



# MENTAL HEALTH FOR ALL CALIFORNIANS

## MESSAGING GUIDE

### OVERVIEW

*Use this section to describe what the Mental Health for All initiative is about.*

Mental Health for All is California's plan to build a **stronger and more equitable behavioral health system**. The goal is to make sure every Californian—especially those who have struggled to get help—can access high-quality mental health and substance use disorder treatment when and where they need it.

This work is supported by major investments, new policies, and partnerships with local governments, health plans, care providers, people with lived experience, and community organizations. The state is increasing access to care, adding more housing and treatment services, growing and diversifying the workforce, and making care more culturally and linguistically responsive.

By focusing on prevention, early support, care that matches individual needs, and long-term recovery, California is making it easier for people to get the right care at the right time—leading to better health and stronger communities across the state.

### OUTCOMES

*What is Mental Health for All working to achieve?*

California is using a whole-person approach to improve mental health, physical health, and overall well-being—especially for people and communities who have been left out or underserved in the past.

This whole-person approach takes into account everything that affects health, connects services across systems, and uses data to guide decisions and improve care. Progress will be tracked through state and local goals to ensure transparency and accountability.

Here's what success looks like:

- » **Better Health and Well-Being:** More people get the mental and physical health care they need, when they need it.

- » **Improved Care Experiences:** Stigma goes down, and people have better experiences with the health system, including faster access to providers who speak their language and understand their culture.
- » **Higher Quality of Life:** People face fewer untreated mental health and substance use issues and are more likely to succeed in school, work, and life.
- » **Fewer Negative Outcomes:** Easier access to effective care helps lower rates of suicide, overdose, and homelessness.
- » **Stronger Families:** Families are more likely to stay together, with fewer children removed from their homes because of untreated mental health needs.
- » **More Community-Based Care:** People can get the care they need in their own communities, so there's less need for institutions or emergency rooms.
- » **Reduced Justice System Involvement:** Fewer people with untreated behavioral health conditions end up in jail or prison.

## HOW WE ARE GETTING THERE

*What is California doing to build a better system?*

California is improving mental health and substance use disorder services by expanding access to care, building more treatment centers and housing, and supporting communities across the state. The state is also focused on prevention and early support—so people get help before things get worse.

This includes hiring and training more behavioral health workers, improving how services are delivered, and making sure public dollars are spent wisely.

Every part of this work is guided by health equity—making sure people of all backgrounds can get care that works for them. That means outreach and support for Black, Native American, Latino, Asian and Pacific Islander, and LGBTQIA+ communities, who often face the biggest barriers to care, in the spaces and languages that are most appropriate for their needs.



## Strengthening the Continuum of Care

*How are services and supports being expanded and improved?*

### Prevention

- » California is investing in ways to support mental health before problems start. This includes wellness programs in schools, family resources, digital tools for young people, and public campaigns to reduce stigma. The state is also funding local, community-led efforts that help people build skills, stay connected, and spot early signs of stress—especially for youth and families.

### Harm Reduction

- » The state is focused on saving lives by reducing the risks linked to substance use and mental health crises. Harm reduction strategies include tools to prevent overdose, safe spaces for people in crisis, and services that treat people with compassion—no matter where they are in their recovery. These efforts connect people to ongoing support and help avoid emergency room visits or jail and help connect people to support.

### Treatment

- » California is building a stronger system to deliver high-quality mental health and substance use care. This includes addressing behavioral health issues before they become more serious or long-term conditions. The state is expanding outpatient services, residential treatment, and crisis care options. The state is also improving coordination across providers, making it easier for people to get care that is culturally responsive, offered in their language, and closer to home.

## **Recovery Services**

- » Recovery is more than treatment—it's about support, stability, and connection. California is expanding services like peer support, job training, housing help, and community programs that help people stay on track. These services are based on real-life experience and give people the tools to live healthy, meaningful lives.

## **Cross-Cutting Investments**

*What statewide changes are supporting this transformation?*

### **Infrastructure Investments**

- » California is making the biggest investment in behavioral health facilities in its history. This means building and updating treatment centers, crisis care sites, housing with supportive services, and community-based recovery programs. These efforts help more people get the care they need—closer to home and in the right setting.

### **Workforce Initiatives**

- » To meet growing demand, the state is investing in a strong and diverse behavioral health workforce. This includes funding for scholarships, student loan repayment, and new training programs. California is also offering incentives to hire and keep staff—especially those who reflect the cultures, languages, and lived experiences of the communities they serve.

### **Accountability and Oversight**

- » California is setting clear goals to track progress. State and local agencies must measure how services are working, report outcomes publicly, and show how funds are being used. By focusing on data, transparency, and community feedback, the state is building a system that earns trust and keeps improving.

## PROPOSITION 1 AT THE CORE

**Proposition 1**, passed by California voters in March 2024, is a two-bill package that drives the statewide reform and expansion of California’s behavioral health system. It includes:

### 1. Behavioral Health Services Act (BHSA)

- Modernizes the state’s behavioral health care delivery system by focusing on people with the most serious mental health and substance use needs. It expands treatment, housing, and workforce capacity, while increasing equity and accountability.

### 2. Behavioral Health Infrastructure Bond Act

- Provides **\$6.4 billion in funding** for behavioral health treatment beds, residential care, supportive housing, community sites, and housing with a special emphasis on veterans with behavioral health needs.

Together, the BHSA and the Bond Act build on California’s broader efforts to reimagine and strengthen the entire behavioral health system—connecting services, expanding access, and improving outcomes for all Californians.

## HOW TO TALK ABOUT THE INITIATIVE

*Tips for explaining Mental Health for All clearly and effectively.*

### Emphasize the Vision, with a Focus on Speed

- » Mental Health for All is California’s long-term commitment to building a stronger behavioral health system—one that brings hope, support, and care to every community. This effort goes beyond reform. It’s about making real, lasting change that helps people feel better and stay well.
- » Highlight the incredible speed with which these supports are being built and distributed across the state. Proposition 1 was approved by voters in March 2024, and funding awards began rolling out about a year later. This timeline reflects a strong sense of urgency and a commitment to getting resources into communities quickly.
- » The BHSA County Policy Manual is an innovative, transparent, and digital guide for policy related to the BHSA and the Behavioral Health Infrastructure Bond, which enables new search tools, easy navigation, and more. The Digital Policy

Manual went live in November 2024 to collect feedback across the first two draft policy modules from public stakeholders, and it now includes finalized policy from those topics. Additional modules will be released throughout 2025.

- » Of the \$6.4 billion Behavioral Health Infrastructure Bond, DHCS will administer up to \$4.4 billion for grants leveraging BHCIP, with all funds awarded by 2026.
- » In July 2024, DHCS announced the release of the Bond BHCIP Round 1: Launch Ready Request for Applications. In May 2025, DHCS awarded up to \$3.3 billion, or 75% of DHCS' portion of the Behavioral Health Infrastructure Bond.

## **Highlight the Goals and Benefits**

- » Focus on how this work improves real lives—especially for children, families, people experiencing homelessness, veterans, and others who need help the most. The goal is to make sure people can get care that meets their needs, when and where they need it.

## **Share Results with Real-World Impact**

- » Don't just focus on how much money is being spent. Show how these investments are making a difference. For example:
  - How many more people are getting care on time?
  - How has the suicide rate changed, especially among young people?
  - How many overdoses have been prevented?
  - How many people with mental health needs now have stable housing?
  - How many are getting care that treats both body and mind?
  - How is life improving—through jobs, school attendance, or safer communities?

## **Use Clear, Simple Language**

- » When talking to the public, call it "Mental Health for All." This name is easy to understand and includes everyone. If using the term "behavioral health," explain that it means both mental health and substance use care.

## **Be Welcoming and Inclusive**

- » Ensure people of all backgrounds feel seen, supported, and understood—no matter their circumstances. Remind people that recovery is possible, and that family, friends, and community play an important role in healing.

## **VISUAL IDENTITY GUIDE: "MENTAL HEALTH FOR ALL"**

*Use these guidelines to maintain consistent branding and visual style across all materials*

- » The “Mental Health for All” circle is the official symbol for California’s work to transform the state’s behavioral health care system.
- » Refer to the “[Mental Health for All” Visual Identity Guide](#) for details on usage.

## STATE ROLES AND RESPONSIBILITIES

*Use these points to clarify who does what across state government.*

The Mental Health for All initiative depends on strong coordination between many agencies and departments. Each organization plays a unique role in building a system where every Californian can access mental health and substance use care. Together, they are working to ensure that services are better connected, more effective, and more equitable across the state.

### California Health & Human Services Agency (CalHHS)

- » Sets the strategic vision and coordinates cross-CalHHS departmental efforts for California’s Mental Health for All initiative.
- » Oversees programs, such as the Community Assistance, Recovery, and Empowerment (CARE) Act, Children & Youth Behavioral Health Initiative (CYBHI), and expansion of 988 crisis services.

### Department of Health Care Services (DHCS)

- » Oversees California’s behavioral health systems by providing guidance, expanding service capacity, enhancing accountability, and increasing transparency.
- » Leads the implementation of the Behavioral Health Services Act.
- » Leads collaborative effort to develop statewide population behavioral health goals and corresponding quality measures and to consistently measure and improve county behavioral health system performance.
- » Administers \$4.4 billion in Behavioral Health Infrastructure Bonds through the Behavioral Health Continuum Infrastructure Program (BHCIP) to develop and expand mental health and substance use disorder treatment centers and residential care facilities.
- » Transforms Medi-Cal benefits to expand and improve behavioral health care and services throughout Medi-Cal managed care plans, county behavioral health plans, and Drug Medi-Cal counties through initiatives, such as California Advancing and Innovating Medi-Cal (CalAIM) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT).

- » Administers programs to support youth mental health, including CYBHI virtual platforms for children and families and school-based mental health supports.
- » Operationalizes and implements the CARE Act and 988.
- » Administers billions of dollars in grant funding, including State Opioid Response, California Opioid Settlements, and federal behavioral health block grants.
- » Licenses, certifies, and oversees mental health and substance use disorder facilities to ensure high-quality, safe care for all Californians.

### **Department of Health Care Access and Information (HCAI)**

- » Leads health workforce development expansion by administering grants, scholarships, loan repayment, and training programs, including managing \$1.9 billion in federal and state BH-CONNECT funds over five years.
- » Administers BHSA funds for the first-ever sustained and coordinated statewide workforce initiatives to expand a culturally competent and well-trained behavioral health workforce.
- » Administers the Certified Wellness Coach Program, designed to help children and youth through age 25 who are struggling with behavioral health challenges. This new role was created as part of the CYBHI to increase California's overall capacity to support the growing behavioral health needs of the state's youth.
- » Oversees health care facility construction and financing, health care data reporting, and the Office of Health Care Affordability and the CalRx prescription drug program.

### **California Department of Public Health (CDPH)**

- » Implements population-based mental health and substance use disorder prevention programs.
- » Implements population-based behavioral health-prevention strategies under the BHSA, with the majority of funds directed at individuals who are 25 years of age or younger.
- » Manages public awareness efforts to educate Californians about mental health illnesses and substance use disorders and the opportunities for treatment.
- » Addresses and prevents the root causes of suicide through programs coordinated by the Office of Suicide Prevention.
- » Works to enhance school-based/linked health services that include behavioral health. Supports Social Emotional Learning work to empower school staff to better see, listen, and support students who might need additional services.



- » Works to prevent adverse childhood experiences (ACEs) and promote positive childhood experiences (PCEs) by creating protective environments, social norms change, and strengthening supports for families.

### **California Department of Social Services (CDSS)**

- » Provides statewide technical assistance for California's social services agencies to streamline housing programs, including programs that integrate wraparound behavioral health services.

### **Department of Managed Health Care (DMHC)**

- » Enforces mental health parity laws, ensuring commercial health plans treat mental health and substance use disorder benefits the same as medical and surgical benefits.

### **California Department of Aging (CDA)**

- » Distributes grants, coordinates programs, and provides technical assistance to strengthen behavioral health services, combat isolation, and reduce stigma among older adults.

### **Department of Rehabilitation (DOR)**

- » Partners with County Mental Health agencies to help individuals with severe psychiatric disabilities secure meaningful employment through vocational rehabilitation services.

### **California Office of Youth and Community Restoration (OYCR)**

- » Offers technical assistance, collects data, and advances policies aimed at reducing racial disparities and ensuring trauma-responsive, culturally informed, and developmentally appropriate support for justice-involved youth.

### **Department of State Hospitals (DSH)**

- » Manages the California state hospital system, which provides evaluation and treatment for individuals with complex behavioral health needs, including those referred through the criminal justice system.

### **Office of the California Surgeon General (OSG)**

- » Developed and manages Safe Spaces, a trauma-informed training for the early childcare and education sectors, and oversees a statewide campaign to increase public understanding of ACEs and toxic stress.

### **Behavioral Health Services Oversight and Accountability Commission (BHSOAC)**

- » Oversees the implementation of the BHSA, ensuring effective use of funds for prevention, early intervention, and innovative local programs.

### California Business, Consumer Services, and Housing Agency (BCSH)

- » Funds and facilitates the preservation and expansion of safe, affordable housing.
- » Advances collaborative efforts to prevent homelessness.
- » Administers the California Interagency Council on Homelessness, which develops policies and identifies resources, benefits, and services to reduce homelessness.

### Department of Housing and Community Development (HCD)

- » Holds counties accountable to meet their housing commitments and get more people into housing.
- » Awards grants and loans to support the construction, acquisition, and rehabilitation of affordable rental and ownership homes.
- » Administers \$2 billion of the Behavioral Health Infrastructure Bond through Project Homekey+ to create housing for people experiencing or at-risk of homelessness.

### California Department of Veterans Affairs (CalVet)

- » Oversees investments in veterans' housing and related services, funded in part by the Behavioral Health Infrastructure Bond.
- » Collaborates with local agencies to address behavioral health challenges among veterans.

### California Department of Corrections and Rehabilitation (CDCR)

- » Implements the Justice-Involved Reentry Initiative by connecting justice-involved individuals to necessary services, including behavioral health care, prior to release.

## KEY PROGRAMS AND INITIATIVES

*Use these descriptions to explain key programs, services, and reforms under the Mental Health for All initiative.*

**988 Suicide & Crisis Lifeline:** 24/7 helpline that provides free and confidential support for people experiencing a behavioral health crisis via call, text, and online chat. (CalHHS/DHCS)

**Assertive Community Treatment (ACT):** A BH-CONNECT benefit that coordinates and/or provides 24/7 medical, behavioral health, and social services for individuals with serious mental illness, delivered by a multidisciplinary team wherever needed. The benefit became available for counties to opt into in 2025. Counties will be required to

offer this service under the Behavioral Health Services Act, Full Service Partnership category, beginning on July 1, 2026. (DHCS)

**ACEs Aware:** Statewide initiative that trains health care teams to screen and respond to ACEs and toxic stress. (CDPH/DHCS/OSG)

**Behavioral Health Bridge Housing (BHBH):** Creates and funds new clinically enhanced housing for people experiencing homelessness who also have complex behavioral health conditions. DHCS has awarded more than \$1 billion in BHBH funding. (DHCS)

**BH-CONNECT:** A transformative initiative to improve behavioral health services for Medi-Cal members living with significant behavioral health needs. [BH-CONNECT](#) expands Medi-Cal service coverage, drives performance improvement, and supports fidelity implementation for evidence-based practice models to improve outcomes for Medi-Cal members experiencing the greatest inequities. Key features include workforce investments, supports for children and youth, performance-based incentives, new evidence-based services, short-term inpatient psychiatric care, community transition services, and transitional rent. BH-CONNECT is strategically aligned with Behavioral Health Transformation efforts to modernize California’s behavioral health system, expand access to evidence-based service models on a statewide basis, and address the housing needs of Californians with significant behavioral health conditions. (DHCS, HCAI)

**BHCIP:** Provides grants for constructing, acquiring, or rehabilitating facilities for behavioral health services. DHCS has awarded \$1.7 billion in BHCIP competitive grants. (DHCS)

**Behavioral Health Infrastructure Bond Act of 2024:** A \$6.4 billion general obligation bond to fund behavioral health treatment, residential care settings, and supportive housing for individuals experiencing mental health issues and substance use disorders. DHCS is administering \$4.4 billion through Bond BHCIP. BCSH and CalVet are collaborating to release nearly \$2 billion through Homekey+ for supportive housing, with more than half of the funding reserved specifically for veteran-serving projects. (DHCS, BCSH, and CalVet)

**BHSA:** The BHSA was established when Proposition 1, passed by voters in March 2024, replaced the Mental Health Services Act (MHSA) of 2004 with the [BHSA](#). It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders, expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Additionally, the BHSA creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs. (DHCS, CDPH)

**Behavioral Health Transformation:** DHCS' effort to implement [Proposition 1](#). California voters passed Proposition 1 to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities for Californians. (DHCS)

**BrightLife Kids and Soluna:** App-based platforms funded by CYBHI that offer children, youth, young adults, parents, and caregivers free, confidential behavioral health support. BrightLife Kids serves children ages 0-12 and their parents and caretakers, while Soluna serves youth and young adults ages 13-25. (DHCS)

**CalAIM:** DHCS' effort to build a more coordinated, person-centered, and equitable Medi-Cal that works for everyone. The behavioral health components of [CalAIM](#) are designed to support whole-person, integrated care; move the administration of Medi-Cal behavioral health to a more consistent and seamless system by reducing complexity and increasing flexibility; and improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through improvements to behavioral health policies and programs, as well as through the launch of behavioral health payment reform. *(Note: When communicating with the general public about this effort, use the term "Medi-Cal transformation.")*

**California Child and Adolescent Mental Health Access Portal (Cal-MAP):** Statewide pediatric mental health program providing no-cost consultation and resources to primary care providers (PCP) treating youth ages 0-25. (DHCS)

**California Opioid Response Project:** Expands access to medications for addiction treatment, counseling, and overdose prevention, with a focus on youth, rural areas, and tribal communities (including the CalRX Access Initiative). (DHCS, CDPH)

**California Reducing Disparities Project:** Statewide policy initiative that identifies and implements solutions to improve mental health care for historically unserved, underserved, and inappropriately served communities. (CDPH)

**CalRx Naloxone Access Initiative:** A statewide program designed to combat the opioid crisis by making the lifesaving, overdose-reversing medication naloxone more affordable and accessible. The initiative supplies CalRx-branded naloxone to the Department of Health Care Services' [Naloxone Distribution Project](#)—and the public through a direct-to-consumer [online store](#)—at the low price of \$24 for a twin-pack of 4mg naloxone nasal spray. (HCAI)

**Children and Youth Behavioral Health Initiative (CYBHI):** An effort to promote the mental, emotional, and behavioral health of Californians ages 0-25. [CYBHI](#) brings behavioral health services and supports for children to schools, homes, schools, health care settings, and online spaces. (CalHHS, DHCS, Department of Managed Health Care (DMHC), CDPH, HCAI, and OSG)

**Clubhouse Services:** Clubhouses are intentional, strengths-focused, community-based environments rooted in empowerment that support recovery from a mental health condition. Clubhouses provide opportunities for employment, socialization, education, and skill development to improve members' physical and mental health and overall quality of life and well-being. Clubhouse Services use a social practice model in which members voluntarily participate in Clubhouse activities and duties alongside providers trained in the model. This Medi-Cal benefit will become available for counties to opt into in 2025 under BH-CONNECT. (DHCS)

**CARE Act:** A civil court process in which certain people, such as family members, first responders, and providers, may file a petition to the court to create a voluntary CARE agreement or a court-ordered CARE plan. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris-Short (LPS) Mental Health Conservatorships. The CARE process provides earlier action, support, and accountability for both CARE clients and the local governments responsible for providing behavioral health services to these individuals. (CalHHS, DHCS)

**Commercial Health Plans:** Health plans that are sold and administered by a private company rather than provided by the government, including employer-sponsored insurance and private health insurance coverage purchased on Covered California. (DMHC)

**Community Health Worker (CHW) Services:** Preventive services provided by trusted community members to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and behavioral health. Under BH-CONNECT, this Medi-Cal benefit was expanded to specialty mental health and substance use disorder services and will become available for county behavioral health plans and Drug Medi-Cal counties to opt into in 2025. CHW services covered by county behavioral health plans and Drug Medi-Cal counties are called "Enhanced CHW Services." (DHCS)

**Community Supports:** Optional CalAIM services that Medi-Cal managed care plans (MCP) may elect to offer as a cost-effective substitute for traditional benefits, helping members meet critical health-related social needs, such as housing assistance or medically tailored meals. Community Supports may help individuals recover from illness, maintain healthier lives, and avoid more intensive, costly forms of care. All Medi-Cal MCPs are encouraged to offer as many as possible from a list of [approved services](#). In 2026, Medi-Cal MCPs must provide up to six months of transitional rent assistance to qualifying members with significant behavioral conditions. (DHCS)

**Coordinated Specialty Care for First Episode Psychosis:** A comprehensive, community-based service model to help individuals with symptoms of early psychosis

remain integrated in the community. This Medi-Cal benefit will become available for counties to opt into in 2025 under BH-CONNECT. Counties must offer this service under the BHSA, as an early intervention in the Behavioral Health Services and Supports Category, beginning on July 1, 2026. (DHCS)

**County Behavioral Health Plans:** County-administered MCPs that cover Specialty Mental Health Services (SMHS) and/or Drug Medi-Cal Organized Delivery System (DMC-ODS) services for Medi-Cal members in their county. *(Note: in a small number of counties, Medi-Cal substance use disorder benefits are still offered through the legacy Drug Medi-Cal program and, in that context, the county is not acting as a “behavioral health plan.”)* (DHCS)

**County Integrated Plans:** Beginning in 2026, each county must develop a county Integrated Plan covering all local behavioral health funding and services (Medi-Cal and non-Medi-Cal). These plans must show how counties meet statewide and local outcome measures, reduce disparities, and address community needs using BHSA, Realignment funds, Medi-Cal, federal grants, opioid settlement funds, and more. They must also publish an annual Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) to track spending, disparities, and outcomes. (DHCS)

**CYBHI Fee Schedule Program:** Requires Medi-Cal and private insurers to cover mental health and substance use disorder care provided by schools and colleges at standard rates, increasing funding and student access for people under age 26. (DHCS)

**Enhanced Care Management:** Statewide Medi-Cal benefit under CalAIM that provides high-needs Medi-Cal members with a Lead Care Manager to coordinate health and social services across medical, dental, and community settings. This ensures eligible individuals with complex needs have a single point of contact to oversee and coordinate all health and health-related services. (DHCS)

**Forensic Assertive Community Treatment (FACT):** A BH-CONNECT benefit that expands ACT to serve justice-involved individuals, ensuring access to comprehensive, community-based care. The benefit will become available for counties to opt into in 2025. Counties will be required to offer this service under the Behavioral Health Services Act, Full Service Partnership category, beginning on July 1, 2026. (DHCS)

**Full Service Partnerships:** Recovery-oriented, comprehensive service program funded by the BHSA that takes a “whatever it takes” approach to helping people with the most severe mental health issues and substance use disorders. Under the BHSA, counties are now required to provide evidence-based services under Full Service Partnerships, including many services covered under BH-CONNECT, such as ACT, FACT, Individual Placement and Support (IPS) Model of Supported Employment, Assertive Field-Based programs (which may include harm reduction kits with naloxone and testing strips), and more. (DHCS)

**High-Fidelity Wraparound:** Team-based and family-centered care model that includes an “anything necessary” approach to care for children and youth with significant behavioral health needs and has been shown to support positive mental health outcomes. Many components of this model can be covered by Medi-Cal, and DHCS will release updated coverage guidance in 2026. Counties must offer this service under the BHSA, Full Service Partnership category, beginning on July 1, 2026. (DHCS)

**Homekey Program:** Provides grants to local public entities, Tribal entities, and developers to create affordable housing for individuals experiencing homelessness. (HCD)

**Homekey+:** Expands Homekey to develop permanent, affordable housing with supportive services for veterans and individuals with behavioral health challenges who are at risk of or experiencing homelessness. Funded with \$2 billion from the Behavioral Health Infrastructure Bond Act, with more than half on the funding reserved specifically for veteran-serving projects. (HCD, in partnership with CalVet)

**Housing Accountability Unit:** Enforces state housing laws and ensures a clear path for increased housing production in every city and county in the state. (HCD)

**IPS Model of Supported Employment:** Helps individuals with behavioral health conditions get and maintain competitive employment. Participation in Supported Employment is tied to improved self-esteem, community inclusion, and overall quality of life, as well as reductions in homelessness and criminal justice system involvement. This Medi-Cal benefit will become available for counties to opt into in 2025 under BH-CONNECT. Counties must offer this service under the Behavioral Health Services Act, Full Service Partnership category, beginning on July 1, 2026. (DHCS)

**Justice-Involved Reentry Initiative:** A CalAIM initiative that provides a targeted set of Medi-Cal services that connect youth and adults leaving incarceration to the physical and behavioral health services they need prior to release. (DHCS/CDCR/county jails/county probation)

**Master Plan for Kids’ Mental Health:** A multi-year effort launched by Governor Newsom in August 2022 to improve mental, emotional, and behavioral health for California’s children, youth, and families. The CYBHI is at its core. (CalHHS, DHCS, HCAI)

**Medi-Cal Peer Support Services:** Individual and group services delivered by certified Peer Support Specialists with lived experience of recovery that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Counties can voluntarily opt-in to provide this benefit in one or both delivery systems (SMHS and DMC or DMC-ODS). Currently, 99 percent of Medi-Cal members reside in a county covering Peer Support Services. (DHCS)



**Medi-Cal Managed Care Plans (MCPs):** Health plans contracted by the state to deliver Medi-Cal benefits to members, such as physical health, non-specialty mental health services, and substance use disorder services, such as medications delivered in medical settings. (DHCS)

**Mental Health Services Act (MHSA) of 2004:** Enacted in November 2004 to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families. It has since been replaced by the BHSA of 2024. (DHCS)

**Mobile Crisis Services:** Provide real-time, community-based intervention to reduce immediate risk and connect individuals to care to reduce hospitalizations and law enforcement involvement. These services have historically been supported through myriad funding sources, but are now available as a statewide Medi-Cal benefit, referred to as "Medi-Cal Mobile Crisis Services." (DHCS)

**"No Wrong Door":** CalAIM policy that ensures Medi-Cal members receive timely behavioral health care without delay, regardless of the delivery system in which they seek it. (DHCS)

**Peer Support Specialists:** People who have been successful in the recovery process who help others who experience similar situations stay engaged in recovery and reduce the likelihood of relapse. Counties may opt into offering the Medi-Cal peer support services benefit. Peer services are also available outside of Medi-Cal. (DHCS)

**Proposition 1:** Relevant to this work, Proposition 1 was a two-bill package passed by California voters in March 2024 to modernize the state's behavioral health care system. *(Note: We recommend no longer using the term Proposition 1, as it is not descriptive. Instead, we recommend referring to Proposition 1 by its two components: the BHSA and Behavioral Health Infrastructure Bond Act.)*

**Recovery Incentives Program:** California's innovative pilot program that offers contingency management (CM) benefits to eligible Medi-Cal members with stimulant use disorders (StimUD). Authorized under California's CalAIM 1115 Demonstration and administered by DHCS, CM is one of the only evidence-based behavioral interventions proven effective in treating StimUD. (DHCS)

**Safe Spaces Training:** Free online training designed to help individuals working with children and youth recognize and respond to signs of trauma and stress. (CDPH, OSG)

**Transitional Rent:** A new Medi-Cal Community Support that provides up to six months of rent support for eligible Medi-Cal members experiencing or at risk of homelessness or transitioning out of institutional or congregate settings, carceral settings, or other eligible group care. Transitional rent is intended to serve as a bridge to permanent housing and help stabilize and connect members to permanent housing options.



Transitional rent will be mandatory for all MCPs to offer to members on January 1, 2026.  
(DHCS)