

Behavioral Health Public County Profile Companion Guide and FAQs

Companion Guide Overview

This guide helps you understand and navigate the Behavioral Health Public County Profile, an online tool that shows behavioral health services and related data 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 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
2. Demographics – Population, Medi-Cal enrollment, and behavioral health populations served by the County
3. Integrated Plan – County planning progress for State Fiscal Years 2026–2029
4. Homeless/Housing – Housing-related services and supports
5. 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. Because programs follow different reporting timelines, some displays may reflect different 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 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 (PI) or protected health information (PHI). 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 Reporting - 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 & Community Supports Reporting - includes housing-related supports and care coordination services provided to Medi-Cal Managed Care Plan members.
6. Individual Service Level (ISL) Encounter Data - Beginning January 1, 2027, counties will report non-Medi-Cal behavioral health services at the individual service level.
7. Behavioral Health Outcomes, Accountability, and Transparency Report (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

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:

The screenshot shows the homepage of the Behavioral Health Public County Profile tool. At the top left is the HCS logo and the text "Behavioral Health Public County Profile". A help icon is in the top right. The main heading is "Start by selecting a county". Below it is a text instruction: "To view the most relevant dashboard insights, select the county you want to explore. The dashboard will automatically refresh to display insights and data specific to the selected county." A dropdown menu labeled "Select County" is shown with "County" selected. Below the dropdown is the text "You can change the county later from the dashboard." At the bottom, there is a navigation bar with links: "DHCS Homepage", "Companion Guide", "Contact Us", "Privacy Policy", and "ADA Certification". Below the navigation bar is a note: "The underlying data used to create this dashboard can be accessed by using the following link: Behavioral Health County Profile".

Behavioral Health Public County Profile View:

The screenshot shows the detailed view for Golden Bears County. At the top left is the HCS logo and the text "Behavioral Health Public County Profile". A help icon is in the top right. The main heading is "Golden Bears County". To the right of the heading is a "Select County" dropdown menu with "Golden Bears County" selected and a "County Compare" button. Below the heading is a row of five key metrics, each with an information icon:

Total Population 9,853,842 County Residents in CY 2025	Medi-Cal Enrollment 4,134,563 Members enrolled in December 2024	Penetration Rate of County Specialty Mental Health Services 4.38% Medi-Cal Members SFY 2022-23	Penetration Rate of Substance Use Disorder Treatment Services 0.79% Medi-Cal Members SFY 2022-23	Annual Expenditures Available 2029 As per BHOATR 2029
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Below the metrics is a navigation bar with "Overview" selected and other options: "Demographics", "Integrated Plan", and "Homeless/Housing". The main content area is divided into two columns. The left column is titled "County Contact Information" and contains "Golden Bears Behavioral Health" and the address "100 N. Tenth Street, Golden Bears, CA 94530". The right column is titled "Medi-Cal Managed Care Plans" and contains "Operating in Golden Bears County" with two sub-sections: "GB Care Health Plan" and "CA Alliance".

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 screenshot shows the 'Overview Tab' of the Behavioral Health Public County Profile for Golden Bears County. At the top, there is a header with the HCS logo and the text 'Behavioral Health Public County Profile'. Below this, the county name 'Golden Bears County' is displayed, along with a 'County Compare' button and a dropdown menu set to 'Golden Bears County'. A summary row contains five key metrics: Total Population (9,853,842), Medi-Cal Enrollment (4,134,563), Penetration Rate of County Specialty Mental Health Services (4.38%), Penetration Rate of Substance Use Disorder Treatment Services (0.79%), and Annual Expenditures (Available 2029). Below the summary row, there are four tabs: 'Overview', 'Demographics', 'Integrated Plan', and 'Homeless/Housing'. The 'Overview' tab is active and contains two main sections: 'County Contact Information' and 'Medi-Cal Managed Care Plans'. The 'County Contact Information' section lists 'Golden Bears Behavioral Health' at '100 N. Tenth Street, Golden Bears, CA 94530'. The 'Medi-Cal Managed Care Plans' section, titled 'Operating in Golden Bears County', lists 'GB Care Health Plan' and 'CA Alliance'.

Metric	Value
Total Population	9,853,842
Medi-Cal Enrollment	4,134,563
Penetration Rate of County Specialty Mental Health Services	4.38%
Penetration Rate of Substance Use Disorder Treatment Services	0.79%
Annual Expenditures	Available 2029

County Contact Information

- Golden Bears Behavioral Health
- 100 N. Tenth Street
- Golden Bears, CA 94530

Medi-Cal Managed Care Plans

Operating in Golden Bears County

- GB Care Health Plan
- CA Alliance

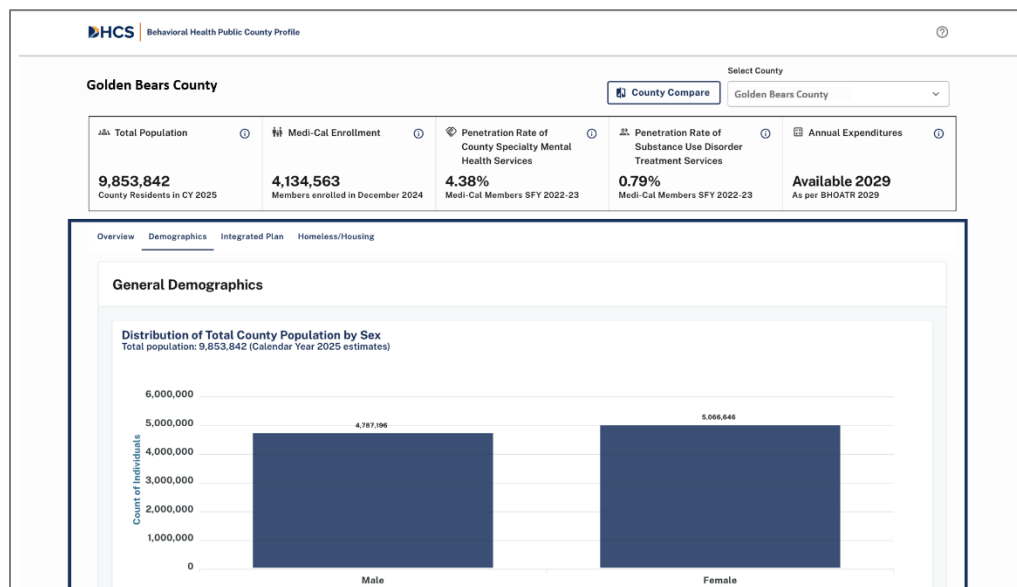
The Overview tab gives you a quick snapshot of:

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

Use this tab as your starting point before exploring deeper data.

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 Treatment Services for Eligible Medi-Cal Members (*coming soon*)

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 substance use disorder 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 substance use disorder. 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 substance use disorders 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:

The screenshot displays the DHCS Behavioral Health Public County Profile for Golden Bears County. At the top, there is a header with the DHCS logo and the text "Behavioral Health Public County Profile". Below the header, the county name "Golden Bears County" is shown, along with a "County Compare" button and a "Select County" dropdown menu. The main content area features five key metrics:

Total Population	Medi-Cal Enrollment	Penetration Rate of County Specialty Mental Health Services	Penetration Rate of Substance Use Disorder Treatment Services	Annual Expenditures
9,853,842 County Residents in CY 2025	4,134,563 Members enrolled in December 2024	4.38% Medi-Cal Members SFY 2022-23	0.79% Medi-Cal Members SFY 2022-23	Available 2029 As per BHOATR 2029

Below the metrics, there are navigation tabs: Overview, Demographics, Integrated Plan (selected), and Homeless/Housing. A warning message states: "The data displayed is from the Draft Integrated Plan submission (due 3/31/2026). Final submission data will be available after DHCS has approved. Counties must submit by 6/30/2026. Go to [BHSA County Policy Manual Chapter 3 County Integrated Plan](#) for more information." The "Integrated Plan (State Fiscal Years 2026-2029)" section shows a "Draft Plan" with a status of "In Review", due date of March 31, 2026, submission date of May 19, 2026, and DHCS approval date of Pending. It also includes a "Final Plan" section with a status of "Not Started", due date of June 30, 2026, submission date of Pending, and DHCS approval date of Pending. A data source note is provided: "Data Source: DHCS Behavioral Health Services Act (BHSA) County Portal https://countyportal.mes.dhcs.ca.gov/ | Dates Represented: State Fiscal Years 2026-2029 | Date Data Was Pulled: May 2026 Prepared by the California Department of Health Care Services."

This tab shows each county's progress on its three-year Integrated Plan (IP), required under the Behavioral Health Services Act (BHSA).

Counties must submit a plan describing how they will use their behavioral health funding to:

1. Identify local needs
2. Plan services and programs
3. Allocate funding across the continuum of care
4. Support housing interventions and Full-Service Partnerships
5. Track statewide goals and measures
6. Oversee providers
7. Strengthen their workforce

The plan covers State Fiscal Years 2026–2029.

Submission Timeline:

Draft IP: Due March 31, 2026

Final IP: Due June 30, 2026

What You'll See on the Display:

The Integrated Plan tab shows:

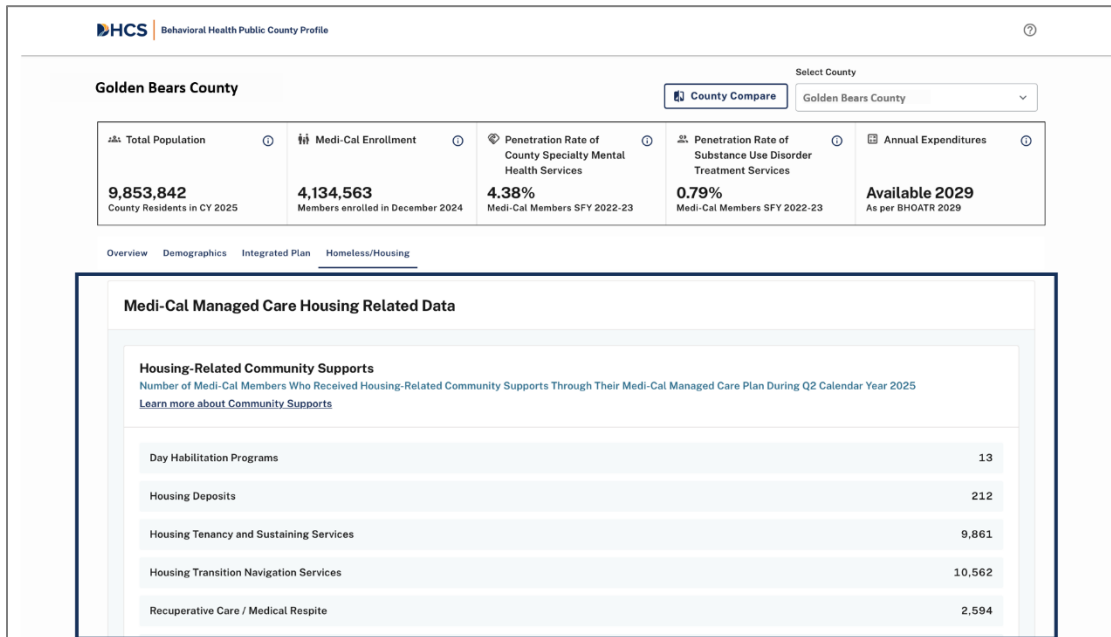
- Status (Pending, Submitted, Approved)
- Due date
- Submission date
- DHCS approval date

The difference between the draft and final submissions

The draft Integrated Plan is the county's initial submission, due March 31, 2026. Counties may revise this draft based on community input, updated information, or DHCS feedback. The final Integrated Plan is due June 30, 2026. This version is reviewed by DHCS for completeness and alignment with BHSA requirements. After DHCS approves the final plan, additional Integrated Plan displays will be released in a future profile update (Summer Release V.2).

Homeless/Housing Plan Tab

Behavioral Health Public County Profile View:



This tab provides an overview of 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 dedicated Housing Intervention (HI) funding component.

The tab includes:

1. Medi-Cal Managed Care Plan Housing Data shows Medi-Cal members who received:
 - a. Housing-related Community Supports, and
 - b. Enhanced Care Management (ECM) services

Homeless/Housing Frequently Asked Questions

Why is Medi-Cal Managed Care Plan (MCP) information shown here?

Many Medi-Cal members receive housing related supports through their Managed Care Plan. Under the CalAIM initiative, MCPs can provide:

1. Community Supports
2. Enhanced Care Management

Including MCP data alongside county behavioral health data and local housing data gives a more complete picture of all housing related services available in a county.

What are Community Supports?

Community Supports are optional services that help Medi-Cal members address social needs that affect health. All MCPs offer six housing related Community Supports:

1. Housing Tenancy and Sustaining Services helps members maintain stable housing through landlord coordination, recertification support, and eviction prevention.
2. Housing Transition/Navigation Services helps members experiencing or at risk of homelessness find, apply for, and secure housing.
3. Housing Deposits cover costs such as security deposits, first and last month's rent, utility setup fees, and medically necessary items needed for safe move in.
4. Short-Term Post Hospitalization Housing supports members who do not have a residence, and who have high medical or mental health and substance use disorder needs, receive short-term housing for up to six months to continue their recovery.
5. Recuperative Care (Medical Respite) help members with unstable housing who no longer require hospitalization, but still to heal from an injury or illness, receive short-term residential care that includes housing, meals, ongoing monitoring of the member's condition, and other services such as transportation coordination to appointments.
6. Day Habilitation Programs provide mentoring who members experiencing, at risk of, or formerly experienced homelessness receive mentoring by a trained caregiver on the self-help, social, and adaptive skills needed to live successfully in the community.

What is Enhanced Care Management (ECM)?

ECM is a Managed Care Medi-Cal benefit that provides intensive, whole person care coordination for high- need- members, including people experiencing homelessness. A lead care manager helps coordinate:

- Physical, mental, and dental care
- Social services
- Housing and community supports

See [Enhanced Care Management & Community Supports](#) on the DHCS webpage for more information.

Why doesn't County Behavioral Health Housing Data appear yet?

Beginning July 1, 2026, counties must begin providing BHSA Housing Intervention services. DHCS is developing a new system to collect Individual Service Level (ISL) data, including housing services delivered by the county behavioral health delivery system.

Counties will begin submitting ISL data in January 2027. Displays will appear once data collection is complete, validated, and ready for public reporting.

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 Behavioral Health Services Act (BHSA)
2. Expanded 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. California residents
2. County Behavioral Health Departments
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.