BHT PERFORMANCE MEASURES

BH-12: Depression Screening and Follow-Up for Adolescents and Adults

CY 24 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 calendar year (CY) 2024[1] rates for the following BHT performance measure:

Measure Details	Description
Measure Name	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
Measure Description	Percent of Medi-Cal members 12 years of age and older who were screened for clinical depression using a standardized instrument in a 12-month period and, if screened positive, received follow-up care within 30 days.
Measure Background	DSF-E is a health care quality measure developed by the National Committee for Quality Assurance (NCQA) under the Healthcare Effectiveness Data and Information Set (HEDIS) framework focused on timely care following depression screenings.

[1] Medi-Cal Managed Care Plans (MCPs) submit data for this measure each calendar year, and CY2024 is the most recently available data available for publication.

Measure Details	Description
	Identified as an Intervention Measure for the "Reduce Untreated BH Conditions" statewide BH goal, this measure evaluates the percentage of Medi-Cal members aged 12 and older who are screened for depression using a standardized tool, as well as those who receive documented follow-up care within 30 days of a positive screen. Screening is considered an important tool for identifying untreated BH conditions, and Medi-Cal Managed Care Plans (MCPs) are required to administer appropriate screenings to members to identify their BH needs. All members assigned to an MCP are included in their rate if they meet denominator criteria. More information on this measure can be found on the NCQA website. Because this measure uses both administrative data and data from electronic health records, performance data for this measure is submitted by MCPs to DHCS on a calendar year basis. Due to limitations in the data submitted by MCPs, DHCS cannot report all the standard BHT stratifications for this measure. Standard BHT stratification categories that did not have any data available have been removed below to streamline the report.
Measure Steward	NCQA
Measure Goal	This measure is 1 of 8 measures in the "Reduce Untreated BH Conditions" statewide BH goal.
Measure Category	Intervention Measure
Responsibility	Medi-Cal MCPs

Table 1. Statewide Rate

State	Rate
California	75.80%

Table 2. Statewide Rate Stratifications by Age Group

Age Group	Rate
12-17 years	86.76%
18-64 years	75.64%
65 years and older	58.01%

Table 3. Medi-Cal Managed Care Plan Rates[2]

Medi-Cal Managed Care Plan	Rate
Alameda Alliance for Health	76.19%
Anthem Blue Cross	76.40%
Blue Shield of CA Promise Health Plan	71.91%
CalOptima	82.12%
CalViva Health	71.29%
CenCal Health	78.48%
Central California Alliance for Health	75.27%
Community Health Group Partnership Plan	72.91%
Community Health Plan of Imperial Valley	78.16%
Contra Costa Health Plan	77.44%
Gold Coast Health Plan	87.88%
Health Net Community Solutions	76.97%
Health Plan of San Joaquin	68.09%

[2] 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
Health Plan of San Mateo	39.31%
Inland Empire Health Plan	67.09%
Kaiser Permanente	81.44%
Kern Family Health Care	64.39%
L.A. Care Health Plan	72.58%
Molina Healthcare of California	68.75%
Partnership Health Plan of California	79.17%
San Francisco Health Plan	66.74%
Santa Clara Family Health Plan	73.82%

"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.