Behavioral Health Public County Profile Companion Guide and FAQs

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Companion Guide Overview

This guide helps you understand and navigate the Behavioral Health Public County Profile, an online tool that shows key behavioral health services and related data from multiple statewide systems for every California county. It supports transparency, accountability, and a clearer understanding of local behavioral health systems.

With this tool, you can:

1. View behavioral health service use in your county
2. Compare counties
3. Explore social and demographic context
4. See how counties plan for future services
5. Learn about housing supports, Medi-Cal services, and more

The Behavioral Health Public County Profile also includes information on some of the social determinants of health, such as housing, and access to health care. These factors help provide context for the environment in which behavioral health services are delivered.

For more background on California's behavioral health safety net system, you can watch the Understanding County Behavioral Health or read Your Guide to Medi-Cal Behavioral Health from the Department of Health Care Services (DHCS).

How the Profile Is Structured

The Public County Profile is organized into several tabs, each focusing on a different part of the behavioral health system:

1. Overview – County contact information and Medi-Cal Managed Care Plans (MCPs)
2. Demographics – Population, Medi-Cal enrollment, and behavioral health populations served by the County
3. Integrated Plan – County behavioral health planning for state fiscal years 2026–2029
4. Homeless/Housing – Housing-related services and supports
5. Performance – Performance measures aligned to the statewide behavioral health goals
6. Behavioral Health Reporting – Reporting from DHCS behavioral health programs and opioid surveillance data from California Department of Public Health (CDPH)

7. Additional tabs will be added as new Behavioral Health Services Act (BHSA) reporting requirements take effect

Across the tool, you can use:

1. Filters (such as county selection and county comparison)
2. Information icons (i) for definitions and data notes
3. Charts and graphs that display data consistently across counties

How Often the Data Are Updated

Data in the Behavioral Health Public County Profile are updated as new reporting becomes available from counties, Medi-Cal systems, and partner agencies. Programs report at different times, so some displays may reflect varying time periods. Each chart includes a label showing the reporting period it represents.

Future updates will expand the profile displays as new BHSA requirements roll out, including the addition of Individual Service Level (ISL) data and Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATR).

Accessibility

The Behavioral Health Public County Profile is designed to be accessible to as many users as possible. The dashboard supports:

1. Screen reader compatibility
2. Keyboard navigation
3. Clear visual contrast
4. Alternative text for images and icons

DHCS is committed to improving accessibility over time and welcomes feedback through the Contact Us link in the profile.

About the Data: Sources, Privacy, and Helpful Resources

The Behavioral Health Public County Profile brings together information from DHCS and several partner agencies to provide a comprehensive view of behavioral health services across California. Most data are reported directly by counties and local entities. DHCS reviews submissions for completeness, but locally reported data is not independently verified by the state. This section explains how the data is protected, where it comes

from, and where you can learn more about the systems and definitions behind the displays.

How the Data Are Protected

The Behavioral Health Public County Profile displays only aggregated, deidentified information. It does not include personal information or protected health information. To protect privacy, the tool uses:

1. Aggregation at the county level
2. Removal of individual identifiers
3. Suppression of small cell counts to prevent re-identification

For more details, see Public Reporting Guidelines for information on DHCS' data publishing requirements

Data Sources Used in the Behavioral Health Public County Profile

1. Population - California Department of Finance provides county population estimates and demographic statistics.
2. Medi-Cal Eligibility Data System - identifies residents who are eligible for and enrolled in Medi-Cal.
3. County Behavioral Health Planning under the BHSA - Integrated Plan Submissions (via the DHCS County Portal) includes county planning information for future county behavioral health services.
4. Short-Doyle/Medi-Cal Claims Data - captures reimbursable behavioral health services provided to Medi-Cal beneficiaries by counties.
5. Enhanced Care Management (ECM) & Community Supports Reporting - includes housing-related supports and care coordination services provided to Medi-Cal MCP members.
6. Behavioral Health Transformation (BHT) Performance Measures - California county rate calculations from Fiscal Year 2024-2025 to inform planning and track progress on statewide behavioral health goals.
7. Lanterman-Petris-Short (LPS) Act Data – reflects county-level reporting on involuntary detention and treatment activity for people with behavioral health conditions, as required under California's LPS Act.

8. Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Program data – includes data on the Access, Reform, and Outcomes Incentive Program payments as well as county participation in opt-in programs.
9. California Overdose Surveillance Dashboard Data - summarizes age-adjusted opioid overdose death, hospitalization, emergency department visit, and opioid prescription rates per 100,000 residents.
10. ISL Encounter Data - Beginning January 1, 2027, counties will report non–Medi-Cal behavioral health services at the individual service level.
11. BHOATR - Counties will begin submitting these reports to DHCS in Spring 2029.

Helpful Resources & Data Dictionaries

These resources provide definitions, data collection guidelines, and program information to help you understand the data displayed in the Public County Profile:

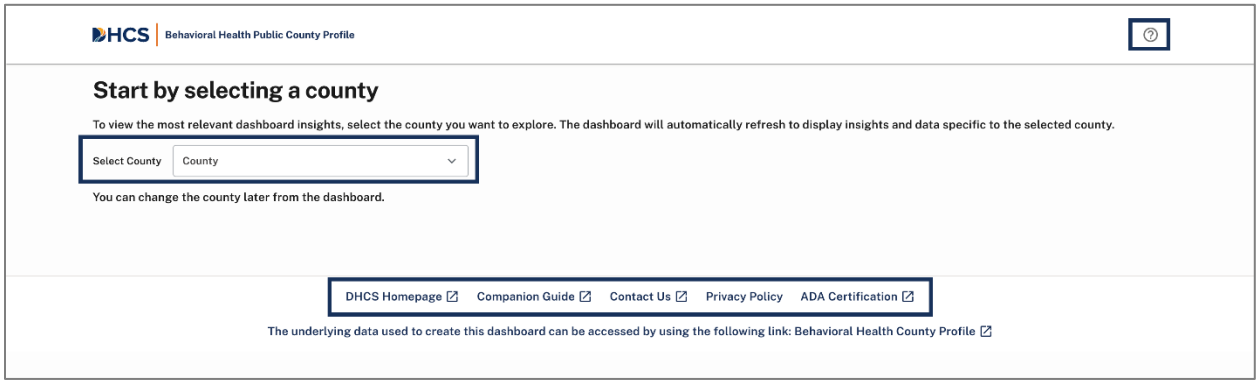
1. Estimates-E1 | California Department of Finance - Webpage
2. Medi-Cal Eligibility Statistics - DHCS webpage
3. Short Doyle Medi-Cal MedCCC - Library - DHCS webpage
4. Integrated Plan Data Dictionary - DHCS webpage
5. Medi-Cal Managed Care Plan Enhanced Care Management & Community Supports - DHCS webpage
6. BHT Performance Measures Specifications Manual – DHCS webpage
7. https://www.dhcs.ca.gov/wp-content/uploads/2025/10/LPS-Reporting-Data-Element-Dictionary-Phase-IV.pdfLPS Data Reporting Platform Resources – DHCS webpage
8. LPS Act Dataset - California Health and Human Services (CalHHS) Open Data Portal – CalHHS webpage
9. California Overdose Surveillance Dashboard Data Definitions – CDPH webpage

Navigating the Behavioral Health Public County Profile

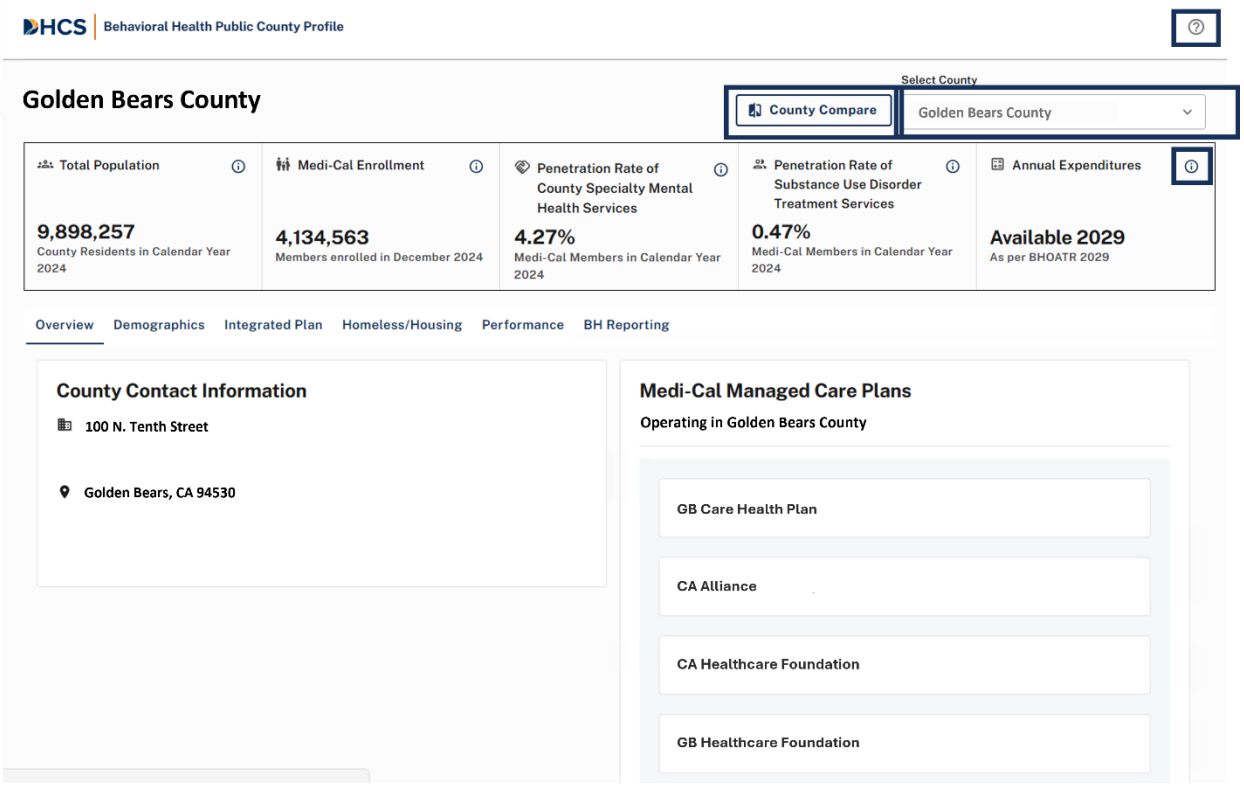
How to Use This Tool

The Behavioral Health Public County Profile lets you explore behavioral health data for every California county, including demographics, service use, and county planning information. Use the steps below to navigate the tool and understand what each section shows.

Behavioral Health Public County Profile Homepage View:



Behavioral Health Public County Profile View:



Choose a County View

Use the “Select County” dropdown to switch between any California county. This selection updates all charts and displays across the tool.

Compare Two Counties

Select “County Compare” to view two counties side by side.

Because counties vary widely in size, demographics, and available behavioral health services, some comparisons may not be directly meaningful. Use the information icons to understand context for each display.

Use Information Icons

Throughout the Behavioral Health Public County Profile, look for information icons (i).

Hover over them to see:

1. Data source details
2. Definitions
3. Program notes
4. Important limitations

Access Help and Support

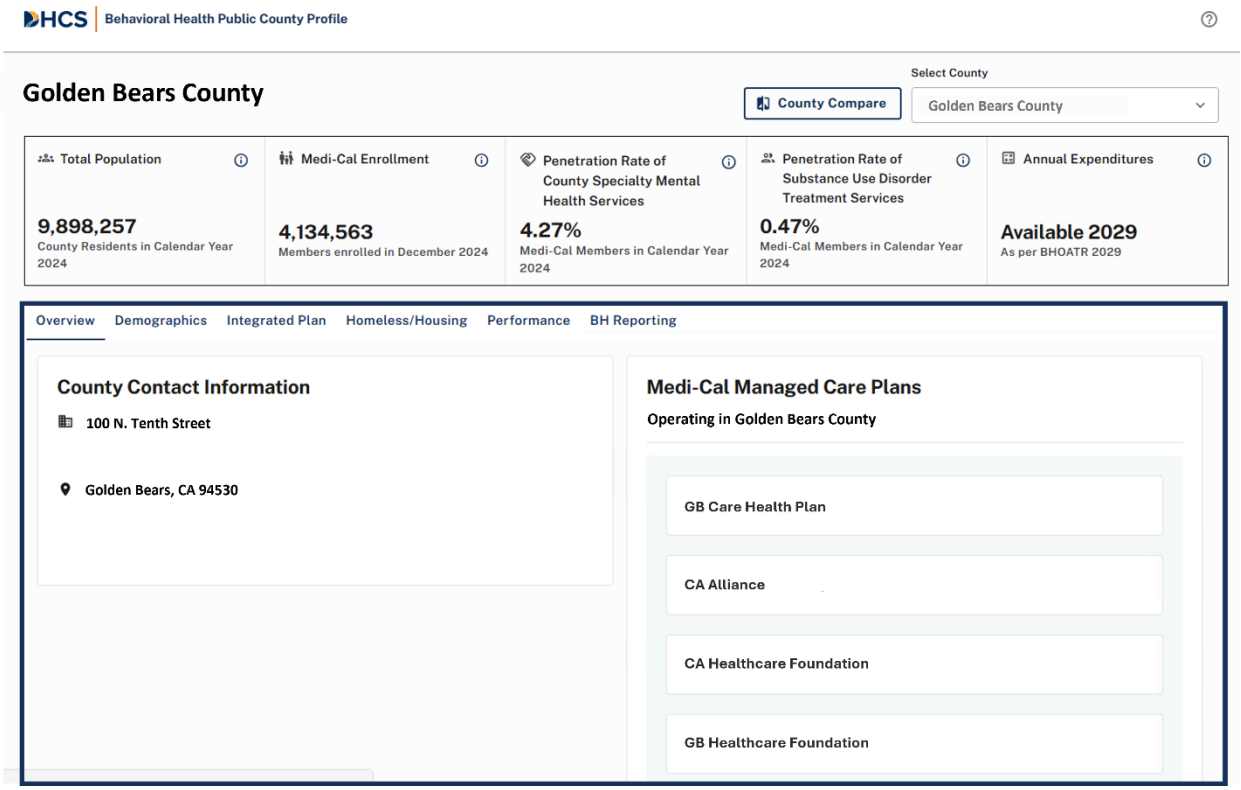
Use the help icon in the top right corner—or the links in the bottom banner—to access:

- Companion Guide
- Contact Us (DHCS Support)
- Privacy Policy
- ADA Certification

Underlying data can also be accessed via the link at the bottom of the page.

Overview Tab

Behavioral Health Public County Profile View:



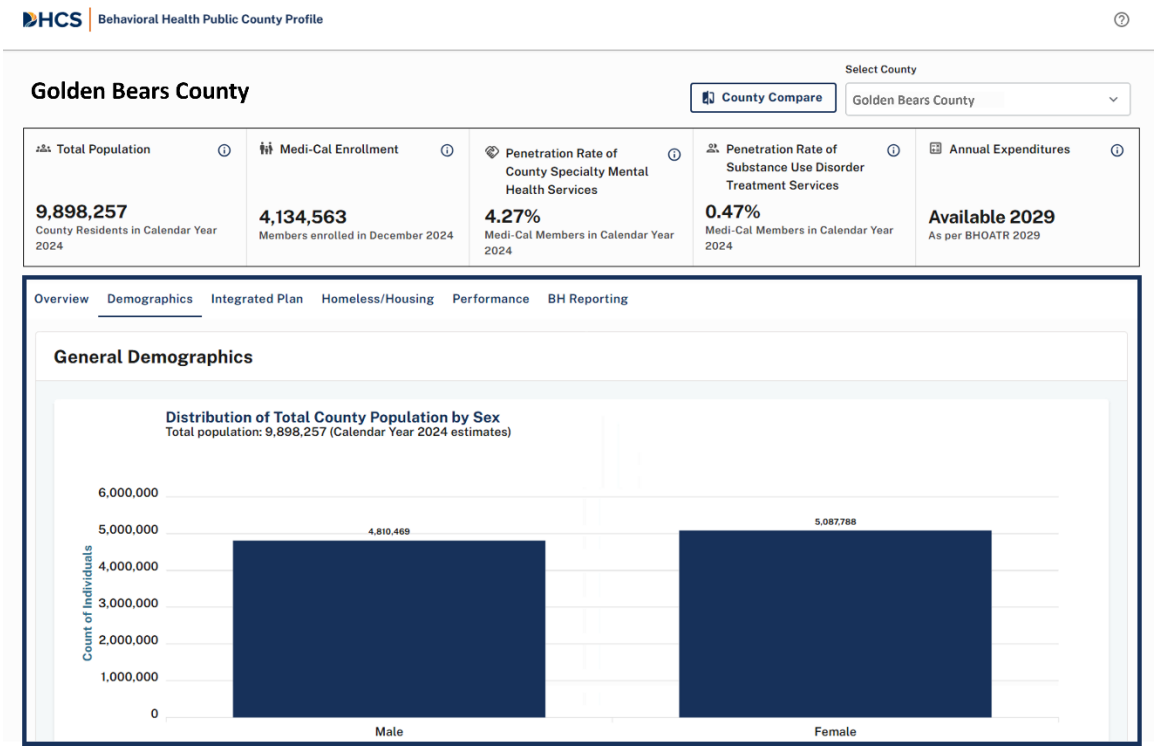
The Overview tab gives you a quick snapshot of:

1. County behavioral health contact information
2. Medi-Cal MCPs operating in the county
3. Links to help resources

Use this tab as your starting point before exploring deeper data on the other Behavioral Health Public County Profile displays.

Demographics Tab

Behavioral Health Public County Profile View:



This tab shows who lives in the county and who received specialty behavioral health services during the displayed period.

Sections include:

1. General Demographics (population estimates)
2. Medi-Cal Enrollment Demographics
3. Penetration Rate Demographics of County Specialty Mental Health Services for Eligible Medi-Cal Members
4. Penetration Rate Demographics of Substance Use Disorder (SUD) Treatment Services for Eligible Medi-Cal Members

Each section uses the same chart layout—by sex, age, and race/ethnicity—so you can easily compare across groups.

Data Notes:

1. Age groups may differ across displays.
2. Race/Ethnicity categories may differ across displays.

Demographics Frequently Asked Questions

What are Specialty Mental Health Services (SMHS)?

SMHS are specialized services for Medi-Cal beneficiaries provided through county Mental Health Plans. Key services include outpatient care, medication support services, crisis intervention, residential treatment, psychiatric inpatient hospital services, targeted case management, and specialized services for children and youth.

According to the 2023-2024 National Surveys on Drug Use and Health, an estimated 4.8% of California adults aged 18 or older live with serious mental illness, defined by the National Institutes of Health as a "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." The penetration rate in the Behavioral Health Public County Profile reflects the percentage of Medi-Cal members who are eligible for services and actively utilize SMHS, relative to the total number of Medi-Cal eligible members in a given county. The penetration rate does not reflect the prevalence of serious mental illness among Medi-Cal members or the number of Medi-Cal members that receive specialty mental health services compared to the number that need it. Nonetheless, these rates serve as a critical measure of access to care for Medi-Cal members. Monitoring penetration rates helps identify barriers to treatment, regional or demographic disparities, and gaps in service availability or utilization.

What is Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS)?

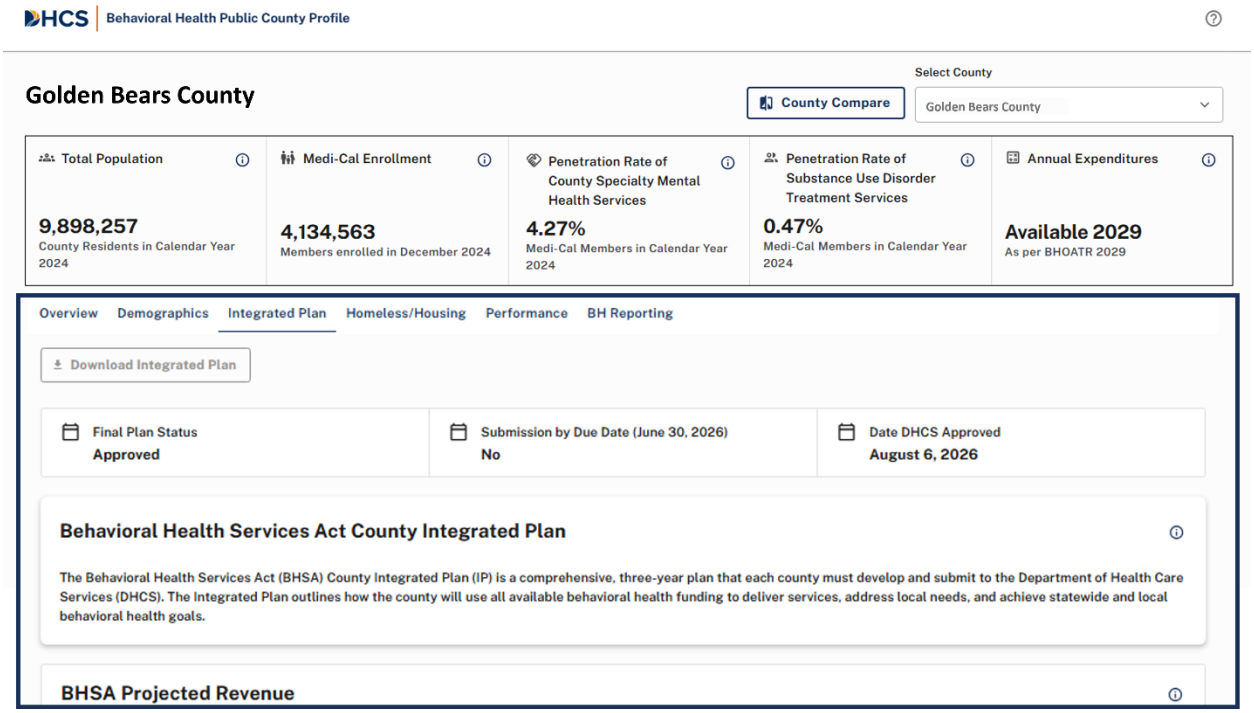
DMC-ODS is a county opt-in, managed care program that provides eligible Medi-Cal members with a comprehensive continuum of SUD treatment services based on the American Society of Addiction Medicine (ASAM) Criteria. As of May 1, 2025, 40 counties participate in the DMC-ODS program, covering approximately 97 percent of Medi-Cal members. Covered DMC-ODS services include Early Intervention for Youth, Outpatient Treatment, Intensive Outpatient Treatment, Adult and Youth Residential Treatment, Narcotic Treatment Program services, Withdrawal Management, Medications for Addiction Treatment, Recovery Services, Care Coordination, Clinician Consultation, and Mobile Crisis Services. Additional, optional DMC-ODS services include Contingency Management, Medi-Cal Peer Support Services, Partial Hospitalization Services, Inpatient Treatment, and beginning in 2025, Enhanced Community Health Worker Services and the Independent Placement and Support Model of Supported Employment.

The remaining counties in California administer Medi-Cal coverage of specialty SUD treatment through the DMC program. DMC services include Outpatient Treatment, Intensive Outpatient Treatment, Narcotic Treatment Program services, Perinatal and Youth Residential SUD services, Mobile Crisis Services, and Medications for Addiction Treatment.

According to the 2023-2024 National Surveys on Drug Use and Health, an estimated 17.5% of adults 18 or older living in California had a past-year SUD. The penetration rate in the Behavioral Health Public County Profile reflects the percentage of Medi-Cal members who are eligible for services and actively utilize SUD treatment via either Drug Medi-Cal or Drug Medi-Cal Organized Delivery System, relative to the total number of Medi-Cal eligible members in a given county. The penetration rate does not reflect the prevalence of SUDs among Medi-Cal eligibles or the number of Medi-Cal members that receive substance use treatment compared to the number that need it. Nonetheless, these rates serve as a critical measure of access to care for Medi-Cal members. Monitoring penetration rates helps identify barriers to treatment, regional or demographic disparities, and gaps in service availability or utilization.

Integrated Plan Tab

Behavioral Health Public County Profile View:



This tab shows each county's progress on its three-year Integrated Plan (IP), required under the BHSA. Values shown on the IP tab are projections reported in the county IP and IP budget. Projections may change over time as actual revenues, expenditures, and service delivery information become available and reporting requirements are submitted.

For more information on the Integrated Plan and its reporting guidelines and requirements, please see the Behavioral Health Services Act County Policy Manual.

What You'll See on the Display:

- IP Submission Status, including plan status, submission dates, and DHCS approval dates.
- Eligible BHSA exemptions and DHCS-approved county-submitted exemptions requests, when applicable.
- DHCS-approved funding transfer requests and the resulting adjusted component allocations.

- A comparison of base BHSA component allocations and final adjusted component allocations.
- Projected BHSA revenue reported in the county's IP budget.
- Local Prudent Reserve information.
- Projected expenditures and estimated individuals to be served across the Behavioral Health Care Continuum.

BHSA Exemptions

The BHSA allows counties to request exemptions from certain Housing Interventions and Full Service Partnership component requirements in limited circumstances.

- Housing Interventions (HI) is one of the three BHSA program components. Under the base BHSA component allocation structure, counties must allocate 30 percent of local Behavioral Health Services Fund (BHSF) revenue to HI. Please see the County Policy Manual for more information on additional HI requirements, including the requirement for counties to allocate at least 50% of HI funds for persons who are chronically homeless and a limit of 25% of HI funds on capital development expenditures.
- Full Service Partnership (FSP) is a BHSA component focused on intensive, community-based services and supports for people with serious behavioral health needs. Please see the County Policy Manual for requirements related to evidence-based practices (EBPs), including Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS), and High Fidelity Wrapround (HFW). For state fiscal year (SFY) 2026-2029, all counties are automatically exempt from specified EBP fidelity requirements for ACT, FACT, IPS, and HFW. Small counties may submit an exemption request to be exempt from offering ACT, FACT and IPS through the first IP. These exemption requests must be approved by DHCS.

DHCS – Approved County Submitted Exemption Requests

The DHCS-approved exemption request tables show exemption requests that have been submitted by the county and approved by DHCS for the IP period.

For HI, the display may show DHCS-approved percentages by the fiscal year for the HI component allocation, DHCS-approved percentages of HI funds planned for persons who are chronically homeless, and DHCS-approved percentages of HI funds planned for

capital development. For FSP, the display may show whether an approved exemption request was submitted for an EBP implementation requirement.

If a table shows "NA – Not Applicable", or another placeholder, it may mean the county did not request the exemption, the county was not eligible to request the exemption for that plan cycle, or the request was not approved by DHCS.

Funding Transfer Requests

BHSA establishes three base component allocations: 30 percent for Housing Interventions, 35 percent for FSP, and 35 percent for Behavioral Health Services and Supports. Funding transfer requests allow counties, with DHCS approval, to adjust those component percentages within statutory limits to better respond to local needs identified through the IP planning process.

The Funding Transfer Requests display shows adjusted component allocations after DHCS-approved transfer requests. Please see the BHSA County Policy Manual for more information and guidance.

Based vs Adjusted BHSA Component Allocations

The Base vs Adjusted BHSA Component Allocations display compares the statutory base allocation percentages with the county's final adjusted allocation percentages after DHCS-approved exemptions and funding transfer requests.

Base allocations represent the default BHSA component distribution before any approved flexibilities. Adjusted allocations reflect approved changes, if any. The final adjusted allocation is the total amount used for planning purposes for that fiscal year.

BHSA Projected Revenue

The BHSA Projected Revenue display shows the county's estimated annual local Behavioral Health Services Fund revenue for each year of the IP period, as reported in the IP budget. These are county planning estimates used to develop the IP budget.

Local Prudent Reserve

The Local Prudent Reserve display shows information about the county's local BHSA Prudent Reserve. The display includes the local Prudent Reserve balance at the end of the previous state fiscal year, the local Prudent Reserve maximum, funds transferred to the reserve from components, funds transferred from the reserve to components, and the estimated Prudent Reserve ending balance.

Population-Level Behavioral Health Measures

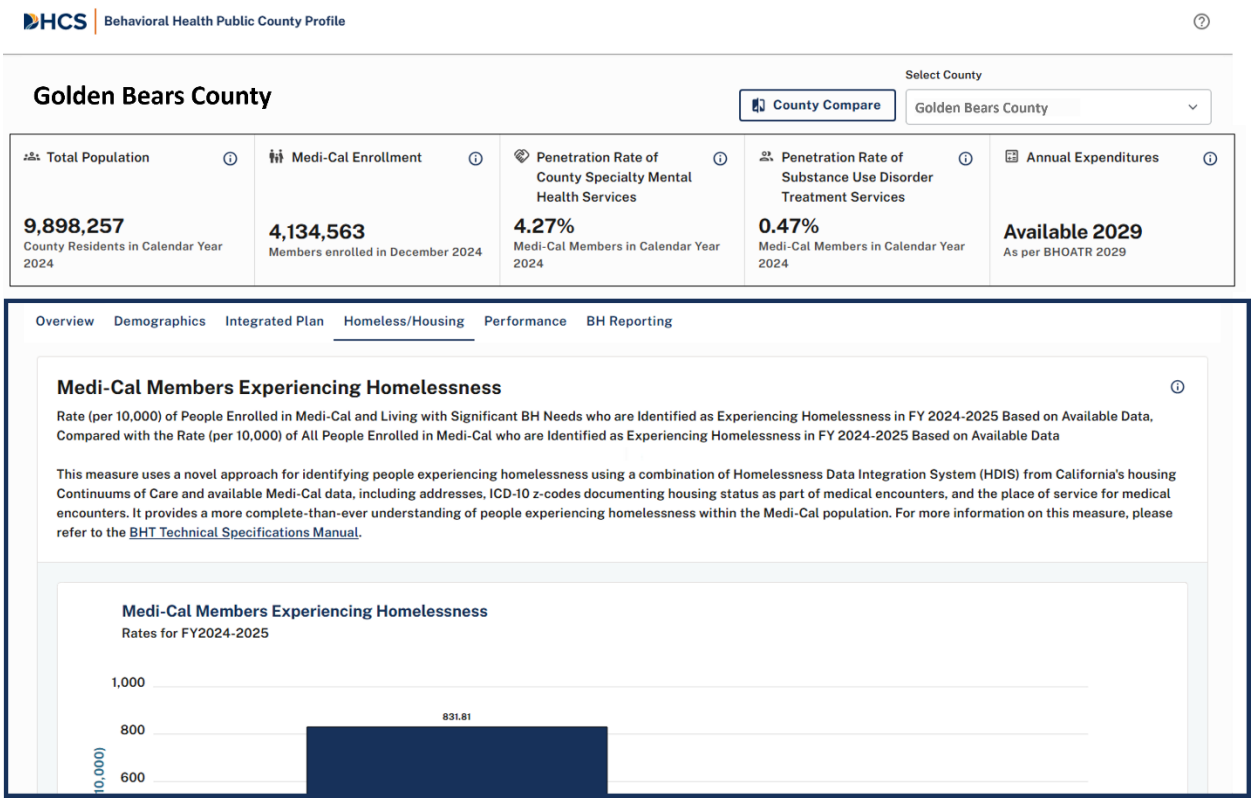
The Population-Level Behavioral Health Measures display shows statewide and county-selected behavioral health goals addressed in the county's Integrated Plan. Counties addressed seven required goals: six priority statewide behavioral health goals and at least one additional goal where county-wide data are higher or lower than the statewide rate or average, as applicable. This display will show the additional county-selected goal(s).

Behavioral Health Care Continuum Projected Expenditures

The Behavioral Health Care Continuum Projected Expenditures display shows projected county behavioral health expenditures across the care continuum during the Integrated Plan period. Counties report planned investments by service type for mental health services, SUD treatment services, and housing services. The display includes estimated individuals to be served and estimated costs for each service type for the three-year Integrated Plan period. These projected expenditures may include BHSA and other behavioral health funding sources.

Homeless/Housing Tab

Behavioral Health Public County Profile View:



This tab provides an overview of Medi-Cal members experiencing homelessness as well as housing related services and supports available to county residents, especially people at risk of or experiencing homelessness. The BHSA prioritizes helping individuals with serious behavioral health needs find and maintain stable housing, including through the dedicated HI funding component.

The tab includes:

1. BHT Performance Measures data on Medi-Cal members experiencing homelessness
2. Medi-Cal MCP Housing Data shows Medi-Cal members who received:
    a. Housing-related Community Supports, and
    b. ECM services

Homeless/Housing Frequently Asked Questions

Why is one of the BHT Performance Measures displayed on this page?

The measure for the BHSA statewide behavioral health goal of Reducing Homelessness is displayed on both the Homeless/Housing tab and the Performance tab due to its relevance and utility for county planning and service delivery with regards to homelessness. This measure was developed in collaboration with the California Interagency Council on Homelessness (Cal ICH).

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 Continuum of Care and available Medi-Cal and county BH data, including addresses, Z codes that document housing status as part of medical encounters, and the place of service for medical encounters. The approach for identifying people experiencing homelessness using HDIS data is consistent with the approach used for the performance measures in the Cal ICH Action Plan for Preventing and Ending Homelessness in California. Together, these data sources provide a more complete understanding of people experiencing homelessness within the Medi-Cal population.

To view more of the BHT Performance Measures, please refer to the Performance tab or review the BHT Performance Measures Report. To learn more about this measure, you can also access the BHT Technical Specifications Manual.

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 reflect 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 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.

How did DHCS identify people experiencing 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 data 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 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.

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 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 managed care plan.

DHCS identified "reducing homelessness" as a statewide behavioral health goal to reflect its commitment to address housing needs for Californians. The three measures

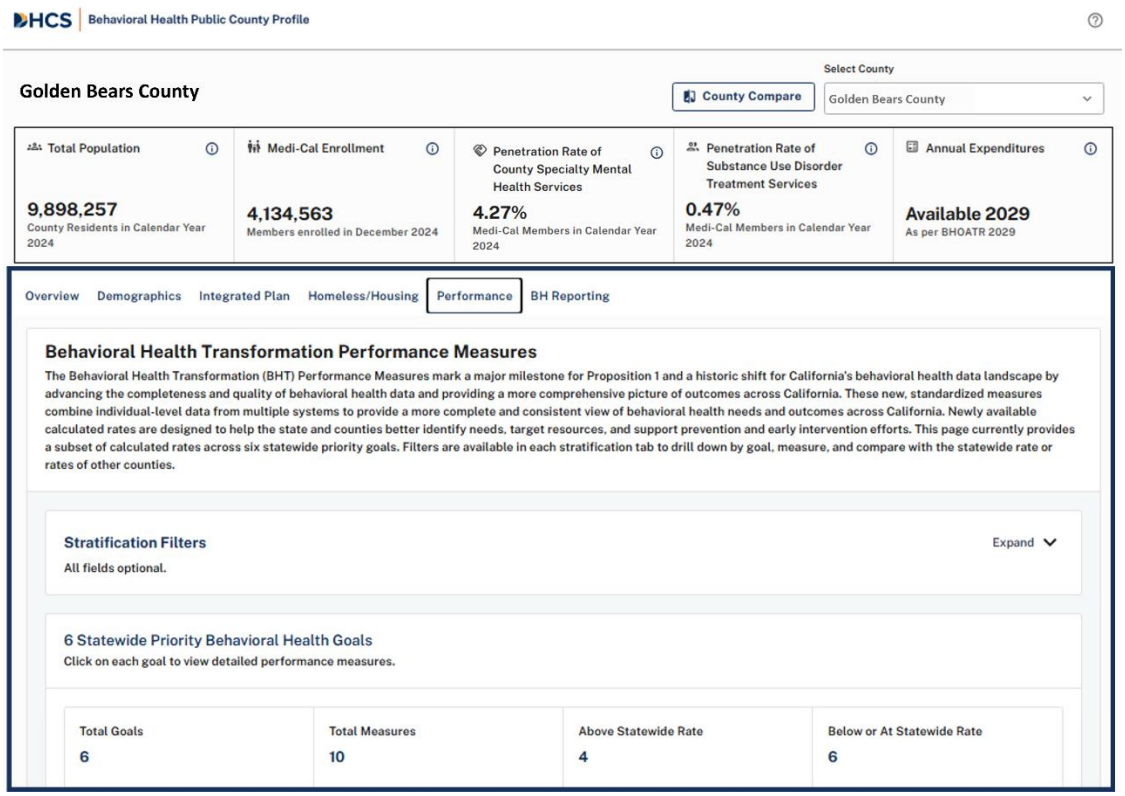
for this goal track whether people with significant behavioral health needs are receiving housing services and supports they need and whether these services have an impact on overall rates of homelessness. DHCS provides MCPs and counties with individual-level data through Medi-Cal Connect, the state's 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.

Where can I learn more information about how these homelessness measures were created?

More information about the homelessness-focused BHT Performance Measures can be found in FAQs available on the BHT Resources page.

Performance Tab

Behavioral Health Public County Profile View:



This tab provides a summary and visualizations of the BHT Performance Measures. This allows users to explore how a county is performing across the statewide behavioral health goals and the corresponding measures.

The tab includes:

a. A summary of the measures available and the total count of measures for that county above, below, or at the state average
b. A view of the performance measures available for each of the priority statewide behavioral health goals
c. Descriptions and visualizations of the available measures for State Fiscal Year 2024-2025, including the county rate and the statewide rate for comparison

Filters are also available to quickly review a specific goal or measure as well as to compare to another county.

Performance Frequently Asked Questions

What are the Behavioral Health Transformation (BHT) Performance Measures?

The Behavioral Health Transformation (BHT) performance measures are foundational tools for strengthening transparency, planning and population health management, accountability, and equity. They help DHCS and partners understand what services people receive, identify where gaps exist, and guide how resources should be allocated to address local needs.

The performance measures will advance BHT in several key ways:

- Transparency and Accountability: The measures make it possible for counties, managed care plans, and DHCS to understand service delivery and outcomes. This helps ensure resources are allocated where they're most needed and that programs are held accountable for results.
- Better Planning and Outcomes: By tracking these measures, DHCS and its partners can identify gaps in care, target interventions more effectively, and improve population health. Over time, the data will help guide policy, enforce requirements, and drive continuous improvement in behavioral health services.
- Equity and Quality: The measures are designed to support statewide goals for quality and equity, making sure that all Californians, especially those with the greatest needs, get timely, respectful, and effective behavioral health care.
- Data-Driven Decisions: Having consistent, statewide data allows for smarter planning, more informed decision-making, and improved strategies for prevention and early intervention.

To create this measure set, DHCS established the Quality and Equity Advisory Committee and hosted public meetings to establish 14 statewide behavioral health goals focused on the outcomes that matter most to Californians. DHCS collaborated with county behavioral health and MCP leaders, advocates, experts, and members of the public to select performance measures that track statewide and local progress toward these 14 goals. This measure set is a combination of existing measures developed by national measure stewards and novel measures created by DHCS where existing measures did not capture the services and outcomes of interest for the state.

The rates reported this year largely focused on the state fiscal year (FY) 2024-2025 (July 1 to June 30) measurement period, establishing baseline performance on these

measures prior to the July 2026 launch of the BHSA for transparency and/or planning purposes. Many of these measures are new and as county behavioral health, MCPs, and the public use these measures, DHCS may identify updates that will need to be made to make these measures stronger.

Going forward, the performance measures will be used in county planning and reporting to DHCS, including: the Behavioral Health Services Act Integrated Plan (IP), Annual Updates (AUs) and the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) for county behavioral health; and the annual PHM Strategy Deliverable for Medi-Cal MCPs.

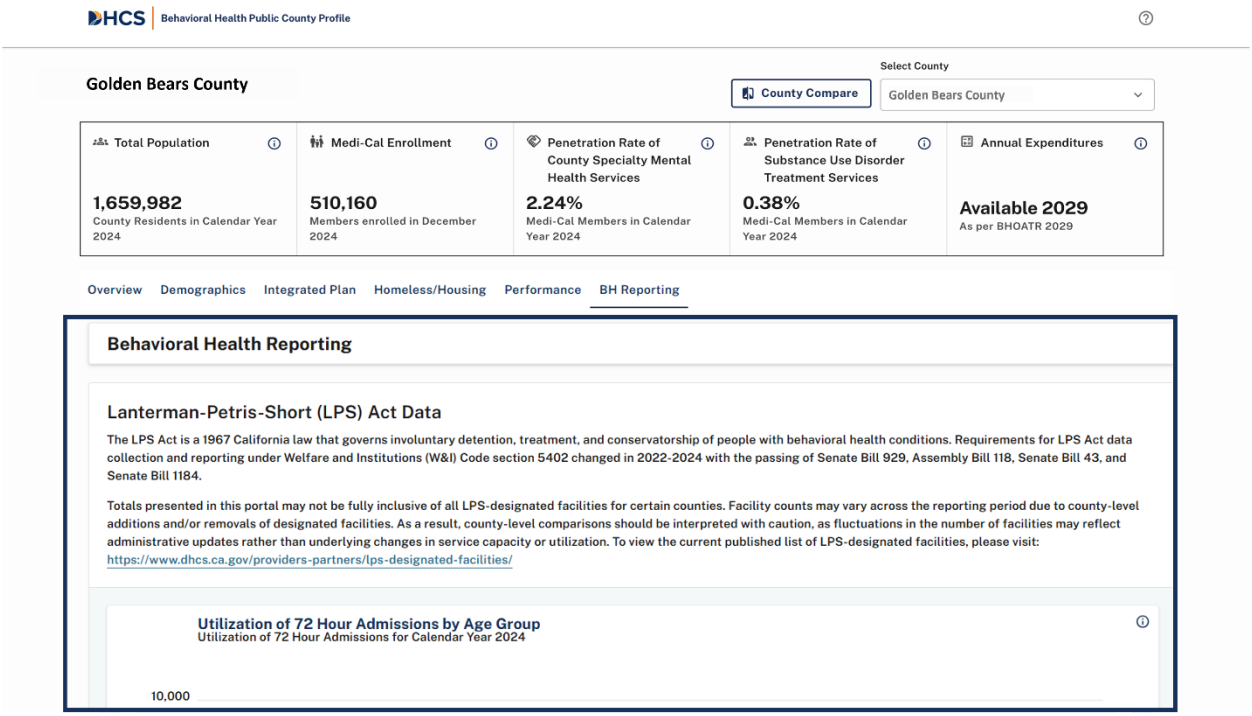
Additional details can be found in the BHSA County Policy Manual and in the BHT Performance Measures Technical Specifications Manual. SFY 2024-2025 rates for all currently available BHT Performance Measures can be accessed in the BHT Performance Measures Report.

Why are only a subset of performance measures displayed?

This release focuses on a subset of BHT performance measures aligned to the six priority statewide behavioral health goals. Over time, the Behavioral Health Public County Profile will add visualizations of all available BHT performance measures across all 14 statewide behavioral health goals. Future visualizations will also include stratification by demographics such as sex and race/ethnicity as well as stratification by MCP to allow users more insights into populations served by the behavioral health delivery system.

Behavioral Health Reporting Tab

Behavioral Health Public County Profile View:



This tab provides transparency into data collection and reporting from other behavioral health programs and sources at the county level, including:

- Lanterman-Petris-Short (LPS) Act data
- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative data
- Opioid overdose surveillance data from the California Department of Public Health (CDPH)

Behavioral Health Reporting Frequently Asked Questions

What is the LPS Act?

The LPS Act is a 1967 California law that governs involuntary detention, treatment, and conservatorship of people with behavioral health conditions. Requirements for LPS Act data collection and reporting under Welfare and Institutions (W&I) Code section 5402 were amended between 2022 and 2024 with the passing of Senate Bill (SB) 929, Assembly Bill (AB) 118, SB 43, and SB 1184.

How is data reported under the LPS Act?

The dataset includes counties with LPS Designated and Approved Facilities and/or Jail Inpatient Units. To view the current published list of LPS-designated facilities, please visit: https://www.dhcs.ca.gov/providers-partners/lps-designated-facilities/

Please note that totals presented in the Behavioral Health County Profile may not be fully inclusive of all LPS-designated facilities for certain counties. Facility counts may vary across the reporting period due to county-level additions and/or removals of designated facilities. As a result, county-level comparisons should be interpreted with caution, as fluctuations in the number of facilities may reflect administrative updates rather than underlying changes in service capacity or utilization.

Some counties with LPS-designated facilities did not report data for required data elements or did not report data for all quarters. The Behavioral Health Public County Profile displays available data but when no data is available, it is denoted to help users contextualize the available data.

Another key disclaimer is that the number of persons recorded for each hold and demographic information can be duplicated, as an individual can experience the same type of hold multiple times within the reporting period. In addition, an individual can be further duplicated across hold types, as individuals may be held for different lengths of time. Therefore, the number of persons for each hold type does not necessarily correspond to unique individuals. These numbers could reflect the number of incidents, or the number of applications of a specific hold type.

What is BH-CONNECT?

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid Section 1115 demonstration, State Plan Amendments (SPAs) to expand coverage of EBPs available under Medi-Cal, and complementary guidance and policies to strengthen behavioral health services statewide.

BH-CONNECT Component Details:

- **EBPs:** BH-CONNECT expands the continuum of community-based services and EBPs available as Medi-Cal services for children, youth and adults living with significant behavioral health needs. Discover the BH-CONNECT EBPs.

- **Access, Reform and Outcomes Incentive Program:** BH-CONNECT includes a $1.9 billion Incentive Program to reward behavioral health plans (BHPs) for demonstrating improvements in access to behavioral health services and health outcomes among Medi-Cal members living with significant behavioral health needs, and targeted behavioral health delivery system reforms. View details about the Access, Reform and Outcomes Incentive Program.
- **Initiatives to support Children and Youth:** BH-CONNECT strengthens family-based services and supports for children and youth living with significant behavioral health needs, including children and youth involved in child welfare. Learn more about the BH-CONNECT initiatives to support children and youth.
- **Workforce Initiative:** BH-CONNECT includes five workforce programs to support the training, recruitment and retention of behavioral health practitioners to provide services to Medi-Cal members across the continuum of care. Explore the Workforce Initiative programs.
- **Community Transition In-Reach Services:** Under BH-CONNECT, Community Transition In-Reach Services will support adults, age 21 and older, who meet the access criteria for specialty mental health services, and who are experiencing or at-risk for long-term stays in institutional settings in returning to the community. View details about the Community Transition In-Reach program
- **Mental Health Institutions for Mental Disease Federal Financial Participation (MH IMD FFP) Program:** Through BH-CONNECT, Behavioral Health Plans (BHPs) may opt in to the MH IMD FFP Program, which will authorize them to receive reimbursement, including FFP, for Medi-Cal-covered SMHS provided to adult Medi-Cal members age 21 to 64 during short-term stays in residential or inpatient psychiatric settings classified as IMDs. Learn more about how to Opt-in to BH-CONNECT.

The Behavioral Health Public County Profile currently provides information on the Access, Reform, and Outcomes Incentive Program and the opt-in programs described above. More information on BH-CONNECT may be available in future releases. For more information, please visit: https://www.dhcs.ca.gov/calaim-transforming-medi-cal/behavioral-health-community-based-organized-networks-of-equitable-care-and-treatment-bh-connect-initiative/

What is the source of the opioid overdose information?

As part of the Opioid Prevention Initiative, the California Department of Public Health (CDPH) provides data on state and local level drug-related overdose outcomes for California, including deaths, emergency department visits, and hospitalizations, as well as opioid and other drug prescription data. The data from CDPH is at the population level and includes all payers - Medi-Cal (MCP and behavioral health), uninsured, and privately insured.

This data can be viewed in the California Overdose Surveillance Dashboard.

General Information: Frequently Asked Questions

What is Behavioral Health Transformation?

Behavioral Health Transformation (BHT) refers to major statewide reforms, including changes approved by voters through Proposition 1 (2024). These reforms:

1. Updated the Mental Health Services Act into the BHSA
2. Expanded infrastructure funding for behavioral health facilities
3. Strengthened transparency, accountability, and service quality

Behavioral Health Transformation on the DHCS website provides more information on this initiative. Resources provides an extensive library of Frequently Asked Questions, past presentations, infographics and more.

What is the Behavioral Health Public County Profile?

The Behavioral Health Public County Profile is a DHCS tool that brings together behavioral health related data for all 58 counties. It consolidates information counties regularly report to DHCS and will expand over time as new BHSA requirements take effect. The Profile supports transparency and accountability under the BHSA.

Who is the Behavioral Health Public County Profile designed for?

The display tool is intended for:

1. The general public
2. Counties
3. State policymakers
4. Researchers and advocates
5. Community partners and stakeholders

It helps users understand how behavioral health services are planned, funded, and delivered locally.

How do I know what time period the data covers?

Each display notes the reporting period. Timeframes may include:

1. State Fiscal Year (SFY): July 1 – June 30
2. Calendar Year (CY): January 1 – December 31

3. Quarterly (Q1–Q4): Standard three-month periods

Why aren't all displays in the same time period?

Different programs follow different reporting requirements and timelines. For example, counties have up to one year to submit for reimbursement a behavioral health Medi-Cal covered service. The profile always uses the most complete, validated data available, even if time periods differ.

Why do some displays show "Coming Soon" or "TBD"?

These labels indicate that the data source is not yet available or reporting has not begun. They will be replaced as new BHSA requirements roll out and data matures.

Where can I learn more about the BHSA?

DHCS provides extensive BHSA resources, including:

1. A public BHSA information webpage
2. BHSA County Policy Manual (digital)
3. FAQ-Behavioral Health Services Act, guidance, and implementation materials

These resources explain planning, reporting, fiscal requirements, and expectations for BHSA services and programs.