BHT PERFORMANCE MEASURES

BH-6: Three 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	Three or More BH Services for People with Significant Mental Health (MH) Needs (BHSRV3-WSMH)
Measure Description	Percent of people enrolled in Medi-Cal and living with significant MH needs who receive three or more core clinical services to address BH in a 12-month period.
Measure Background	This novel measure calculates the utilization of three 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 "Reduce Untreated BH Conditions" 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 at least 3 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 (NSHMS) 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 significant 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 are likely to require close collaboration between MCPs and BHPs to determine the best system of BH care and where specialty MH support may be needed, depending on the individual's clinical

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
	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 Engagement Rates, which look at whether a Medi-Cal member received five 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 engagement 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 Goal	This measure is 1 of 8 measures in the "Reduce Untreated BH Conditions" statewide BH goal.
Measure Category	Goal Measure
Responsibility	Medi-Cal MCPs and County BHPs

Table 1. Statewide Rate

State	Rate
California	50.20%

Table 2. Statewide Rate Stratifications by Age

Age Group	Rate
0-5 years	40.96%
6-11 years	46.42%
12-17 years	43.89%
18-20 years	36.54%
21-25 years	57.93%
26-34 years	62.21%
35-49 years	63.61%
50-64 years	64.30%
65-74 years	53.87%
75 years and older	39.84%

Table 3. Statewide Rate Stratifications by Sex

Sex	Rate
Female	51.41%
Male	49.01%

Table 4. Statewide Rate Stratifications by Race / Ethnicity

Race/Ethnicity	Rate
American Indian or Alaska Native	49.85%
Asian	51.26%
Black or African American	48.63%
Hispanic or Latino	47.24%

Race/Ethnicity	Rate
Native Hawaiian or Pacific Islander	45.58%
White	55.08%
Multiracial and/or Multiethnic	51.02%
Other	52.33%
Asked But No Answer/Unknown	50.47%

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

Language (Primary Spoken Language)	Rate
English	50.82%
Spanish	46.93%
Vietnamese	49.93%
Other	54.80%

Table 6. County Behavioral Health Plan Rates

County Behavioral Health Plan	Rate
Alameda	47.00%
Alpine	45.95%
Amador	51.86%
Butte	54.91%
Calaveras	48.48%
Colusa	51.24%
Contra Costa	52.50%
Del Norte	43.91%
El Dorado	51.19%
Fresno	48.47%

County Behavioral Health Plan	Rate
Glenn	56.70%
Humboldt	56.18%
Imperial	60.53%
Inyo	37.74%
Kern	48.99%
Kings	43.44%
Lake	52.65%
Lassen	52.38%
Los Angeles County	49.66%
Madera	43.19%
Marin	55.01%
Mariposa	53.24%
Mendocino	54.52%
Merced	43.36%
Modoc	59.88%
Mono	58.51%
Monterey	52.08%
Napa	47.68%
Nevada	60.31%
Orange	47.59%
Placer	54.83%
Plumas	47.51%
Riverside	52.28%
Sacramento	49.21%
San Benito	48.27%
San Bernardino	50.02%
San Diego	49.46%

County Behavioral Health Plan	Rate
San Francisco	55.46%
San Joaquin	46.39%
San Luis Obispo	59.62%
San Mateo	55.04%
Santa Barbara	52.91%
Santa Clara	55.51%
Santa Cruz	55.56%
Shasta	56.09%
Sierra	33.33%
Siskiyou	53.57%
Solano	48.63%
Sonoma	48.35%
Stanislaus	46.75%
Sutter/Yuba	48.43%
Tehama	46.66%
Trinity	53.05%
Tulare	46.33%
Tuolumne	51.67%
Ventura	53.88%
Yolo	48.25%

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

Medi-Cal Managed Care Plan	Rate
AIDS Healthcare Foundation	60.54%

[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
Alameda Alliance for Health	46.48%
Anthem Blue Cross	50.06%
Blue Shield of CA Promise Health Plan	51.80%
CalOptima	48.48%
CalViva Health	50.16%
CenCal Health	55.21%
Central California Alliance for Health	49.69%
Community Health Group Partnership Plan	51.11%
Community Health Plan of Imperial Valley	60.65%
Contra Costa Health Plan	52.84%
Gold Coast Health Plan	54.43%
Health Net Community Solutions	51.50%
Health Plan of San Joaquin	47.54%
Health Plan of San Mateo	55.36%
Inland Empire Health Plan	54.76%
Kaiser Permanente	46.59%
Kern Family Health Care	52.09%
L.A. Care Health Plan	51.57%
Molina Healthcare of California	49.84%
Mountain Valley Health Plan	51.78%
Partnership Health Plan of California	52.34%
San Francisco Health Plan	57.79%
Santa Clara Family Health Plan	57.92%

"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.