



Overview for Housing Providers on the changes to the BHSA under Proposition 1



Purpose: This document provides background information, Frequently Asked Questions (FAQs), and resources for housing providers to understand the changes to the Behavioral Health Services Act (BHSA) under Proposition 1. It also provides information on how to connect with your county behavioral health department to support planning for the changes to BHSA that go into effect on July 1, 2026, including how to engage in the local planning process to create the County Integrated Plan for Behavioral Health Services and Outcomes. The California Department of Health Care Services (DHCS) is enacting changes resulting from Proposition 1 through the Behavioral Health Transformation project.

This document will be continuously updated as policy is developed. Updates and additional guidance and materials will be released by DHCS and can be found at the [Behavioral Health Transformation website](#).



Background Proposition 1

Proposition 1 was passed by California voters in March 2024. The two-bill package includes [Senate Bill \(SB\) 326](#) (Eggman, Chapter 790, Statutes of 2023) and [Assembly Bill \(AB\) 531](#) (Irwin, Chapter 789, Statutes of 2023), which proposes statewide efforts to reform and expand California's behavioral health system. Proposition 1, put on the ballot by the California State Legislature and the Governor, consists of two parts: the Behavioral Health Bond and the Behavioral Health Services Act.

Behavioral Health Bond

The first part of Proposition 1 is the **Behavioral Health Bond**, which authorizes \$6.4 billion in bonds to finance behavioral health treatment beds, and funding for permanent supportive housing for veterans and other individuals who have behavioral health challenges:

- \$4.4 billion of these funds will be administered by the Department for Health Care Services (DHCS) through [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#) competitive grants to public and private entities for **behavioral health treatment and residential settings**.
 - \$1.5 billion of the \$4.4 billion will be awarded to counties, cities, and tribal entities, with \$30 million set aside only for tribes.
- The remaining \$1.972 billion will be administered by the California Department of Housing and Community Development (HCD) [Homekey + program](#), which is modeled after the successful Homekey program, to create **permanent supportive housing** for individuals who are experiencing homelessness, chronic homelessness, or at risk of homelessness, and who have behavioral health challenges.
 - Of that amount, \$1.033 billion in housing investments will be for veterans experiencing homelessness, chronic homelessness, or at risk of homelessness and who have behavioral health needs. These funds will be administered in collaboration with CalVet.
 - Approximately \$121 million will be set aside for Tribal applicants.

In total, more than 11,150 new behavioral health treatment beds and permanent supportive housing units will be created for people experiencing or at risk of homelessness and who have behavioral health needs, with a dedicated permanent housing investment of more than 2300 units restricted to veterans.

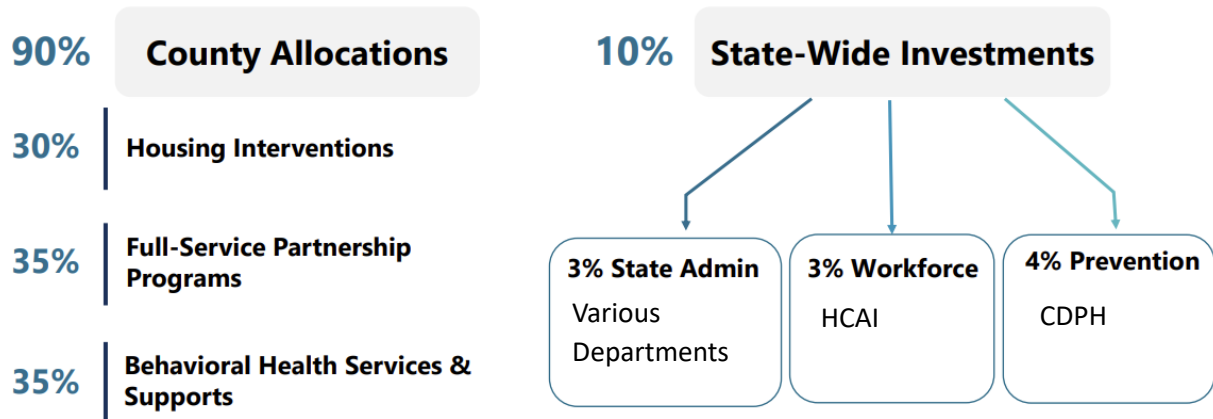
Behavioral Health Services Act (BHSA)

The second part of Proposition 1 is the modernization of the Mental Health Services Act (MHSA), now known as the **Behavioral Health Services Act (BHSA)**. This modernization 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 (SUD)
- Expanding housing interventions (administered by the Department of Health Care Services (DHCS))
- Increasing the behavioral health workforce (administered by the Department of Health Care Access and Information (HCAI))
- Providing state-level population-based prevention services (administered by the California Department of Public Health (CDPH))

Like MHSA, BHSA represents ongoing funding to meet the needs of members with behavioral health conditions and 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.

Overview of the BHSA Funding Breakdown:



The BHSA requires counties to submit **County Integrated Plan for Behavioral Health Services and Outcomes**. These *three-year* planning documents will provide a more comprehensive and transparent picture of all public local, state, and federal behavioral health funding, including:

- BHSA
- County realignment (according to Title 3, Division 3, [Chapter 6.3 of the Government Code](#))
- Federal Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and Projects for Assistance in Transition from Homelessness (PATH) grants
- Opioid settlement funds
- Medi-Cal, California's Medicaid program

The three-year County Integrated Plans will provide a budget of planned expenditures, reserves, and adjustments, overview of alignment with state and local goals and outcome measures, and outline workforce strategies. County Integrated Plans must be informed by local stakeholder input, including additional voices on the local behavioral health advisory boards.

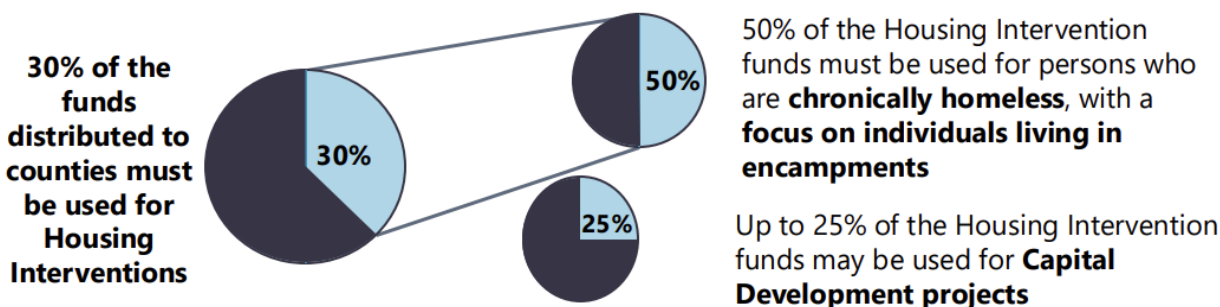
The BHSA also requires counties to submit **Behavioral Health Outcomes, Accountability, and Transparency Reports**. Counties will be required to report *annually* on expenditures of all local, state, and federal behavioral health funding, unspent dollars, service utilization data and outcomes with a health equity lens, workforce metrics, and other information.

BHSA Housing Interventions

Housing is an essential component of behavioral health treatment, recovery, and stability.

As part of the BHSA, 30 percent of each county's BHSA funding allocation must be used for housing interventions for Californians with the most significant behavioral health needs, including those who are also homeless or at risk of homelessness. Half of the amount in each county that is set aside for BHSA housing interventions must be prioritized for individuals who are chronically homeless, with a focus on individuals living in encampments. Up to 25 percent of the housing intervention funds may be used for capital development projects.

Overview of Housing Intervention Funding Breakdown:



Using BHSA Housing Interventions funding, counties can develop an ongoing behavioral health housing program for people meeting BHSA eligibility who are chronically homeless, experiencing homelessness, or at risk of homelessness.¹ The Housing Interventions spending bucket is developed to give counties flexibility so that each community can develop a program that reflects its needs. The flexibilities of Housing Interventions are also intended to build upon other housing initiatives including but not limited to Homekey+, Behavioral Health

¹ Definitions of these terms will be provided in upcoming guidance.

Bridge Housing, No Place Like Home, Homekey, Project Roomkey, the Community Care Expansion Program, the Housing and Homelessness Incentive Program, and the Homeless Housing Assistance and Prevention (HHAP) Program. Housing Interventions are also intended to complement the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports and Transitional Rent available through Medi-Cal Managed Care Plans. Counties are encouraged to work with housing providers in their jurisdictions to prioritize BHSA housing interventions for projects serving the eligible population within their regions.

Overview of BHSA Housing Intervention Program Priorities:

The development of Housing Interventions has been driven by the following priorities:
Reduce homelessness among individuals experiencing homelessness with a behavioral health condition, focusing efforts on the chronically homeless, with a focus on those in encampments.
To the extent possible, provide individuals with permanent supportive housing, including voluntary, flexible, and intensive supports and services available such as Assertive Community Treatment, Intensive Case Management, and other supports funded under BHSA and Medi-Cal consistent with best practice.
Provide flexibility for counties to respond to local conditions and needs, and to innovate.
Provide individuals receiving Housing Interventions access to clinical and supportive behavioral health services.
Support the provision of low-barrier, harm reduction, and Housing First principles.
Complement ongoing state, county, city, Continuum of Care, and tribal efforts to address homelessness, including but not limited to those provided through Medi-Cal.

Housing providers are encouraged to work with county behavioral health departments to identify and meet the services and treatment needs of residents in housing settings. Draft policy guidance on BHSA treatment and supports including Full-Service Partnerships are forthcoming. Full-Service Partnership programs are one example of behavioral health services available that provide individualized, team-based care to individuals living with significant behavioral health needs through a “whatever it takes” approach.

Behavioral Health Transformation (BHT) Timelines:

- DHCS plans to release its policy and guidance in phases.
- Late 2024: The draft DHCS BHT Policy Guidance for the three-year integrated plan will be released for public comment.
 - DHCS has opened the public comment period for the draft Behavioral Health Transformation Policy Manual Module 1 from November 8th through December 2nd, [linked here](#).
- Early 2025: The initial DHCS BHT Policy Guidance for the three-year integrated plan will be released.
- January 1, 2025: Counties will begin to develop their three-year integrated plans (2026–2029). County stakeholder planning for the integrated plan will also begin.
- Summer 2025 through Spring 2026: Subsequent BHT Policy Guidance will be issued.
- No later than June 30, 2026: Counties submit their three-year Integrated Plan to DHCS.

View [DHCS's timeline](#).

How to get involved in your local planning process

Interested parties are encouraged to get involved in your local planning process by reaching out to their county BH department, participating in planning meetings, and joining planning groups.

The BHSA requires that each three-year County Integrated Plan be developed with local stakeholders, such as Continuums of Care, including representatives from the homeless service provider community, Veterans, and representatives from veterans' organizations. Stakeholders must also include individuals representing diverse viewpoints, including people with lived experience of homelessness. The planning process includes the following steps: You can reach out to your county behavioral health department to learn more. See contact information in the "helpful contacts" section.



Housing Questions:

These questions and answers can be found as a standalone document on the [DHCS website](#).

1. How is the Behavioral Health Services Act different from the Mental Health Services Act when it comes to supporting the housing needs of eligible individuals?

Housing is an essential component of behavioral health treatment, recovery, and stability. Thirty percent of each county's Behavioral Health Services Act funding allocation **must** be used for housing interventions for Californians with the most significant behavioral health needs who are homeless or at risk of homelessness. Half of that amount is prioritized for individuals and families experiencing long-term homelessness. The Behavioral Health Services Act provides ongoing revenue for counties to assist people with severe behavioral health needs with housing and provides a path to long-term recovery, including ongoing capital to build more housing options. Per Proposition 1, 30 percent of county Behavioral Health Services Act allocations each year will include housing supports. Based on projections for Fiscal Year (FY) 2026–2027, the total annual statewide housing component will be approximately \$950 million (see Question 6).

Additionally, more than 11,150 new behavioral health treatment beds and permanent supportive housing units will be funded for people who have behavioral health needs, with a dedicated housing investment to serve veterans.

2. Which housing assistance, supports, and capital development costs can county behavioral health departments use from current Mental Health Services Act funds?

Summary: There is a high degree of flexibility in how county behavioral health departments can currently use Mental Health Services Act funds for housing and housing supports to meet the needs of people who have behavioral health conditions and who are experiencing or at risk of homelessness. The Department of Health Care Services (DHCS) estimates that in FY 2022–2023, about \$286 million in Mental Health Services Act funds were used to provide housing or housing supports (see detail below).

Detail: Several parts of the Mental Health Services Act can be used for housing in a county's 2023–26 plan, including:

- Community Services and Supports (CSS)
 - Full Service Partnership (FSP)

- General System Development (GSD)
- Outreach and Engagement
- Housing Assistance
- Mental Health Services Act Housing Program
- No Place Like Home (NPLH)
- Prevention and Early Intervention
- Innovation Funds
- Capital Facility & Technological Needs (CFTN)

For more information and specific examples of how each component or program can be used for housing and housing supports, see DHCS' Fact Sheet: [How Can Mental Health Services be Used to Support Homeless Individuals?](#)

This table provides an **estimate** of Mental Health Services Act funds used to provide housing or housing supports. This estimate was developed based on the FY 2022-23 Annual Revenue and Expenditure Report or the most recent data available.

Table 1: Estimated Mental Health Services Act Housing Expenditures Reported in the FY 2022-23 Annual Revenue and Expenditure Report		Dollar Amount
Revenue Expenditure Report Housing Program/NPLH		\$8,745,679
CFTN - Capital Facilities		\$23,147,650
CSS FSP (Housing, GSD, Homeless)		\$120,803,356
CSS Non-FSP (Housing, GSD, Homeless)		\$133,588,183
Grand Total		\$286,284,868

3. Who is eligible for Mental Health Services Act housing funding?

Mental Health Services Act-funded services and assistance are available to people who are homeless or at risk of homelessness, and who are also suffering from serious mental illness.² Individuals who meet Mental Health Services Act eligibility can receive housing services under CSS within FSPs, GSD, and Outreach and Engagement. Housing services are also available under Prevention and Early Intervention as well as Innovation. As noted in Table 1 above, most individuals who receive housing services under the Mental Health Services Act are under CSS.

² See [WIC 5600.3](#) for definition

4. What kind of housing supports will county behavioral health departments be able to use from the Behavioral Health Services Act beginning on July 1, 2026?

Housing supports eligible for funding under the Behavioral Health Services Act are broad to help support the range of needs and help provide stable housing – in coordination with care – to improve health outcomes for target populations.

Housing interventions may include:

- Rental subsidies
- Operating subsidies
- Shared housing (including recovery housing)
- Family housing
- Other housing supports as defined by DHCS, including, but not limited to, the [Community Supports policy guide](#)
- Capital development projects
- Project-based housing assistance, including master leasing
- Capital: Counties can use up to 25 percent of the 30 percent (i.e., 7.5 percent of the total) for housing intervention to support capital development of housing to serve the eligible population.

[Note: County behavioral health departments may not use Behavioral Health Services Act funds for housing interventions that are covered by a Medi-Cal managed care plan, per Welfare and Institutions Code (WIC) 5830(c)(2).]

5. Who will be eligible for Behavioral Health Services Act housing intervention? (Any change from the Mental Health Services Act?)

Summary:

The populations eligible for Behavioral Health Services Act housing intervention funding includes children, youth, adults, and older adults and does not change significantly from the Mental Health Services Act, except for the addition of individuals with a substance use disorder, who may now be served under the Behavioral Health Services Act. However, the Behavioral Health Services Act advances a focus on those who have complex care needs and requires that 50 percent of housing intervention funds be used to serve people who are chronically homeless.

Detail:

- Behavioral Health Services Act eligibility criteria:
 - Eligible children and youth are defined in WIC Section 5892(k)(7) as 25 years of age or younger and either:
 - Meets the medical necessity criteria set forth in WIC 14184.402(d), or
 - Has a moderate or severe substance use disorder (5891.5(c)).
 - Eligible adults and older adults are defined in WIC Section 5892(k)(8) as 26 years of age or older and either:
 - Meets the criteria set forth in WIC 14184.402(c), or
 - Has a moderate or severe substance use disorder (5891.5(c)).
- Behavioral Health Services Act housing interventions criteria:
 - According to WIC Section 5830 (a) (1), each county shall establish and administer a program for housing interventions to serve persons who are chronically homeless or experiencing homelessness or are at risk of homelessness, as defined in Section 5892, and meet one of the following Behavioral Health Services Act eligibility criteria:
 - Eligible children and youth, as defined in Section 5892(k)(7) as 25 years of age or younger and either:
 - Meets the medical necessity criteria set forth in WIC 14184.402(d), or
 - Has a moderate or severe substance use disorder (5891.5(c)).
 - Eligible adults and older adults, as defined in Section 5892(k)(8) as 26 years of age or older and either:
 - Meets the criteria set forth in WIC 14184.402(c), or
 - Has a moderate or severe substance use disorder (5891.5(c))
 - 50 percent shall be used for housing interventions for persons who are chronically homeless, with a focus on those in encampments.



6. How much Behavioral Health Services Act money will be available for housing supports beginning on July 1, 2026?

Per Proposition 1, 30 percent of county Behavioral Health Services Act allocations each year are for housing supports. Based on a projection of \$3.5 billion total Behavioral Health Services Act revenue for FY 2026–2027, county allocations for the housing component will be approximately \$950 million. Based on the current Mental Health Services Act allocation methodology outlined in [Behavioral Health Information Notice No: 23–06](#)¹, which determines the percentage of Mental Health Services Act funds received annually by each county, projected annual Behavioral Health Services Act allocations for housing interventions are:

- Very Large: Los Angeles \$254.09 million
- Large: Sacramento, \$34.99 million
- Medium: Santa Cruz \$6.79 million
- Small: Humboldt \$3.3 million³

In addition, to allow counties to address their different local needs and priorities, counties may transfer funding to increase this component up to an additional 14 percent or decrease funding up to 7 percent by transferring funding between the two other Behavioral Health Services Act funding components (FSP and behavioral health services and supports).

For example, a county could decide to allocate 37 percent, instead of the required 30 percent, of Behavioral Health Services Act funds to housing interventions by transferring 7 percent from another Behavioral Health Services Act category, such as FSPs.

Additionally, a county could decide to allocate 23 percent, instead of the required 30 percent, of its Behavioral Health Services Act funds to housing interventions by transferring what amounts to 7 percent of its Behavioral Health Services Act allocation away from housing interventions to some other category.

Transfers are subject to DHCS approval and must be requested when the three-year Integrated Plan is submitted based on data and community input. The next cycle, and the first Behavioral Health Services Act cycle, is FY 2026–2029.

³ Counties with a population of less than 200,000 may request exemptions beginning with the 2026–29 fiscal years' county integrated plan, and all counties regardless of size may do so beginning with the 2032–35 fiscal years' county integrated plan.

7. How much Behavioral Health Services Act money can be used for capital development beginning on July 1, 2026?

Up to 25 percent of the housing intervention funds (i.e., 7.5 percent of local funds) may be used for Capital Development projects. Based on the estimate outlined in question 6, approximately \$950 million could be available for the entire bucket of housing interventions for FY 2026–2027. Assuming counties do not transfer funding into or out of the housing intervention category, up to \$235.79 million could be used for housing capital development projects at the local level for individuals with behavioral health conditions. The total amount of housing intervention funds for capital development projects will ultimately be determined at the local level.

8. What other one-time state funds for homelessness have served people with behavioral health challenges that the ongoing Behavioral Health Services Act/Mental Health Services Act funds can also serve?

There are many one-time state-funded programs that have served individuals with behavioral health conditions. While these programs may not track the number or percent of participants who have behavioral health conditions, they have likely served many individuals who would be eligible to be served by Mental Health Services Act/Behavioral Health Services Act funds.

Broken out by department, the major **one-time** state funds for homelessness include:

- **California Department of Social Services:** Housing and Disability Advocacy Program (HDAP); Home Safe; Bringing Families Home; CalWORKs Housing Support Program; Project Roomkey; and Community Care Expansion. (HDAP and CalWORKs are ongoing programs that had one time program expansions.)
- **Department of Housing and Community Development (HCD):** Homekey; No Place Like Home (NPLH) Program; Veterans Housing and Homelessness Prevention Program serving California veterans experiencing homelessness; Homelessness, Housing, Assistance, and Prevention (HHAP); Encampment Resolution Funding; Family Homelessness Challenge Grants; Transitional Housing and Supplemental Program (THP and THP-SUP); Housing Navigators Maintenance Program (HNMP), which serves transitional-aged youth experiencing homelessness; Permanent Local Housing Allocation (PLHA) program; and the Pet Assistance and Support Program (PAS), which

provides funding to shelters to allow them to accommodate people with pets. In addition, many other [HCD programs](#) fund permanent supportive housing developments, including but not limited to the Multifamily Finance SuperNOFA, Affordable Housing and Sustainable Communities (AHSC) program, and Local Housing Trust Fund (LHTF) program.

- **Department of Health Care Services:** Behavioral Health Bridge Housing (through counties and tribal entities) provides funding to operate bridge housing settings to address the immediate housing needs of people experiencing homelessness who have a behavioral health condition. Housing and Homelessness Incentive Program (through Medi-Cal managed care plans) offers incentives to managed care plans for making investments and progress in addressing homelessness and keeping people housed.
- **CalVet:** The Veteran Support to Self-Reliance Program provides enhanced supportive services to veterans age 55+/high acuity in project-based sites to support their ability to age in place and remain stably housed.

9. What other sources of funds can be used by counties for housing supports for persons with behavioral health challenges?

The state encourages local fund recipients to combine Mental Health Services Act/Behavioral Health Services Act funds with other local, state, federal, and philanthropic resources, including:

- Medi-Cal (through Medi-Cal managed care plans)
- County realignment (according to Title 3, Division 3, [Chapter 6.3 of the Government Code](#))
- Bronzan-McCorquodale Act (1991 realignment) (according to [Division 5, Part 2 of the Welfare and Institutions Code](#))
- Federal block grants (e.g., Substance Abuse and Mental Health Services Administration)
- CalVet Mental Health Grant for County Veteran Service Officers
- Other housing and homelessness federal, state, and local funds

Here are some examples of other funding that can be combined with Mental Health Services Act/Behavioral Health Services Act funds to facilitate better health and housing outcomes:

- Capital funding for housing through the Behavioral Health Bond, part of Proposition 1

- Medi-Cal housing-related Community Supports, and if approved by the federal Centers for Medicare & Medicaid Services (CMS), transitional rent. In addition, the [Medi-Cal Enhanced Care Management](#) benefit can help connect individuals with housing supports and services to improve health and housing outcomes
- Other behavioral health-focused federal, state, and local funds as allowable (see list above)
- Other housing and homelessness federal, state, and local funds, including the Homeless Housing, Assistance, and Prevention Program and funding from Public Housing Authorities
- Funding from philanthropic and private sources

[Note: County behavioral health departments may not use Behavioral Health Services Act funds for housing interventions that are covered by a Medi-Cal managed care plan, per WIC 5830(c)(2).]

10. Where can I get more information about counties' current investments and future planning for housing supports for people with behavioral health and housing needs?

- Counties' current [three-year Mental Health Services Act program and expenditure plan](#)
- County Boards of Supervisors, County Behavioral Health Director (responsible for Mental Health Services Act and Behavioral Health Services Act oversight), and county housing lead (Housing and Homeless funding)
- Other resources from state programs that can complement county plans for the Behavioral Health Services Act:
 - **DHCS:**
 - [Behavioral Health Transformation](#)
 - **CDSS**
 - [Housing and Disability Advocacy Program \(HDAP\)](#)
 - [Home Safe](#)
 - [Bringing Families Home](#)
 - [CalWORKs Housing Support Program \(HSP\)](#)
 - CalWORKs Homeless Assistance (HA)
 - [Community Care Expansion](#)
 - **HCD:**
 - [Homekey](#)
 - [NPLH](#)

- [Multifamily Super Notice of Funding Availability](#)
- [Homeless Housing Assistance, and Prevention](#)
- [TAY Program \(THP, THP SUP, HNMP\)](#)
- [Encampment Resolution Funding Program](#)
- **CalVet:**
 - Voter Approved Veteran Housing and Homelessness [Bond](#) Measures
 - CalVet [Mental Health Grant Programs for Counties](#)
 - [Veteran Support to Self-Reliance Pilot](#)

How to get involved in your local planning process

Interested parties are encouraged to get involved in your local planning process by reaching out to their county BH department, participating in planning meetings, and joining planning groups.

The BHSA requires that each three-year County Integrated Plan be developed with local stakeholders, such as Continuums of Care, including representatives from the homeless service provider community, Veterans, and representatives from veterans' organizations. Stakeholders must also include individuals representing diverse viewpoints, including people with lived experience of homelessness. The planning process includes the following steps:



You can reach out to your county behavioral health department to learn more. See contact information in the “helpful contacts” section.

Updates and Engagement Opportunities:

You can learn more about Proposition 1 updates and upcoming stakeholder engagement opportunities where you can provide input via the following links:

- [DHCS Behavioral Health Transformation](#)
- [HCD Homekey+](#)



Helpful Contacts:

Behavioral Health

- County Behavioral Health Directors: [List of County Program Administrators](#)
- [Medi-Cal Managed Care Health Plan Directory](#)
- [County Mental Health Plan Information](#)
- Overview of behavioral health systems:
 - [Medi-Cal Managed Care Plans \(MCP\)](#), which provide behavioral health services to enrollees with mild to moderate mental health conditions.
 - [County Mental Health Plans](#), which provide Specialty Mental Health Services for individuals with serious mental health conditions.
 - [Commercial Health Care Service Plans](#)

Veterans

- [Veteran Integrated Service Network 21/22 VHA Homelessness Coordinator](#)
- [CalVet Local Interagency Network Coordinator](#)
- County Veteran Service Officer
 - <https://www.cacvso.org/>
 - <https://www.calvet.ca.gov/VetServices/Pages/CVSO-Locations.aspx>

Tribal

- [Tribal chairman's associations](#)
 - North <https://catribalchairs.org/services/>
 - Central <https://catribalchairs.org/central/>
 - South <https://catribalchairs.org/southern/>
- [Nev/Cal Indian Housing Association \(TDHEs and Tribal Housing Departments\)](#)
- Native American Heritage Commission (NAHC) [Contact List Requests](#)

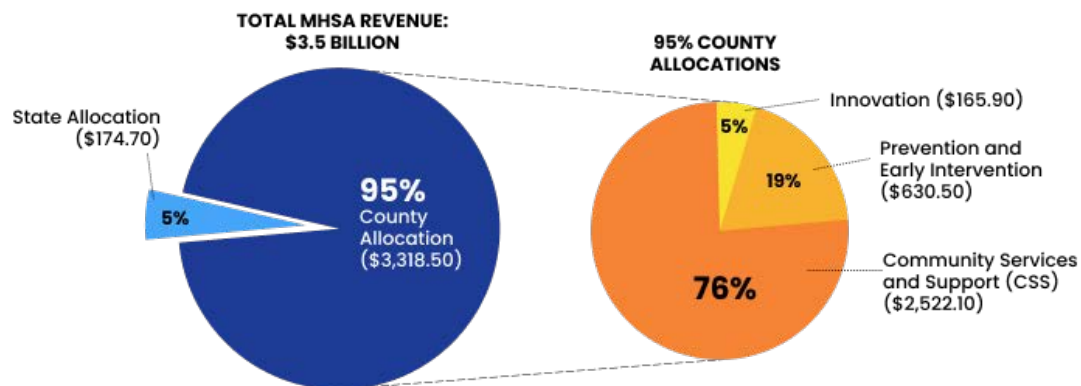
Helpful Resources:

General:

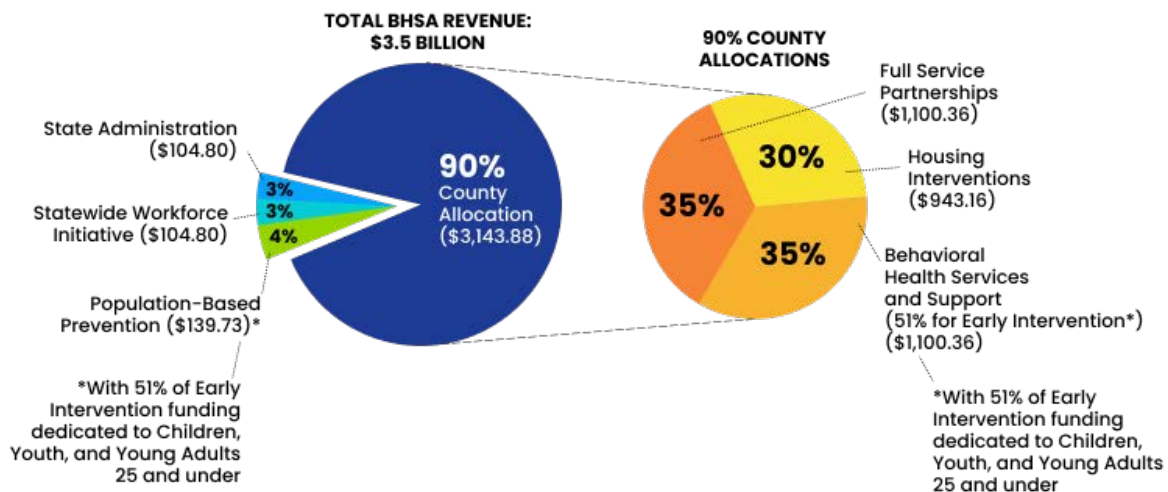
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 - [Medi-Cal Managed Care Plans \(MCP\)](#), which provide behavioral health services to enrollees with mild to moderate mental health conditions.
 - [County Mental Health Plans](#), which provide Specialty Mental Health Services for individuals with serious mental health conditions.
 - [Commercial Health Care Service Plans](#)
- [CalAIM](#)
- [Governor's Office Mental Health for All website](#)
- [Proposition 1 Fact Sheet](#) (August 2024)
- Frequently Asked Questions
 - [Proposition 1: An Overview](#) (July 2024)
 - [Behavioral Health Services Act](#) (July 2024)
 - [Behavioral Health Bond](#) (July 2024)
 - [Behavioral Health Transformation Housing Supports Primer](#)
- Public Listening Session on Housing Interventions (September 2024)
 - [Recording](#)
 - [PowerPoint Slides](#)
 - [Themes Report](#)
- Public Listening Session on the Integrated Plan for Behavioral Health Services and Outcomes (May 2024)
 - [Recording](#)
 - [PowerPoint Slides](#)
 - [Themes Report](#)
- [How to Use Behavioral Health Services Act/Mental Health Services Act Funds for Housing](#) (July 2024)
- [MHSA County Plans and Updates](#)



MHSA vs BHSA Funding Allocations:



BHSA Funding Allocations:



Veterans:

- [Veterans Benefit Enhancement Project](#)

Tribal Behavioral Health Resources:

- [Indian Health Program](#)
- [NEW: Medi-Cal Coverage of Traditional Health Care Practices for Substance Use Disorder Treatment](#)
- [Behavioral Health Bridge Housing \(BHBH\) Program – Tribal Entities](#)
- [Behavioral Health Continuum Infrastructure Program \(BHCIP\) Funding](#)
- California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration ([BH-CONNECT](#))

