BHT PERFORMANCE MEASURES

BH-2: One or More Behavioral Health Services for People with Significant 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 Significant Mental Health (MH) Needs (BHSRV1-WSMH)
Measure Description	Percent of people enrolled in Medi-Cal and living with significant 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 significant 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 Significant MH need. Consistent with a person-centered quality measurement approach and DHCS' 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 significant MH needs. People with significant MH needs are people with MH needs that are more likely to be associated with functional impairment, including those that likely require close collaboration between MCPs and County BHPs to determine the best system of BH care and where specialty

Block Grants. This version of the specification only includes Medi-Cal members. DHCS will explore whether non-Medi-Cal recipients of county BH services could be incorporated into the eligible population of 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
	MH support may be needed, depending on the individual's clinical needs. DHCS identifies people with significant MH needs using administrative data, leveraging diagnosis, utilization, and systems involvement data indicating a need; DHCS cannot identify people with significant MH needs for which there is no available administrative data indicating that need. 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, which look at whether a Medi-Cal member received one or more SMHS services—not limited to core clinical services—regardless of whether they had a significant 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 significant MH need, rather than all Medi-Cal members. Note that this measure does not assess if people with unidentified significant MH needs are accessing or utilizing services; using only administrative data, DHCS cannot identify someone living with significant MH needs who has not previously used the health care system for their need.
Measure Steward	DHCS

Measure Details	Description
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	71.43%

Table 2. Statewide Rate Stratifications by Age

Age Group	Rate
0-5 years	72.88%
6-11 years	71.45%
12-17 years	69.01%
18-20 years	62.26%
21-25 years	72.31%
26-34 years	75.12%
35-49 years	76.83%
50-64 years	78.78%
65-74 years	70.66%
75 years and older	60.13%

Table 3. Statewide Rate Stratifications by Sex

Sex	Rate
Female	71.88%
Male	70.99%

Table 4. Statewide Rate Stratifications by Race / Ethnicity

Race/Ethnicity	Rate
American Indian or Alaska Native	68.34%
Asian	73.01%
Black or African American	67.83%
Hispanic or Latino	70.81%
Native Hawaiian or Pacific Islander	66.20%
White	73.08%
Multiracial and/or Multiethnic	72.72%
Other	74.55%
Asked But No Answer/Unknown	71.44%

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

Language (Primary Spoken Language)	Rate
English	71.06%
Spanish	72.35%
Vietnamese	71.43%
Other	76.02%

Table 6. County Behavioral Health Plan Rates

County Behavioral Health Plan	Rate
Alameda	69.67%
Alpine	64.86%
Amador	73.69%
Butte	72.88%

County Behavioral Health Plan	Rate
Calaveras	72.03%
Colusa	72.27%
Contra Costa	74.47%
Del Norte	68.27%
El Dorado	72.65%
Fresno	68.25%
Glenn	74.31%
Humboldt	75.72%
Imperial	76.20%
Inyo	64.47%
Kern	69.45%
Kings	65.35%
Lake	74.07%
Lassen	70.27%
Los Angeles County	69.72%
Madera	68.94%
Marin	76.72%
Mariposa	71.02%
Mendocino	73.84%
Merced	67.52%
Modoc	77.68%
Mono	76.60%
Monterey	76.64%
Napa	74.61%
Nevada	78.40%
Orange	69.19%
Placer	77.43%

County Behavioral Health Plan	Rate
Plumas	72.80%
Riverside	74.50%
Sacramento	72.17%
San Benito	71.41%
San Bernardino	72.65%
San Diego	72.55%
San Francisco	74.21%
San Joaquin	68.22%
San Luis Obispo	76.62%
San Mateo	76.62%
Santa Barbara	73.62%
Santa Clara	74.64%
Santa Cruz	77.25%
Shasta	74.47%
Sierra	58.06%
Siskiyou	73.47%
Solano	73.03%
Sonoma	73.41%
Stanislaus	68.82%
Sutter/Yuba	71.24%
Tehama	69.25%
Trinity	71.19%
Tulare	68.11%
Tuolumne	72.10%
Ventura	70.99%
Yolo	72.78%

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

Medi-Cal Managed Care Plan	Rate
AIDS Healthcare Foundation	76.19%
Alameda Alliance for Health	67.70%
Anthem Blue Cross	71.27%
Blue Shield of CA Promise Health Plan	72.49%
CalOptima	68.60%
CalViva Health	71.61%
CenCal Health	74.67%
Central California Alliance for Health	73.43%
Community Health Group Partnership Plan	74.36%
Community Health Plan of Imperial Valley	76.37%
Contra Costa Health Plan	72.88%
Gold Coast Health Plan	70.78%
Health Net Community Solutions	71.50%
Health Plan of San Joaquin	69.80%
Health Plan of San Mateo	76.04%
Inland Empire Health Plan	75.96%
Kaiser Permanente	79.15%
Kern Family Health Care	72.78%
L.A. Care Health Plan	71.04%

[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
Molina Healthcare of California	72.20%
Mountain Valley Health Plan	74.27%
Partnership Health Plan of California	73.18%
San Francisco Health Plan	75.81%
Santa Clara Family Health Plan	75.51%

"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.