Department of Health Care Services

Behavioral Health Services Act County Policy Manual

Module 3 Version 1

DRAFT FOR PUBLIC COMMENT

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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DHCS

3. Integrated Plan

E. Guidance for Completing the Integrated Plan

E.1 Integrated Plan Template

The Integrated Plan template and budget template are provided as separate documents.

E.2 General Requirements

E.2.1 Integrated Plan Requirements

Counties are required to meaningfully engage stakeholders throughout the development of the Integrated Plan for Behavioral Health Services and Outcomes (IP).[1] Please refer to the Community Planning Process section (Chapter 3, Section 3.B) of this Policy Manual for guidance regarding stakeholder engagement requirements for developing the IP. IPs and annual updates are required to be circulated for a 30-day comment period. Annual updates are not required to undergo the stakeholder engagement requirements outlined in the Behavioral Health Services Act (BHSA) County Policy Manual Chapter 2, Section 3.B.1.[2] At the end of the 30-day comment period, the behavioral health board must conduct a public hearing on the IP or annual update, if the county opted to solicit stakeholder engagement to develop the annual update, and must review the IP or update and make recommendations for revisions.[3] If requesting an exemption or funding transfer, counties must submit the request to the Department of Health Care Services (DHCS) as part of the draft IP submission by March 31 of the fiscal year prior to the fiscal years covered in the IP. Counties must also include a letter from the County Administrative Officer approving the draft IP, including the funding transfer request. Exemption requests and funding transfers must be submitted as part of the draft IP.

[1] W&I Code § 5963.03
[2] W&I Code § 5963.03, subdivision (c)(2)(A)
[3] W&I Code § 5963.03, subdivision (b)

Counties must receive approval from the county Board of Supervisors and certification from the county behavioral health director, before submitting the final IP to DHCS by June 30 of the fiscal year prior to the fiscal years covered in the IP.[4]

DHCS will review the IP for completeness and adherence to BHSA policy requirements prescribed in this Policy Manual. To be considered complete, a county must:

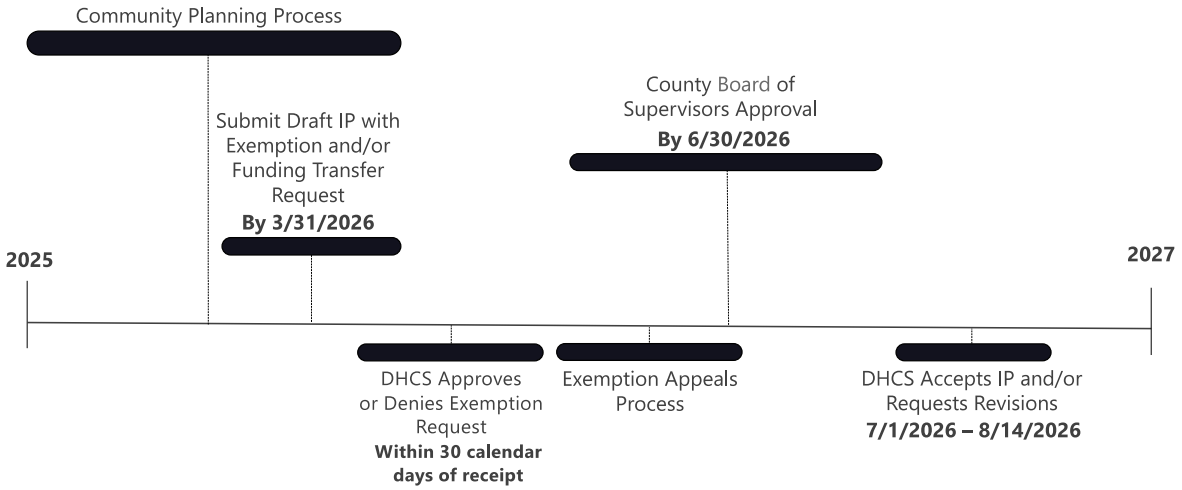
- Respond to each required item in the IP template.
- Include certification from the county behavioral health director, ensuring that the county has complied with all applicable regulations, laws, and statutes.[5]
- Include certifications from both the county behavioral health director and the County Administrative Officer certifying compliance with fiscal accountability requirements and that all expenditures are consistent with applicable state and federal law.[6]
- Include certification by the county Board of Supervisors attesting the county will meet its realignment obligations.[7]

If a county's IP is deemed incomplete or inaccurate, DHCS will contact the county primary and secondary contacts listed in the IP submission to rectify and resubmit the IP. DHCS will post each county's IP on the DHCS website.[8]

[4] W&I Code § 5963.02, subdivision (d)
[5] W&I Code § 5963.02, subdivision (c)(10)
[6] W&I Code § 5963.02, subdivision (c)(11)
[7] W&I Code § 14197.71(c)(2)
[8] W&I Code § 5963.02, subdivision (e)

Figure E.3.1. FY 2026-2029 Integrated Plan Submission Timeline

In the IP, counties are required to report all planned activities for county behavioral health services provided under the funding sources listed in Chapter 3, Section 3.A.2 of this Policy Manual. Counties are required to report planning expenditures for the



activities and services reported in the IP in an accompanying budget template, described further in Chapter 3, Section 3.E.2.2. below. DHCS will provide close-ended response options[9] to promote consistency and data analysis across county IPs.

To complete the IP and project estimates for the plan period, counties must refer to relevant data from the most recent sources available.[10] DHCS recognizes that some information required in the IP, particularly regarding population-level health and demographics, may change during the time period covered by the IP or annual update. The purpose of requiring such information in the IP is to provide background information on the county and the county's behavioral health delivery system that can be leveraged by counties and stakeholders during the community planning process.

[9] E.g., yes/no questions, multiple-selection buttons, dropdown menus, or numerical responses.
[10] W&I Code § 5963.02, subdivision (b)(2)

E.2.2 Budget Template Requirements

In the Integrated Plan budget template, counties must report all planned behavioral health service expenditures for each funding source listed in Chapter 3, Section 3.A.2 according to the Behavioral Health Care Continuum categories outlined in Chapter 3, Section 3.C.2 of the Policy Manual. The planned expenditures included in the budget template must align to the services and activities the county reports in the IP.

In the "BH CC Expenditures" tab of the budget template, counties will total the dollar amount across the required behavioral health funding streams for each Behavioral Health Care Continuum service category (both Substance Use Disorder (SUD) and Mental Health (MH) frameworks), disaggregated by children/youth under age 21 and adults aged 21 and older. One category, Housing Intervention Services, will be reported as a single total across the SUD and MH frameworks within the IP. For the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR), DHCS will ask counties to report actual spending on Housing Intervention Services distinctly in the SUD and MH frameworks. The information provided in the "BH CC Expenditures" tab of the IP budget template will not be used to evaluate compliance with expenditure requirements for the Behavioral Health Service Act (BHSA) funds.

The Behavioral Health Care Continuum does not include projected expenditures for:

1) Workforce investment activities
2) Capital infrastructure activities
3) Quality and accountability, data analytics, plan management, and administrative activities
4) Other county behavioral health agency activities not otherwise captured in the Care Continuum (e.g. Public Guardian, forensic activities, Community Assistance, Recovery and Empowerment (CARE) Act)

Counties will report these expenditures separately in the "Other County Expenditures" tab of the budget template.

In addition to reporting expenditures according to the Behavioral Health Care Continuum, counties must report projected expenditures for each BHSA program component – Housing Interventions, Full Service Partnership (FSP) and Behavioral Health Services and Supports (BHSS) – in the respective tabs of the budget template. Detailed instructions for reporting projected expenditures for each BHSA program component are included in the respective tabs.

Counties must also report projected total behavioral health expenditures, BHSA component exemptions and transfers, plan administration expenditures, and prudent reserve assessments in accordance with the instructions provided in the budget template.

E.3 Process for Requesting Exemptions

E.3.1 Eligible Exemptions

Counties, if eligible, are allowed to request exemptions from some requirements for the BHSA Housing Interventions and FSP components.[11,12] Please see Chapter 7, Section 7.C.6.2 for information regarding Housing Intervention exemptions and Chapter 7, Section 7.B.3.4 FSP Exemptions for information regarding FSP exemptions.

E.3.2 Exemptions Submission

Counties, if eligible, requesting an exemption from Housing Intervention and/or FSP requirements must submit the request through the county portal as part of the draft IP by March 31 of the fiscal year prior to the fiscal year covered in the IP (i.e., exemption requests for the 2026-2029 IP must be submitted to DHCS by March 31, 2026).[13,14] The draft must have a letter from the County Administrative Officer (CAO) approving the IP, including the exemption and transfer requests. Counties must begin their community planning process prior to submitting an exemption request to determine local priorities to make the exemption requests responsive to local needs. Exemption requests are only valid for the duration of the three-year plan. For each subsequent three-year plan submission, counties must submit updated exemption requests for DHCS approval.

E.3.3 Acceptance Criteria

DHCS will review the information provided in the county's IP and determine whether the exemption request aligns with the exemption criteria outlined in the Policy Manual. Counties requesting an exemption to either increase or decrease the required funding

[11] W&I Code §5892, subdivision (a)(1)(B)-(C)
[12] W&I Code §5892, subdivision (a)(2)(B); all counties, regardless of population size, will be exempt from certain FSP requirements for the FYs 2026-2029 IP. For the IP covering FYs 2029-2032, counties with a population of less than 200,000 are permitted to request FSP exemptions.
[13] W&I Code § 5892, subdivision (a)(1)(B)-(C)
[14] W&I Code § 5892, subdivision (a)(2)(B)

allocations for Housing Intervention programs must provide information that meets the criteria for Housing Intervention exemption requests in Chapter 7, Section 7.C.6.2.

E.3.4 Exemptions Approval

DHCS has 30 calendar days from receipt of the exemption request to approve or deny the county's request for exemption.[15] The approval and/or denial of the exemption request will be completed through the county portal. If DHCS does not respond within 30 calendar days, the exemption request will be considered approved.[16]

E.3.5 Appeals Process

Counties may appeal DHCS' decision to deny the county's exemption request. All appeals activities will occur through the county portal. Counties must submit their appeal request within 30 calendar days of receiving DHCS' denial. The appeal must include an explanation stating the basis of the appeal and supporting documentation. DHCS has 30 calendar days to approve or deny the appeal, starting with the date that DHCS confirmed receipt of the appeal. If an appeal is submitted after 30 calendar days from receipt of the denial, the appeal will be automatically denied.

DHCS will have 10 calendar days from confirming receipt of the appeal to request additional documentation from the county; counties will supply additional documentation within 10 calendar days of confirming receipt of the request. DHCS will review and approve or deny the request within 10 calendar days of receiving the county's additional documentation. If DHCS rejects the exemption requested in the county's IP, the county must update their IP to reflect the denied exemption in their IP within 90 calendar days upon receipt of denial from DHCS.

Integrated Plan Appeals Process and Timeline:

1. County submits Exemption Request with the draft IP by March 31 deadline.
2. DHCS reviews request and approves or denies within 30 calendar days of request receipt.
3. If denied, county may submit an appeal through the county Portal within 30 calendar days of DHCS' decision.

[15] W&I Code § 5892, subdivision (a)(1)(B)
[16] W&I Code § 5892, subdivision (a)(1)(B)

4. DHCS may request additional documentation from the county within 10 calendar days of receipt of the appeal.
5. The county must respond to DHCS' documentation request within 10 calendar days of DHCS' request.
6. DHCS will review and approve or deny within 10 calendar days of receiving the additional documentation.
7. If the request is denied, the county must update their IP within 90 calendar days of the denial.

E.4 Integrated Plan Submission

Counties are required to submit a draft IP, including exemption and transfer requests, by March 31 prior to the fiscal year the IP covers. The draft must have a letter from the County Administrative Officer (CAO) approving the draft IP, including the exemption and transfer requests. A final IP is due no later than June 30. County board of supervisor approval is required for submission by June 30 prior to the fiscal year the IP will cover. County Board of Supervisor approval of the first IPis due by June 30, 2026; this IP will cover fiscal years 2026-2029.[17] Please refer to Figure E.3.1, the 2026-2029 Integrated Plan Submission Timeline, to see deadlines for the first IP.

Counties must also use the county portal to submit questions or concerns about IP submission and approval or for technical assistance with the submission.

Counties that fail to submit their IP by the March 31 and June 30 deadlines are out of compliance and may be subject to corrective action. DHCS' BHSA oversight policies will be discussed in future BHSA Policy Manual modules.

E.4.1 County Portal

Counties will develop and submit their IPs online through the DHCS county portal and may do so on a rolling basis once the county portal is publicly available. The county portal will include technical features that will increase transparency and give DHCS and stakeholders greater insight into the IP development process. The county portal will allow county users to complete tasks such as filling in form-based prompts, documenting stakeholder involvement requirements, compiling fiscal information, and completing attestations. The county portal will support access for multiple county users, allowing multiple county teams to work concurrently to develop the IP. Counties must

[17] W&I Code § 5963.02, subdivision (d)

also use the county portal to submit questions or concerns about IP submission and approval or for technical assistance with the submission.

County portal technical features will include progress markers to track completion of each section of the IP, support tools allowing DHCS staff to review, collaborate on, and resolve questions from counties, and functionalities to distill key information into county profiles, which can show stakeholders where their county is in the community planning and IP development process. DHCS staff will be able to concurrently review county IP submissions and communicate directly with county contacts to resolve questions. The county portal will track both the county's progress in completing IP sections and DHCS staff review progress in a dashboard view.

E.4.2 DHCS Review Standards

DHCS will review a county's IP for completeness and validate that all IP content is aligned with guidance set forth in this Policy Manual and all Behavioral Health Services Act (BHSA) statutory requirements. Upon submission, questions that require close-ended response options or document uploads will be automatically reviewed for completeness in the county portal. Line items in the budget template will be automatically validated where possible to ensure expenditures align with fiscal requirements outlined in this Policy Manual. DHCS staff will review IP submissions to ensure they include but are not limited to:

- Sufficient rationale for any requested exemptions or funding transfers (submitted with draft IP by March 31 for review of exemption and funding transfers).
    - Rationale for Housing Interventions or Full Service Partnerships (FSP) exemption requests must align with exemption criteria as described in Chapter 7, Section 7.C.6 and Chapter 7, Section 7.B.3.4 of this Policy Manual.
- Narrative content to ensure responses adequately address questions.
- Documentation of a complete community planning process and public comment period as described in Chapter 3, Section 3.B of this Policy Manual.
- Goals for Population Behavioral Health measures and behavioral health disparities that are consistent with statewide behavioral health goals outlined in Chapter 2, Section 2.C and Chapter 3, Section 3.D of this Policy Manual and forthcoming related guidance.

- Projected expenditures and service utilization estimates across the Behavioral Health Care Continuum as described in Chapter 3, Section 3.C of this Policy Manual.
- Projected BHSA component transfers, exemptions, and expenditure plans, BHSA administrative expenditures, prudent reserve information, and other county expenditures as outlined in the budget template and budget instructions.

Additionally, all proposed uses of behavioral health funding in the IP must be consistent with allowable expenditures for FSP, Housing Interventions, and Behavioral Health Services and Supports (BHSS). A complete IP must include a response to each required item in the county portal.

County responses may be flagged for further review by DHCS monitoring divisions for follow-up regarding compliance issues. This is not a punitive process, rather an opportunity for DHCS to reach out to counties and assess whether technical assistance or other support may be needed, or to recommend revisions to the county's plan to align proposed activities with state guidance.

DHCS may require counties to revise their IP if DHCS determines the IP or annual update fails to adequately address the following local needs, as outlined in statute[18]:

- Prevalence of mental health and substance use disorder.
- Unmet need for mental health and substance use disorder treatment in the county.
- Behavioral health disparities.
- Homelessness point-in-time count.
- Allocation of funding between mental health and substance use disorder treatment services.

DHCS will review IPs for completeness and adherence to policy requirements prescribed in the Policy Manual and statute within 45 calendar days of submission. If DHCS deems a county's IP or annual update does not address a question directly or is inaccurate, DHCS will contact the county through the county portal to rectify and resubmit the IP.[19] If DHCS requests the county revise their IP, the county will have 15 calendar days from

[18] W&I Code § 5963.02, subdivision (b)(2)

[19] BHSA County Policy Manual Chapter 3, Section 3.E.2

the revision notice to address the issues raised by DHCS and resubmit the IP through the county portal. Counties are not required to undergo the stakeholder engagement process to resubmit their IP. DHCS will review the revised IP and respond through the county portal within 15 calendar days. IPs are effective beginning July 1 of the fiscal year the IP covers, and counties should move forward with their IP beginning July 1, even if the county is in the process of providing additional information to DHCS. Once the revised IP is resubmitted, DHCS will review the IP according to the criteria outlined in this section.

Submission for annual and intermittent updates will follow the same process as outlined above for the county IP. DHCS will review changes to the IP included in the annual and intermittent update as appropriate. Counties do not need to resubmit sections of the IP that have not changed in intermittent updates.

E.5 Joint Submission for Local Entities

This section describes the process for two or more county behavioral health departments acting jointly, or one or more city-operated programs or departments acting jointly with another city-operated program or department or county behavioral health department to submit a joint IP.

E.5.1 Submission Process

Counties that submitted joint three-year plans under the Mental Health Services Act (MHSA) may continue to submit joint IPs under BHSA; the two city-operated mental health authorities receiving funds pursuant to W&I Code, section 5701.5 shall submit IPs independently from their counties under BHSA.[20] Counties that have separate mental health and substance use disorder departments are required to collaborate on development of the IP and submit one joint IP to their county Board of Supervisors.

E.5.2 Guidance for Joint Integrated Plan Completion

Entities that submit joint IPs should complete the IP and IP budget template to report all planned activities and projected expenditures for all behavioral health services provided by the entities that are part of the joint powers authority or joint submission.[21] Counties

[20] W&I Code § 5701.5; W&I Code § 5897, subdivision (a)
[21] Gov't Code § 56047.7

with separate mental health and behavioral health departments must also report all planned activities and projected expenditures for BHSA services. The planned activities and projected expenditures must be reported as a combined total for all entities included in the joint powers authority, joint submission, or the multiple county departments submitting jointly. Entities submitting a joint IP must ensure that data in the IP is unduplicated, including number of eligible individuals, individuals served, and services provided.

Counties must consider input and feedback provided by stakeholders to develop their IP[22]; counties that submit joint IPs must engage stakeholders from all counties included in the joint submission.[23] Counties (including joint powers authorities and counties submitting a joint IP under another arrangement) that have a combined total population greater than 200,000 are required to engage with the five most populous cities in the county as part of the community planning process.[24] Cities submitting IPs independently will not need to collaborate with other cities. Counties (including joint powers authorities and counties submitting a joint IP under another arrangement) and cities submitting IPs independently are subject to the population threshold requirements outlined in this Policy Manual related to fiscal requirements (Chapter 6, Section 6.B) and FSP and Housing Intervention (Chapter 7, Section 7.B.3.4 and Chapter 7, Section 7.C.6.2, respectively) exemptions.

E.5.3 Approval Process for Joint Integrated Plans

The IP must be approved by the Board of Supervisors for each county represented in the joint IP or other local governing body prior to final submission to the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and DHCS.[25] Joint IP submissions must include certification from the joint entity's behavioral health director as described in Chapter 3, Section 3.E.2.[26]

[22] W&I Code § 5963.02, subdivision (b)(8)
[23] W&I Code § 5963.03
[24] W&I Code § 5963.02, subdivision (b)(7), W&I Code § 5963.03, subdivision (a)(1)(R)
[25] W&I Code § 5963.02, subdivision (a)
[26] W&I Code § 5963.02, subdivision (c)(11)

E.6 Statewide Behavioral Health Goals

This section describes the requirement for counties to review population-level behavioral health measures to inform their IPs.

E.6.1 Population-level Behavioral Health Measures

DHCS, in consultation with behavioral health stakeholders and subject matter experts, identified 14 statewide behavioral health goals[27] focused on improving wellbeing and decreasing adverse outcomes. These behavioral health goals will inform state and county planning and prioritization of resources, and DHCS will continuously assess statewide and county progress toward these goals. Counties must refer to the statewide behavioral health goals and associated population-level behavioral health measures during the county BHSA planning process.

Each county will review its data for all population-level behavioral health measures listed in the IP. Informed by this review of data, counties are required to address the actions they are taking on the seven required goals, including six priority goals and at least one goal in which the county-wide data is higher or lower than the statewide rate or average, as appropriate:

1) Access to Care
2) Homelessness
3) Institutionalization
4) Justice-involvement
5) Removal of children from home
6) Untreated behavioral health conditions
7) County-selected goal (from the 14 statewide behavioral health goals)

Counties may select more than one additional statewide behavioral health goal.

Note: In the future, DHCS will provide counties with performance measures calculated based on individual-level data. These performance measures will be used in future IPs, Annual Updates, and BHOATRs when they become available

[27] W&I Code § 5963.02(c)(3)(A).

E.6.2 Primary and Supplemental Measures

In the IP, DHCS identifies "primary" and "supplemental" population-level behavioral health measures (referred to as primary measures and supplemental measures). Primary measures reflect the community's status and wellbeing for each goal, as defined in the Policy Manual. There is one primary measure (or a pair of related primary measures) for each goal. Supplemental measures provide additional context and data that are critical to better understand the status of the goal and inform planning. There are up to two supplemental measures for each goal. The following list provides all primary and supplemental measures for the 14 goals, noting the data source in parentheses after each measure. Please note that future improvement on a goal may be indicated by a measure increasing or decreasing, dependent on the specific measure and goal.

Priority Statewide Behavioral Health Goals for Improvement

1. **Access to Care**
    - **Primary Measure:** SMHS Penetration Rates for Adults and Children & Youth; California Department of Health Care Services (DHCS)
    - **Primary Measure:** NSMHS Penetration Rates for Adults and Children & Youth; California Department of Health Care Services (DHCS)
    - **Primary Measure:** Initiation of Substance Use Disorder Treatment (IET-INI); California Department of Health Care Services (DHCS)

2. **Homelessness**
    - **Primary Measure:** People Experiencing Homelessness Point-in-Time (PIT) Count (Rate per 10,000 people by CoC Region); U.S. Department of Housing and Urban Development (HUD)[28]
    - **Supplemental Measure:** PIT Count Rate of People Experiencing Homelessness with Severe Mental Illness (Rate per 10,000 people by CoC Region); U.S. Department of Housing and Urban Development
    - **Supplemental Measure:** PIT Count Rate of People Experiencing Homelessness with Substance Use Disorder (Rate per 10,000 people by CoC Region); U.S. Department of Housing and Urban Development

[28] This linked dashboard leverages data from the U.S. Department of Housing and Urban Development 2023 Annual Homeless Assessment Report to Congress (AHAR).

- **Supplemental Measure:** People Experiencing Homelessness who Accessed Services from a Continuum of Care (CoC); Homelessness Data Integration System (BCSH) – California Interagency Council on Homelessness [29]

3. **Institutionalization**[30]
   - **Primary Measure:** Inpatient Administrative Days; California Department of Health Care Services (DHCS) (adults; children and youth)
   - **Supplemental Measure:** Involuntary Detention Rates (14-day; 30-day; 180-day post certification); California Department of Health Care Services (DHCS)
   - **Supplemental Measure:** Conservatorships (temporary; permanent); California Department of Health Care Services (DHCS)
   - **Supplemental Measure:** SMHS Crisis Service Utilization (Crisis Intervention; Crisis Residential Treatment Services; Crisis Stabilization); California Department of Health Care Services (DHCS)[31] (adults; children and youth)

   Please note: Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities. In particular, crisis residential treatment is an important alternative to inpatient hospitalization.

4. **Justice-Involvement**
   - **Primary Measure:** Arrests: Adults and Juvenile rates; California Department of Justice (DOJ)
   - **Supplemental Measure:** Adult Recidivism Conviction Rate; California Department of Corrections and Rehabilitation (CDCR)
   - **Supplemental Measure:** Incompetent to Stand Trial (IST) Counts; California Department of State Hospitals (DSH)

5. **Removal of Children from Home**

[29] This measure will increase as people access services.
[30] Stays in institutional settings are sometimes clinically appropriate and therefore the goal is not to reduce institutionalization to zero. These measures are to provide context and transparency about the numbers of individuals utilizing inpatient and institutional settings in a county and how long they are staying in those settings.
[31] Increasing access to crisis services may reduce or prevent unnecessary admissions to institutional facilities.

- **Primary Measure:** Children in Foster Care; California Child Welfare Indicators Project (CWIP)
- **Supplemental Measure:** Open Child Welfare Case SMHS Penetration Rates; California Department of Health Care Services (DHCS)
- **Supplemental Measure:** Child Maltreatment Substantiations; California Child Welfare Indicators Project (CWIP)

6. **Untreated Behavioral Health Conditions**
   - **Primary Measure:** Follow-Up After Emergency Department Visit for Substance Use (FUA-30); California Department of Health Care Services (DHCS)
   - **Primary Measure:** Follow-Up After Emergency Department Visit for Mental Illness (FUM-30); California Department of Health Care Services (DHCS)
   - **Supplemental Measure:** Adults with serious psychological distress during past year who had no visits for mental health/drug/alcohol issues in past year; California Health Interview Survey (CHIS)

Additional Statewide Behavioral Health Goals for Improvement

1. **Care Experience**
   - **Primary Measure:** Perception of Cultural Appropriateness/Quality Domain Score; Consumer Perception Survey (CPS)
   - **Supplemental Measure:** Quality Domain Score; Treatment Perceptions Survey (TPS)

2. **Engagement in School**
   - **Primary Measure:** Twelfth-graders who graduated high school on time; Annie E. Casey Foundation Kids Count Data Center
   - **Supplemental Measure:** Meaningful Participation at School; California Healthy Kids Survey (CHKS)
   - **Supplemental Measure:** Student Chronic Absenteeism Rate; California Department of Education Data Quest

3. **Engagement in Work**
   - **Primary Measure:** Unemployment rate; California Employment Development Department (CA EDD)

- **Supplemental Measure:** Unable to work due to mental problems; California Health Interview Survey (CHIS)

4. **Overdose**
   - **Primary Measure:** All Drug-Related Overdose Deaths; California Department of Public Health (CDPH)
   - **Supplemental Measure:** All Drug-Related Overdose ED Visits; California Department of Public Health (CDPH)

5. **Prevention and Treatment of Co-Occurring Physical Health Conditions**
   - **Primary Measure:**
     - Adults' Access to Preventive/Ambulatory Health Services; California Department of Health Care Services (DHCS)
     - Child and Adolescent Well-Care Visits; California Department of Health Care Services (DHCS)
   - **Supplemental Measure:**
     - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications; California Department of Health Care Services (DHCS)
     - Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing; California Department of Health Care Services (DHCS)

6. **Quality of Life**
   - **Primary Measure:** Perception of Functioning Domain Score; Consumer Perception Survey (CPS)
   - **Supplemental Measure:** Poor Mental Health Days Reported; Behavioral Risk Factor Surveillance System (BRFSS)

7. **Social Connection**
   - **Primary Measure:** Perception of Social Connectedness Domain; Consumer Perception Survey (CPS)
   - **Supplemental Measure:** Caring Adult Relationships at School; California Healthy Kids Survey (CHKS)

8. **Suicides**
    - **Primary Measure:** Suicide Deaths; California Department of Public Health (CDPH)
    - **Supplemental Measure:** Non-fatal ED visits due to self harm; California Department of Public Health (CDPH)

E.6.3 County Performance Workbook

The primary and supplemental measures for all statewide behavioral health goals are available in the Population-Level Behavioral Health Measure County Performance Workbook (County Performance Workbook). The County Performance Workbook contains publicly available data for all measures by county, as well as detailed instructions to access the original source for the most recent data and to stratify by demographic groups. The workbook also contains further detail and analysis for each measure, such as county-to-county comparisons and statewide rates, where available. This resource provides the necessary data for each county to view and assess its county-wide performance across all statewide behavioral health goals.

9. Appendix

Appendix C: Policy Manual Definitions and Acronyms

County Behavioral Health System: All county behavioral health programs, regardless of funding source. The umbrella term includes behavioral health delivery systems (BHDSs) for both Medi-Cal and the various non-Medi-Cal programs covered under County Performance Contracts (CPCs).

Medi-Cal Behavioral Health Delivery System: An entity or local agency that contracts with DHCS to provide one or more categories of Med-Cal specialty behavioral health services: SMHS, DMC, and/or DMC-ODS benefits.

County Performance Contract Behavioral Health Delivery System: An entity or local agency that contracts with DHCS to provide behavioral health services and supports funded by sources other than Medi-Cal, including BHSA and federal SAMHSA grants.

Population Needs Assessment (PNA) : PNA is the mechanism that Medi-Cal Managed Care Plans use to identify the priority needs of their local communities and members and to identify health disparities. Reference**:** DHCS PHM Policy Guide; W&I Section 5963.02(b)(3)