BHT PERFORMANCE MEASURES

PH-3: Dental Visits for People with Significant Behavioral 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	Dental Visits for People with Significant BH Needs (ADV-WSBH)
Measure Description	Percent of members enrolled in Medi-Cal dental benefits and living with significant BH needs who receive at least one dental visit in a 12-month period.
Measure Background	This measure is adapted from the DHCS Annual Dental Visit measure, with modifications to limit the measure to Medi-Cal members living with significant BH needs.[1] Identified as an Intervention Measure for the "Improve Prevention and Treatment of Co-Occurring Physical Health Conditions" statewide BH goal, this measure is intended to

[1] For additional information see the DHCS Dental Fee-for-Service (FFS) and Dental Managed Care (DMC) Performance Fact Sheet, available at https://www.dhcs.ca.gov/services/Documents/MDSD/FFS-DMC-Fact-Sheet-August-2025.pdf.

Measure Details	Description
	measure access to dental care among members with significant BH needs enrolled in Medi-Cal dental benefits. Although Medi-Cal dental benefits are administered by dental managed care plans or via fee-for-service, Medi-Cal Managed Care Plans (MCPs) and County Behavioral Health Plans (BHPs) are required to help coordinate those services for eligible members. For the MCP rates, all members assigned to an MCP are included in the rates if they meet denominator criteria. For the BHP rates, because BHPs do not have assigned members, all Medi-Cal members in that county (defined by their county of responsibility assignments[2]) are included in their rate if they meet denominator criteria.
Measure Steward	DHCS
Measure Goal	This measure is 1 of 3 measures in the "Improve Prevention and Treatment of Co-Occurring Physical Health Conditions" statewide BH goal.
Measure Category	Intervention Measure
Responsibility	Medi-Cal MCPs and County BHPs

Table 1. Statewide Rate

State	Rate
California	37.60%

Table 2. Statewide Rate Stratifications by Age Group

Age Group	Rate
0-5 years	60.42%

[2] A Medi-Cal member's county of responsibility is the official source for determining which County BHP is financially accountable for Specialty Mental Health Services (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.

Age Group	Rate
6-11 years	61.74%
12-17 years	51.24%
18-20 years	37.28%
21-25 years	26.76%
26-34 years	25.28%
35-49 years	24.52%
50-64 years	27.32%
65-74 years	29.74%
75 years and older	37.91%

Table 3. Statewide Rate Stratifications by Sex

Sex	Rate
Female	39.50%
Male	35.87%

Table 4. Statewide Rate Stratifications by Race/Ethnicity

Race/Ethnicity	Rate
American Indian or Alaska Native	20.71%
Asian	39.44%
Black or African American	35.51%
Hispanic or Latino	44.02%
Native Hawaiian or Pacific Islander	31.56%
White	30.46%
Multiracial and/or Multiethnic	36.98%

Race/Ethnicity	Rate
Other	36.75%
Asked But No Answer/Unknown	35.51%

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

Language (Primary Spoken Language)	Rate
English	35.32%
Spanish	47.01%
Vietnamese	46.08%
Other	40.90%

Table 6. County Behavioral Health Plan Rates

County Behavioral Health Plan	Rate
Alameda	25.22%
Alpine	20.90%
Amador	25.81%
Butte	26.67%
Calaveras	15.86%
Colusa	39.73%
Contra Costa	32.17%
Del Norte	6.12%
El Dorado	20.69%
Fresno	41.59%
Glenn	23.20%
Humboldt	7.36%
Imperial	31.10%

County Behavioral Health Plan	Rate
Inyo	30.33%
Kern	38.72%
Kings	24.95%
Lake	8.00%
Lassen	10.57%
Los Angeles County	43.72%
Madera	30.44%
Marin	9.55%
Mariposa	16.78%
Mendocino	10.23%
Merced	40.64%
Modoc	8.24%
Mono	10.76%
Monterey	31.81%
Napa	24.55%
Nevada	17.06%
Orange	45.45%
Placer	29.70%
Plumas	8.27%
Riverside	43.92%
Sacramento	37.91%
San Benito	25.78%
San Bernardino	45.54%
San Diego	35.98%
San Francisco	26.10%
San Joaquin	37.23%
San Luis Obispo	36.99%

County Behavioral Health Plan	Rate
San Mateo	40.26%
Santa Barbara	35.25%
Santa Clara	30.64%
Santa Cruz	18.26%
Shasta	21.16%
Sierra	5.64%
Siskiyou	13.17%
Solano	26.19%
Sonoma	16.92%
Stanislaus	37.62%
Sutter/Yuba	37.35%
Tehama	15.24%
Trinity	7.69%
Tulare	34.62%
Tuolumne	12.83%
Ventura	42.91%
Yolo	30.62%

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

Medi-Cal Managed Care Plan	Rate
AIDS Healthcare Foundation	34.64%
Alameda Alliance for Health	24.71%
Anthem Blue Cross	32.76%

[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	31.73%
CalOptima	45.79%
CalViva Health	40.48%
CenCal Health	35.96%
Central California Alliance for Health	31.12%
Community Health Group Partnership Plan	36.83%
Community Health Plan of Imperial Valley	31.05%
Contra Costa Health Plan	32.56%
Gold Coast Health Plan	43.11%
Health Net Community Solutions	41.14%
Health Plan of San Joaquin	38.79%
Health Plan of San Mateo	42.09%
Inland Empire Health Plan	45.76%
Kaiser Permanente	39.65%
Kern Family Health Care	39.86%
L.A. Care Health Plan	43.53%
Molina Healthcare of California	36.49%
Mountain Valley Health Plan	15.02%
Partnership Health Plan of California	20.54%
San Francisco Health Plan	26.49%

Medi-Cal Managed Care Plan	Rate
Santa Clara Family Health Plan	32.51%

"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.