

# California Behavioral Health Planning Council

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Data Notebook Part I  
5 Year Analysis

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# Executive Summary

The California Behavioral Health Planning Council (“Planning Council”) develops an annual Data Notebook designed to capture information on the performance of the public behavioral health system. The Planning Council prepares a Data Notebook annually for the local behavioral/mental health boards and commissions to report local performance outcomes data to the Planning Council and others. The Data Notebooks include a series of questions for local boards and commissions to complete, typically centered around a theme selected by the Planning Council’s Performance Outcomes Committee (POC). From 2019 through 2023, Data Notebooks also included a set of questions that were asked each year (called “Part 1” of the Data Notebook), covering four key subjects:

- Adult Residential Facilities (ARFs);
- Institutions of Mental Disease (IMDs);
- Homelessness and Housing Services; and
- Children and Youth in Group Care.

California increased both its state- and county-contracted ARF and IMD capacity from 2019 to 2023, though this does not capture closures of ARFs funded entirely through residents’ social security income. Data reported via the Data Notebook showed that the number of bed-days county behavioral health plans paid for both ARFs and IMDs also increased over that time frame. ARF length of stay increased from 2019 to 2023, while IMD length of stay decreased. While ARFs are well-distributed throughout California, IMDs are heavily concentrated in large counties, especially in Southern California. This results in a significant percentage of individuals requiring IMD care outside of their county of residence. This is also true for children and youth in group care, with many counties, and especially smaller and rural counties, reporting a lack of Short Term Residential Therapeutic Programs (STRTPs) and appropriate step-down options in their counties.

California is also struggling to address its housing crisis and has increased the amount of behavioral health funding directed to providing housing supports. Counties have implemented a range of housing support services in recent years, especially supportive housing, housing/motel vouchers, and emergency shelter. Nevertheless, homelessness in California continues to increase, and behavioral health providers face increased scrutiny as they aim to support people experiencing mental health and substance use challenges who are also experiencing or at risk of homelessness.

California’s behavioral health system can continue to improve by implementing the following strategies:

- Focus on quantifying and reporting unmet needs;
- Ensure services are provided at the appropriate level of care;
- Expand availability of IMD services in all regions, especially rural areas;
- Increase service availability and provider skills for serving children and youth in group care;

- Prioritize diversion, shelter, and affordable housing for individuals experiencing both behavioral health challenges and risk of homelessness; and
- Track performance outcome measures to demonstrate the effectiveness of behavioral health programs, with a focus on recovery-oriented outcomes.

# Background

The California Behavioral Health Planning Council (“Planning Council”) develops an annual Data Notebook designed to capture information on the performance of the public behavioral health system. The Planning Council prepares a Data Notebook annually for the local behavioral/mental health boards and commissions to report local performance outcomes data to the Planning Council and others. The Data Notebooks include a series of questions for local boards and commissions to complete, typically centered around a theme selected by the Planning Council’s Performance Outcomes Committee (POC). From 2019 through 2023, Data Notebooks also included a set of questions that were asked each year (called “Part 1” of the Data Notebook), covering four key subjects:

- Adult Residential Facilities (ARFs);
- Institutions of Mental Disease (IMDs);
- Homelessness and Housing Services; and
- Children and Youth in Group Care.

The Planning Council contracted Behavioral Health Data Project (BHDP) to review the data submitted in Part 1 of the Data Notebook to analyze the data to identify statewide trends and key insights. This report describes the trends observed from Part 1 data.

BHDP reviewed the quality of Part 1 data prior to conducting a trend analysis. Details on the quality of Part 1 data is available in a separate Data Quality Report. The data reported here met quality standards which are described in Appendix A of this report. Where possible, BHDP incorporated publicly available data to provide context to the data and address gaps in data submitted via the Data Notebook. BHDP also used publicly available data to normalize data to county<sup>1</sup> population<sup>2</sup> and control for differences in county size.

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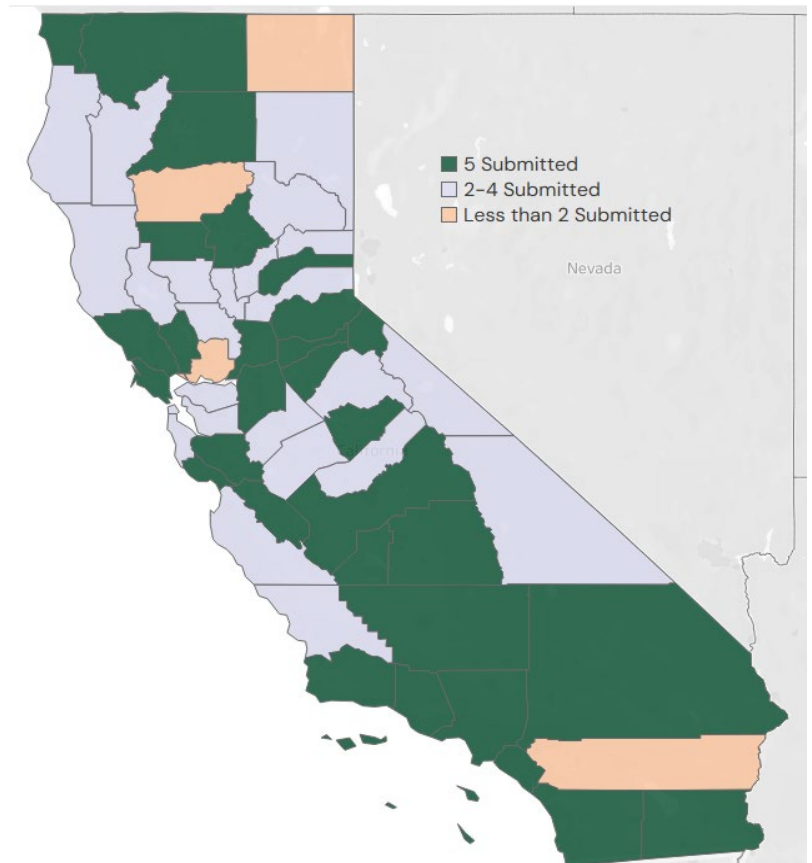
<sup>1</sup> Most specialty mental health services in California are administered by county mental health plans. However, there are a few exceptions to this structure: City of Berkeley and Tri-City mental health plans function independently of their respective counties, and Sutter and Yuba Counties have one, merged mental health plan. For simplicity, this report uses the term “counties” throughout to describe local mental health plans.

<sup>2</sup> [California population by year, county, race, & more | USAFacts](https://www.citypopulation.de/en/usa/cities/california/); <https://www.citypopulation.de/en/usa/cities/california/>; [City and Town Population Totals: 2010-2019](#); [California Cities By Population](#); [City and Town Population Totals: 2020-2023](#); [California Counties by Population \(2024\) \(california-demographics.com\)](#); [California Cities by Population \(2024\) – data derived from 2023 Population Estimates Program and 2022 American Community Survey](#) Alameda County’s population was adjusted to remove the population residing in the City of Berkeley. Los Angeles County’s population was adjusted to remove the population residing in the Tri-City region (Claremont, La Verne, and Pomona).

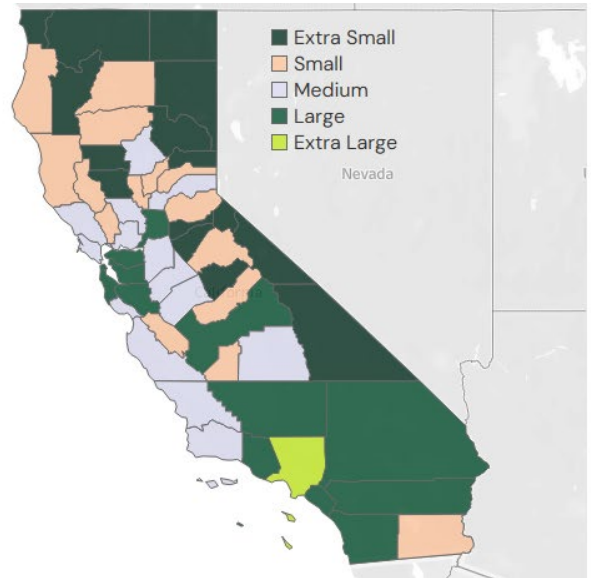
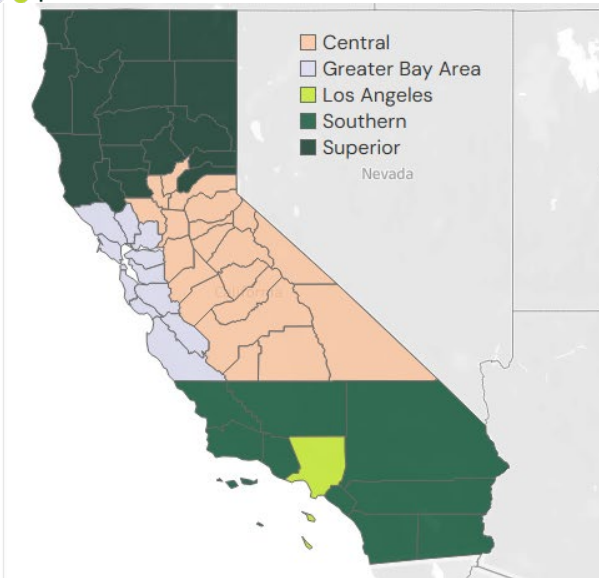
# Data Notebook Submission

Each year, local behavioral health boards and commissions receive and complete the Data Notebook. On average, approximately 45 counties (77%) completed the Data Notebook each year between 2019 and 2023. 30 counties (51%) completed all five Data Notebooks between 2019 and 2023. 54 counties (92%) completed two or more Data Notebooks.

In addition to statewide trends, BHDP considered trends based on county size and region. The table and figures below show Data Notebook submission across county regions and sizes.



Region	Less than 2	2-4	5	Total	Size	Less than 2	2-4	5	Total
Central	0 (0.0%)	9 (47.4%)	10 (52.6%)	19	Extra Small	1 (6.7%)	7 (46.7%)	7 (46.7%)	15
Greater Bay Area	2 (15.3%)	5 (38.5%)	6 (46.2%)	13	Small	1 (7.1%)	6 (42.9%)	7 (50.0%)	14
Los Angeles	0 (0.0%)	0 (0.0%)	1 (100.0%)	1	Medium	1 (6.7%)	7 (46.7%)	7 (46.7%)	15
Southern	1 (10.0%)	2 (20.0%)	7 (70.0%)	10	Large	2 (14.3%)	4 (28.6%)	8 (57.1%)	14
Superior	2 (12.5%)	8 (50.0%)	6 (37.5%)	16	Extra Large	0 (0.0%)	0 (0.0%)	1 (100.0%)	1





# Adult Residential Facilities (ARFs)

Behavioral health services in California are provided across a continuum of care. In 2022, DHCS and Manatt Health published an assessment of the continuum of care. They defined eight categories of services across the continuum, ranging from Prevention and Wellness Services to Intensive Treatment Services (see Figure 1, at right)<sup>3</sup>. Part 1 of the Data Notebook asked about services at multiple levels in the continuum of care. In each section, the relevant level is highlighted to demonstrate where the described services fall within the continuum.

Adult Residential Facilities (ARFs) are licensed facilities that provide round-the-clock care for adults who require support with activities of daily living. ARFs provide services such as regular meals, housekeeping and laundry, transportation, and enrichment activities, all in a residential, community-based setting. ARF licensure is managed by the Department of Social Services (CDSS)<sup>4</sup>. Services are funded through a combination of residents' social security income (SSI, approximately \$1000 per month), county patches, and the state's 1915(c) Medicaid Home and Community-Based Services (HCBS) Assisted Living Waiver (ALW)<sup>5</sup>. Services provided in ARFs are considered Intensive Outpatient Treatment Services, as ARFs are homelike, community-based settings where individuals are served by outpatient service providers.

ARFs are located throughout California. Most ARFs are supported through county contracts and funding patches, while some do not receive state or county funding and are not necessarily tracked in state databases. The data presented here focuses on ARFs that receive county funding. All but five counties – Alpine, Mariposa, Modoc, Mono, and Sierra – have at least one ARF within their borders. While most ARFs are located in Southern California (Southern Region and Los Angeles), those regions actually have fewer ARF beds per capita than the rest of the state.

Prevention and  
Wellness Services

Outpatient Services

Peer and Recovery  
Services

Community Services  
and Supports

Intensive  
Outpatient  
Treatment Services

SUD Residential  
Treatment

Crisis Services

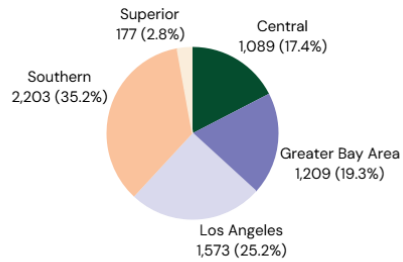
Intensive Treatment  
Services

<sup>3</sup> [Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications](#)

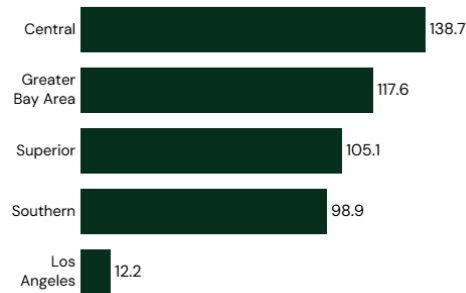
<sup>4</sup> [Adult Care Licensing](#)

<sup>5</sup> [Application for 1915\(c\) HCBS Waiver: CA.0431.R03.00 - Mar 01, 2019](#)

**Number of ARFs (2023)**

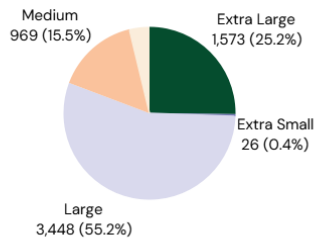


**Number of ARF Beds per 10,000 Residents (2023)**

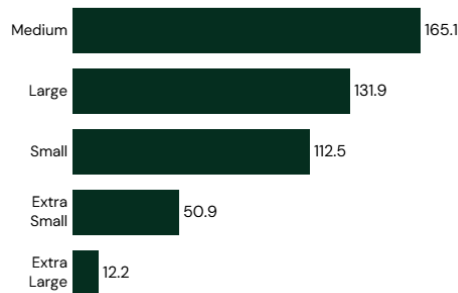


Similarly, the largest number of ARFs are found in Large or Extra Large counties, while Medium-sized counties actually have the highest number of ARF beds per capita.

**Number of ARFs (2023)**



**Number of ARF Beds per 10,000 Residents (2023)**



From 2019 to 2023, the number of ARFs and ARF beds in California increased. The number of facilities and beds per capita also slightly increased.

**Number of ARFs**



**Number of ARFs per 10,000 Residents**



**Number of ARF Beds**



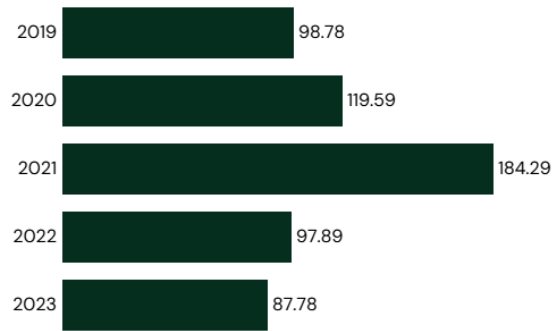
**Number of ARF Beds per 10,000 Residents**



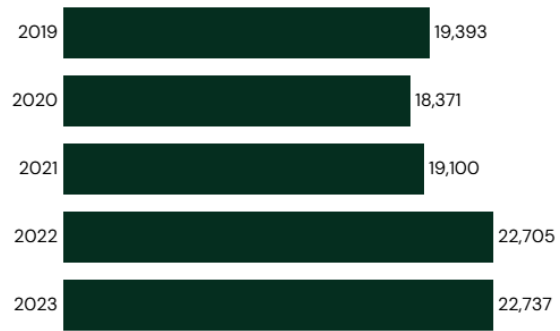
Changes in ARFs were not consistent across regions or county sizes. The largest increases in ARF facilities occurred in the Southern and Central regions and Large or Extra Large counties. In contrast, ARFs and ARF beds actually decreased in Extra Small counties and those in the Superior region.

ARFs serve both individuals with and without significant mental health needs. County behavioral health plans often pay for some or all ARF costs for individuals with serious mental illnesses who require that level of care. Part 1 of the Data Notebook asked counties to share the number of individuals for whom they paid for some or all of the costs to reside in a licensed ARF in each fiscal year, as well as the total number of ARF bed-days paid for these individuals. In counties who provided this data for all five years between 2019 and 2023, the number of individuals served per capita in ARFs increased from 2019 to 2021, then decreased in 2022 and 2023 to levels below those seen in 2019. However, the number of bed-days paid increased in 2022 and 2023, in spite of serving fewer individuals. ARF length of stay was shorter in 2021 than other years. While the reasons for this are unclear, this is likely related to conditions arising from the COVID-19 pandemic.

**Individuals Served in ARF per 10,000 Residents**



**ARF Bed-Days Paid per 10,000 Residents**



In an attempt to understand unmet needs for housing in ARFs, counties were also asked about the number of individuals served by their behavioral health departments who need ARF housing but currently are not living in an ARF. Unfortunately, this is difficult to track at a local level and even more difficult to understand at a statewide level, due to missing data and differences in the ways counties estimate the extent of unmet need in their jurisdictions. Importantly, though, the amount and quality of this information improved from 2019 to 2023. In 2019, only 16 counties (41.0% of those who submitted data notebooks in 2019) were able to provide data of sufficient quality for this item. By 2023, this number had grown to 37 counties (72.5% of those who submitted data notebooks in 2023). This suggests that by asking counties about this data, the Planning Council has promoted collection of the data itself. This is especially important, as the majority of counties who were able to provide this information reported having unmet ARF needs in their county<sup>6</sup>. While the exact numbers reported should be interpreted cautiously, the data provided suggests there is significant need for additional ARFs, ARF beds, and funding to support ARF services statewide.

Detailed ARF data is available in Appendix C.

<sup>6</sup> 2019: 11/16 (68.8%) reported unmet ARF needs; 2020: 12/22 (54.5%); 2021: 21/29 (72.4%); 2022: 24/36 (66.7%); 2023: 21/37 (56.8%)

# Institutions of Mental Disease (IMD) Data

Further along the continuum of care, individuals who require intensive inpatient treatment services are served in Institutions of Mental Disease (IMDs). IMDs are facilities that primarily serve individuals with mental health or substance use diagnoses. IMDs include Acute Psychiatric Hospitals, Mental Health Rehabilitation Centers, Psychiatric Health Facilities, and Special Treatment Programs/Skilled Nursing Facilities<sup>7</sup>. California's Department of Health Care Services (DHCS) maintains an IMD list that is updated on a quarterly basis. The list includes facilities licensed by both DHCS and the California Department of Public Health (CDPH)<sup>8</sup>.

Unlike ARFs, there are a significant number of counties – 33 – with no IMDs within their borders. Larger counties are more likely to have IMDs, as are those in the Southern, Los Angeles, and Greater Bay Area regions. Only two counties in the Superior region – Humboldt and Shasta – have IMDs, and there are no IMDs in counties classified as Extra Small. This means that individuals residing in smaller counties and especially those in the northern part of California need to travel great distances to receive care in an IMD.

Prevention and  
Wellness Services

Outpatient Services

Peer and Recovery  
Services

Community Services  
and Supports

Intensive  
Outpatient  
Treatment Services

SUD Residential  
Treatment

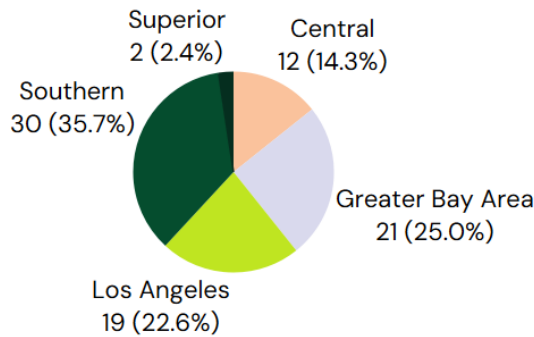
Crisis Services

Intensive Treatment  
Services

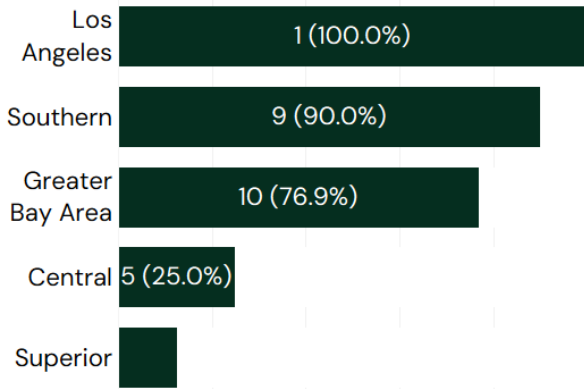
<sup>7</sup> Centers of Medicare and Medicaid Services' (CMS) Manual 4390 and Title 9, California Code of Regulations (CCR), section 1810.222.1

<sup>8</sup> [Institutions for Mental Diseases List](#) DHCS began listing Short-Term Residential Therapeutic Programs (STRTPs) on the IMD list in 2023. STRTPs are not included in this section as they were not tracked as IMDs prior to 2023.

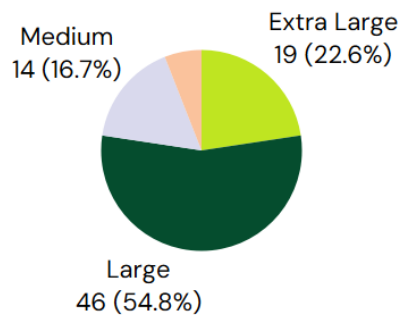
## IMD Distribution



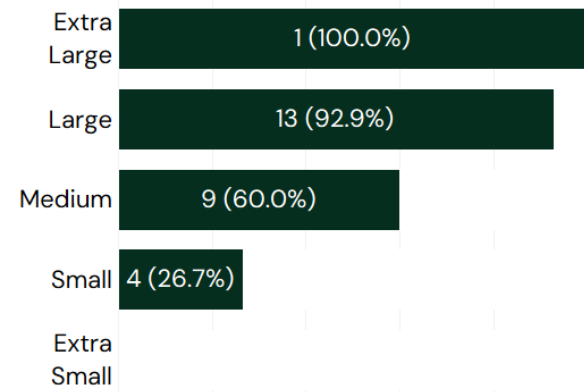
## Counties with IMDs



## IMD Distribution



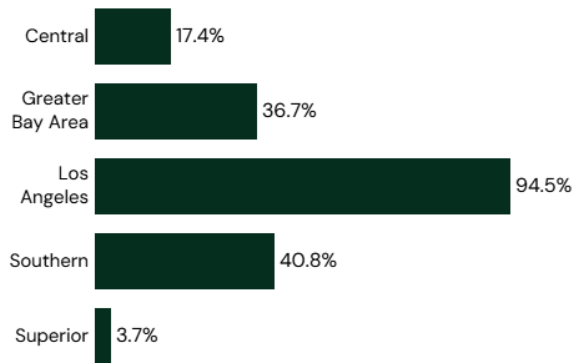
## Counties with IMDs



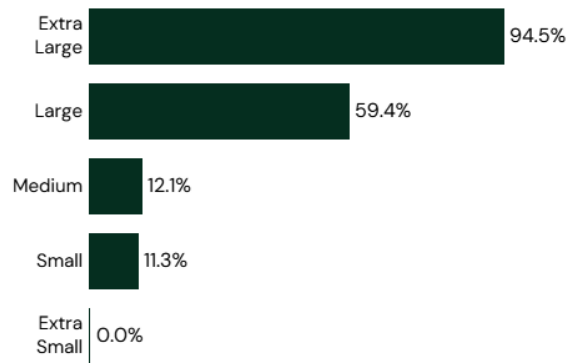
There were 7 more IMDs and 712 more IMD beds in California in 2023 than there were in 2019. These numbers are expected to continue to increase in the near future, as facilities built using the Behavioral Health Continuum Infrastructure Program (BHCIP) begin serving individuals. Additionally, the Behavioral Health Services Act (BHSA); Community Assistance, Recovery, and Empowerment (CARE) Act; and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) waiver may result in further increases in IMD use.

Part 1 of the Data Notebook asked counties to share the number of individuals for whom they paid for some or all of the costs of an IMD stay, whether those individuals were served within the county or outside of it, as well as the total number of IMD bed-days paid for them. There was significant year-over-year fluctuation in the number of people counties reported serving. This may represent changes in the need for and use of IMD services, or it could reflect data quality challenges. As expected given the distribution of IMDs, only one-quarter of individuals received IMD services in their county of residence in 2023. This differed significantly by region and county size, with nearly all Los Angeles County residents served in county, compared to less than half in all other regions. Nearly 60% of large county residents were able to access IMD services in county, while fewer than 15% of people in medium, small, or extra small counties could do so.

### In:Out of County Ratio



### In:Out of County Ratio



Consistent with the increase in IMD facilities and beds statewide, the number of individuals served in IMDs and the number of bed-days paid increased from 2019 to 2023. These numbers will also likely continue to increase due to BHCIP, BH-CONNECT, and other efforts to connect individuals to IMD services when they need them. The average length of stay in IMDs actually decreased by nearly 10% statewide between 2019 and 2023. Due to fluctuation in data reported year-over-year and potential impacts of the COVID-19 pandemic, it is unclear whether this trend will continue.

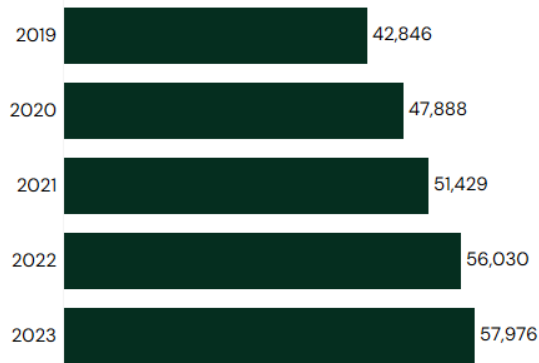
Detailed IMD data is available in Appendix D.

## Housing and Homelessness

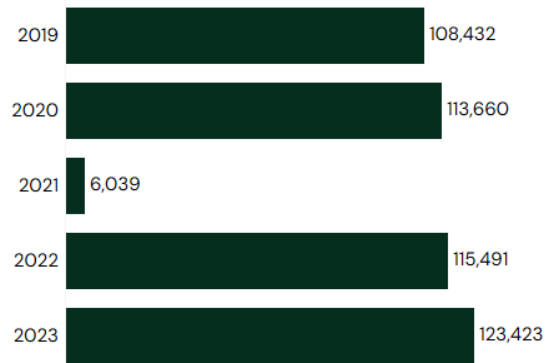
In recent years, there is increased attention on the intersection of behavioral health and housing and homelessness, with multiple initiatives intended to provide housing supports to people with behavioral health conditions who are homeless or at risk of homelessness. In California, the Mental Health Services Act (MHSA) and the No Place Like Home (NPLH) initiative have funded significant development of housing services administered by county behavioral health departments. Nevertheless, California continues to experience a significant housing crisis, with over 170,000 Californians experiencing homelessness in 2023, according to Point in Time (PIT) Count from the United States Department of Housing and Urban Development (HUD). These numbers have grown steadily since 2019, with the COVID-19 pandemic exacerbating an already critical situation<sup>9</sup>. Importantly, PIT data is not exclusive to individuals experiencing mental illnesses or substance use conditions. The 2023 PIT estimates that approximately one-quarter of unhoused individuals were severely mentally ill and one-quarter chronically abused substances. These numbers are based on self-reported data and likely under-represent the intersection of behavioral health conditions and homelessness.

<sup>9</sup> Many Continuums of Care (COCs) did not count individuals experiencing unsheltered homelessness in 2021 due to the COVID-19 pandemic.

### Sheltered

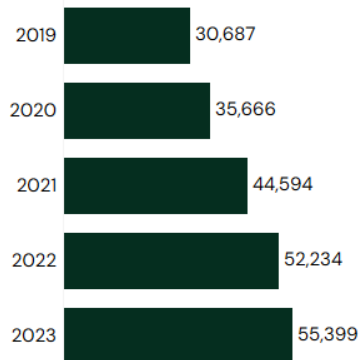


### Unsheltered

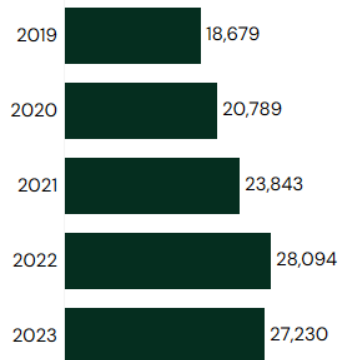


Programs intended to serve people experiencing homelessness also increased from 2019 through 2023, as reported via the HUD Housing Inventory Count (HIC). The largest increases were seen in 2020 as funds were released through Project Room Key and Project Home Key as part of the pandemic response. Some of these funds have since expired, though only rapid rehousing programs saw a decrease in 2023.

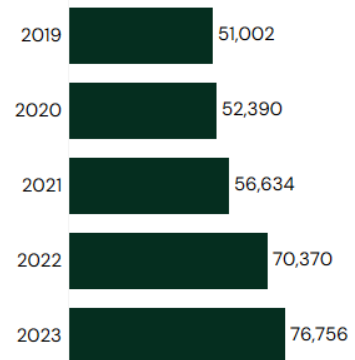
### Emergency Shelter, Safe Haven, and Transitional Housing



### Rapid Rehousing



### Permanent Housing



In Part 1 of the Data Notebook, counties reported the types of programs they implemented or expanded each year to serve individuals who are both homeless and have severe mental illness. Across all years, supportive housing, housing/motel vouchers, and emergency shelter were most commonly implemented. 2022 and 2023 also saw an increase in the number of counties adding temporary or transitional housing. These trends align with the major California funding initiatives during this time – Project Room Key<sup>10</sup> and Project Home Key<sup>11</sup> beginning in 2020 and Behavioral Health Bridge Housing<sup>12</sup> beginning in 2023. In addition to these programs, many counties described expanding outreach and diversion programs intended to build relationships with individuals experiencing homelessness and help those at risk of homelessness to remain in their housing.

<sup>10</sup> <https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/project-roomkey>

<sup>11</sup> <https://www.hcd.ca.gov/grants-and-funding/homekey>

<sup>12</sup> <https://bridgehousing.buildingcalhhs.com/>



Detailed housing and homelessness data is available in Appendix E.

## Children/Youth in Group Care Data

In 2015, Assembly Bill 403 (AB403) initiated Continuum of Care Reform, which changed the way California administers placement and treatment for children and youth in foster care. AB403 implementation took place over a number of years, with full implementation in 2021. As part of Continuum of Care Reform, California shifted away from placing children and youth in group homes. These children are now, instead, served in home-based care<sup>13</sup> where possible and Short Term Residential Therapeutic Programs (STRTPs) when necessary.

In Part 1 of the Data Notebook, counties were asked to identify whether they needed additional resources to effectively serve children and youth in group care. Most years, approximately 50% of counties indicated they needed additional resources. Those counties recommended the following improvements to services for children and youth in group care:

- Provision of wraparound services, including consistent standards for the types of services provided to children and youth in STRTPs;
- Additional education and support for providers serving this population, particularly related to trauma-informed care;
- Increased providers of behavioral health services for children and youth, most critically in-county providers in smaller counties;
- Increased step-down options for children and youth exiting STRTPs, especially therapeutic foster care and resource family foster homes;
- Consistent funding for provision of services, both in STRTPs and in step-down care; and
- Increased focus on planned permanency.

The California Department of Social Services (CDSS) publishes data on the number of out-of-county placements for children and youth in group care via their Continuum of Care Reform (CCR) dashboards<sup>14</sup>. Data from the fourth quarter of 2023 indicates that 50% of group care placements are outside of the county where the children and youth originally resided. This number has remained relatively consistent since 2019. The ratio of in-county to out-of-county placements varied statewide and was not solely correlated with county size or location. However, many small, rural counties do not have licensed STRTPs within their borders and need to place all children needing that level of care outside of their county.

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<sup>13</sup> Home-based care refers to long term services and supports provided in an in home setting.

<sup>14</sup> [CCR Dashboard | Tableau Public](#)

# Recommendations

Part 1 of the Data Notebook has endeavored to collect consistent year-over-year data on critical topics in California behavioral health, to allow the Planning Council to understand key trends and craft data-informed policy recommendations. While data quality challenges limited some of the planned analysis, data submitted via Part 1 of the Data Notebook suggests that California can benefit from the following approaches:

- **Focus on quantifying and reporting unmet needs:** While it is important to know how many people are served and how long they remain in services, initiatives to grow California's behavioral health infrastructure and increase access to care may drive changes in these numbers that are not related to increased need for services. As California works towards "right-sizing" its behavioral health system, data collection efforts should focus on understanding the types of services individuals need and whether those needs are met in a timely, culturally responsive fashion in the most community-based setting possible. Additionally, the state and counties should collaborate on a strategy and mechanism for reporting data on service needs that is collected at the county level to the state and to the public.
- **Ensure services are provided at the appropriate level of care:** California is facing critical workforce and infrastructure shortages that can result in challenges providing individuals with the right type of service in a timely manner. When this happens, individuals with acute mental health needs may be served at the wrong level of care to ensure they don't face a gap in care. To understand the extent to which this happens, counties should track assessed service need, service placement, and time to placement in the assessed level of care. Additionally, counties should reassess service needs on a regular basis and adjust service placement as necessary. Both initial and reassessments, as well as the time between assessments and the resulting placements, should be tracked systematically, and counties should measure the need for each service type, the waiting time for placement in each service type, and the average time to transition or "step down" between levels of care. When individuals need to be placed in a higher level of care due to lack of service availability at the appropriate level of care, counties should track the time that elapses until the appropriate placement becomes available.
- **Expand availability of IMD services in all regions, especially rural areas:** More than half of California counties do not have an IMD, and individuals in small, rural counties who require intensive services often have to travel hundreds of miles to access that care. This separates them from their communities, families, and existing social supports. Though it is not realistic for all small counties to have IMDs, California should support rural counties to develop and administer these types of facilities in their region, including through multi-county partnerships. This may require funding for development of physical facilities, incentives to recruit and train providers, and infrastructure to manage shared-county facilities.
- **Increase service availability and provider skills for serving children and youth in group care:** Like IMDs, there is a significant shortage of STRTPs in smaller, rural counties in California. Additionally, counties reported a need for more service availability for children and youth ready to "step down" from STRTP

care. This includes both expanding availability of therapeutic foster care and resource family foster homes and expanding provision of wraparound services and training of providers to serve this population. California is in the process of implementing a new tiered rate structure for these services<sup>15</sup>, which may further affect counties' ability to effectively serve this population.

- **Prioritize diversion, shelter, and affordable housing for individuals experiencing both behavioral health challenges and risk of homelessness:**

Though the behavioral health system is not, and should not be, primarily responsible for addressing homelessness in California, individuals served by the behavioral health system are often at risk of homelessness. Moreover, recovery is extremely difficult without safe, stable housing. Behavioral health providers should provide diversion and supportive services to help people avoid ever becoming homelessness. Additionally, they should collaborate with housing service providers to ensure there is sufficient emergency shelter capacity so no one has to sleep outside, and to ensure that housing services are focused on helping individuals obtain permanent, affordable housing in integrated community settings. Behavioral health providers should work closely with housing service providers and proactively talk to the people they serve about their housing needs. Additionally, housing service providers should ensure people experiencing homelessness have access to trauma-informed behavioral health services.

- **Track performance outcome measures to demonstrate the effectiveness of behavioral health programs, with a focus on recovery-oriented outcomes:**

California's behavioral health system is actively working to improve its data collection strategies, both to minimize data collection burden and to increase its ability to show the importance of the services it provides. In addition to process-based measures like access to care and quality of care, California should implement recovery-oriented outcome measures that demonstrate improvements in the quality of life of the people being served. This can include tracking setting and achievement of treatment goals, stepping down to lower levels of care, and use of designated assessment tools like the Flourishing Scale<sup>16</sup> and Brief Inventory of Thriving<sup>17</sup>. Behavioral health providers should also track and report social indicators like housing, employment, education, supportive relationships, and community involvement. These measures should be implemented for individuals served through Medi-Cal specialty mental health services, but also for individuals served through non-Medi-Cal services, including those in ARF and IMD settings.

<sup>15</sup> [CDSS Foster Care Rate Reform Proposal](#)

<sup>16</sup> [FS - Ed Diener, Subjective Well-Being](#)

<sup>17</sup> [CIT&BIT - Ed Diener, Subjective Well-Being](#)

# Appendix A. Data Quality Standards

BHDP reviewed data provided via Part 1 of the Data Notebook to ensure it was of sufficient quality to be included in analysis. Data was flagged as not meeting quality standards in the following circumstances:

- Data was missing;
- The reporting county indicated they were uncertain the data was correct or reported an inconsistent method of calculating the data<sup>18</sup>;
- Inconsistent reporting of individuals and bed-days (i.e., the number of bed-days reported exceeds the maximum for the number of individuals served); or
- Merging in-county and out-of-county data.

BHDP considered three different approaches to identifying trends in data.

- **Five year trend analysis**, which looks at data across all five years from 2019 to 2023. This analysis requires the highest standard of data quality and necessitates having data for each year in the data collection period.
- **Five year change analysis**, which compares data for 2019 with data from 2023. This analysis only requires data for the 2019 and 2023 Data Notebooks, but may miss interesting trends that occur in the interim years.
- **First to last change analysis**, which compares data for the first and last years of data submitted for each county. This analysis can be completed with any two years of data and allows the greatest representation of data submitted, but presents significant challenges with interpreting analysis results due to the variability in the years when data was collected.

BHDP focused on results from the five year trend and five year change analysis to facilitate a consistent approach to identifying and interpreting the trends observed in the data.

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<sup>18</sup> Calculation methodology was only considered for data on unmet ARF needs, as that was the only data where counties provided details on their methodology.

## Appendix B. California County Classifications

County	Region	Size
Alameda	Greater Bay Area	Large
Alpine	Central	Extra Small
Amador	Central	Extra Small
City of Berkeley	Greater Bay Area	Large
Butte	Superior	Medium
Calaveras	Central	Extra Small
Colusa	Superior	Extra Small
Contra Costa	Greater Bay Area	Large
Del Norte	Superior	Extra Small
El Dorado	Central	Small
Fresno	Central	Large
Glenn	Superior	Extra Small
Humboldt	Superior	Small
Imperial	Southern	Small
Inyo	Central	Extra Small
Kern	Southern	Large
Kings	Central	Small
Lake	Superior	Small
Lassen	Superior	Extra Small
Los Angeles	Los Angeles	Extra Large
Madera	Central	Small
Marin	Greater Bay Area	Medium
Mariposa	Central	Extra Small
Mendocino	Superior	Small
Merced	Central	Medium
Modoc	Superior	Extra Small
Mono	Central	Extra Small
Monterey	Greater Bay Area	Medium
Napa	Greater Bay Area	Small
Nevada	Superior	Small
Orange	Southern	Large
Placer	Central	Medium
Plumas	Superior	Extra Small
Riverside	Southern	Large
Sacramento	Central	Large
San Benito	Greater Bay Area	Small
San Bernardino	Southern	Large
San Diego	Southern	Large
San Francisco	Greater Bay Area	Large
San Joaquin	Central	Medium
San Luis Obispo	Southern	Medium
San Mateo	Greater Bay Area	Large

County	Region	Size
Santa Barbara	Southern	Medium
Santa Clara	Greater Bay Area	Large
Santa Cruz	Greater Bay Area	Medium
Shasta	Superior	Small
Sierra	Superior	Extra Small
Siskiyou	Superior	Extra Small
Solano	Greater Bay Area	Medium
Sonoma	Greater Bay Area	Medium
Stanislaus	Central	Medium
Sutter-Yuba	Central	Small
Tehama	Superior	Small
Tri-City	Southern	Medium
Trinity	Superior	Extra Small
Tulare	Central	Medium
Tuolumne	Central	Small
Ventura	Southern	Large
Yolo	Central	Medium

# Appendix C. Adult Residential Facilities (ARFs)

## ARF Facilities

These tables include data for all California counties<sup>19</sup>. Per capita measures represent the number of ARF facilities per 10,000 residents.

Number of facilities (per capita) by region.

Region	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Central	986 (19.1)	1,044 (19.7)	1,059 (20.1)	1,064 (20.1)	1,089 (20.6)	+103 (+1.59)	+10.4% (+8.4%)
Greater Bay Area	1,143 (15.9)	1,178 (16.4)	1,197 (16.9)	1,193 (16.8)	1,209 (17.0)	+66 (+1.13)	+5.8% (+7.1%)
Los Angeles	1,479 (1.5)	1,556 (1.6)	1,585 (1.7)	1,569 (1.7)	1,573 (1.7)	+94 (+0.15)	+6.4% (+9.9%)
Southern	1,964 (14.0)	2,079 (14.8)	2,139 (15.6)	2,174 (15.7)	2,203 (15.7)	+239 (+1.70)	+12.2% (+12.1%)
Superior	175 (19.0)	178 (18.7)	174 (18.3)	171 (17.7)	177 (18.2)	+2 (-0.87)	+1.1% (-4.6%)
Totals	5,747 (69.4)	6,035 (71.2)	6,154 (72.6)	6,171 (72.0)	6,251 (73.1)	+504 (+3.71)	+8.8% (+5.3%)

Number of facilities (per capita) by county size.

Size	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Extra Small	25 (8.4)	25 (8.1)	25 (8.1)	25 (7.9)	25 (8.2)	+1 (-0.16)	+4.0% (-1.9%)
Small	225 (18.7)	231 (18.9)	230 (18.9)	227 (18.5)	235 (18.9)	+10 (+0.25)	+4.4% (+1.3%)
Medium	910 (22.4)	954 (23.3)	976 (24.2)	963 (23.8)	969 (23.9)	+59 (+1.49)	+6.5% (+6.7%)
Large	3,108 (18.5)	3,269 (19.3)	3,338 (19.8)	3,387 (20.1)	3,448 (20.5)	+340 (+1.98)	+10.9% (+10.7%)
Extra Large	1,479 (1.5)	1,556 (1.6)	1,585 (1.7)	1,569 (1.7)	1,573 (1.7)	+94 (+0.15)	+6.4% (+9.9%)
Totals	5,747 (69.4)	6,035 (71.2)	6,154 (72.6)	6,171 (72.0)	6,251 (73.1)	+504 (+3.71)	+8.8% (+5.3%)

<sup>19</sup> [Community Care Licensing - Adult Residential Facility Locations - Community Care Licensing - Adult Residential Facility Locations \(CSV\) - California Open Data; Social Services - Community Care Facility search](#)

## ARF Beds

These tables include data for all California counties<sup>20</sup>. Per capita measures represent the number of ARF beds per 10,000 residents.

Number of beds (per capita) by region

Region	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Central	6,563 (131.1)	6,943 (134.6)	7,000 (136.7)	6,933 (134.8)	7,010 (138.7)	+447 (+7.6)	+6.8% (+5.8%)
Greater Bay Area	7,869 (113.5)	8,011 (114.4)	8,333 (119.2)	8,257 (117.4)	8,245 (117.6)	+376 (+4.1)	+4.8% (+3.6%)
Los Angeles	11,547 (11.8)	11,872 (12.1)	11,837 (12.3)	11,527 (12.1)	11,535 (12.2)	-12 (+0.4)	-0.1% (+0.4%)
Southern	12,445 (92.3)	13,032 (96.2)	13,081 (99.1)	13,085 (99.0)	13,271 (98.9)	+826 (+6.6)	+6.6% (+7.2%)
Superior	1,019 (115.5)	1,031 (112.8)	995 (110.1)	979 (103.0)	1,001 (105.1)	-18 (-10.4)	-1.8% (-9.0%)
Total	39,443 (464.2)	40,889 (470.1)	41,246 (477.4)	40,781 (466.4)	41,062 (472.5)	+1,619 (+8.35)	+4.1% (+1.8%)

Number of beds (per capita) by county size.

Size	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Extra Small	169 (57.7)	167 (55.0)	165 (54.6)	154 (49.4)	158 (50.9)	-11 (-6.8)	-6.5% (-11.8%)
Small	1,350 (111.7)	1,377 (112.3)	1,347 (110.6)	1,326 (108.2)	1,408 (112.5)	+58 (+0.8)	+4.3% (+0.7%)
Medium	6,418 (160.3)	6,645 (163.8)	6,806 (169.3)	6,687 (165.8)	6,669 (165.1)	+251 (+4.8)	+3.9% (+3.0%)
Large	19,959 (122.7)	20,828 (126.9)	21,091 (130.6)	21,087 (130.9)	21,292 (131.9)	+1,333 (+9.2)	+6.7% (+7.5%)
Extra Large	11,547 (11.8)	11,872 (12.1)	11,837 (12.3)	11,527 (12.1)	11,535 (12.2)	-12 (+0.4)	-0.1% (+0.4%)
Total	39,443 (464.2)	40,889 (470.1)	41,246 (477.4)	40,781 (466.4)	41,062 (472.5)	+1,619 (+8.35)	+4.1% (+1.8%)

<sup>20</sup> [Community Care Licensing - Adult Residential Facility Locations - Community Care Licensing - Adult Residential Facility Locations \(CSV\) - California Open Data; Social Services - Community Care Facility search](#)



## Individuals Served in ARFs

### Five-Year Trend Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Kern, Kings, Los Angeles, Marin, Mariposa, Napa, Nevada, Sacramento, San Benito, San Bernardino, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 54.3% of the California population in 2023.

Number of individuals served per capita by region. Per capita measures represent the number of individuals served per 10,000 residents.

Region	2019	2020	2021	2022	2023
Central	48.1	28.7	35.2	42.6	29.3
Greater Bay Area	20.4	31.2	33.9	26.3	27.1
Los Angeles	2.5	0.6	0.9	1.2	1.4
Southern	11.1	7.8	8.2	10.6	8.2
Superior	16.7	51.3	106.1	17.2	21.8
Total	98.8	119.6	184.3	97.9	87.8

Number of individuals served per capita by county size. Per capita measures represent the number of individuals served per 10,000 residents.

Size	2019	2020	2021	2022	2023
Extra Small	49.3	24.4	56.5	38.8	27.0
Small	12.2	53.0	77.8	18.2	19.4
Medium	24.4	32.5	36.0	25.3	29.4
Large	10.5	9.1	13.1	14.4	10.4
Extra Large	2.5	0.6	0.9	1.2	1.4
Total	998.8	119.6	184.3	97.9	87.8

## Five-Year Change Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mariposa, Mono, Monterey, Napa, Nevada, Orange, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Tulare, Ventura, Yolo

Five-Year Change Data represents 78.6% of the California population in 2023.

Number of individuals served per capita by region. Per capita measures represent the number of individuals served per 10,000 residents.

Region	2019	2023	Change
Central	55.0	33.0	-22.0 (-40.0%)
Greater Bay Area	38.0	42.7	+4.7 (+12.4%)
Los Angeles	2.5	1.4	-1.1 (-44.0%)
Southern	17.2	19.3	+2.1 (+12.2%)
Superior	16.7	21.8	+5.1 (+30.5%)
Total	129.4	118.2	-11.2 (-9.7%)

Number of individuals served per capita by county size. Per capita measures represent the number of individuals served per 10,000 residents.

Size	2019	2023	Change
Extra Small	51.3	27.8	-23.5 (-45.8%)
Small	24.7	24.0	-0.7 (-2.8%)
Medium	32.3	34.8	+2.5 (+7.7%)
Large	18.6	30.2	+11.6 (+62.4%)
Extra Large	2.5	1.4	-1.1 (-44.0%)
Total	129.4	118.2	-11.2 (-9.7%)

## ARF Bed-Days Paid

### Five-Year Trend Data

These tables includes data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Kern, Kings, Los Angeles, Marin, Mariposa, Napa, Nevada, Sacramento, San Benito, San Bernardino, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 54.1% of the California population in 2023.

Number of bed-days paid (per capita) by region. Per capita measures represent the number of ARF bed-days paid per 10,000 residents.

Region	2019	2020	2021	2022	2023
Central	7,185	6,634	6,465	10,805	7,515
Greater Bay Area	5,678	7,316	6,078	6,030	6,945
Los Angeles	831	179	303	312	383
Southern	1,160	1,526	1,472	1,613	1,535
Superior	4,539	2,716	4,781	3,945	6,359
Total	19,393	18,371	19,100	22,705	22,737

Number of bed-days paid per capita by county size. Per capita measures represent the number of ARF bed-days paid per 10,000 residents.

Size	2019	2020	2021	2022	2023
Extra Small	8,020	5,823	6,464	10,680	8,690
Small	3,367	2,892	3,959	3,512	4,835
Medium	5,838	7,172	6,265	5,666	6,297
Large	1,337	2,304	2,109	2,535	2,532
Extra Large	831	179	303	312	383
Total	19,393	18,371	19,100	22,705	22,737

### Five-Year Change Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mariposa, Mono, Monterey, Napa, Nevada, Orange, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Tulare, Ventura, Yolo

Five-Year Change Data represents 78.4% of the California population in 2023.

Number of bed-days paid (per capita) by region. Per capita measures represent the number of ARF bed-days paid per 10,000 residents.

Region	2019	2023	Change
Central	8,497	8,454	-43 (-0.5%)
Greater Bay Area	10,995	10,855	-140 (-1.3%)
Los Angeles	831	383	-448 (-53.9%)
Southern	1,493	2,593	+1,100 (+73.7%)
Superior	4,539	6,359	+1,820 (+40.1%)
Total	26,355	28,644	+2,289 (+8.7%)

Number of bed-days paid per capita by county size. Per capita measures represent the number of ARF bed-days paid per 10,000 residents.

Size	2019	2023	Change
Extra Small	8,767	8,970	+203 (+2.3%)
Small	3,600	5,651	+2,051 (+57.0%)
Medium	7,814	8,020	+206 (+2.6%)
Large	5,343	5,621	+278 (+5.2%)
Extra Large	831	383	-448 (-53.9%)
Total	26,355	28,644	+2,289 (+8.7%)

## ARF Length of Stay

### Five-Year Trend Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Kern, Kings, Los Angeles, Marin, Mariposa, Napa, Nevada, Sacramento, San Bernardino, San Joaquin, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 54.1% of the California population in 2023.

Average length of stay (days) by region.

Region	2019	2020	2021	2022	2023
Central	185.6	224.8	196.4	231.4	255.3
Greater Bay Area	263.3	270.1	219.0	242.0	264.2
Los Angeles	327.7	295.5	329.6	266.9	266.0
Southern	94.3	135.1	133.9	142.0	154.0
Superior	242.2	188.6	162.7	252.1	300.7
Total	204.2	215.4	188.6	223.9	249.7

Average length of stay (days) by county size.

Size	2019	2020	2021	2022	2023
Extra Small	209.0	238.3	171.8	274.1	313.7
Small	277.3	181.4	225.9	221.1	284.0
Medium	225.3	211.5	199.3	229.2	211.7
Large	122.1	200.2	143.3	171.3	208.9
Extra Large	327.7	295.5	329.6	266.9	266.0
Total	204.2	215.4	188.6	223.9	249.7

## Five-Year Change Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mariposa, Mono, Monterey, Napa, Nevada, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Tulare, Ventura

Five-Year Change Data represents 77.8% of the California population in 2023.

Average length of stay (days) by region.

Region	2019	2023	Change
Central	188.4	260.9	+72.5 (+38.5%)
Greater Bay Area	278.8	273.6	-5.2 (-1.9%)
Los Angeles	327.7	266.0	-61.7 (-18.8%)
Southern	120.6	180.7	+60.1 (+49.8%)
Superior	242.2	300.7	+58.5 (+24.2%)
Total	208.5	252.7	+44.2 (+21.2%)

Average length of stay (days) by county size.

Size	2019	2023	Change
Extra Small	234.2	322.2	+88.0 (+37.6%)
Small	191.7	233.6	+41.9 (+21.9%)
Medium	229.7	232.0	+2.3 (+1.0%)
Large	172.7	237.5	+64.8 (+37.5%)
Extra Large	327.7	266.0	-61.7 (-18.8%)
Total	208.5	252.7	+44.2 (+21.2%)

# Appendix D. Institutions of Mental Disease (IMDs)

## IMD Facilities

These tables include data for all California counties<sup>21</sup>. Per capita measures represent the number of IMD facilities per 10,000 residents. This table includes the following facility types:

- Acute Psychiatric Hospitals;
- Mental Health Rehabilitation Centers;
- Psychiatric Health Facilities; and
- Special Treatment Programs/Skilled Nursing Facilities.

Number of facilities (per capita) by region.

Region	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Central	9 (0.13)	10 (0.18)	10 (0.18)	10 (0.18)	12 (0.22)	+3 (+0.09)	+33.3% (+69.2%)
Greater Bay Area	21 (0.39)	21 (0.39)	21 (0.40)	21 (0.41)	21 (0.41)	0 (+0.02)	0.0% (+5.1%)
Los Angeles	19 (0.02)	20 (0.02)	20 (0.02)	20 (0.02)	19 (0.02)	0 (0.00)	0.0% (0.0%)
Southern	26 (0.27)	28 (0.30)	28 (0.31)	28 (0.31)	30 (0.31)	+4 (+0.04)	+15.4% (+14.8%)
Superior	2 (0.13)	2 (0.13)	2 (0.13)	2 (0.13)	2 (0.13)	0 (0.00)	0.0% (0.0%)
Total	77 (0.95)	81 (1.02)	81 (1.04)	81 (1.04)	84 (1.09)	+7 (+0.14)	+9.1% (+14.7%)

<sup>21</sup> [Institutions for Mental Diseases List \(ca.gov\)](#).. DHCS began listing Short-Term Residential Therapeutic Programs (STRTPs) in 2023. STRTPs are not included in this table as they were not tracked as IMDs prior to 2023.

Number of facilities (per capita) by size.

Size	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Extra Small	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0.0% (0.0%)
Small	4 (0.27)	5 (0.33)	5 (0.33)	5 (0.33)	5 (0.33)	+1 (+0.06)	+25.0% (+22.2%)
Medium	12 (0.40)	13 (0.42)	13 (0.42)	13 (0.42)	14 (0.46)	+2 (+0.06)	+16.7% (+15.0%)
Large	42 (0.25)	43 (0.26)	43 (0.26)	43 (0.26)	46 (0.28)	+4 (+0.03)	+9.5% (+12.0%)
Extra Large	19 (0.02)	20 (0.02)	20 (0.02)	20 (0.02)	19 (0.02)	0 (0.00)	0.0% (0.0%)
Total	77 (0.95)	81 (1.02)	81 (1.04)	81 (1.04)	84 (1.09)	+7 (+0.14)	+9.1% (+14.7%)

## IMD Beds

These tables include data for all California counties<sup>22</sup>. Per capita measures represent the number of IMD beds per 10,000 residents. This table includes the following facility types:

- Acute Psychiatric Hospitals;
- Mental Health Rehabilitation Centers;
- Psychiatric Health Facilities; and
- Special Treatment Programs/Skilled Nursing Facilities.

Number of beds (per capita) by region.

Region	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Central	2,268 (26.2)	2,312 (28.2)	2,312 (28.1)	2,312 (27.9)	2,528 (32.0)	+260 (+5.8)	+11.5% (+22.1%)
Greater Bay Area	2,936 (127.0)	2,935 (127.0)	2,935 (128.5)	2,935 (130.1)	2,935 (131.1)	-1 (+4.1%)	-<0.1% (+3.2%)
Los Angeles	3,130 (3.2)	3,267 (3.3)	3,267 (3.4)	3,282 (3.5)	3,284 (3.5)	+154 (+0.3)	+4.9% (+9.4%)
Southern	4,788 (71.5)	4,911 (72.8)	4,911 (73.5)	4,981 (74.3)	5,087 (74.8)	+299 (+3.3)	+6.2% (+4.6%)
Superior	141 (8.6)	141 (8.5)	141 (8.6)	141 (8.6)	141 (8.6)	0 (0.0)	0.0% (0.0%)
Total	13,263 (236.5)	13,566 (240.0)	13,566 (242.1)	13,651 (244.4)	13,975 (250.0)	+712 (+13.5)	+5.4% (+5.7%)

<sup>22</sup> [Institutions for Mental Diseases List \(ca.gov\)](#).. DHCS began listing Short-Term Residential Therapeutic Programs (STRTPs) in 2023. STRTPs are not included in this table as they were not tracked as IMDs prior to 2023.

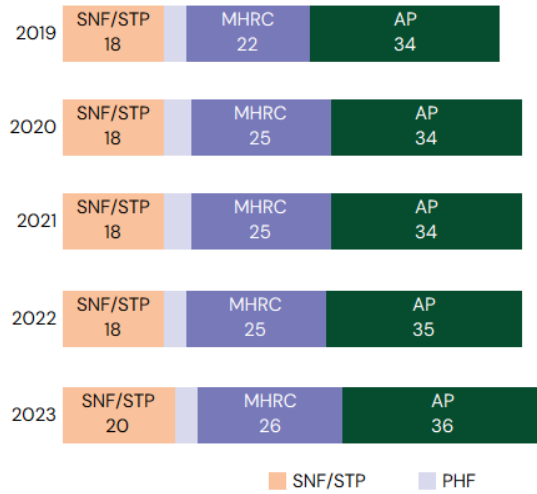


Number of beds (per capita) by facility's size.

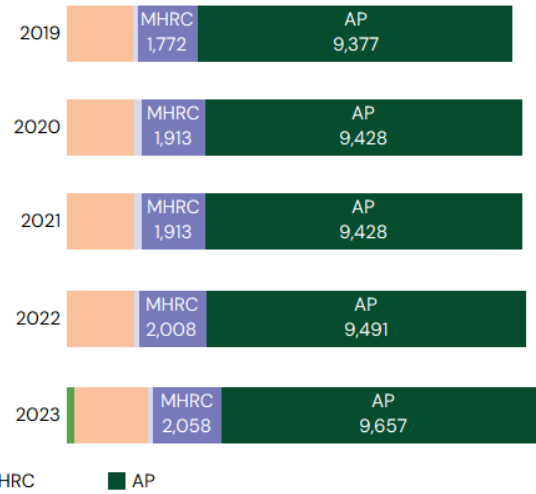
Size	2019	2020	2021	2022	2023	# Change 2019-2023 (per capita)	% Change 2019-2023 (per capita)
Extra Small	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0.0% (0.0%)
Small	1,613 (115.5)	1,657 (118.0)	1,657 (119.0)	1,657 (120.6)	1,657 (121.5)	+44 (+6.0)	+2.7% (+5.2%)
Medium	2,198 (76.7)	2,231 (77.4)	2,231 (78.3)	2,277 (78.9)	2,376 (82.4)	+178 (+5.7)	+8.1% (+7.4%)
Large	6,322 (41.1)	6,411 (41.2)	6,411 (41.4)	6,435 (41.5)	6,658 (42.6)	+336 (+1.5)	+5.3% (+3.6%)
Extra Large	3,130 (3.2)	3,267 (3.3)	3,267 (3.4)	3,282 (3.5)	3,284 (3.5)	+154 (+0.3)	+4.9% (+9.4%)
Total	13,263 (236.5)	13,566 (240.0)	13,566 (242.1)	13,651 (244.4)	13,975 (250.0)	+712 (+13.5)	+5.4% (+5.7%)

## IMD Facility Types

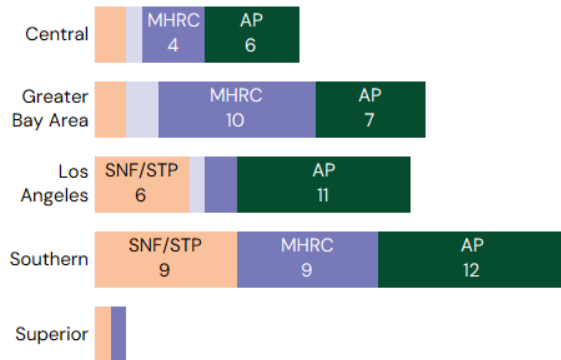
### IMD Facilities



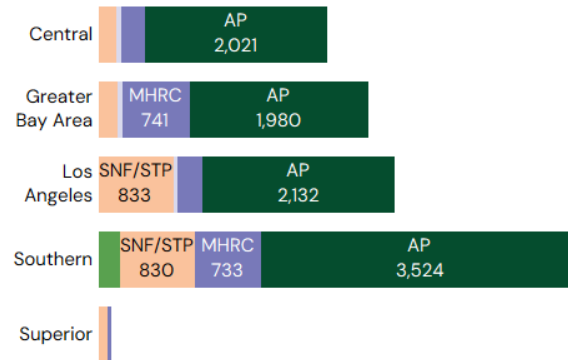
### IMD Beds



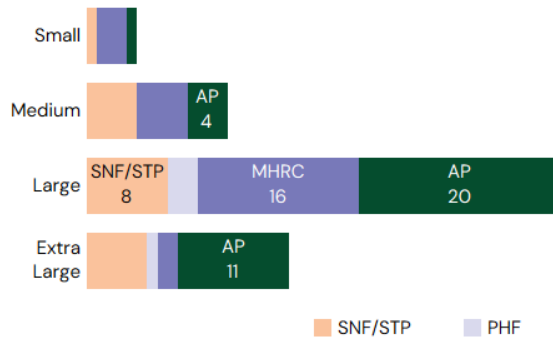
### IMD Facilities – Region



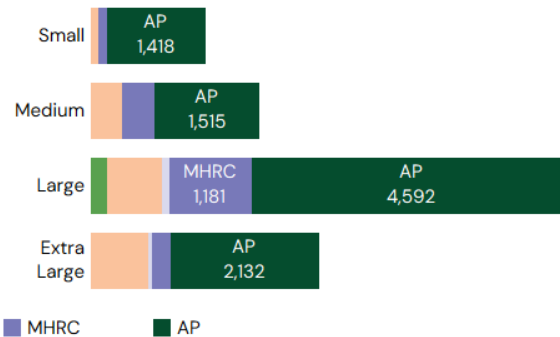
### IMD Beds – Region



### IMD Facilities – County Size



### IMD Beds – County Size



## Individuals Served in IMDs

### Five-Year Trend Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Imperial, Kern, Kings, Marin, Napa, Nevada, Orange, Sacramento, San Benito, San Bernardino, San Joaquin, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 36.9% of the California population in 2023.

Number of individuals served per capita in county/out of county by region. Per capita measures represent the number of individuals served in IMDs per 10,000 residents.

Region	2019	2020	2021	2022	2023
Central	17.6/ 6.7	18.1/ 6.6	1.9/ 5.7	1.5/ 21.9	18.4/ 16.1
Greater Bay Area	5.5/ 8.9	4.7/ 7.9	6.3/ 11.9	6.5/ 9.4	8.5/ 15.6
Los Angeles	-	-	-	-	-
Southern	10.4/ 7.9	11.7/ 3.7	13.8/ 8.5	9.3/ 6.1	12.3/ 13.0
Superior	0.5/ 61.1	28.6/ 42.0	8.9/ 44.8	1.4/ 16.7	1.3/ 18.0
Total	34.0/ 84.6	63.0/ 60.1	30.9/ 70.8	18.8/ 54.1	40.4/ 62.7

Number of individuals served per capita in county/out of county by county size. Per capita measures represent the number of individuals served in IMDs per 10,000 residents.

Size	2019	2020	2021	2022	2023
Extra Small	0.0/ 59.2	0.0/ 39.6	0.0/ 23.0	0.0/ 31.2	0.0/ 16.4
Small	1.5/ 12.1	29.2/ 7.5	9.7/ 29.9	2.6/ 8.0	2.9/ 8.3
Medium	3.4/ 8.5	2.9/ 5.6	3.4/ 8.0	2.4/ 5.2	2.2/ 17.1
Large	29.0/ 4.8	30.9/ 7.4	17.8/ 9.9	13.8/ 9.7	35.4/ 20.9
Extra Large	-	-	-	-	-
Total	34.0/ 84.6	63.0/ 60.1	30.9/ 70.8	18.8/ 54.1	40.4/ 62.7

Percent of individuals served in county by region.

Region	2019	2020	2021	2022	2023
Central	29.4%	30.8%	21.8%	14.6%	23.1%
Greater Bay Area	45.9%	27.8%	33.6%	35.7%	31.9%
Los Angeles	-	-	-	-	-
Southern	43.2%	41.4%	52.5%	36.6%	42.4%
Superior	3.1%	15.2%	4.8%	6.2%	6.2%
Total	29.1%	28.3%	26.8%	22.4%	24.9%

Percent of individuals served in county by county size.

Size	2019	2020	2021	2022	2023
Extra Small	0.0%	0.0%	0.0%	0.0%	0.0%
Small	9.4%	19.2%	11.2%	11.9%	15.1%
Medium	24.9%	25.8%	24.4%	27.2%	12.8%
Large	67.0%	58.0%	58.9%	47.1%	58.3%
Extra Large	-	-	-	-	-
Total	29.1%	28.3%	26.8%	22.4%	24.9%

### Five-Year Change Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mono, Monterey, Napa, Nevada, Orange, Placer, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura, Yolo

Five-Year Change Data represents 77.9% of the California population in 2023.

Number of individuals served (per capita) in county/out of county by region. Per capita measures represent the number of individuals served in IMDs per 10,000 residents.

Region	2019	2023	Change
Central	17.6/ 13.5	18.7/ 20.4	+1.1 (+6.3%)/ +6.9 (+51.1%)
Greater Bay Area	7.9/ 12.1	13.9/ 24.4	+6.0 (+75.9%)/ +12.3 (+101.7%)
Los Angeles	1.9/ 0.0	6.7/ 0.4	+4.8 (+252.6%)/ +0.4 (NA)
Southern	11.5/ 9.8	15.1/ 17.3	+3.6 (+31.3%)/ +7.5 (+76.5%)
Superior	0.5/ 61.1	1.3/ 37.5	+0.8 (+160.0%)/ -23.6 (+38.6%)
Total	39.3/ 96.3	55.6/ 80.5	+16.3 (+41.5%)/ +15.8 (-16.4%)

Number of individuals served (per capita) in county/out of county by county size. Per capita measures represent the number of individuals served in IMDs per 10,000 residents.

Size	2019	2023	Change
Extra Small	0.0/ 61.3	0.0/ 38.3	0.0 (0.0%)/ -23.0 (-37.5%)
Small	1.5/ 13.4	2.9/ 9.4	+1.4 (+93.3%)/ -4.0 (-29.9%)
Medium	3.4/ 15.5	3.4/ 23.6	0.0 (0.0%)/ +8.1 (+52.3%)
Large	32.5/ 6.2	42.7/ 28.5	+10.2 (+31.4%)/ +22.3 (360.0%)
Extra Large	1.9/ 0.0	6.7/ 0.4	+4.8 (+252.6%)/ +0.4 (NA)
Total	39.3/ 96.3	55.6/ 80.5	+16.3 (+41.5%)/ +15.8 (-16.4%)

Percent of individuals served in county by region.

Region	2019	2023	Change
Central	17.7%	18.3%	+0.6%
Greater Bay Area	44.5%	33.5%	-11.0%
Los Angeles	100.0%	94.5%	-5.5%
Southern	44.6%	46.7%	+2.1%
Superior	3.1%	6.2%	+3.1%
Total	30.1%	28.7%	-1.4%

Percent of individuals served in county by county size.

Size	2019	2023	Change
Extra Small	0.0%	0.0%	0.0%
Small	7.8%	12.5%	+4.7%
Medium	13.9%	13.6%	-0.3%
Large	69.2%	61.3%	-7.9%
Extra Large	100.0%	94.5%	-5.5%
Total	30.1%	28.7%	-1.4%

## IMD Bed-Days Paid

### Five-Year Trend Data

These tables include data for the following counties: Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Imperial, Kern, Kings, Marin, Nevada, Orange, Sacramento, San Bernardino, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 34.3% of the California population in 2023.

Number of bed-days paid per capita by region. Per capita measures represent the number of IMD bed-days paid per 10,000 residents.

Region	2019	2020	2021	2022	2023
Central	1,527	1,725	1,619	1,426	2,368
Greater Bay Area	1,965	1,421	2,193	1,781	2,358
Los Angeles	-	-	-	-	-
Southern	755	636	623	790	879
Superior	2,442	3,016	2,325	2,038	3,079
Total	6,690	6,799	6,760	6,065	8,684

Number of bed-days paid (per capita) by county size. Per capita measures represent the number of IMD bed-days paid per 10,000 residents.

Size	2019	2020	2021	2022	2023
Extra Small	1,959	2,606	1,589	1,820	2,395
Small	1,205	783	1,538	752	1,628
Medium	2,179	1,457	2,048	1,808	2,239
Large	1,347	1,953	1,585	1,655	2,422
Extra Large	-	-	-	-	-
Total	6,690	6,799	6,760	6,065	8,684

## Five-Year Change Data

These tables include data for the following counties: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mono, Monterey, Napa, Nevada, Orange, Placer, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Tulare, Ventura

Five-Year Change Data represents 78.4% of the California population in 2023.

Number of bed-days paid per capita by region. Per capita measures represent the number of IMD bed-days paid per 10,000 residents.

Region	2019	2023	Change
Central	5,026	4,192	-834 (-16.6%)
Greater Bay Area	4,216	5,822	+1,606 (+38.1%)
Los Angeles	431	495	+64 (+14.8%)
Southern	1,339	1,883	+544 (+40.6%)
Superior	2,442	3,079	+637 (+26.1%)
Total	13,454	15,469	+2,015 (+15.0%)

Number of bed-days paid (per capita) by county size. Per capita measures represent the number of IMD bed-days paid per 10,000 residents.

Size	2019	2023	Change
Extra Small	2,014	2,863	+849 (+42.2%)
Small	2,270	2,839	+569 (+25.1%)
Medium	6,109	4,271	-1,838 (-30.1%)
Large	2,540	5,001	+2,461 (+96.9%)
Extra Large	431	495	+64 (+14.8%)
Total	13,454	15,469	+2,015 (+15.0%)

## IMD Length of Stay

### Five-Year Trend Data

These tables include data for the following counties: Amador, Butte, Calaveras, Del Norte, Fresno, Glenn, Imperial, Kern, Kings, Marin, Nevada, Orange, Sacramento, San Bernardino, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Trend Data represents 34.8% of the California population in 2023.

Average length of stay (days) by region.

Region	2019	2020	2021	2022	2023
Central	191.4	155.2	267.7	232.4	223.7
Greater Bay Area	178.5	166.5	165.9	210.4	153.5
Los Angeles	-	-	-	-	-
Southern	119.1	161.2	53.1	123.5	71.6
Superior	220.3	181.2	173.9	200.5	231.9
Total	179.4	166.8	165.6	191.2	174.1

Average length of stay (days) by county size.

Size	2019	2020	2021	2022	2023
Extra Small	231.3	169.8	229.8	190.3	235.9
Small	165.2	147.4	119.5	195.7	244.3
Medium	211.1	232.8	224.5	275.3	230.5
Large	132.4	137.9	112.4	141.2	57.6
Extra Large	-	-	-	-	-
Total	179.4	166.8	165.6	191.2	174.1



## Five-Year Change Data

These tables include data for the following counties: Five-Year Change Data: Alpine, Amador, Butte, Calaveras, Del Norte, El Dorado, Fresno, Glenn, Imperial, Kern, Kings, Los Angeles, Marin, Mono, Monterey, Napa, Nevada, Orange, Placer, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Sonoma, Ventura

Five-Year Change Data represents 77.6% of the California population in 2023.

Average length of stay (days) by region.

Region	2019	2023	Change
Central	196.6	207.5	+10.9 (+5.5%)
Greater Bay Area	215.4	187.1	-28.3 (-13.1%)
Los Angeles	233.1	70.1	-163.0 (-69.9%)
Southern	143.6	98.8	-44.8 (-31.2%)
Superior	220.3	231.9	+11.6 (+5.3%)
Total	195.2	178.0	-17.2 (-8.8%)

Average length of stay (days) by county size.

Size	2019	2023	Change
Extra Small	204.4	230.6	+26.2 (+12.8%)
Small	178.7	238.3	+60.1 (+33.6%)
Medium	232.3	201.8	-30.5 (-13.1%)
Large	166.1	102.0	-64.1 (-38.6%)
Extra Large	233.1	70.1	-163.0 (-69.9%)
Total	195.2	178.0	-17.2 (-8.8%)

## Appendix E. Housing and Homelessness

Program Type	2019 N (%)	2020 N (%)	2021 N (%)	2022 N (%)	2023 N (%)
Emergency Shelter	21 (58.3%)	25 (65.8%)	22 (54.7%)	22 (46.8%)	12 (26.7%)
Temporary Housing	10 (27.8%)	15 (39.5%)	17 (41.5%)	15 (31.9%)	13 (28.9%)
Transitional Housing	16 (44.4%)	19 (50.0%)	17 (41.5%)	13 (27.7%)	10 (22.2%)
Housing/Motel Vouchers	19 (52.8%)	27 (71.1%)	28 (68.3%)	29 (61.7%)	20 (44.4%)
Supportive Housing	20 (55.6%)	25 (65.8%)	24 (58.5%)	26 (55.3%)	25 (55.6%)
Safe Parking Lots	2 (5.6%)	6 (15.8%)	6 (14.6%)	6 (12.8%)	6 (13.3%)
Rapid re-housing	13 (36.1%)	7 (18.4%)	13 (31.7%)	15 (31.9%)	7 (15.6%)
Adult Residential Care Patch/ Subsidy	8 (22.2%)	9 (23.7%)	14 (34.1%)	16 (34.0%)	14 (31.1%)
Other (please specify)	13 (36.1%)	10 (26.3)	11 (26.8%)	17 (36.2%)	13 (28.9%)
Counties Responding	36	38	41	47	45

