BHT PERFORMANCE MEASURES – HOMELESSNESS MEASURES

Frequently Asked Questions (FAQ)

BACKGROUND

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 goals. The new measures under the statewide behavioral health goal of Reducing Homelessness leverage a combination of housing and health data to create the most complete estimate to date of homelessness and housing insecurity among Medi-Cal members.

Resources

- BHSA Policy Manual and Measures Supplement
- BHT Performance Measures Technical Specifications Manual
- BHT Theories of Change
- BHT Performance Measures Report

Until now, California has largely used the point-in-time (PIT) count and housing Continuum of Care (CoC) services to estimate homelessness prevalence in California. These approaches are known to significantly undercount the number of people experiencing homelessness, in part because homelessness is not a static situation and because many people experiencing homelessness do not access housing services. However, in recent years, health care data have become increasingly reflective of people's housing status thanks to growing efforts to screen for and document housing-related needs.

By combining Medi-Cal and Homeless Data Integration System (HDIS) data – which aggregates records from the Homeless Management Information System (HMIS) operated by California's 44 CoCs – to calculate BHT measures, DHCS has created a more complete estimate of Medi-Cal members experiencing homelessness or housing insecurity at any point in the year. These data sources support the implementation of the growing number of housing supports provided by County Behavioral Health Plans (BHPs) and Medi-Cal Managed Care Plans (MCPs).

Reducing Homelessness Measures

Measure descriptions are generally read as follows: Rate *of* [denominator] *who* [numerator].

Measure Number and Name	Measure Description
HO-1. Homelessness Among People with Significant Behavioral Health (BH) Needs (PEH-WSBH)	**Metric 1.** Rate (per 10,000) *of* **people** enrolled in Medi-Cal or receiving other county BH services and **living with significant BH needs** *who* are identified as experiencing homelessness in a 12-month period based on available data *compared with* **Metric 2.** the rate (per 10,000) *of* **all people** enrolled in Medi-Cal or receiving other county BH services *who* are identified as experiencing homelessness in a 12-month period based on available data
HO-2. Housing Services for People with Significant Behavioral Health (BH) Needs At Risk of or Experiencing Homelessness (HOUSSRV-WSBH)	Percent *of* people enrolled in Medi-Cal or receiving other county BH services, living with significant BH needs, and are identified as at risk of or experiencing homelessness in a 12-month period based on available data, *who* **receive at least one Medi-Cal housing Community Support or county BH Housing Intervention** in a 12-month period
HO-3. Full Service Partnership and Housing Services for People with Significant Behavioral Health (BH) Needs At Risk of or Experiencing Homelessness* (FSP-PEH-WSBH)	Percent *of* people enrolled in Medi-Cal or receiving other county BH services, living with significant BH needs, and identified as at risk of or experiencing homelessness in a 12-month period based on available data, *who* receive at least **one Full Service Partnership (FSP) service and at least one Medi-Cal or county BH Housing Intervention** in the same 12-month period

**FSP-PEF-WSBH will not be reported until 2029, when Behavioral Health Individual Service Level (ISL) encounter data capturing county behavioral health services, including FSP services, will be submitted to DHCS. For more information about FSP-PEF-WSBH.*

FREQUENTLY ASKED QUESTIONS

1. What makes this new approach of identifying individuals at risk of or experiencing homelessness a more complete estimate of homelessness and housing insecurity?

Historically, homelessness estimates have relied on data sources, such as Continuum of Care (CoC) service utilization data or annual Point-in-Time (PIT) counts. These data sources provide important information about housing insecurity, but each data source reflects a different point of interaction within the homelessness systems and cannot fully capture everyone experiencing homelessness. For example, CoC data reflects individuals who access homelessness services, but not all people experiencing homelessness engage with those services. Similarly, PIT counts capture an annual snapshot of sheltered homelessness and a biennial snapshot of unsheltered homelessness in a single night in January, and therefore may miss people whose housing status changes throughout the year. As a result, these approaches can underestimate the total number of people experiencing homelessness or housing insecurity in a given year.

However, in recent years, health care data have become increasingly reflective of people's housing status thanks to growing efforts to screen for and document housing-related needs within medical and behavioral health care settings.

By combining Medi-Cal and Homeless Data Integration System (HDIS) data (which aggregates records from the Homeless Management Information System (HMIS) operated by California's 44 CoCs) to calculate BHT measures, DHCS has created a more complete estimate of Medi-Cal members experiencing homelessness or housing insecurity at any point in the year. Specifically, DHCS has combined HDIS and Medi-Cal enrollment, claims, and encounter data (including data on Medi-Cal housing-related services and supports) to identify the unique number of Medi-Cal members experiencing homelessness or housing insecurity at any point in a year. By linking these data sources, the new measures equip county behavioral health and Medi-Cal Managed Care Plans with actionable data on how to better meet the needs for Medi-Cal members with behavioral health needs who are at risk of or experiencing homelessness.

2. How did DHCS identify people <u>experiencing</u> homelessness?

DHCS developed a novel approach for identifying people enrolled in Medi-Cal and experiencing homelessness that drew from both data that comes from the healthcare

system, such as Medi-Cal claims, encounters, and enrollment data, and data that comes from homelessness services, which is maintained through California's Homeless Data Integration System.

Homeless Data Integration System (HDIS): HDIS, administered by the California Interagency Council on Homelessness (Cal ICH), is California's statewide homelessness data platform and compiles information submitted by all 44 Continuums of Care (CoCs) across the state. CoCs serve as the backbone of local homelessness response systems and operate Homeless Management Information Systems (HMIS), where providers funded through many federal and state homelessness programs record information about the people they serve.

Through a data-sharing partnership between Cal ICH and the California Health and Human Services Agency (CalHHS), DHCS was able to securely match HDIS records to Medi-Cal member records. This allowed DHCS to identify Medi-Cal members who accessed housing or homelessness services through a CoC or who reported experiencing homelessness while receiving services. HDIS is a critical source of information because it captures individuals actively engaged with California's homelessness response system and provides a statewide view of homelessness service utilization and outcomes.

The approach for identifying people experiencing homelessness using HDIS is consistent with the approach used for the performance measures in the Cal ICH Action Plan for Preventing and Ending Homelessness in California.

Medi-Cal Claims, Encounters, and Enrollment Data: DHCS also uses Medi-Cal healthcare data to identify people experiencing homelessness through several indicators, including the following:

- Member Address: Medi-Cal address data that may indicate housing instability or homelessness such as a recorded address of "homeless."
- ICD-10-CM z-codes indicating homelessness or housing insecurity: These are diagnosis codes that are submitted as part of billing and claiming for medical services such as emergency department visits or hospitalizations, that identify nonmedical factors that may influence a patient's health status, including homelessness and housing instability.
- Place of Service (POS) locations associated with homelessness: POS locations are recorded to denote where care was provided such as a clinic, hospital, or home. Locations that indicate homelessness and were used to identify people at risk of experiencing homelessness include homeless shelters and outreach sites or

streets. These data help identify individuals who may be experiencing homelessness but are not connected to homelessness services through a CoC.

By combining HDIS with Medi-Cal administrative data, California has developed one of the nation's most comprehensive approaches to identifying people experiencing homelessness. This integrated methodology provides a more complete understanding of homelessness among Medi-Cal members than would be possible using any single data source alone. DHCS expects to continue strengthening this approach over time through additional data sources, including future integration of county behavioral health data.

3. How did DHCS identify people for the measure that uses "Experiencing or at risk of experiencing homelessness"?

DHCS developed a novel approach for identifying people enrolled in Medi-Cal who are either at risk of or experiencing homelessness. This identifier is inclusive of the narrower "experiencing homelessness" identifier, adding people where data indicates that they are experiencing housing insecurity and people where available data does not distinguish between whether they are experiencing housing insecurity or homelessness. Because this approach cannot fully distinguish between the at risk population and the population experiencing homelessness, this definition does not separate the definition of homelessness vs at risk of homelessness, but rather defines a population that is "Experiencing or At risk of homelessness." This approach was consistent with the definition of "experiencing or at risk of homelessness" described in the Behavioral Health Services Act (BHSA) Policy Manual and the Community Supports Policy Guide.

In addition to using the methodology described in Q2 to identify people experiencing homelessness, DHCS also identifies a broader set of people who are experiencing or at risk of or experiencing homelessness, for the purposes of these measures, by adding to the groups identified in Q2 above in the following ways:

- Member Address: In addition to the list of addresses that definitively identify homelessness, such as the word "homeless", for this definition a broader list of addresses including approximately 1,400 word strings indicating homelessness or housing insecurity, such as an address of "van" and "couch."
- ICD-10-CM Z-codes: In addition to the list of ICD-10-CM Z-codes used to indicate homelessness, additional codes ICD-10-CM Z-codes that identify housing inadequacy or insecurity were included.
- Authorized for Medi-Cal housing-related Community Supports: DHCS identifies someone as experiencing homelessness or at risk of experiencing homelessness if they are authorized for or received one of six Community Supports that include

homelessness or risk of homelessness as a required eligibility criteria. An individual can be authorized for one of these services even if the service is not ultimately delivered. DHCS therefore uses authorization as an indicator to identify individuals experiencing or at risk of homelessness. These services are:
    - Housing Transition Navigation Services
    - Housing Tenancy and Sustaining Services
    - Housing Deposits Community Supports
    - Recuperative Care (Medical Respite)
    - Short-Term Post-Hospitalization Housing
    - Transitional Rent
- Enrolled in the Enhanced Care Management (ECM) Homelessness Population of Focus. DHCS does not have Population of Focus data for people who are authorized for, but not enrolled in, ECM; as a result, this criteria is limited to people who are enrolled in the benefit and identifies people as experiencing or at risk of experiencing homelessness.

Over time, DHCS expects to add additional data sources to its methodology to better identify people experiencing or at risk of experiencing homelessness, including non-Medi-Cal data from county behavioral health.

4. How does the DHCS approach for identifying people experiencing homelessness differ from Point-In-Time (PIT) counts?

PIT counts provide an important annual snapshot of sheltered homelessness and a biennial snapshot of unsheltered homelessness in a community on a single night in January. While the PIT counts remain the federal Housing and Urban Development Department's (HUD) required standard for estimating homelessness nationwide, they provide a limited, point-in-time snapshot.

The BHT homelessness measures complement PIT data by offering a full, year-round view using integrated health and housing data. The BHT homelessness measures identify Medi-Cal members who experience homelessness or housing insecurity at any point during the year. These measures are made possible through California's ability to integrate health and homelessness data, offering a more comprehensive understanding of housing needs over time. Additionally, these measures use the previously described approach of combining administrative data to identify the unique number of Medi-Cal members experiencing homelessness or housing insecurity.

5. How does the DHCS approach for identifying people experiencing homelessness differ from data reported by California

Interagency on Homelessness (Cal ICH) on Californians who access the homelessness response system?

For many years, California has tracked and publicly reported information on people who access homelessness services in the state through Homeless Data Integration System (HDIS). HDIS, which is administered by Cal ICH, combines information from local Homeless Management Information Systems (HMIS) operated by the 44 local Continuums of Care (CoCs) in California, creating a single, statewide dataset that integrates the data from the HMIS systems across all 44 COCs.

HDIS serves as California's statewide homelessness data infrastructure and is one of the most comprehensive statewide homelessness data systems in the nation. Information from HDIS is publicly available through Cal ICH's California Homelessness Data Integration System dashboards and reporting tools, which provide insight into who is accessing homelessness services, the types of services received, and housing outcomes achieved across California.

The data published by Cal ICH provide critical information about individuals who interact with California's homelessness response system and are used by state and local leaders to monitor performance, evaluate outcomes, and inform policy decisions.

DHCS' methodology builds upon this foundation through a data-sharing partnership between Cal ICH, California Health and Human Services Agency (CalHHS), and DHCS. While HDIS identifies people who access homelessness services through the homelessness response system, not everyone experiencing homelessness seeks or receives those services. By combining HDIS data with Medi-Cal enrollment, claims, encounters, Enhanced Care Management enrollment, and housing Community Supports information, DHCS can identify additional individuals who may be experiencing or at risk of homelessness even if they have not interacted with a provider funded by a CoC or state homelessness program.

As a result, HDIS and DHCS serve different but complementary purposes. HDIS provides California's authoritative view of all people accessing homelessness services and housing interventions in California, while DHCS' integrated methodology provides a broader understanding of homelessness and housing instability specifically among Medi-Cal members. Together, these efforts demonstrate the value of California's investments in cross-system data sharing and collaboration to better understand and address homelessness.

6. How are DHCS, Medi-Cal managed care plans, and county behavioral health plans helping to reduce homelessness in California?

California is undertaking major transformations across its Medi-Cal and behavioral health delivery systems to improve health outcomes, access, and quality for members. Central to the transformation is a recognition that a member's health and well-being is driven not just by clinical factors, but also by social factors such as access to safe and stable housing. DHCS, Medi-Cal Managed Care Plans (MCPs), and county behavioral health are working together to address homelessness through a range of housing, behavioral health, and care coordination services.

Through CalAIM, MCPs can provide housing-related Community Supports for eligible Medi-Cal members experiencing or at risk of homelessness, including housing transition navigation services, housing deposits, housing tenancy and sustaining services, recuperative care, short-term post-hospitalization housing, and day habilitation. Beginning in 2026, all MCPs were required to implement Transitional Rent for the behavioral health population of focus. This benefit provides up to six months of rental assistance in interim or permanent housing settings for members who are homeless or at risk, have certain clinical risk factors, and have recently undergone a critical life transition, such as exiting an institutional or carceral setting, foster care, or other high-risk situations.

Since the launch of CalAIM, use of Community Supports has increased substantially statewide. DHCS' public Enhanced Care Management (ECM) and Community Supports Implementation Report show that the number of members receiving Community Supports grew from approximately 14,163 in Q1 2022 to nearly 190,846 in Q3 2025, an increase of approximately 1,248%. This growth reflects the expanding availability and uptake of services that address health-related social needs, including housing-related supports that help people obtain and maintain stable housing.

MCPs also are required to provide ECM, a high-intensity care management benefit – to people at risk of or experiencing homelessness.

County behavioral health also plays a vital role in addressing homelessness among people with significant behavioral health needs. Through the Behavioral Health Services Act (BHSA), counties must dedicate 30% of their funding allocation to housing interventions that can include rental assistance, operating subsidies, landlord engagement, outreach and engagement, housing transition services, and other supports designed to help people access and maintain housing. People are eligible to receive these services via BHSA if they are not eligible to receive the service from their Medi-Cal MCP.

DHCS identified "reducing homelessness" as a statewide behavioral health goal to reflect its commitment to address housing needs for Californians. The three measures for this goal track whether people with significant behavioral health needs are receiving housing services and supports they need and whether these services have an impact on overall rates of homelessness. DHCS provides MCPs and counties with individual-level data through Medi-Cal Connect, the state's HIPAA-protected population health management platform, to support outreach and engagement of eligible members into housing services. These measures will help improve transparency, support planning and quality improvement, and strengthen coordination across housing, health care, and behavioral health systems to better connect people with the services and supports they need.

7. Why do these measures include acronyms such as PEH-WSBH, HOUSSRV-WSBH, and FSP-PEH-WSBH?

These acronyms are **standardized data identifiers** used in DHCS reporting systems, measure specifications, analytics platforms, and data submissions. They ensure that each measure has a unique, consistent label that can be used across systems such as Medi-Cal Connect, Homeless Data Integration System (HDIS) linked datasets, Managed Care Plans (MCPs) and county reporting, and internal DHCS analytic work. They are primarily technical labels rather than "reader friendly" acronyms, which is why they may appear dense.

- **PEH-WSBH: Homelessness Among People with Significant BH Needs** (appears in Homelessness Measure HO-1)
- **HOUSSRV-WSBH: Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness** (appears in Homelessness Measure HO-2 to track housing services received by people at risk or experiencing homelessness)
- **FSP-PEH-WSBH: Full Service Partnership and Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness** (appears in Homelessness Measure HO-3; reporting begins in 2029 once counties submit Individual Service Level (ISL) encounter data)

8. What does Homelessness Among People with Significant BH Needs (PEH-WSBH) show?

Homelessness Among People with Significant Behavioral Health Needs compares the prevalence of homelessness over a 12-month period among two groups of people

enrolled in Medi-Cal or receiving other county behavioral health (BH) services: People with significant BH needs and the overall population. Specifically, it includes two metrics:

- **Metric 1.** Rate (per 10,000) *of* **people** enrolled in Medi-Cal and **living with significant BH needs** *who* are identified as experiencing homelessness in a 12-month period based on available data
- **Metric 2.** The rate (per 10,000) *of* **all people** enrolled in Medi-Cal *who* are identified as experiencing homelessness in a 12-month period based on available data

This novel 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 a Goal Measure for the Reducing Homelessness statewide BH goal, this is a cross-sector measure because performance on this measure will be impacted by the actions of County Behavioral Health Plans (BHPs) and Medi-Cal Managed Care Plans (MCPs) as well as entities and factors beyond Medi-Cal and behavioral health. For the MCP rates, all members assigned to an MCP are included in the rates if they meet the denominator criteria. For the BHP rates, because BHPs do not have assigned members, all Medi-Cal members in that county (defined by County of Responsibility assignments[1]) are included in their rate if they meet denominator criteria.

This measure uses a novel approach for identifying people experiencing homelessness using a combination of Homelessness Data Integration System (HDIS) data from California's housing Continuums of Care (CoCs) and available Medi-Cal and county BH data, including addresses, ICD-10-CM Z-codes documenting housing status as part of Medi-Cal encounters, and the place of service (POS) for Medi-Cal encounters. It provides a more-complete-than-ever understanding of people experiencing homelessness within the Medi-Cal population.

In state fiscal year 2024–25, Medi-Cal members with significant behavioral health needs experienced homelessness at a rate of 988.67 per 10,000 members, compared to 263.03 per 10,000 among Medi-Cal members overall. This means members with significant behavioral health needs were 3.7 times more likely to be identified as experiencing

[1] 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 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.

homelessness than Medi-Cal members overall. These findings underscore the connection between significant behavioral health needs and housing instability and highlight the importance of targeted, cross-system strategies to identify and support members with significant behavioral health needs who are experiencing homelessness.

9. What does Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness (HOUSSRV-WSBH) show?

Housing Services for People with Significant BH Needs Who Are At-Risk of or Experiencing Homelessness captures the receipt of Medi-Cal housing-related Community Supports and county behavioral health housing interventions (inclusive of both rental assistance and other housing supports, such as housing navigation services) to support people enrolled in Medi-Cal or receiving other county behavioral health (BH) services living with significant BH needs who are at risk of or experiencing homelessness. This novel 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 an Intervention Measure for the Reducing Homelessness statewide BH goal, this measure includes Medi-Cal members with an identified significant BH need, understanding that people with significant BH needs can be served by either the Specialty Mental Health Services (SMHS) or Non-Specialty Mental Health Services (NSMHS) system depending on their functional status.

This measure uses a novel approach for identifying people at risk of or experiencing homelessness using a combination of Homeless Data Integration System (HDIS) from California's housing Continuums of Care and available Medi-Cal and county BH data, including addresses; Z codes which document housing status as part of Medi-Cal encounters; the place of service for Medi-Cal encounters; authorization or receipt of housing services; and enrollment in the Enhanced Care Management (ECM) homeless Population of Focus.

Consistent with a person-centered quality measurement approach and DHCS' No Wrong Door Policy, this measure will assess whether a member received a housing service to address their housing needs, regardless of whether the service was delivered by a Managed Care Plan (MCP) or by county BH. It will measure utilization of two types of housing services – Medi-Cal housing-related Community Supports, inclusive of Transitional Rent, and County BH Housing Interventions – among people with significant BH needs who are at risk of or experiencing homelessness. However, the current version of this measure includes only Medi-Cal housing Community Supports because data on

county BH Housing Interventions is not yet available. DHCS expects to incorporate BH Housing Intentions data into this measure for measurement period FY 27-28, when the first full fiscal year of county BH Housing Interventions will be available.

For the MCP rates, all members assigned to an MCP are included in the rates if they meet denominator criteria for identified significant BH needs. For the BHP rates, 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 BH needs.

In Fiscal Year 2024–25, 27.09% of Medi-Cal members with significant BH needs who were identified as at risk of or experiencing homelessness received at least one Medi-Cal housing-related Community Support. This means that more than one in four eligible members received support from their Medi-Cal MCP to address their housing needs in that fiscal year.

DHCS expects performance on this measure to continue to improve for four key reasons:

1. Utilization of Community Supports have increased consistently each quarter since they launched in 2022;
2. MCPs were required to launch Transitional Rent on January 1, 2026, and that new service is expected to help MCPs reach more members with housing needs;
3. Counties must provide BHSA Housing Interventions beginning July 1, 2026; and
4. Counties are required to submit data on Behavioral Health Services Act (BHSA) Housing Interventions and other county BH housing services by January 1, 2027, which will allow DHCS to more fully capture the support provided to Medi-Cal members to meet their housing needs.

As additional data sources become available, including county behavioral health housing interventions, DHCS expects this measure to provide a more complete picture of how housing services are reaching this population over time.

[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 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.

10. When will DHCS publish the measure results of, Full Service Partnership and Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness (FSP-PEH-WSBH)?

DHCS expects to publish the measure results of Full Service Partnership and Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness in 2029. This measure is designed to track housing services – including Medi-Cal Managed Care Plans housing-related Community Supports and county BH Housing Intervention services – that are delivered in tandem with Full Service Partnership support or Medi-Cal behavioral health evidence-based practices.

In order to appropriately capture performance on this measure, DHCS needs both data on Full Service Partnership and county BH Housing Intervention services. Counties are required to begin submitting this data to DHCS in 2027. See more information about the Behavioral Health Individual Service Level Encounter Reporting.

11. This new approach represents a novel way of identifying people experiencing homelessness. Does DHCS expect any of the underlying data used in this methodology to change or to use additional data sources in future iterations?

DHCS expects the methodology to evolve as additional data become available and homelessness-related information is more consistently documented.

For example, increased use of ICD-10-CM Z-codes and uptake of street medicine services, housing-related Community Supports, and the Enhanced Care Management (ECM) homelessness Population of Focus may improve identification of individuals experiencing homelessness and individuals at risk of homelessness among Medi-Cal members over time.

DHCS also plans to incorporate additional sources of data into its methodology over time, such as Behavioral Health Services Act (BHSA) data or other state agency data, which will expand the department's ability to identify people experiencing homelessness. DHCS will continue to evaluate opportunities to strengthen the methodology as new data become available.