

COUNTY BEHAVIORAL HEALTH PLANS: CLINICAL QUALITY PERFORMANCE FOR MEASUREMENT YEAR 2024 (MY24)

County Behavioral Health Plans (BHPs) include Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans. Both plans implement quality improvement (QI) initiatives to improve a total of 11 MHP and DMC-ODS behavioral health measures, known as the Behavioral Health Accountability Set (BHAS).

BHPs were required to report their own performance rates for the first time as part of the Measurement Year 2024 (MY24) performance measure validation process. DHCS requires BHPs to work with Managed Care Plans (MCPs) on quality improvement efforts and data sharing to support complete data reporting. This collaboration and care coordination is necessary to accurately report data for the relevant population.

MY24 is also the first year that BHPs were held accountable to BHAS performance goals. BHPs that did not meet quality standards set by DHCS face enforcement actions. In addition, BHPs that did not meet data reporting requirements also face enforcement actions.

Many BHPs faced challenges with data sharing and health information technology infrastructure, which made it difficult to obtain all the necessary data for reporting. As a result, the reported rates are likely incomplete. To provide a more complete picture of member health needs and population-level insights, data in this document come from DHCS Medi-Cal Connect, which is a statewide data analytics solution and tool for population health management that is updated as new claims data is available. Performance rates in this document are reflective of Medi-Cal Connect data from October 2025. The data shared by Medi-Cal Connect may be different than other DHCS-reported data due to differences in timing, methodology, or data integration processes.

Overview

DHCS’ Comprehensive Quality Strategy (CQS) is driven by DHCS’ Bold Goals: 50x2025 initiative that, in partnership with stakeholders across the state, will help achieve significant improvements in Medi-Cal clinical and health equity outcomes by 2025.

The 2025 CQS focuses on three main clinical areas of focus:

- » Children’s Preventive Care
- » Maternity Outcomes & Birth Equity
- » Behavioral Health Integration

True North

Medi-Cal members deserve to have longer, healthier, and happier lives.

To support this vision, DHCS works to drive forward the provision of equitable access to quality health care. DHCS uses a data-driven approach to determine key clinical areas of focus to address significant quality and health equity gaps in care.

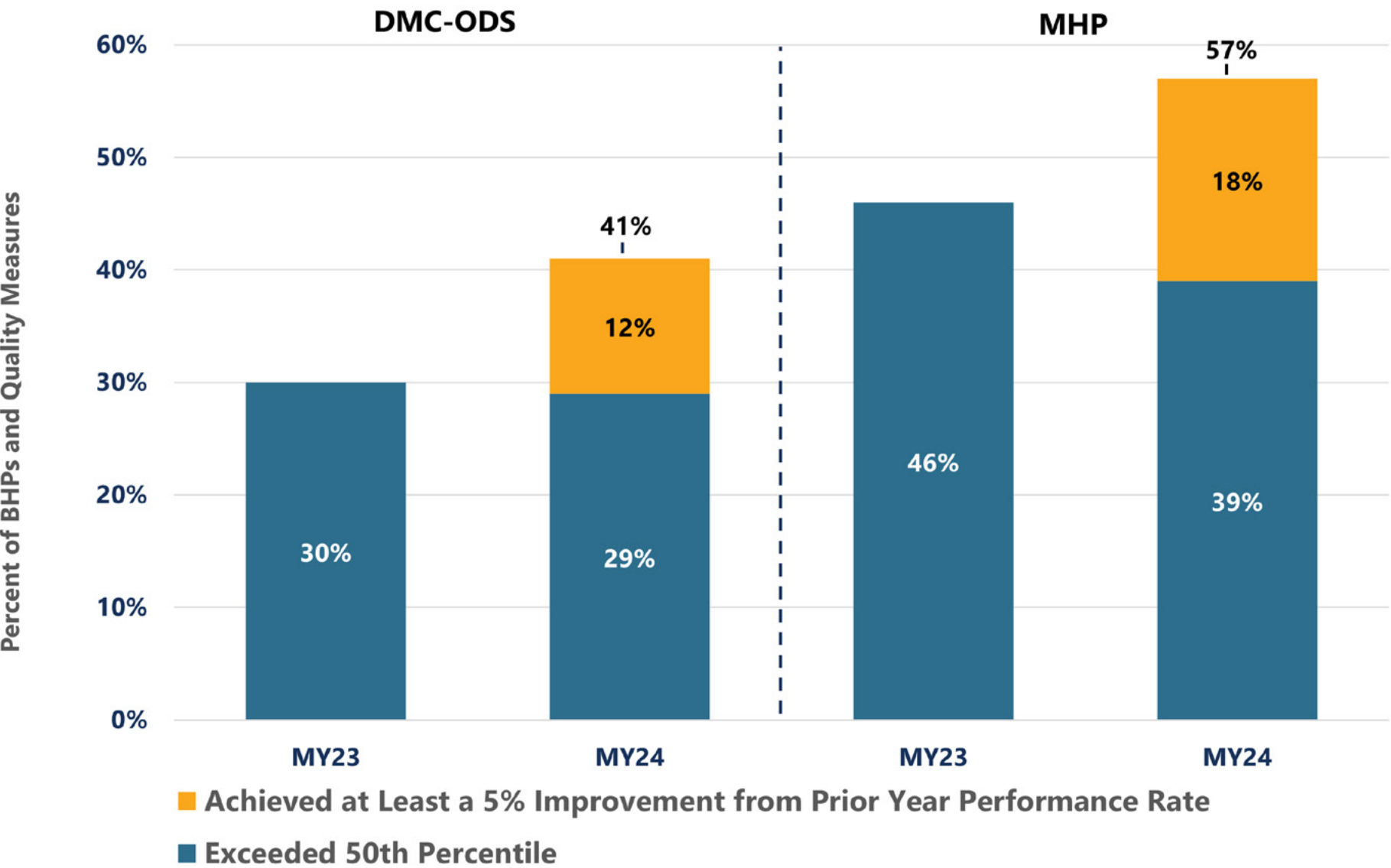
Overall Trends in Quality Performance

DHCS sets the Minimum Performance Levels (MPL) using national benchmarks:

1. The National Committee for Quality Assurance (NCQA) Quality Compass Medicaid HMO 50th percentile.
2. The Centers for Medicare & Medicaid Services (CMS) Federal Fiscal Year National Median.

Per the CQS, for measures held to MPL in MY24, BHPs are required to meet the established MPL, which is defined as exceeding the above benchmarks or achieving at least 5 percentage point improvement from the previous year’s baseline. Figure 1 shows the percentage of MHP and DMC-ODS measures for which BHPs successfully met or exceeded these standards for Measurement Year (MY) 2023 and 2024. For MY24, the teal bars represents the percentage of measures that exceeded national benchmarks, and the yellow bars indicates the percentage of measures that achieved at least a 5 percentage point improvement from MY23.

Figure 1: Overall Quality by Domain MY23 and MY24



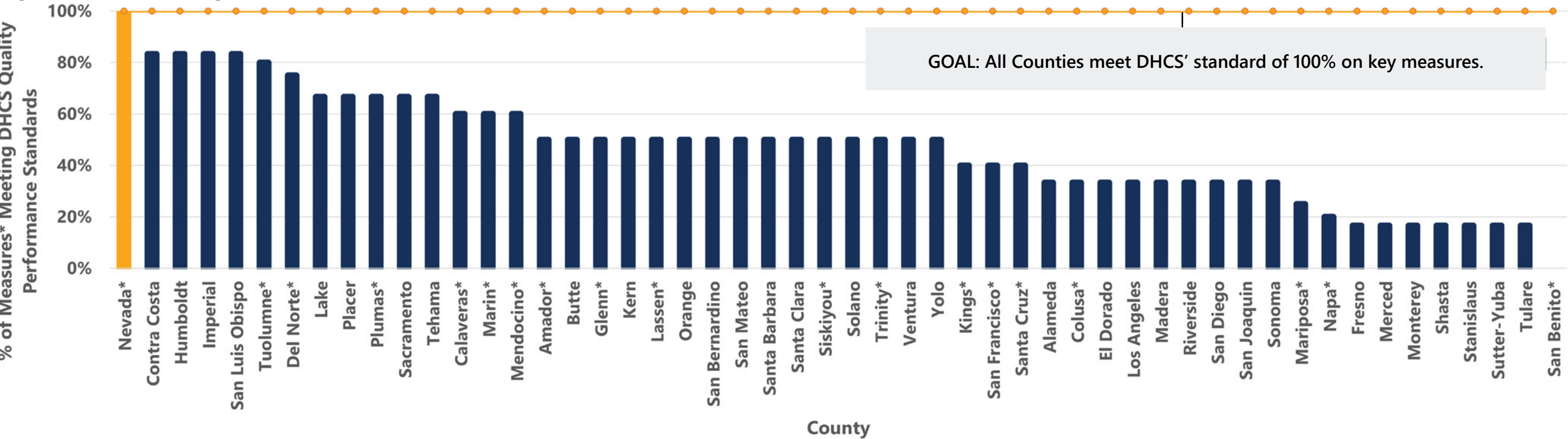
HOW DO MHP MEASURES LOOK IN CALIFORNIA?

Figure 2 highlights how county BHPs perform on specific MHP measures within California. The individual behavioral health measures identified below are specified by the NCQA Healthcare Effectiveness Data Information Set (HEDIS®). For measures held to the MPL in MY24, MHPs are required to meet the MPL established by DHCS, which is defined as either 1) exceeding the NCQA benchmark or 2) achieving at least a 5% improvement over baseline if performance is below the benchmark. DHCS’ goal is for all plans to meet the MPL on all measures.

Click on each measure below to learn more

- » [FUH-30 Days](#)
(Follow-up After Hospitalization for Mental Illness)
- » [FUM- 30 days](#)
(Follow-up After Emergency Department (ED) Visit for Mental Illness)
- » [APP](#)
(Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics)
- » [SAA](#)
(Adherence to Antipsychotic Medications for Individuals with Schizophrenia)
- » [AMM](#)
(Antidepressant Medication Management Effective Acute Phase Treatment)
- » [AMM](#)
(Antidepressant Medication Management Effective Continuation Phase Treatment)

Figure 2: MHPs Meeting the DHCS Standard MPL for 6 Select MHP Measures* in Measurement Year 2024



Note: The graph shows the percentage of behavioral health measures (total of six) for which county MHPs met or exceeded the MPL. ^Alpine, Inyo, Modoc, and Mono counties, which had five or more MHP measures omitted due to very low numbers are not included in the highlights below. Groups with denominators less than 30 are omitted because such small rates are unreliable and may be subject to reidentification. These results were based on DHCS-calculated rates using Medi-Cal Connect and have not been validated by the External Quality Review Organization (EQRO).

*If performance on any of the six measures are omitted due to very low numbers, the measure(s) are not included in the MHP county’s overall performance calculation.

Nevada, Contra Costa, Humboldt, Imperial, San Luis Obispo, and Tuolumne^
Highest performing counties in meeting MPL on at least 75% of MHP behavioral measures that did not require suppression.

30 of 52 MHP Counties^
Met or exceeded the MPL on at least 50% of MHP measures.

16 of 50 MHP Counties^
Met or exceeded the MPL on FUM-30 Days. This measure reflects coordination between the physical and behavioral health care systems.

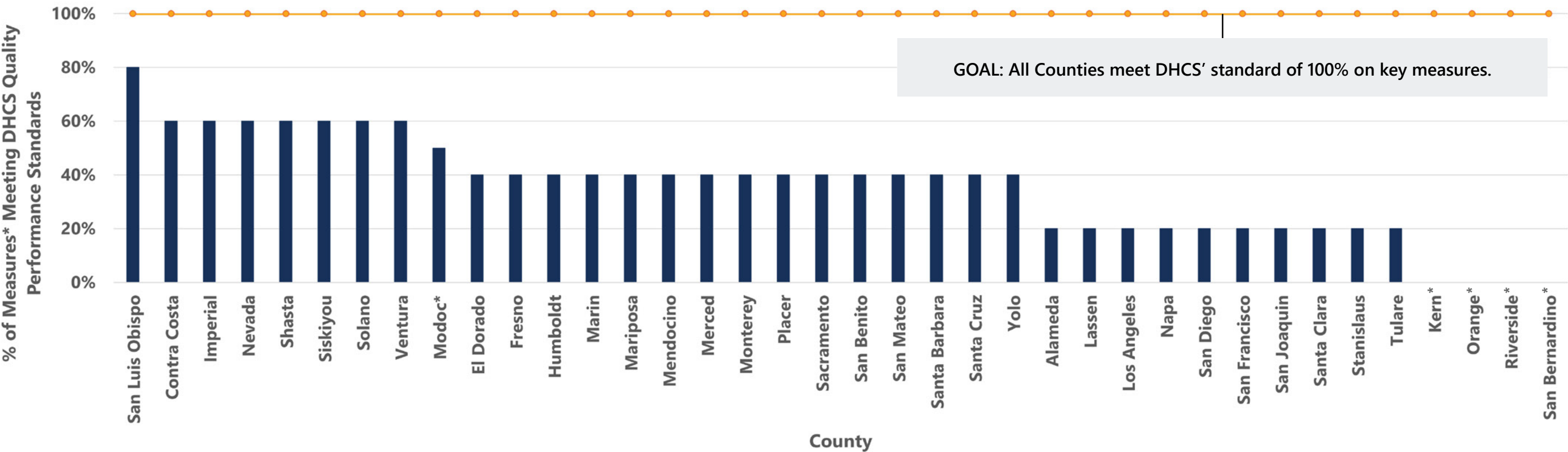
HOW DO DMC-ODS MEASURES LOOK IN CALIFORNIA?

Figure 3 highlights how county DMC-ODS plans perform on DMC-ODS measures within California. For measures held to MPL in MY24, DMC-ODS Plans are required to meet the MPL established by DHCS, which is defined as either 1) exceeding the NCQA benchmark (FUA-30 Days, POD, IET Initiation, and IET Engagement) or the [CMS](#) benchmark (OUD) or 2) achieving at least 5% improvement over baseline if performance is below the benchmark. DHCS’ goal is for all plans to meet the MPL on all measures.

Click on each measure below to learn more

- » [FUA-30 Days](#)
(Follow-up After ED Visit for Substance Use)
- » [OUD](#)
(Use of Pharmacotherapy for Opioid Use Disorder)
- » [IET Initiation](#)
(Initiation of Substance Use Disorder Treatment)
- » [POD](#)
(Pharmacotherapy of Opioid Use Disorder)
- » [IET Engagement](#)
(Engagement of Substance Use Disorder Treatment)

Figure 3: DMC-ODS Plans Meeting the DHCS Standard MPL for 5 Select DMC-ODS Measures* in Measurement Year 2024



Note: The graph shows the percentage of behavioral health measures (total of five) for which county DMC-ODS plans met or exceeded the DHCS quality performance standards. These results were based on DHCS-calculated rates using Medi-Cal Connect and have not been validated by the External Quality Review Organization (EQRO).

*If performance on any of the five measures are omitted due to very low numbers, the measure(s) are not included in the DMC-ODS county’s overall performance calculation. Plans showing 0% in the chart above did not meet the MPL for any measure.

8 of 38
DMC-ODS Counties

Met or exceeded the MPL on at least 50% of DMC-ODS measures.

31 of 37
DMC-ODS Counties

Met or exceeded the MPL for the OUD measure (adults who have at least 180 days on continuous pharmacotherapy for opiate use disorder).

18 of 37
DMC-ODS Counties

Met or exceeded the MPL on FUA-30 Days. This measure reflects coordination between the physical and behavioral health care systems.