

Building Behavioral Health Infrastructure: A Look at the State's Historic Investments



California Hospital Association
December 8, 2025

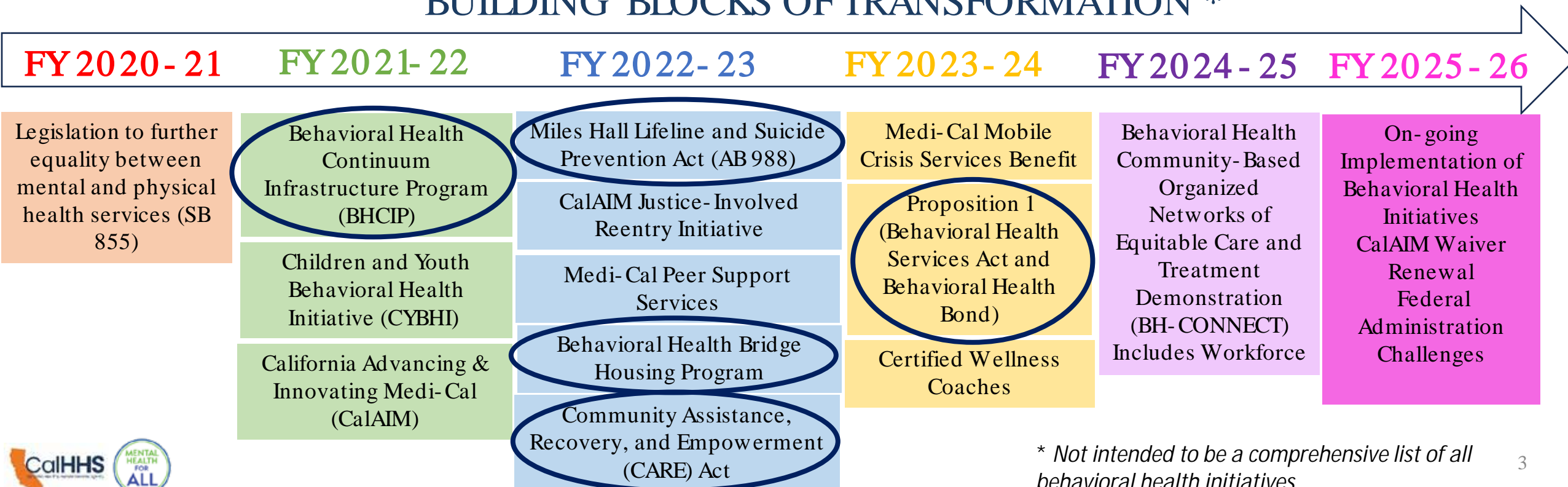
Agenda

1. Behavioral Health Infrastructure Investments
2. 988- Crisis Care Continuum Update
3. Community Assistance, Recovery and Empowerment (CARE) Act Update
4. Looking Ahead

Building Out California's Behavioral Health Continuum of Care



BUILDING BLOCKS OF TRANSFORMATION *



* Not intended to be a comprehensive list of all behavioral health initiatives

Behavioral Health Infrastructure Investments



California's efforts include major investments to **build the physical infrastructure** needed for behavioral health services. Brick- and- mortar spaces for care are needed to **address gaps** and to **meet growing demand** for services across the lifespan.

Behavioral Health Continuum Infrastructure Program (BHCIP) Overview

In 2021, DHCS was authorized to establish BHCIP and award \$2.2 billion to eligible grantees to expand substance use disorder and mental health facilities across California. BHCIP rounds include:

Round 1 Crisis Mobile Units \$210+ Million

- » Funds county, city and Tribal entity behavioral health authorities to implement new and enhanced Crisis Care Mobile Units (CCMU).

Round 2 County and Tribal Planning Grant \$7+ Million

- » Empowers Tribal entities to expand planning efforts in their communities or regions for the acquisition and expansion of behavioral health infrastructure statewide

Round 3 Launch Ready \$518.5 Million

- » Funds launch ready projects

Round 4 Children & Youth \$480.5 Million

- » Funds children and youth focused facilities

Round 5 Crisis and Behavioral Health Continuum \$430 Million

- » Funds projects that address gaps in crisis service gaps

Proposition 1: Behavioral Health Infrastructure Bond Act

Behavioral Health Infrastructure Bond Act: \$6.38 billion



Homekey +

\$1.033 billion for housing investments for veterans with behavioral health conditions who are at-risk of, or experiencing homelessness

\$805 million for housing investments for individuals with behavioral health conditions who are at-risk of, or experiencing homelessness

Award announcements began early summer 2025



Bond BHCIP

Up to \$4.4 billion for competitive grants to build, enhance, and expand behavioral health treatment settings

Round 1 award announcements made in May 2025

Round 2 awards expected Spring 2026

Behavioral Health Infrastructure Bond Act

Bond BHCIP Round 1 Milestones

Bond BHCIP Round 1: Launch Ready awards released in May 2025:

- \$3.3 billion in grant funding
- Funds 121 projects
- Creates about 5,000 residential/inpatient treatment beds for mental health and substance use disorders
- Creates over 21,000 new outpatient slots

Acute:

- 5 Acute Psychiatric Hospitals and 345 beds
- 9 Psychiatric Health Facilities and 132 beds

Subacute:

- 19 Mental Health Rehab Centers and 1,001 beds
- 3 Skilled Nursing Facilities with Special Treatment Programs and 216 beds

Residential:

- 50 SUD Residential facilities* and 2,394 SUD Residential beds
- 26 MH Residential facilities** and 393 MH Residential Beds

* Includes Adult Residential SUD Treatment Facility, Adolescent Residential SUD Treatment Facility, Perinatal Residential SUD Facility

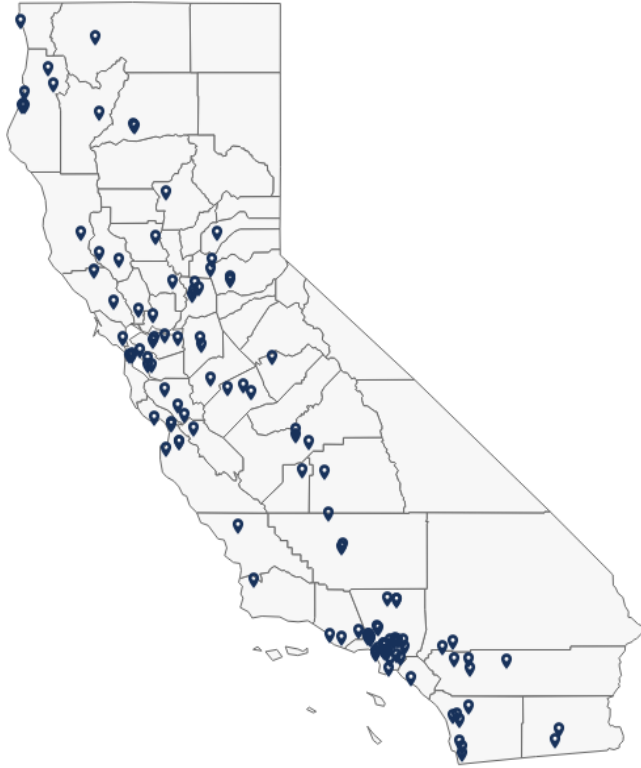
** Includes SRF, Peer Respite, STRTP, Psychiatric Residential Treatment Facility, Children's Crisis Residential, CRTS/SRP

Behavioral Health Infrastructure Bond Act

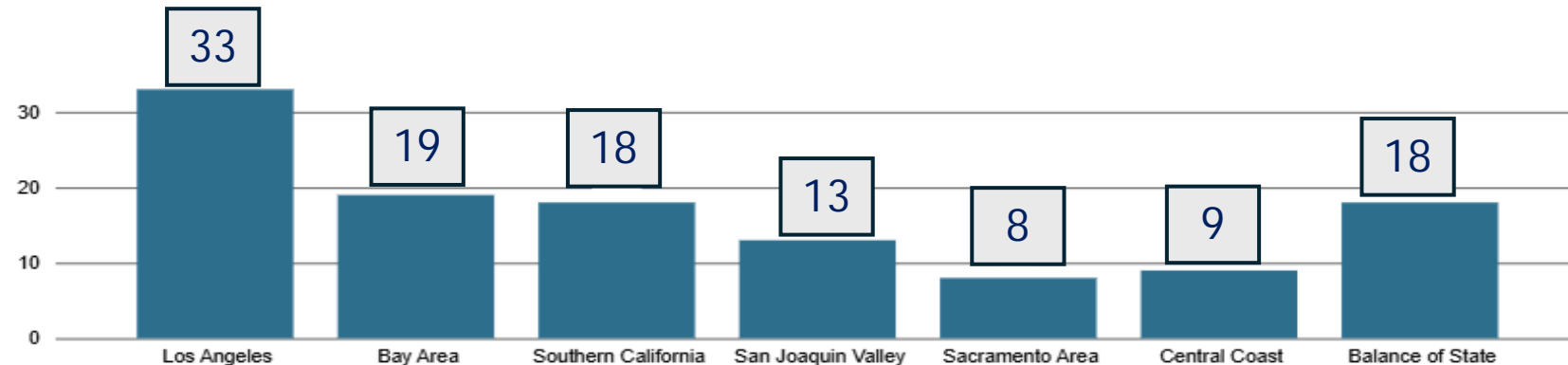
Bond BHCIP Round 1 Milestones

Bond BHCIP Round 1: 118 total awards

- 47% for Non-profits
- 31% for Counties
- 10 % for For-Profit companies
- 8% for Tribal
- 3% for Cities



Awardees by Region



Behavioral Health Infrastructure Bond Act

Bond BHCIP Round 1 Milestones

Investments in Crisis Services: Alternatives to Hospitalization

2 Children's Crisis Residential Facilities and 18 beds

4 Crisis Stabilization Units and 180 slots

6 Sobering Centers and 455 slots

Behavioral Health Infrastructure Bond Act

Bond BHCIP Round 2

Bond BHCIP Round 2: Unmet Needs

- Final round of BHCIP (over \$1 billion)
- Focuses on the remaining gaps in the statewide behavioral health continuum
- Prioritizes:
 - Mental health community residential beds and crisis settings
 - Rural or remote areas with outstanding needs or insufficient behavioral health infrastructure
 - Geographic areas with no prior BHCIP infrastructure award
 - Projects with regional collaborations

Applications closed October 28, 2025

- \$5.98 billion in Funding Amount Requested
- 240 Applications
- 9,569 Residential Beds and 12,613 Outpatient Slots Requested
- Award announcements anticipated Spring 2026

*Data is based on 240 applications as of 11/6/25 submitted for Bond BHCIP Round 2. DHCS has not completed validation of application eligibility and/or information submitted by applicants. DHCS application review process remains underway.

BHCIP Outcomes to Date

BHCIP Rounds 3-5 and Bond BHCIP Round 1 to Date

249

Projects Awarded

34

Facilities Open

423

Facility Types Funded

- 208 Substance Use Disorder Facilities
 - 215 MH Facilities

Behavioral Health Infrastructure Bond Act Homekey+ Milestones

Homekey+ applications opened
January 30, 2025

- As of October 13, 2025, \$540,443,404 in awards have been made
- 1545 Homekey+ Units Funded, including 395 for Veterans.



Homekey+ Awards can be found [here](#)

Behavioral Health Bridge Housing (BHBH) Program

Over a billion dollars in funding to BH agencies and Tribal entities to operate bridge housing settings to address the immediate housing needs of people experiencing homelessness who have serious behavioral health conditions.

Over 97,000 supportive services provided

- 59,317 Outreach Service Encounters
- 38,347 Housing Navigation Service Encounters

Over 10,500 people housed

- 7,916 Shelter/ Interim
- 2,307 Rental Assistance
- 360 Auxiliary Funding in Assisted Living

BHBH Data Dashboard can be found [here](#)

Community Care Expansion (CCE) Program

Over \$800 Million in
Funding



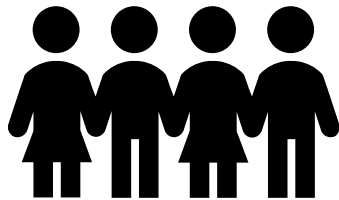
Aims to prevent
Homelessness



Expands Residential
Care Facilities for
Adults



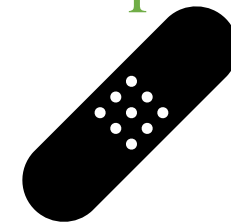
Supports Adults and
Seniors



Support Tribal
Communities

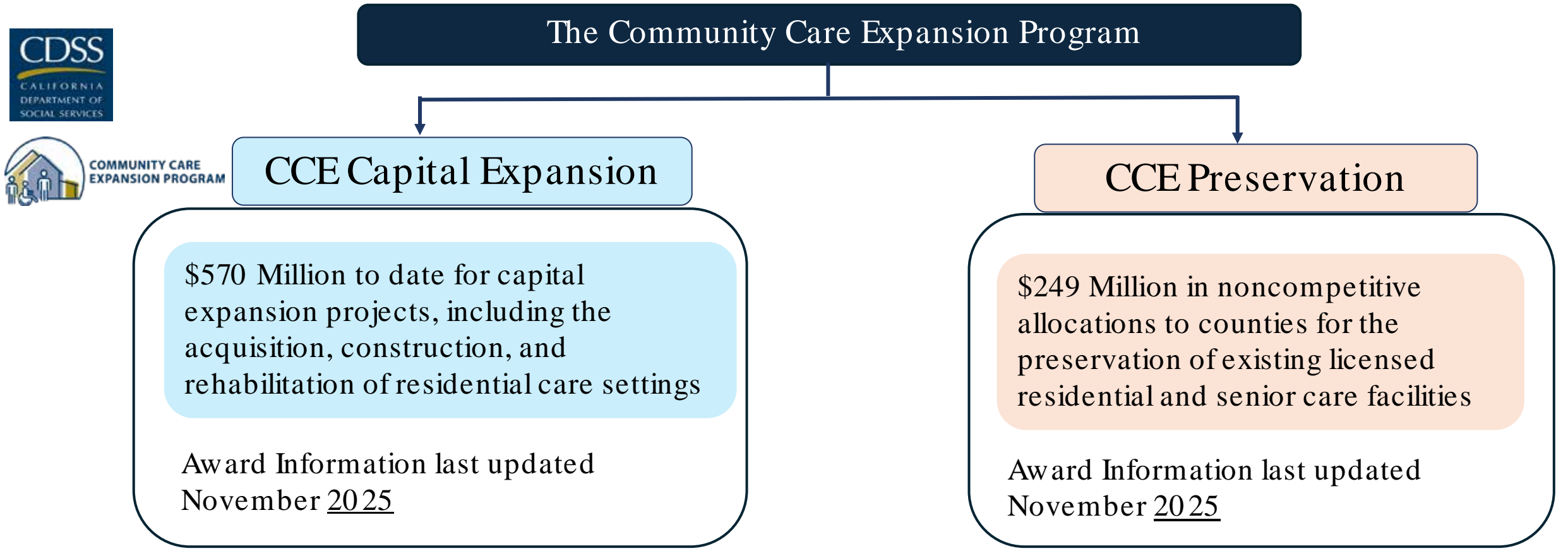


Addresses Long
Term Care and BH
Gaps



Increasing Access by Investing in Care Facilities

The California Department of Social Services (CDSS) **Community Care Expansion (CCE)** Program provides funding for projects to preserve and expand adult and senior care facilities that serve Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) applicants and recipients, who are experiencing or at risk of homelessness.



CCE Expansion Infrastructure Investments

Awards

- 61 Awards for CCE Expansion
- \$569.67 million funds awarded
- 3,170 Beds

Projects

- 787 beds for Los Angeles County
- 740 beds for Bay Area
- 532 beds for San Joaquin Valley
- 474 beds for Southern California
- 357 beds for Sac County
- 107 beds for Tribal
- 92 beds for Balance of State
- 81 beds for Central Coast

CCE Preservation Infrastructure Investments

Awards

- 34 Counties participating
- \$247 million funds awarded
- 5,885 preserved Beds
- 25 Counties that have started contracting with facilities

Projects

- Alameda preserved 382 beds
- Los Angeles preserved 3,338 beds
- Riverside preserved 81beds
- Sacramento preserved 74 beds
- San Bernadino preserved 169 beds

- San Diego preserved 502 beds
- Stanislaus preserved 364 beds
- Sonoma preserved 139 beds
- Solano preserved 112 beds

988- Crisis Care Continuum Update



AB 988 Implementation



Implementation of the [Miles Hall Lifeline and Suicide Prevention Act](#) (AB 988) to build to capacity of [988 Crisis Centers](#), which provide free and confidential emotional support to people in a suicidal crisis or experiencing a behavioral health emergency.

CalHHS submitted the [AB 988 Five-Year Implementation Plan](#) to the Legislature in January 2025.

Mobile Crisis Services

- Available as Medi-Cal benefit in 53 counties, serving over 99% of Medi-Cal members (as of October 2025)
- As of September 2024, there were 458 mobile crisis teams created or enhanced through the BHCIP Crisis Care Mobile Units (CCMU) Program

The enacted Fiscal Year (FY) 2025-26 Budget includes \$30 million in funding to support 988 Crisis Centers

CA 988 Crisis Centers



11 California 988 Crisis Centers

- Over 1,100 crisis counselors (majority paid staff)
- Answered over 380,000 contacts during 1st year of 988 implementation (July 2022 – June 2023)
- July 2023 – June 2024: answered over 420,000 contacts
- July 2024 – June 2025: answered over 430,000 contacts
- July – October 2025: Answered 164,851 calls (88.5% in-state answer rate), on track to answering 500,000 calls per year
- Increasing chat/text capacity: Answered 30,501 chats/texts since July 2025 (42% in-state answer rate, up from 27% a year ago)



Partnership with The Trevor Project

- Ahead of the Trump administration's decision to eliminate specialized suicide prevention support for LGBTQ youth callers through the 988 Suicide & Crisis Lifeline, California is taking action to improve behavioral health services and provide even more affirming and inclusive crisis services for LGBTQ young people.
- Through a [new partnership with The Trevor Project](#), the California Health and Human Services Agency (CalHHS) is providing the state's 988 crisis counselors enhanced competency training from experts, ensuring better attunement to the needs of LGBTQ+ youth, on top of the specific training they already receive.
- [CalHHS Secretary Kim Johnson on 988 Lifeline for LGBTQ+ Youth and Young Adults in California](#)

Communication about 988

DHCS launched billboards and advertisements starting in September for Suicide Prevention Month to promote 988.

- 250 billboards and 225 digital ads in major cities in California.
- The campaign will run until January 31, 2026.

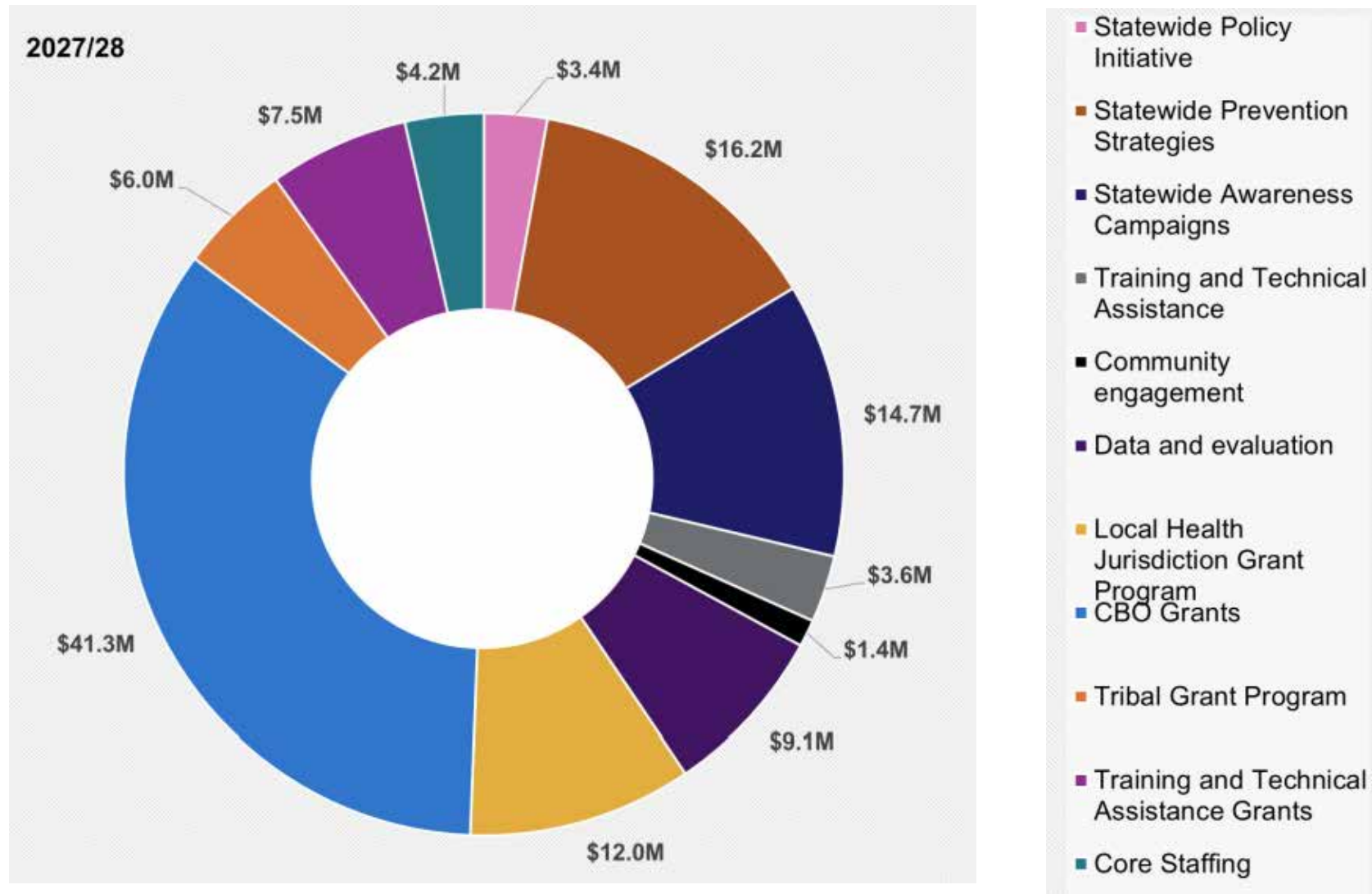


National Mobile Crisis Survey

- A team of researchers at Columbia University and Wayne State University is launching the second National Survey of Mobile Crisis Programs in Fall 2025. Building upon the [first national survey](#), this study will deep dive into 5 states, including California.
- CalHHS and DHCS are partnering with the research team to advance this study and broaden understanding of the various types of mobile crisis programs operating in California.
- Timeline:
 - December 2025 – Survey launches in five (5) partner states (including California), with two months for programs to complete
 - January 2026 – National survey launch for remaining states; data analysis will follow
 - June 2026 – Project is completed and written products are released

988- CDPH BHSA Population-Based Prevention Guide

4% of BHSA funding to California Department of Public Health (CDPH) to administer statewide population-based prevention services (\$120-\$140M annually)



Community Assistance, Recovery and Empowerment (CARE) Act Update



Community Assistance, Recovery, and Empowerment (CARE) Act – Live in All Counties

- ‘Upstream’ diversion to prevent more restrictive conservatorships or incarceration
- CARE is intended to be a new civil court process, that can be supported and served by existing programs
- Provide behavioral health services to severely ill, vulnerable individuals while preserving self-determination to the greatest extent possible while supporting the person to gain purpose and a sense of belonging
- Hold the behavioral health system accountable to holistically serve those who often have the most complex care needs
- Not a homelessness intervention though many served will be homeless
- People can stabilize, begin healing, and exit homelessness

The “Why” – The Purpose of CARE

- CARE was created to intervene early, before individuals experience further deterioration, criminalization, homelessness, or repeated trauma.
- CARE aims to bridge gaps in the system—giving counties, hospitals, families, and care teams a structured legal pathway to help someone who is clearly in need but not connected to ongoing care.
- CARE provides a voluntary, least-restrictive alternative to more coercive or crisis-driven interventions.
- Counties are reimbursed for outreach – including attempts.
- The model brings together court oversight, behavioral health services, family voice, and participant rights to create a supported, accountable care plan that emphasizes dignity and autonomy.
- Ultimately, CARE is meant to reduce cycles of emergency room visits, 5150 holds, jail encounters, and homelessness—and instead promote stability, safety, and wellness.

CARE Eligibility Criteria



CARE Eligible?

☒ _____

☒ _____

☒ _____

☐ _____

☐ _____

☐ _____

All of the following:

- Aged 18 years+.
- Experiencing a serious mental disorder with severe and persistent symptoms, interfering with daily functioning.
- Diagnosis of schizophrenia spectrum or other psychotic disorders (including Bipolar 1 with psychotic features, beginning January 1, 2026).
- Not stabilized with ongoing voluntary treatment.
- CARE is the least restrictive alternative.
- Will likely benefit.

At least one of the following:

- Unlikely to survive safely in the community without supervision, and condition is substantially deteriorating.
- Intervention needed to prevent relapse or deterioration.

For more information, visit the [CARE Act Eligibility Criteria Fact Sheet](#), the [Eligibility in Practice](#) training materials, and [California Welfare and Institutions Code \(W & I Code\) section 5972](#).

Diverse Pathways for Petitions

- Hospitals and LPS Designated facilities
- First Responders
- Families
- Homeless services providers and Shelters
- County behavioral health, crisis teams, and contracted providers
- Jail Mental Health (for pre-release transition planning)
- Public Defenders (supporting self-referral)
- Public Guardian / Public Conservator offices (for LPS diversions and step downs)
- Adult protective services
- Tribal courts
- Indian health services program or tribal behavioral health department
- MIST and FIST diversions

Recent Legislation

These bills amend provisions of the CARE Act:

1. SB 27 – Strengthen implementation through technical amendments. Defines “clinically stabilized in ongoing voluntary treatment.” Adds bipolar I disorder with psychotic features as an eligible diagnosis. Provides a process by which certain court referrals can constitute a CARE petition without a separate petition form being filed. Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases. Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition. Makes other changes to the CARE Act process.
2. SB 1400 - Increase transparency through additional data and reporting. Require counties to document and report on outreach attempts as part of county investigation and respondent outcomes when deemed ineligible, so we know what happened to them. Require DHCS to annually post county-by-county data on their website, to hold counties accountable.
3. SB 42 - CARE connection for LPS. Provide a pathway for CARE to be used as a step down to transition individuals out of an LPS hold or LPS conservatorship. These individuals are more likely to participate in CARE, because they can be stabilized and avoid returning to LPS holds/conservatorships, jail, or worse.

Success Stories and Real Impacts

- Across counties, participants who cycled through ERs, psychiatric holds, or homelessness are now connected to stable care plans with ongoing behavioral health teams.
- Hospitals have seen reductions in repeat emergency visits for individuals who enrolled in CARE and received coordinated outpatient services afterward.
- Participants have obtained stable housing placements, medication support, therapy, and wrap-around case management, sometimes for the first time in years.
- Judges and care teams have expressed that CARE is helping them reach people “at the right moment” when voluntary engagement becomes possible with support.



See [The CARE Act at Work](#) for more!

Why Hospitals Should Submit Petitions

- Hospitals are often the point of repeated contact for individuals who would benefit most from CARE—those presenting with psychosis, disengagement from treatment, and repeated crisis episodes.
- Submitting a petition can help break the cycle of frequent ED utilization, improving patient outcomes and reducing strain on emergency departments.
- CARE creates a structured pathway for hospitals to connect patients to county behavioral health, ongoing treatment, and social supports after discharge.
- Petitioning can lead to improved care coordination, easing the burden on hospital social workers and case managers who often work without a clear next step.
- For high utilizers, CARE may lead to better continuity, fewer repeated holds, and more stabilized long-term outcomes.
- CARE petitions can be part of hospital quality and safety strategies, supporting humane treatment pathways for individuals with serious mental illness.

CARE Act Training and Technical Assistance



CARE Act | Community Assistance,
Recovery, and Empowerment Act
RESOURCE CENTER

- Visit the [CARE Act Resource Center](https://www.CARE-Act.org) for TTA and toolkits
- Check out the training, [Role of Hospitals and Emergency Departments in Petitioning](#)

Contact HMA at info@CARE-Act.org with any questions



[CARE-Act.org](https://www.CARE-Act.org)

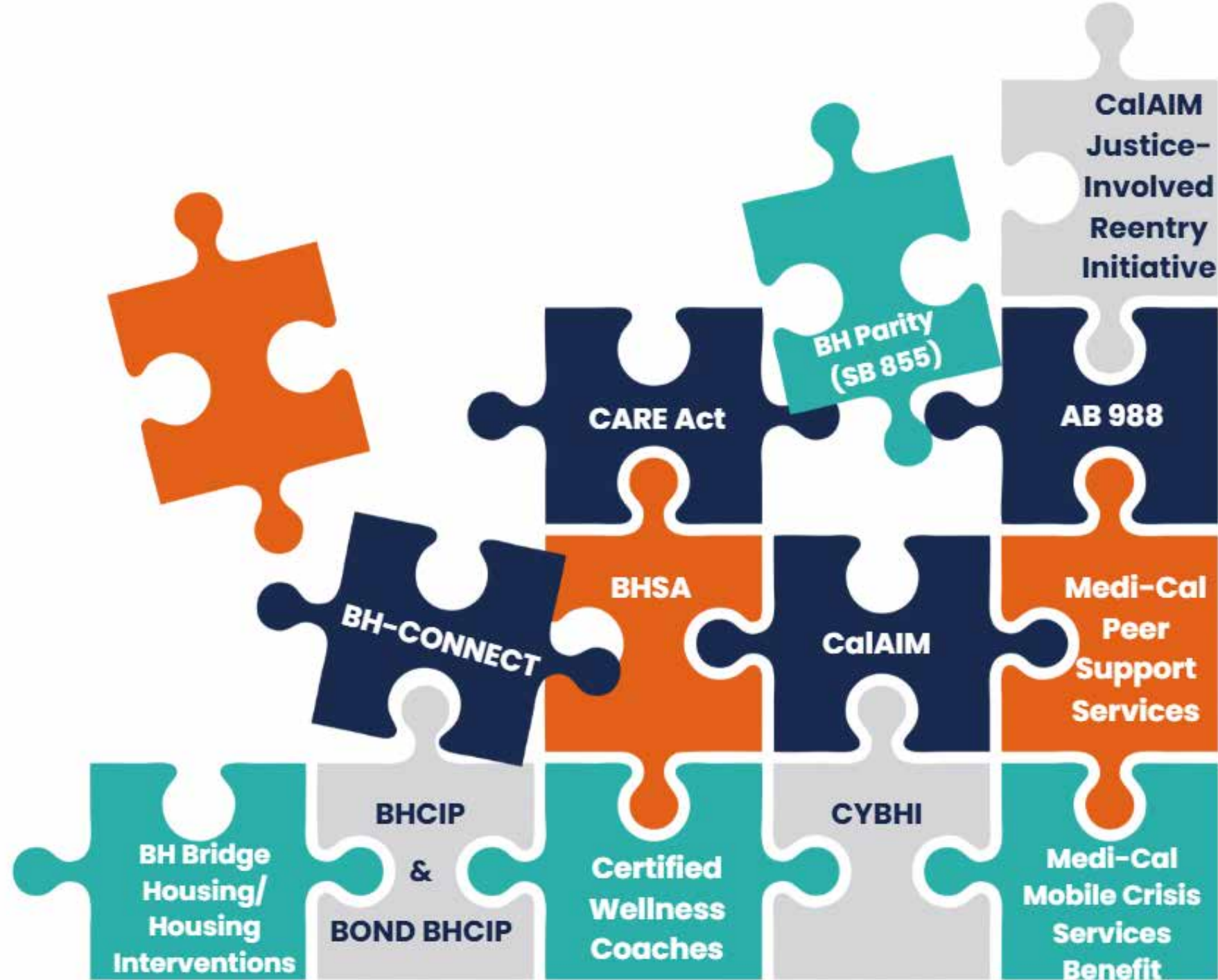
Websites and Contact Info

- [CalHHS CARE Act website](#)
- [DHCS CARE Act website](#) for info on data collection, legislation and funding
- [Judicial Council of California \(JC\) CARE Act website](#) for petition numbers, forms, etc.

Contact CalHHS
at CAREAct@chhs.ca.gov

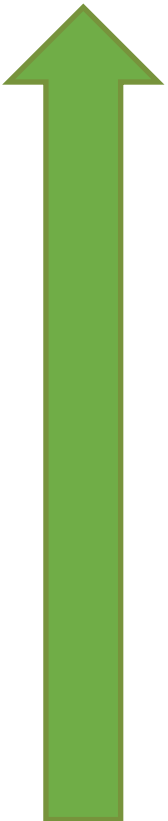


How the Pieces Fit Together




Achieving Transformation: Measure Impact

Goals for Improvement

- 
- Care Experience
 - Access to Care
 - Quality of Life
 - Engagement in School
 - Engagement in Work
 - Social connection
 - Prevention & Treatment of Co-Occurring
Physical Health Conditions

Goals for Reduction

- 
- Suicides
 - Overdoses
 - Untreated BH Conditions
 - Homelessness
 - Institutionalization
 - Justice Involvement
 - Removal of Children from home

California's Vision: Mental Health for ALL

Building Out California's Behavioral Health Continuum of Care



Prevention &
Early Intervention



Parity in Care



Outpatient
Care



Crisis Care



Inpatient
Care



Supportive
Care

Workforce and Facilities/Housing

Equity

Oversight and Accountability

What Lies Ahead

- Navigating uncertainty amidst evolving federal landscapes
- Supporting each other through burnout and change fatigue
- Learning from each other along the way
- Witnessing the real-world impact of our efforts
- Acknowledging the challenges ahead– while staying focused on improving lives

Questions?



Thank You!

Stephanie Welch, Deputy
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