



Data Explainer Series

Week 1: Introduction to Statewide Goals & Access to Care

July 29, 2025

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Behavioral Health Transformation

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.



BHT Data Explainer Series

Impact:

Empowers you to interpret data, understand expectations, and engage in data-informed planning to produce your first BHSA Integrated Plan



Necessary Information

- Each week we have a new webinar topic and corresponding office hours.
- The aim of office hours is to dive a bit deeper and respond to questions.
- All webinars will be recorded and placed on our website (*office hours will not be recorded*).

Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care ← <i>You Are Here</i>
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	9/30/2025	Collaborating with Local Planning Processes

Glossary

- Goals - "Priority" and "Additional"
 - Six "Priority Goals" that BHPs must address
 - BHPs select one "Additional Goal" (from eight options) based upon county performance
- Measures - "Primary" and "Supplemental"
 - Each goal has one or more associated measures.
 - "Primary Measures" reflect the community's status relative to the goal.
 - "Supplemental Measures" provide additional context.

Agenda

Welcome

Introduction to Statewide Goals and Measures

Priority Goal: Access to Care

What? (Goal/Measure)

Why? (What Does this Mean?)

Hunches (What Do I Do?)



Statewide Behavioral Health Goals and Associated Measures



BHT Measure Phases

PHASE 1 ← *You Are Here*

Use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Identify interventions to improve areas of low performance relative to statewide rate.

PHASE 2

Use *individual client-level data* to measure performance and identify Plan accountability for BH goals.

Pre-decisional – further guidance forthcoming.

BHT Phase 1 Measures

Target measures where county performance is below the statewide rate are targets for investment.



BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.


Priority Goals

- 1. Access to Care ↑
- 2. Homelessness ↓
- 3. Institutionalization ↓
- 4. Justice-Involvement ↓
- 5. Removal of Children from Home ↓
- 6. Untreated Behavioral Health Conditions ↓

Additional Goals

- 1. Care Experience ↑
- 2. Engagement in School ↑
- 3. Engagement in Work ↑
- 4. Overdoses ↓
- 5. Prevention/Treatment of Co-occurring PH Conditions ↑
- 6. Quality of Life ↑
- 7. Social Connection ↑
- 8. Suicides ↓

Resources

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BEHAVIORAL HEALTH SERVICES ACT INTEGRATED PLAN TEMPLATE VERSION 1

June 30, 2025

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 **HCS**
California Department of Health Care Services
Population Behavioral Health Measure County Performance Workbook
Last Updated June 6, 2025

Tab Descriptions

1 Contains a County-specific summary snapshot of performance across all 14 statewide behavioral health goals

4 Contains performance measure data by goal for each county

Note: The data in this workbook is not updated in real time and will not reflect updates from the measure source. The Measure Access Instructions document details how to access the source data for each source data will be necessary to perform disparity analysis on each measure. View the Measure Access Instructions [aLINK PLACEHOLDER](#)

Statewide Behavioral Health Goal	Tab Name
Access to Care	Access to Care
Homelessness	Homelessness
Institutionalization	Institutionalization
Justice-Involvement	Justice
Removal of Children from Home	Removal from Home
Untreated Behavioral Health Conditions	Untreated BH
Care Experience	Care Experience
Engagement in School	School
Engagement in Work	Work
Overdoses	Overdoses
Prevention and Treatment of Co-Occurring Physical Health Conditions	Prevention
Quality of Life	QoL
Social Connection	Social Connection
Suicides	Suicides

Statewide Behavioral Health Goals

Planning and progress on these goals in Phase 1 will require coordination across multiple service delivery systems

Goals for Improvement


- Care experience
- Access to care
- Prevention and treatment of co-occurring physical health conditions
- Quality of life
- Social connection
- Engagement in school
- Engagement in work

Goals for Reduction

- Suicides
- Overdoses
- Untreated behavioral health conditions
- Institutionalization
- Homelessness
- Legal involvement
- Removal of children from home

Health equity will be incorporated in each of the behavioral health goals

> ≡ 🏠 Overview +County Performance Snapshot 🏠 #Access to Care 🏠 #Homelessness 🏠 #Institutionalization


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Primary Measure+ Supplemental+

County Population Behavioral Health Measure Workbook – Measure Access Instructions & Notes

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 **HCS**

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BHSA Integrated
Plan Template

County Population -
Level Behavioral
Health Measure
Workbook

Measure Access
Instructions & Notes

Resources

Statewide Behavioral Health Goals: Access to Care Dashboard



Priority Goal 1: Increase Access to Care

Access to care is defined as the timely and appropriate use of health services to achieve the best possible health outcomes, encompassing all modalities of care. Improving access to care for Californians is essential to improving overall health outcomes. Ensuring compliance with provider availability standards outlined in network adequacy requirements, implementing effective strategies to help individuals navigate the complex care delivery system, and reducing wait times for appointments will enable Californians to receive the right care at the right time.

Access to Care Measures

Specific Measure	Direction of Improvement	Available Equity Fields
1. Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Youth	↑	Age, Race/Ethnicity, Sex, Written Language
2. Specialty Mental Health Services (SMHS) Penetration Rates for Adults and Youth	↑	Age, Race/Ethnicity, Sex
3. Drug Medi-Cal (DMC) Penetration Rates for Adults and Youth	↑	None Available
4. Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults and Youth	↑	Race/Ethnicity
5. Initiation of Substance Use Disorder Treatment (IET-INI)	↑	None Available

Measures with equity data available will have a county equity tab. Measures without this data available will only have an overview tab.

Reflection Questions

- How can I improve penetration rates in the context of statewide trends?
- Am I above, at, or below the statewide rate and median?
- Who are my peers? Which counties have similar rates?
- Which demographic groups have lower penetration rates?
- How could I better meet the needs of these populations?

Dashboard Navigation

- Click on the arrows below to navigate to each measures' tab.
- If you click on the 1 of 9 icon, a list of dashboard tabs will also appear for you to jump to a tab directly.



Integrated Plan

Disparities Analysis:

“For any disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis.”

You will need to fill out this content... we will talk you through the process!

Integrated Plan

Cross-Measure Questions:

"Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026 that may increase your county's level of access to care. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)."

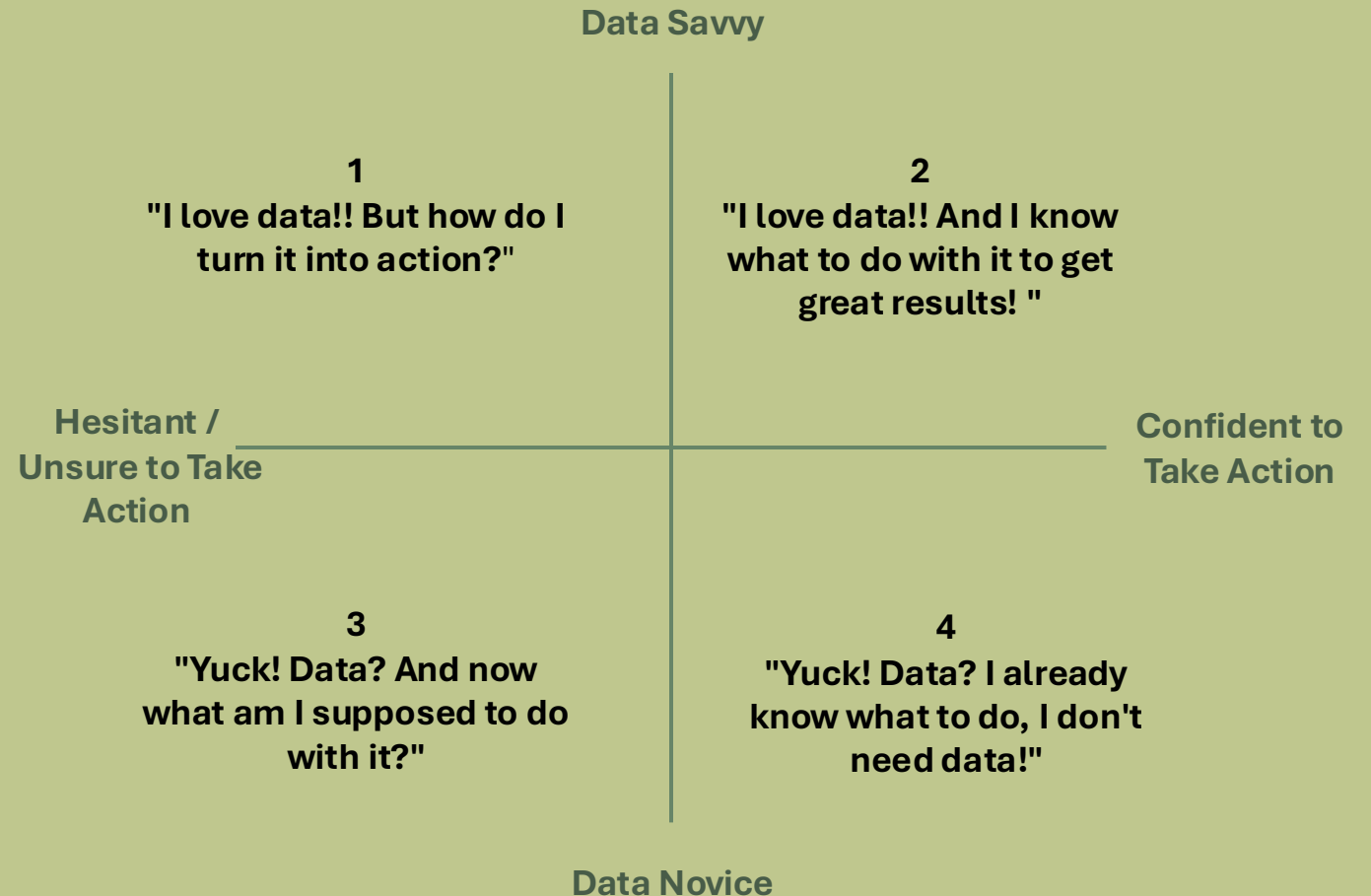
You will also need to fill out this content in the Integrated Plan... we will talk you through the process!

Data Self-Assessment

We are getting ready to dive into data – so first, let's explore your starting point.

How comfortable are you with data, and how confident are you that you know what action to take based on what the data tells you?

Pick a quadrant!





Access to Care

Priority Goal



What?

Access to Care

- Access to care is defined as the timely and appropriate use of health services to achieve the best possible health outcomes, encompassing all modalities of care.
- Improving access to care for Californians is essential to improving overall health outcomes.

Access to Care Measures

<i>Measure</i>	<i>Type of Measure</i>
Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults, Children & Youth	Primary
Specialty Mental Health Services (SMHS) Penetration Rates for Adults, Children & Youth	Primary
Drug Medi-Cal (DMC) Penetration Rates for Adults, Children & Youth	Primary
Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults, Children & Youth	Primary
Initiation of Substance Use Disorder Treatment (IET-INI)	Supplemental

Access to Care Measures

Measure

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults, Children & Youth

Specialty Mental Health Services (SMHS) Penetration Rates for Adults, Children & Youth

Drug Medi-Cal (DMC) Penetration Rates for Adults, Children & Youth

Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults, Children & Youth

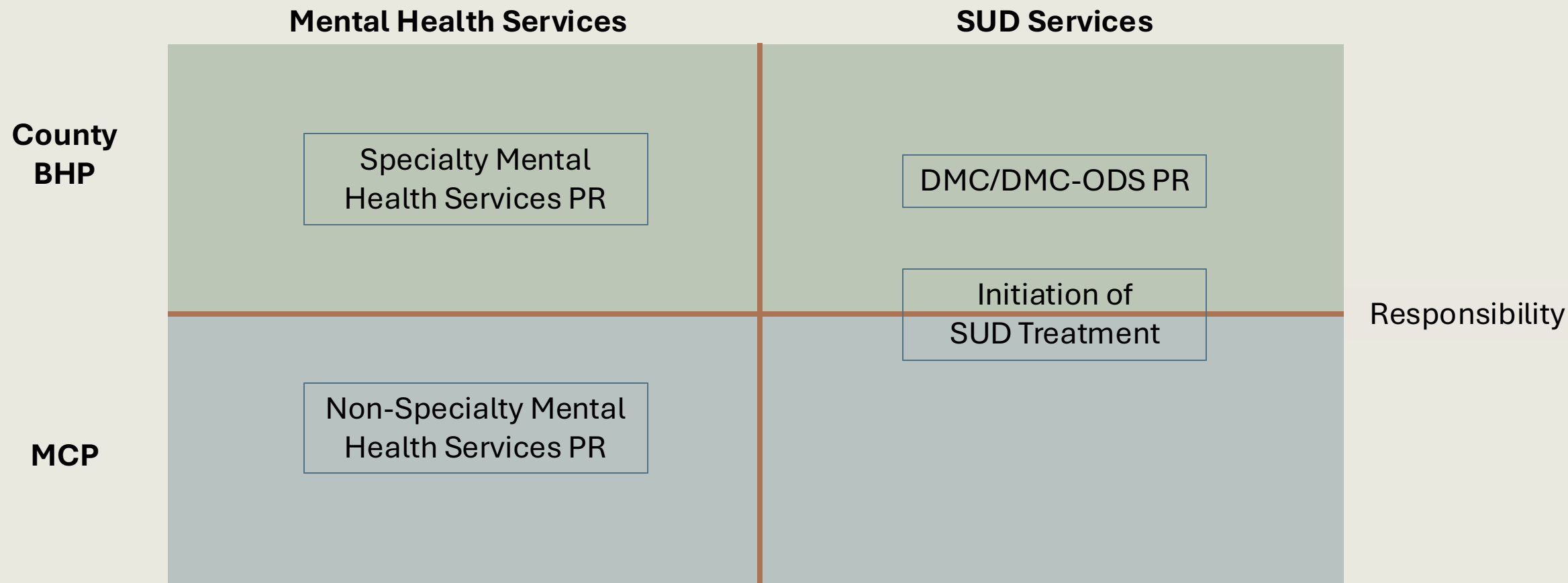
Initiation of Substance Use Disorder Treatment (IET-INI)

How many people with Medi-Cal received a service?

How many new SUD diagnoses resulted in treatment initiation within 14 days?

Plan Responsibility - Access to Care Measures

Among Medi-Cal populations, spanning mental health & SUD services and different systems of care



1

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults, Children & Youth

What percentage of people with Medi-Cal received at least one Non-Specialty* mental health service?

*Non-Specialty = Services that are for mild to moderate behavioral health needs, covered by Managed Care Plans

Numerator: People who receive mental health services from the Managed Care Plan(s)

Denominator: The Medi-Cal population assigned to MCPs

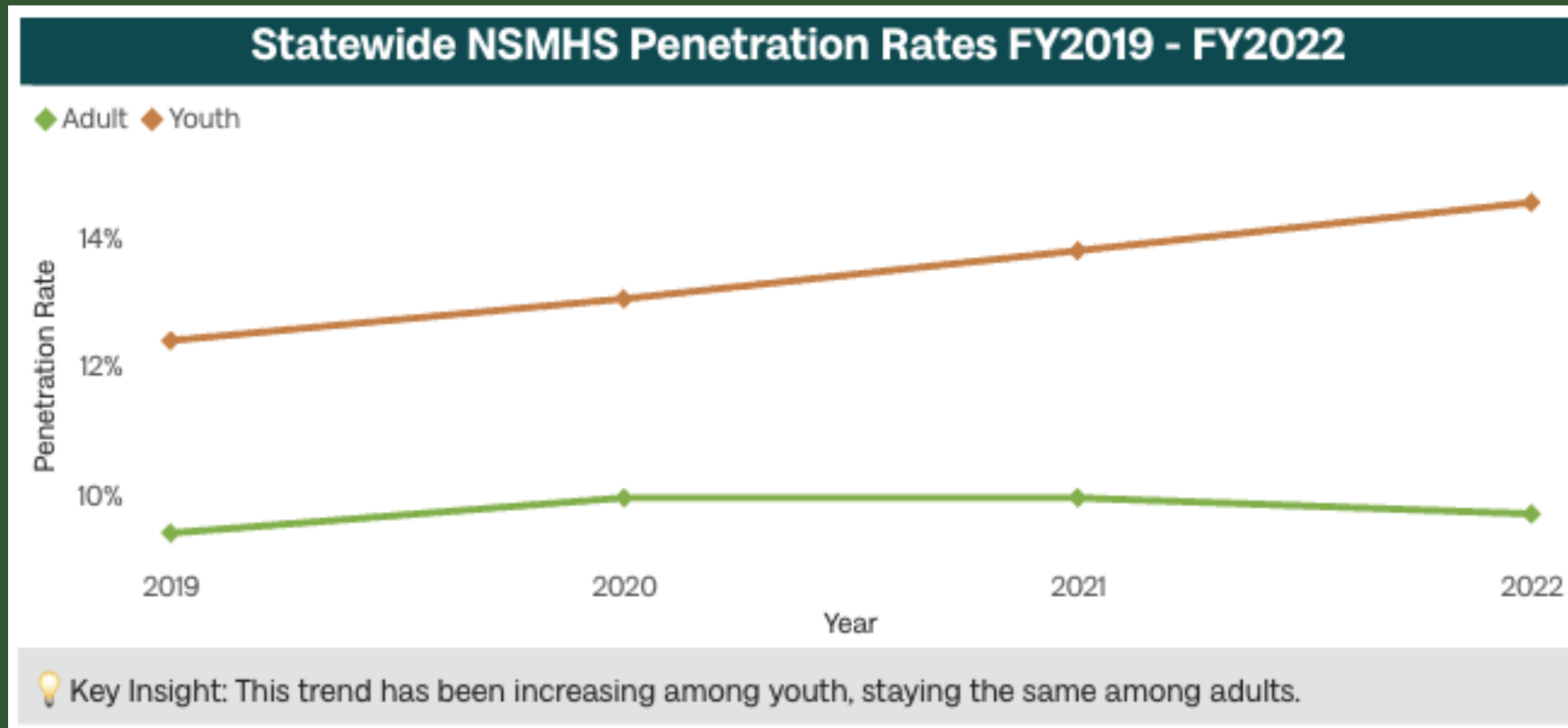


- WHAT

WHY

HUNCHES

Overall penetration rates are generally stable, with increases among youth. Where can you have the greatest impact? Examine demographic groups to see if there are disparities to address.



2

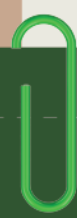
Specialty Mental Health Services (SMHS) Penetration Rates for Adults, Children & Youth

What percentage of people with Medi-Cal received at least one Specialty* mental health service from their Mental Health Plan?

*Specialty = Services that are for moderate to severe behavioral health needs, covered by Mental Health Plans

Numerator: People who received mental health services from the Mental Health Plan

Denominator: The county Medi-Cal population

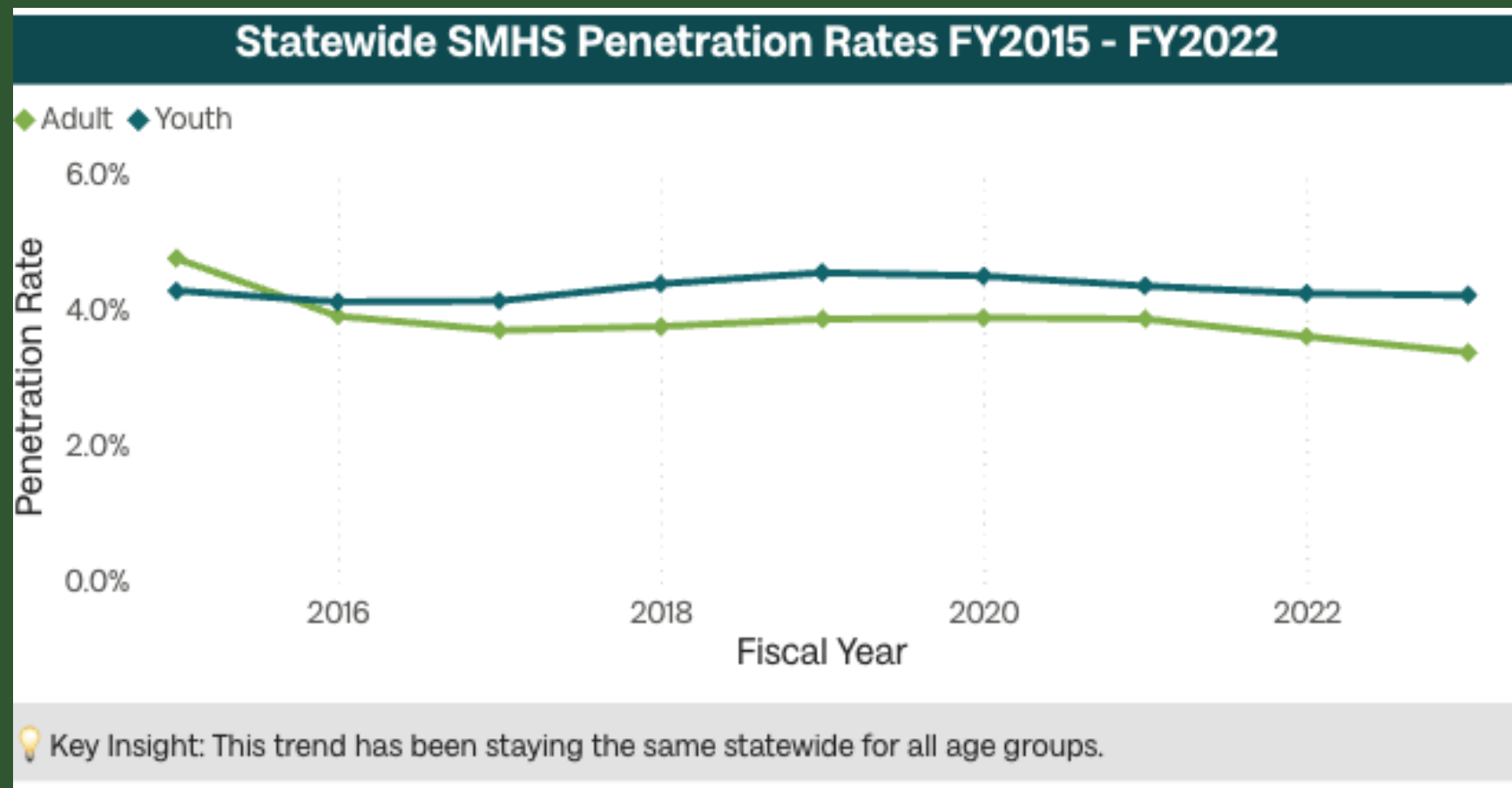


- WHAT

WHY

HUNCHES

Statewide penetration rates are generally stable. Where can you have the greatest impact? Compare demographic groups.



3

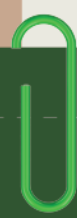
Drug Medi-Cal (DMC) Penetration Rates for Adults, Children & Youth

What percentage of people with Medi-Cal received at least one substance use treatment service from the Drug Medi-Cal Plan*?

*Drug Medi-Cal Plan = county plans that administer the standard set of Drug Medi-Cal services under the State Plan benefit.

Numerator: People who received substance use treatment services from the DMC Plan

Denominator: The county Medi-Cal population

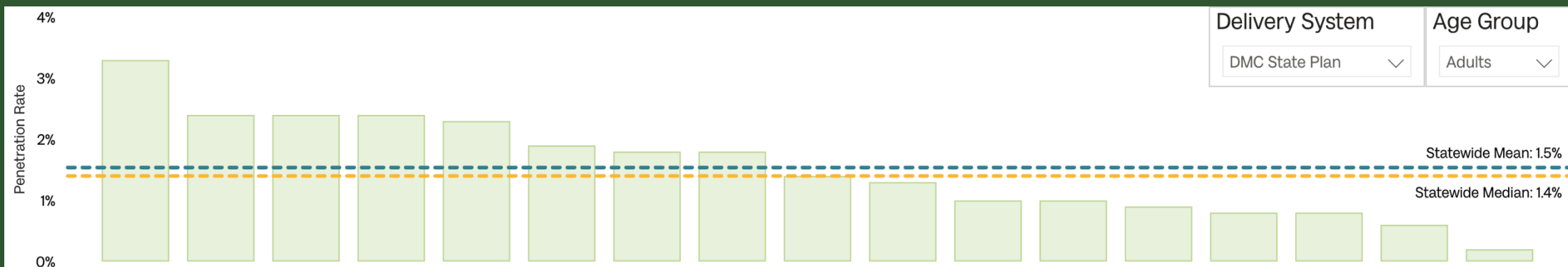


• WHAT

WHY

HUNCHES

Year-over-year trending data not publicly available –
Compare your status to the statewide rate



4

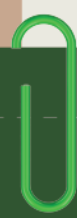
Drug Medi-Cal Organized Delivery System (DMC-ODS) Penetration Rates for Adults, Children & Youth

What percentage of people with Medi-Cal received at least one substance use treatment service from the Drug Medi-Cal Organized Delivery System ?

*Drug Medi-Cal Organized Delivery System = county plans that administer the optional, expanded Drug Medi-Cal benefit.

Numerator: People who received substance use treatment services from the DMC-ODS Plan

Denominator: The county Medi-Cal population



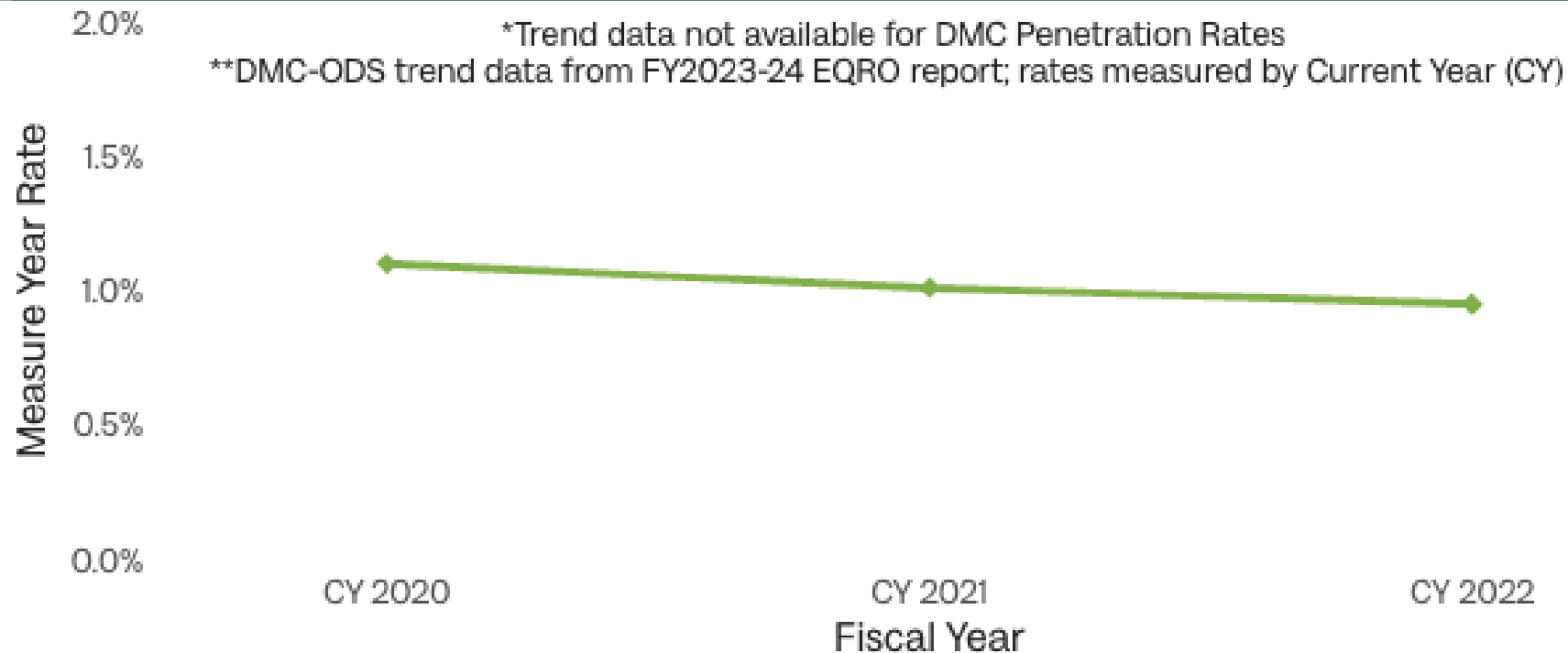
• WHAT

WHY

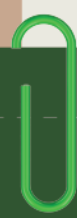
HUNCHES

Overall penetration rates are generally stable. Examine local data and demographic populations to see if there are disparities to address.

Statewide DMC-ODS* Penetration Rates CY2022**



💡 Key Insight: This trend has been staying the same statewide.



5

Initiation of Substance Use Disorder Treatment (IET – INI)

What percentage of new substance use disorders episodes were followed by a treatment initiation service within 14 days ?

Numerator: New SUD episodes with treatment initiations within 14 days

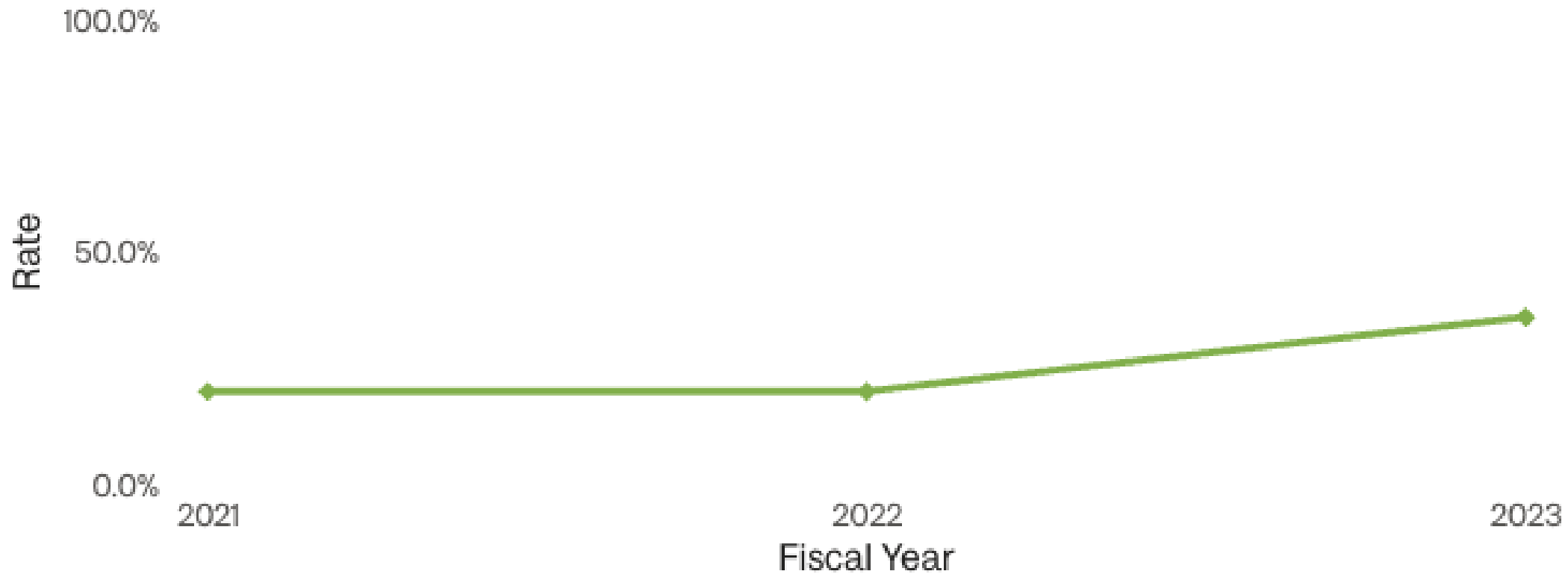
Denominator: New SUD episodes among the Medi-Cal population age 13+

• WHAT

WHY

HUNCHES

Statewide IET-INI Rates FY2021 - FY2023



💡 Key Insight: This trend has been increasing statewide.

CalMHSA Dashboards

2. Specialty Mental Health Services (SMHS) Penetration Rates for Adults & Youth

Primary Measure - Access to Care (Priority Goal)



Definition

Measures the proportion of Medi-Cal eligible adults and youth who are accessing specialty mental health services offered by county Behavioral Health Plans

Why it Matters

Highlights gaps in access that help behavioral health plans understand how effectively their resources and outreach are meeting the needs of community members with SMI/SED

What's Included in this Measure?

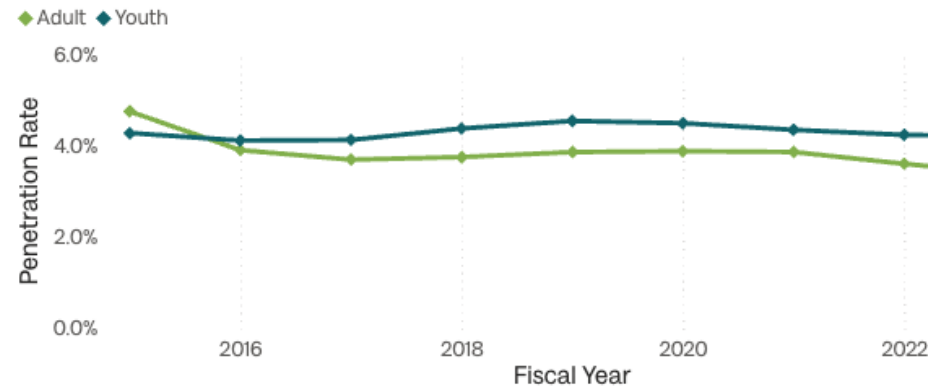
Numerator

Medi-Cal eligible adults (age 21+) or youth (under 21) who received one or more SMHS through a county Behavioral Health Plan

Denominator

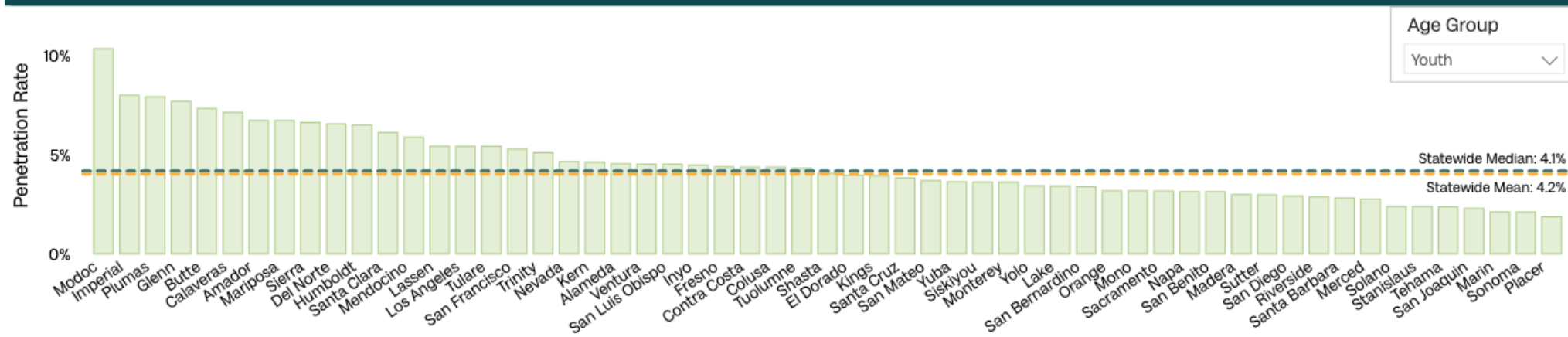
Adults (age 21+) or youth (under 21) who are Medi-Cal eligible

Statewide SMHS Penetration Rates FY2015 - FY2022



Key Insight: This trend has been staying the same statewide for all age groups.

SMHS Penetration Rates by County FY2022



CalMHSA Dashboards

2. Specialty Mental Health Services (SMHS) Penetration Rates for Adults & Youth

Primary Measure - Access to Care (Priority Goal)

Please select a county:

Fresno



Know Fresno County's Story

This tab breaks out SMHS penetration rates by race/ethnicity (for Youth and Adults) or sex (Adults only) per county. County-specific rates are shown on the barplots below with the countywide rates displayed as horizontal constant lines. FY2021 is the latest year of available demographic data, so the line on equity charts reflects FY2021 penetration rates county-wide to compare data for the same year.

If a chart does not appear below for a selected category, data are not available for that county.

Fresno County
Adult Rate (FY2023)

3.6%

Fresno County
Youth Rate (FY2023)

4.4%

Fresno County FY2021 SMHS Penetration Rates by Race

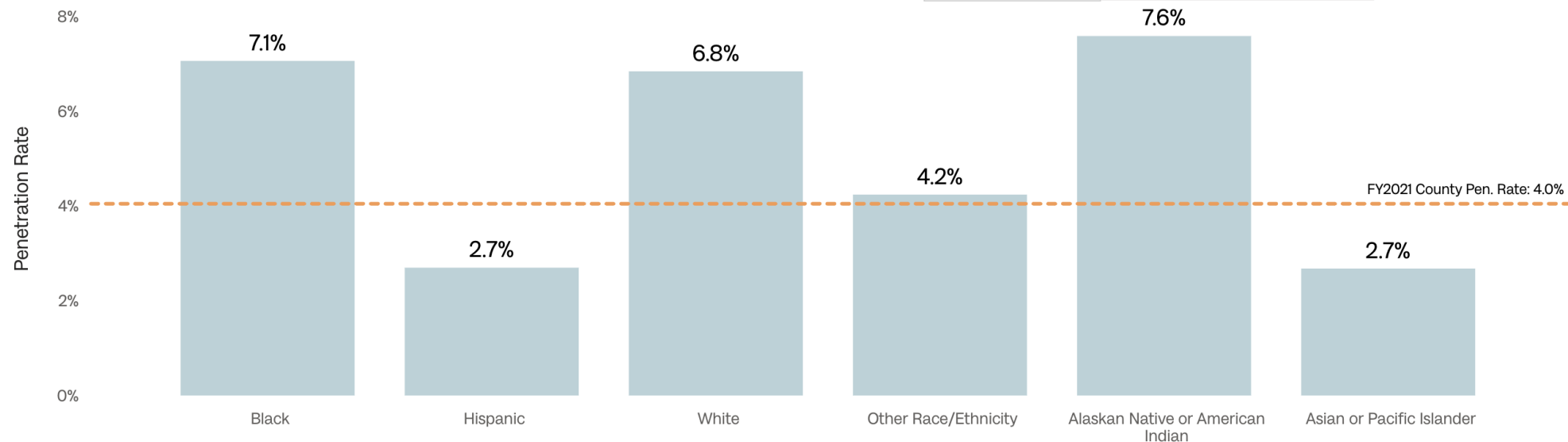
Measuring Equity: Is your county-level rate the same for all demographic groups?

Age Group

Adult

Demographic Category

Race



Why?



Many Things Can Impact Penetration Rates

- Funding – A county that has a larger local investment in Behavioral Health (like county general fund) has additional resources to serve more people.
- The ability of non-specialty (Managed Care Plans) to serve the mild/moderate population impacts demand.
- Workforce – Does the county have a sufficient supply of people in the behavioral health workforce?
- Policy – Are there state or federal policies impacting Medi-Cal enrollment? Is your Medi-Cal population growing or shrinking?



Questions to Ask Yourself

Penetration Rates:


- "What proportion of your member pool is being served by the system of care?"
- "How many people in the community are being served?"

Initiation of SUD Treatment (IET-INI):

- "How many people come back for services within two weeks of a first visit?"
- "How successful are we at getting people to come back for treatment once they've had an initial contact with us?"

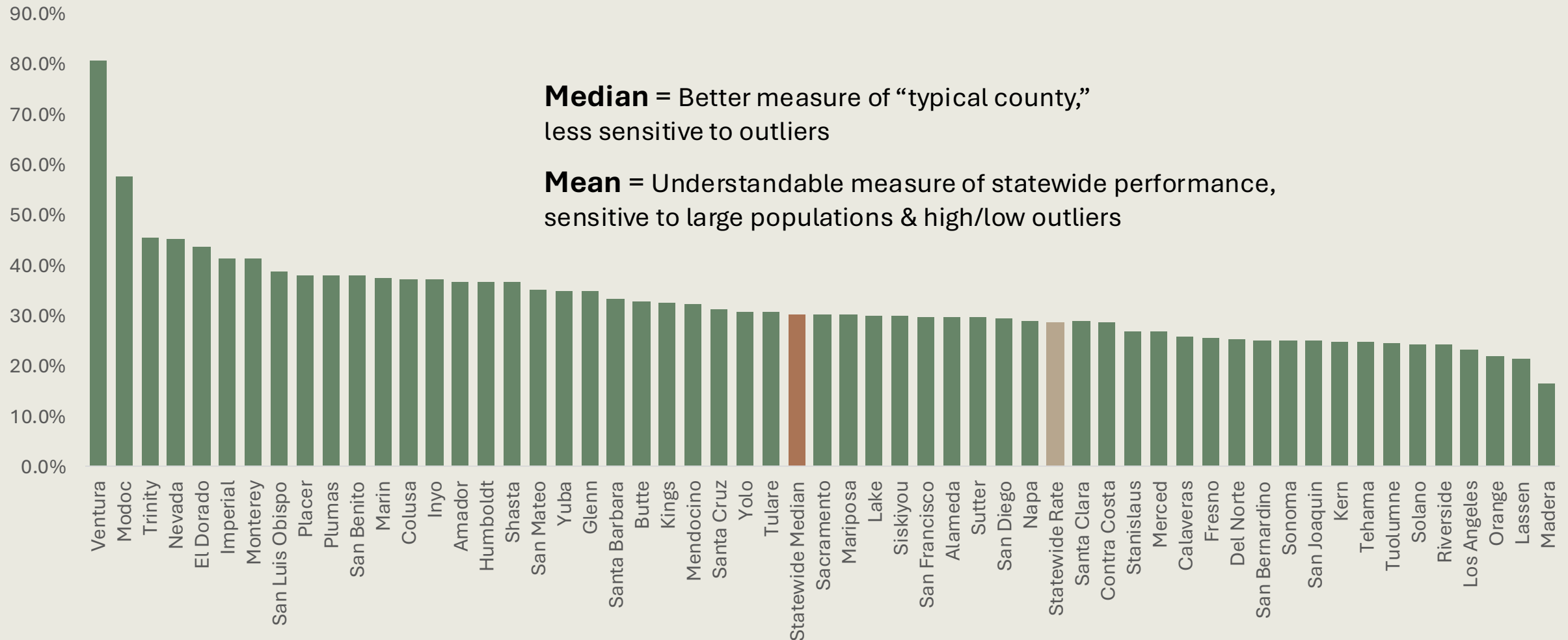


Does this Data Tell the Whole Story?

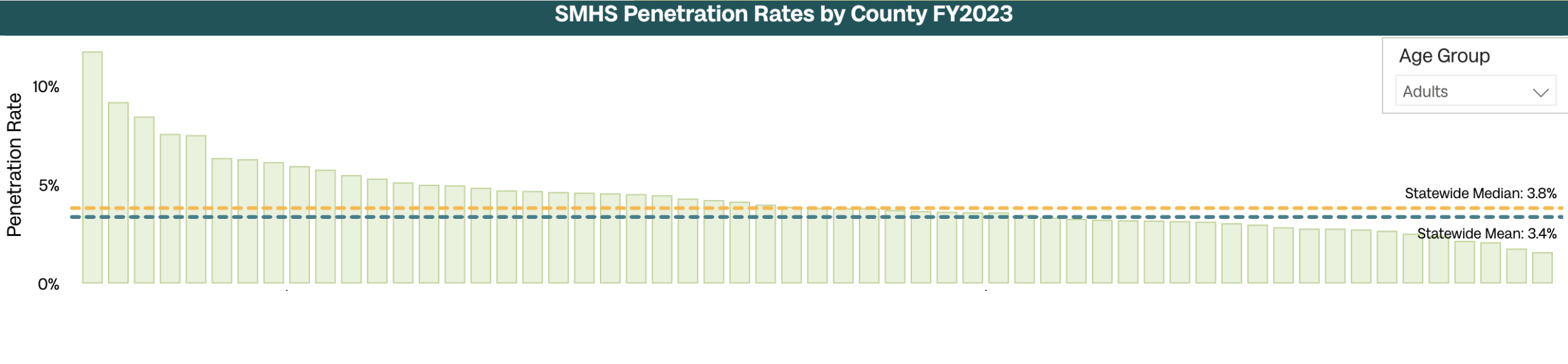
- An increase in Penetration Rate (PR) could mean:
 - There was an increase in access to care.
 - There was a decrease in Medi-Cal members eligible to receive services.
 - There was an increase in need for specific types of services (prevention efforts lacking, influx of new members with a specific type of need, there was a natural disaster or other traumatic event locally).
- Disproportionate PRs across demographic groups could indicate:
 - There is an issue with inequitable access that needs to be addressed.
 - There are differential needs across groups.
 - It is a small group (smaller changes  bigger shifts in % with small groups).
- What's missing from this data that would help us better understand the trends?
 - Information about local factors driving needs/access
 - Consumer voice
 - Policy changes

Data Snack: Mean vs. Median

Sample Measure Distribution for Illustrative Purposes



When you make a
chart....



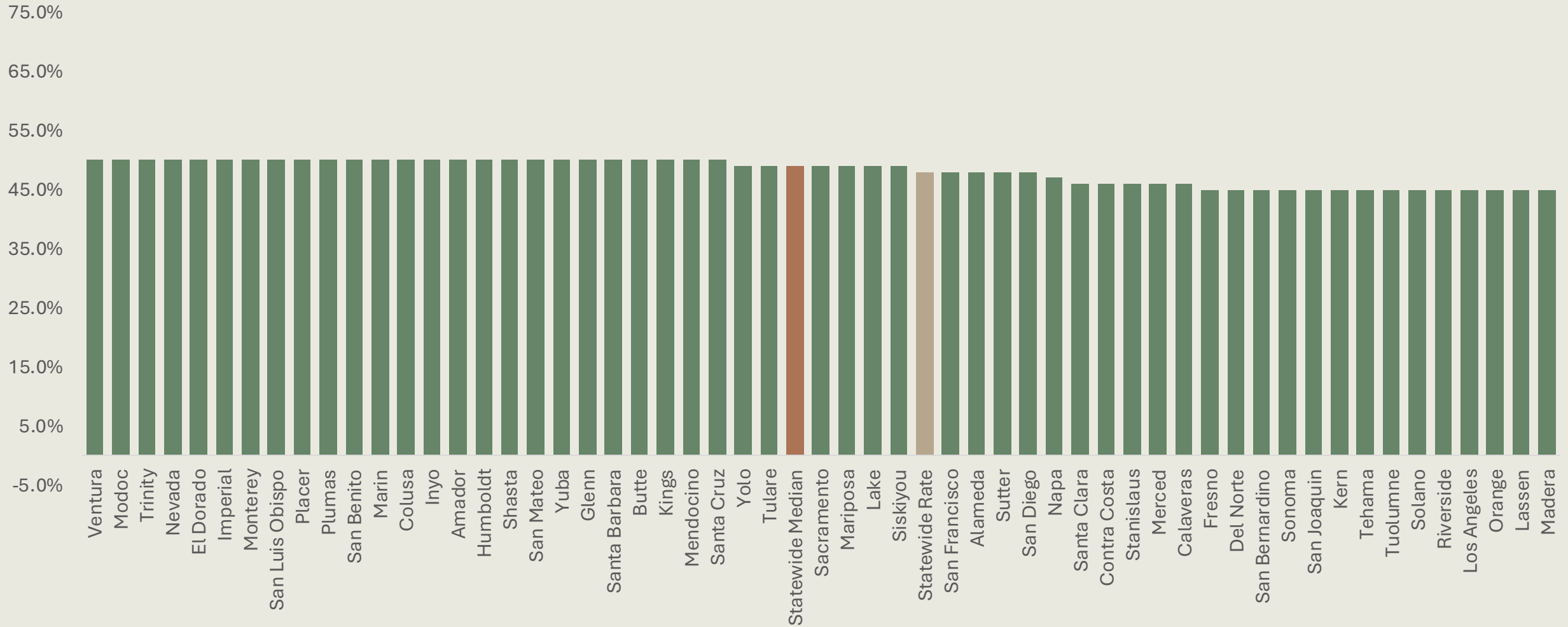
WHAT

• WHY

HUNCHES

Data Snack: Even if We All Improve, 50% will be Below the Median

Example Scenario: Measure between 45-50% among all counties



Hunches





Behavioral Health Services Act

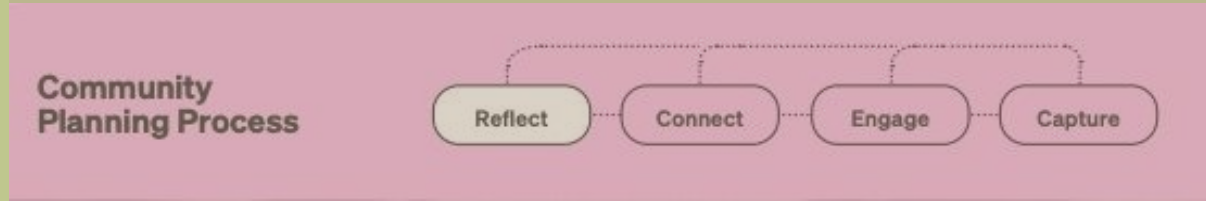
Meaningful Engagement

A Guide to the Community Planning Process

CalMHSA
California Mental Health Services Authority

<https://www.calmhsa.org/cpp/>

Community Planning Process: Reflect



Reflection allows you and your team to:

- Take stock of what you already know
- Identify gaps in knowledge
- Develop informed hunches about your county's priorities.

Use your data to identify areas in need of most improvement.

Developing Hunches: Access in Fairview County

What are the trends in penetration rate?

How do I compare to the state?

What is my Plan's responsibility?

If I'm doing well, what should I do next?

If I'm not doing well, what should I do next?

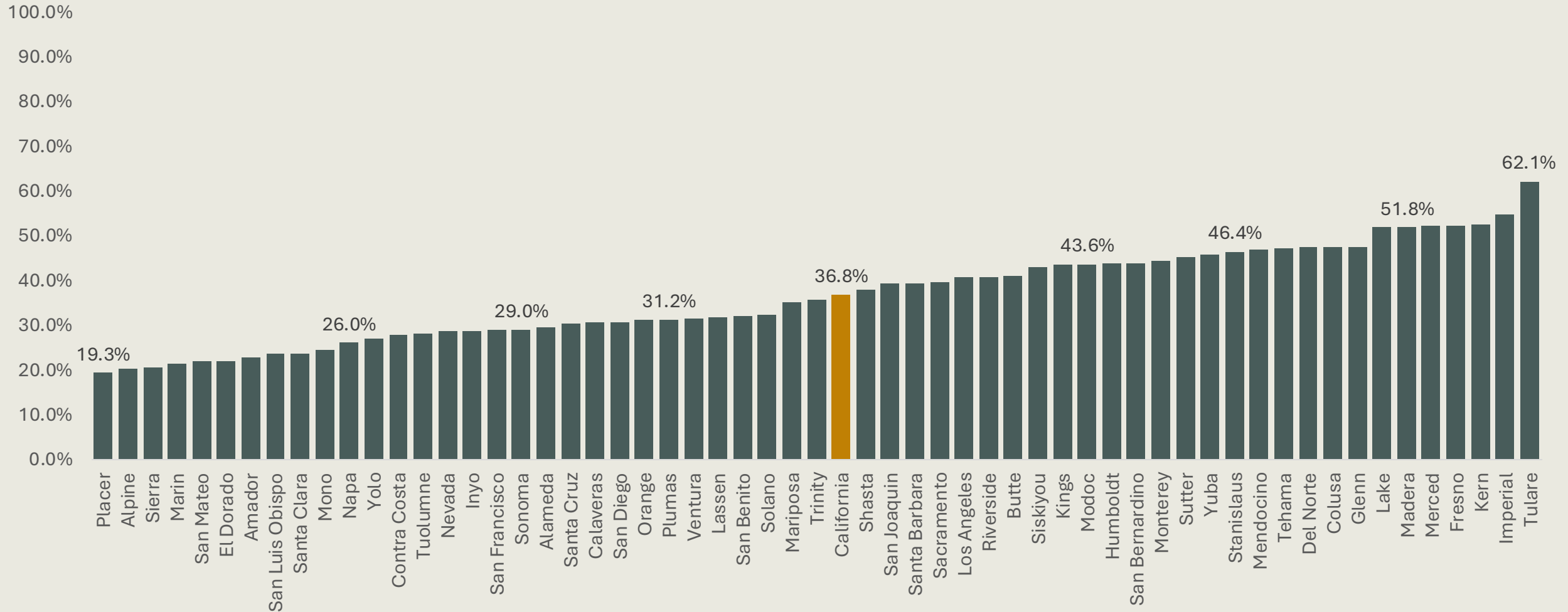
Am I reaching all members of my community?

Who are my main partners for solutions and interventions?



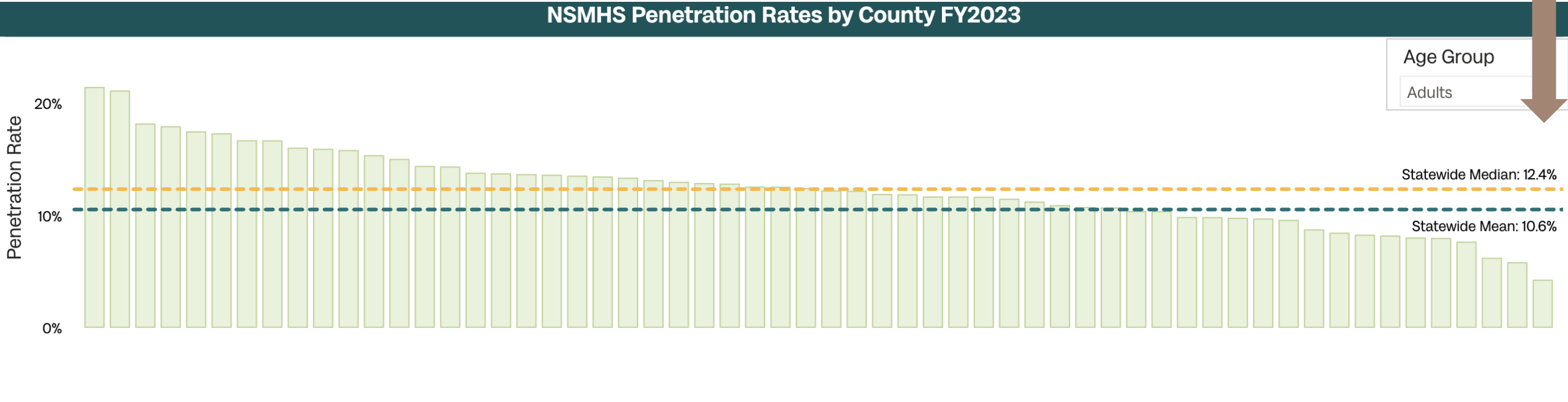
Community Context: Medi-Cal Eligibility

Percentage Medi-Cal Eligible among Total Population (2023)

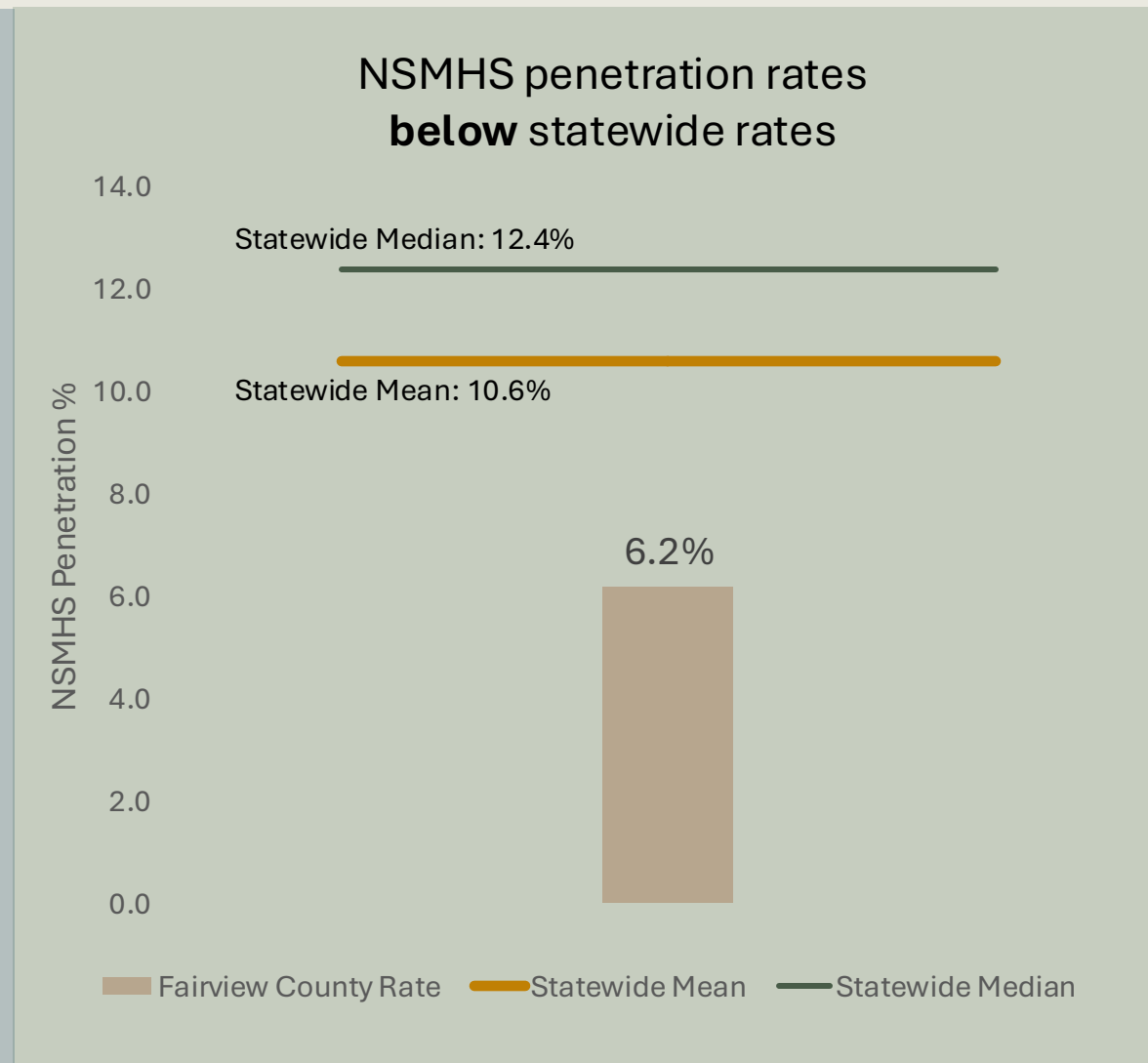
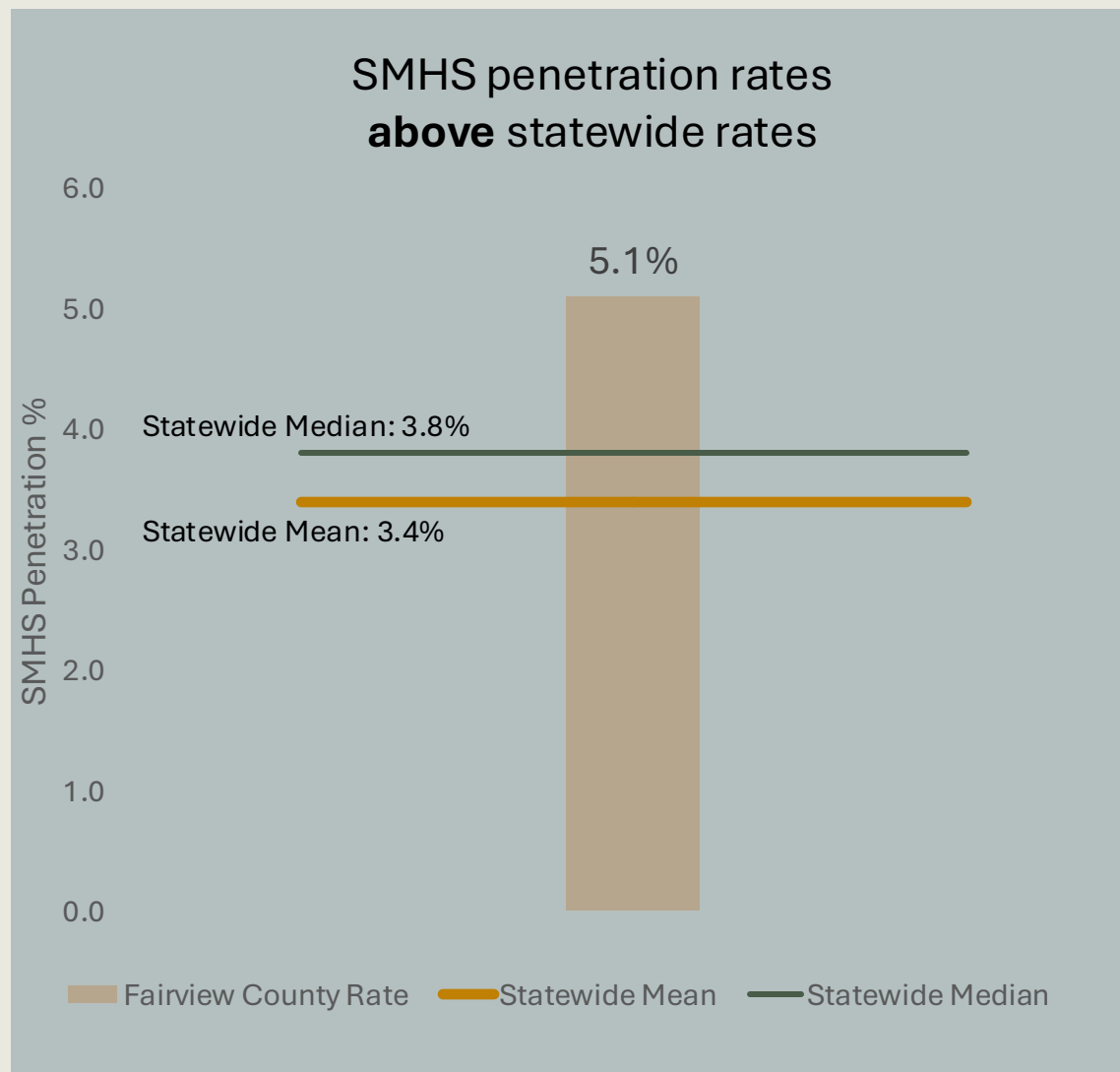


In Fairview County...

NSMHS Penetration Rate: 6.1%



In Fairview County...



Example 1: NSMHS PR Low

Scenario: While Fairview's MHP has high PR for Specialty Mental Health Services, the PR for Non-Specialty Mental Health Services is below the statewide mean/median.

Considerations:

- How are screening tools used? Do you ensure closed loop referrals using the Transition of Care tool?
- Do you hold regular coordination meetings with your MCPs?
- How many of your MHP clients have mild to moderate mental health needs that can be stepped down from specialty care?
- Is there MHP representation on the local MCP's Board of Directors?

Measuring Equity

What is the intended impact? Identify determinants associated with the measure.

Which populations are most affected? Compare sub-groups to county average and to each another.

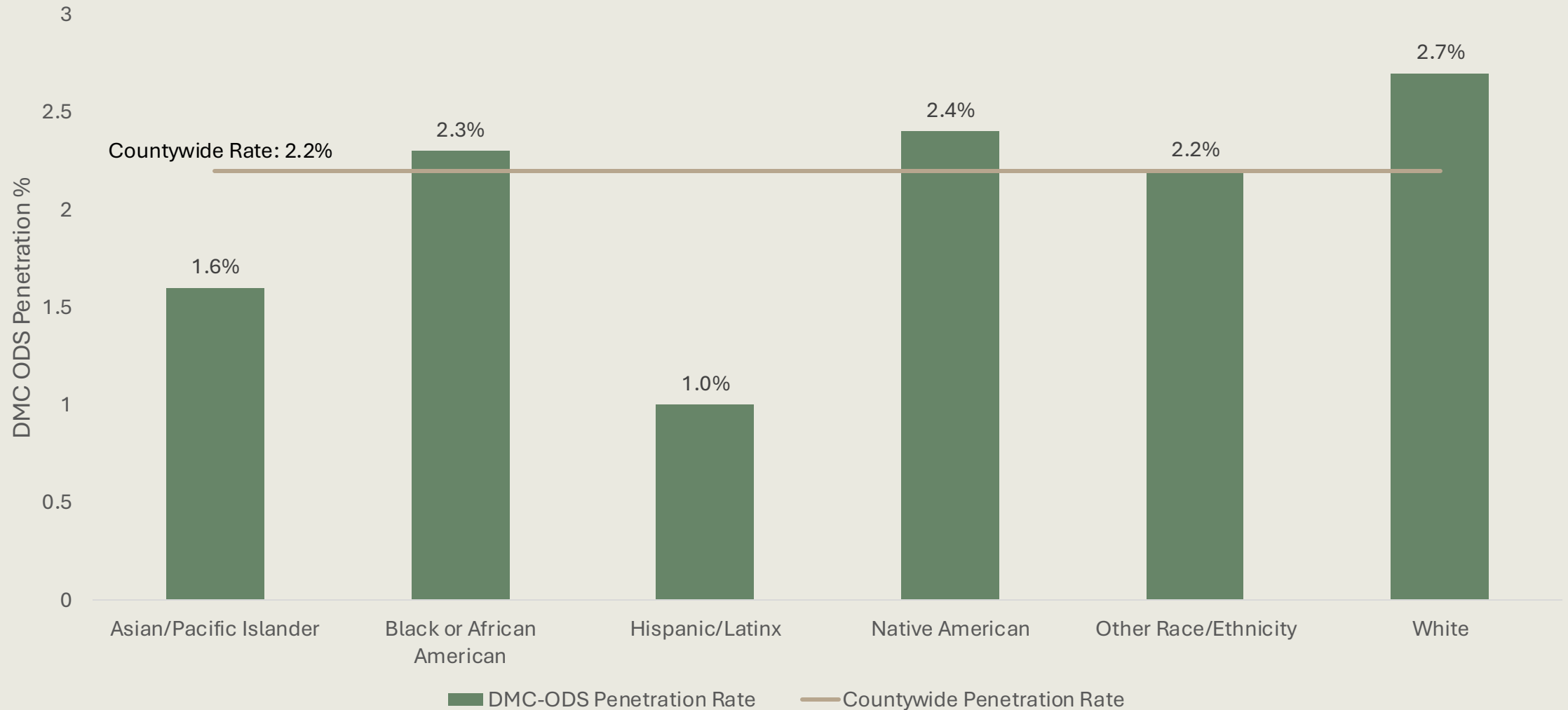
Why might you be seeing this result? Examine potential causes of the result you're seeing.

How do you want to make an impact? Set specific goals based on inequities identified and locus of control.

Are you meeting your goals? Monitor progress and adjust when needed, including discussions and feedback from affected communities.

Fairview County

Fairview County DMC-ODS Penetration Rates by Race/Ethnicity



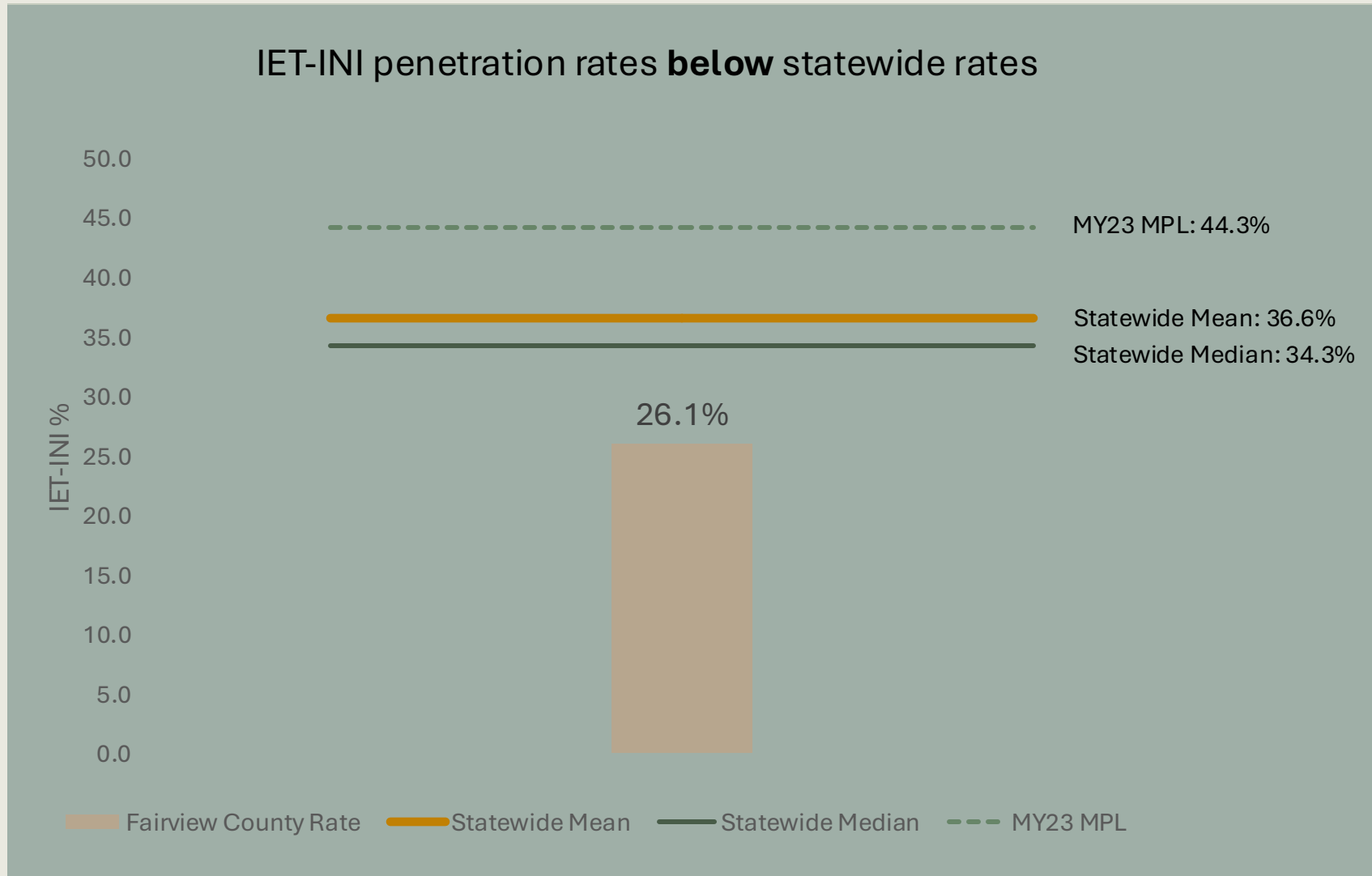
Example 2: DMC-ODS Penetration Rates - Racial Disparity

Scenario: Fairview's DMC-ODS Hispanic/Latino PR is lower than the county's total PR.

Considerations:

- Are there specific challenges with screening and assessment processes that need to be explored?
- Are there successful mental health outreach programs that could be leveraged to increase awareness of SUD programs?
- Does the cultural and linguistic diversity of the staff reflect the demographics of Medi-Cal members?
- Are primary Spanish-language settings available in levels of care with predominantly group services?

In Fairview County...



Example 3: Low Rate for Initiation of SUD Treatment (IET-INI)

Scenario: Fairview's IET-INI rate is lower than statewide average and median.

Considerations:

- Do you have a mechanism in place to follow up with members who have a new SUD episode?
- Does your county have a presence in your emergency departments or a clear process in place for communication between entities?
- Does your county have SUD system navigators in outpatient clinics, detox facilities, and inpatient treatment programs?
- Consider the proportion of new episodes occurring within your BHP to help determine where to focus your efforts.

Your Integrated Plan: Access to Care

Measure	State Rate	Fairview County Rate	Action Steps
NSMHS PR Adults	10.6%	6.2%	Engagement with MCPs Assessment of mild to moderate clients
SMHS PR Adults	3.4%	5.1%	Equity analysis Address identified inequities
DMC PR Adults	1.5%	NA	NA
DMC-ODS PR Adults	1.7%	2.2%	Equity analysis Address identified inequities
IET-INI	36.6%	26.1%	Assess SUD system of care Engagement with SUD treatment partners across the continuum

What's Next?

Please fill out the survey
in the chat!

Access to Care Office Hours:
Friday 8/1, 12-1 p.m.
Continued Discussion on
Access Data and Hunches

Questions:
managedcare@calmhsa.org





Thank You!