Care members and the broader community, these centers are strategically located across Los Angeles County, to serve the diverse population of the county. As part of this plan, the CRCs will play a role in outreach and education efforts aimed at increasing NSMHS utilization among

targeted groups. CRCs will be equipped with culturally and demographically relevant behavioral health flyers and materials to raise awareness about NSMHS and encourage members to seek care.

Resources from Health Education

L.A. Care's Health Education department offers health education resources through the My Health in Motion™ platform that L.A. Care members can access through the [L.A. Care Connect member account](#). The portal offers a variety of resources that create awareness about mental health and support members with their mental health issues.

The Health Education department also has a page dedicated to information on depression: <https://www.lacare.org/healthy-living/library/depression>

Culturally and Linguistically Appropriate Services

L.A. Care is committed to providing care to members that are culturally and linguistically appropriate. Free language assistance services are available. Interpreting or translation services, information in a preferred language or another format, as well as auxiliary aids and services, can be requested by contacting L.A. Care at 1-888-839-9909 (TTY 711), 24 hours a day, 7 days a week, including holidays. This call is free.

The right to no-cost interpreting services, including American Sign Language (ASL), is guaranteed. These services are available 24 hours a day, seven (7) days a week. Telephonic Interpreting Services available 24-hours a day, seven (7) days a week. Video Remote Interpreting Services, including ASL at select L.A. Care locations.

Members are encouraged to utilize professional interpreters, available at no cost, for medical appointments.

Outreach materials will be reviewed for readability and will be made available in the relevant languages prior to publishing.

L.A. Care uses Qualified Bilingual Staff (clinical and non-clinical) to assist Limited English Proficient (LEP) Members in a languages other than English. They are assessed and qualified for their language proficiencies in order to use the non-English skills in their position.

L.A. Care's nondiscrimination notice and language assistance taglines are:

- Posted at physical key points of contact with Members
- Member Services reception (Headquarters)
- Community Resource Centers
- Posted on L.A. Care websites
 - [lacare.org](https://www.lacare.org)
- Attached to Written Member Informing Materials and Informational Notices, as applicable.

L.A. Care ensures accurate translation by utilizing Qualified translators who:

- Adhere to generally accepted translator ethics principles, including client confidentiality to protect the privacy and independence of LEP Members.
- Has demonstrated proficiency reading, writing, and understanding both English and the other non-English target language.
- Is able to translate effectively, accurately, and impartially to and such language(s) and English, using necessary specialized vocabulary, terminology and phraseology.

L.A. Care contracts with professional translation services to translate Written Member Informing Materials and ensures translation services include provisions for complete and accurate translations. These provisions cover standardized translation processes and the use of qualified translators.

Primary Care Provider Outreach Plan

L.A. Care has various pathways for educating providers on behavioral health services to ensure PCPs have adequate access to information on how to refer members to behavioral health care. L.A. Care has identified seven ways of engaging providers to increase utilization of NSMHS and help spread awareness and education of resources among Medi-Cal members. The Behavioral Health department presented the Member and Provider Outreach and Education Plans at the Q4 Behavioral Health Quality Committee on December 3, 2024. PCPs provided feedback on how to effectively outreach and engage providers by using succinct communication.

1. Emailing/Faxing providers and provider groups
2. Publishing behavioral health articles in L.A. Care's provider newsletter
3. Carelon PCP guide
4. Provider portal
5. Provider Onboarding Training
6. L.A. Care Clinical Connection

Email/Fax Distribution

Feedback from the QIHEC reinforced the Behavioral Health department's idea of encouraging providers to talk to their patients about mental health during primary care visits. As such, the Behavioral Health department will incorporate information on the importance of behavioral health and screening for depression and substance use in its communication with providers.

In 2025 L.A. Care will distribute letters to providers outlining guidelines for screening for depression using the PHQ-2 and PHQ-9 tools and for reporting the results to L.A. Care. Additionally, L.A. Care will continue promoting the use the Substance Abuse, Brief Intervention, Referral to Treatment (SABIRT) tool for identifying alcohol and substance

use disorders. These screenings will also serve as an opportunity to refer members to NSMHS when a need is identified. Using the PHQ-2 or PHQ-9 is an easy way to discuss symptoms, helping to normalize mental health support while utilizing less triggering language.

As L.A. Care develops materials on destigmatizing mental health care for underutilizing groups the Behavioral Health department will share this information with providers.

Provider Newsletter

The Behavioral Health department consistently publishes articles in L.A. Care's The Pulse provider newsletter to inform providers about important behavioral health information. These publications are concise and easily accessible to providers. In 2025 publications will include information on destigmatizing care and using culturally sensitive language when talking about mental health among different demographics.

Carelon PCP Guides

Carelon has created two resources for PCPs: one outlining available resources and referral processes and another on screening for behavioral health issues. L.A. Care will email these guides biannually, emphasizing the importance of behavioral health screening and addressing underutilizing groups.

Provider Portal

L.A. Care will leverage the provider portal to post resources about behavioral health, including materials developed to highlight disparities in utilization, destigmatizing mental health in target demographics, and the Carelon PCP guides.

Provider Onboarding Training

L.A. Care provides training for new providers to familiarize them with L.A. Care's benefits and equip them with the tools and knowledge needed to effectively support members. The Behavioral Health section of this training explains the various behavioral health services that are covered for L.A. Care members and how to refer members to services.

L.A. Care Clinical Connection

The Clinical Connection is designed to keep providers informed about updates, new programs, and resources from all Health Services departments within L.A. Care, ensuring they stay connected with organizational efforts. By incorporating provider feedback, the Clinical Connection tailors its content to address pressing issues and enhance collaboration with both contracted and non-contracted providers. This provider communication will be used to inform providers about behavioral health updates such as how to refer members to care, how to screen for behavioral health issues, and how to reduce stigma around receiving care.