BHT PERFORMANCE MEASURES

BH-1: One or More Behavioral Health Services for People with Mental Health Needs

FY 24-25 Rates

As part of California's Behavioral Health Transformation (BHT), the Department of Health Care Services (DHCS) has developed BHT performance measures intended to capture progress on 14 statewide behavioral health (BH) goals. These performance measures will be used for transparency, planning, population health, and—over time and as appropriate—performance targets will be enforced. Additional details can be found in the Behavioral Health Services Act (BHSA) County Policy Manual and in the BHT Performance Measures Specifications Manual.

This document contains the official fiscal year (FY) 24-25 rates for the following BHT performance measure:

Measure Details	Description
Measure Name	One or More BH Services for People with Mental Health (MH) Needs (BHSRV1-WMH)
Measure Description	Percent of people enrolled in Medi-Cal and living with MH needs who receive one or more core clinical services to address BH in a 12-month period.
Measure Background	This novel measure calculates the utilization of one or more core clinical services to address BH during a 12-month period among people enrolled in Medi-Cal or receiving other county BH services[1] living with an

[1] In addition to Medi-Cal members, DHCS will explore over time including people who receive county BH services but are not enrolled in Medi-Cal. This includes, but is not limited to, services funded by the BHSA, 1991 and 2011 Realignment, and the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Projects for Assistance in Transition from Homelessness, Mental Health Block Grants, and Substance Use Prevention, Treatment, and Recovery Services

Measure Details	Description
	identified MH need. This measure currently includes only Medi-Cal members, but DHCS is exploring including non-Medi-Cal members who receive county BH services in this measure at a future date. Identified as one of the Goal Measures for the "Improve Access to Care" statewide BH goal, this measure includes all Medi-Cal members with an identified MH need. Consistent with a person-centered quality measurement approach and DHCS's No Wrong Door Policy, it assesses whether members received core clinical services to address BH regardless of whether they should be served by the Specialty Mental Health Services (SMHS) or Non-Specialty Mental Health Services (NSMHS) system. For the Medi-Cal Managed Care Plan (MCP) rate, all members assigned to an MCP are included in their rate if they meet denominator criteria for identified MH needs. For the County Behavioral Health Plan (BHP) rate, because BHPs do not have assigned members, all Medi-Cal members in that county (defined by county of responsibility assignments[2]) are included in their rate if they meet denominator criteria for identified MH needs. People with MH needs include people with an identified need for MH services across the full continuum of care, including mild, moderate, and significant MH needs. DHCS identifies people with MH needs using administrative data, leveraging diagnosis, utilization, and systems involvement data indicating a need; DHCS cannot identify people with MH needs for which there is no available administrative data indicating that need.

Block Grants. This version of the measure only includes Medi-Cal members. DHCS will explore whether non-Medi-Cal recipients of county BH services could be incorporated into this measure at a future date.

[2] A Medi-Cal member's county of responsibility is the official source for determining which County BHP is financially accountable for SMHS and substance use disorder treatment services for that member. In some cases, this may be different than the member's county of residence. See Behavioral Health Information Notice 24-008 for more information.

Measure Details	Description
	This measure uses the standard definition of core clinical services utilized by all BHT measures, which is inclusive of services for both MH and Substance Use Disorder (SUD) needs. Core clinical services are intended to capture services in which a person's BH needs (including MH and SUD needs) are met. They focus on outpatient services delivered in community or clinic settings (excluding Emergency Department (ED), crisis, and acute inpatient visits) and include both services in the county BH and Medi-Cal managed care delivery systems. Improving performance on this measure therefore requires coordination between counties and MCPs. This measure differs from DHCS' existing SMHS Penetration Rates and NSMHS Penetration Rates, which look at whether a Medi-Cal member received one or more services—not limited to core clinical services—in the respective delivery system, regardless of whether they had an MH need. The rate for this measure is expected to be higher than the penetration rates because it is limited to people living with an identified MH need, rather than all Medi-Cal members. Note that this measure does not assess if people with unidentified MH needs are accessing or utilizing services; DHCS cannot identify someone living with MH needs who has not previously used the health care system for their need.
Measure Steward	DHCS
Measure Goal	This measure is 1 of 4 measures in the "Improve Access to Care" statewide BH goal.
Measure Category	Goal Measure
Responsibility	Medi-Cal MCPs and County BHPs

Table 1. Statewide Rate

State	Rate
California	65.93%

Table 2. Statewide Rate Stratifications by Age

Age Group	Rate
0-5 years	70.47%
6-11 years	56.04%
12-17 years	61.66%
18-20 years	57.44%
21-25 years	69.79%
26-34 years	71.25%
35-49 years	70.23%
50-64 years	67.93%
65-74 years	64.99%
75 years and older	59.73%

Table 3. Statewide Rate Stratifications by Sex

Sex	Rate
Female	68.87%
Male	62.39%

Table 4. Statewide Rate Stratifications by Race / Ethnicity

Race/Ethnicity	Rate
American Indian or Alaska Native	65.23%
Asian	62.07%
Black or African American	62.13%
Hispanic or Latino	65.94%
Native Hawaiian or Pacific Islander	58.33%
White	67.15%

Race/Ethnicity	Rate
Multiracial and/or Multiethnic	68.22%
Other	65.36%
Asked But No Answer/Unknown	67.01%

Table 5. Statewide Rate Stratifications by Language (Primary Spoken Language)

Language (Primary Spoken Language)	Rate
English	66.01%
Spanish	67.00%
Vietnamese	53.72%
Other	62.30%

Table 6. County Behavioral Health Plan Rates

County Behavioral Health Plan	Rate
Alameda	64.96%
Alpine	59.34%
Amador	62.57%
Butte	67.11%
Calaveras	63.29%
Colusa	69.48%
Contra Costa	67.68%
Del Norte	65.49%
El Dorado	65.90%
Fresno	62.16%
Glenn	66.45%
Humboldt	73.11%
Imperial	72.67%

County Behavioral Health Plan	Rate
Inyo	64.07%
Kern	69.44%
Kings	61.37%
Lake	66.06%
Lassen	66.30%
Los Angeles County	62.55%
Madera	69.32%
Marin	73.74%
Mariposa	65.86%
Mendocino	69.70%
Merced	63.02%
Modoc	67.45%
Mono	74.52%
Monterey	75.08%
Napa	71.18%
Nevada	74.09%
Orange	63.92%
Placer	68.78%
Plumas	63.27%
Riverside	72.27%
Sacramento	63.09%
San Benito	68.08%
San Bernardino	69.62%
San Diego	68.31%
San Francisco	69.37%
San Joaquin	59.42%
San Luis Obispo	73.63%

County Behavioral Health Plan	Rate
San Mateo	71.90%
Santa Barbara	74.40%
Santa Clara	63.72%
Santa Cruz	77.03%
Shasta	70.88%
Sierra	55.56%
Siskiyou	67.42%
Solano	67.11%
Sonoma	71.42%
Stanislaus	56.00%
Sutter/Yuba	64.94%
Tehama	63.60%
Trinity	65.67%
Tulare	64.36%
Tuolumne	66.25%
Ventura	64.46%
Yolo	70.79%

Table 7. Medi-Cal Managed Care Plan Rates[3]

Medi-Cal Managed Care Plan	Rate
AIDS Healthcare Foundation	74.90%
Alameda Alliance for Health	63.09%
Anthem Blue Cross	62.94%

[3] In this release, the Medi-Cal MCP rates listed are not at the county level, but rather for all counties statewide in which the plan operates.

Medi-Cal Managed Care Plan	Rate
Blue Shield of CA Promise Health Plan	67.83%
CalOptima	62.64%
CalViva Health	64.30%
CenCal Health	74.18%
Central California Alliance for Health	71.12%
Community Health Group Partnership Plan	68.60%
Community Health Plan of Imperial Valley	72.76%
Contra Costa Health Plan	66.25%
Gold Coast Health Plan	63.86%
Health Net Community Solutions	62.37%
Health Plan of San Joaquin	56.36%
Health Plan of San Mateo	71.61%
Inland Empire Health Plan	72.55%
Kaiser Permanente	74.64%
Kern Family Health Care	71.28%
L.A. Care Health Plan	61.38%
Molina Healthcare of California	64.05%
Mountain Valley Health Plan	68.11%
Partnership Health Plan of California	68.70%
San Francisco Health Plan	69.96%
Santa Clara Family Health Plan	62.43%

"S" represents values that are based on less than 11 individuals which are not shown in accordance with the DHCS Data De-identification Guidelines (DDG) Version 3.0.

Values reported as “0.00” indicate that no events were observed.

Values reported as “N/A” indicate that no persons qualified for the denominator.

“C” denotes complementary data that is not shown to comply with DHCS DDG Version 3.0 to prevent the re-derivation of other sensitive information.