

.....

Behavioral Health Services Act Update for the Behavioral Health Commission

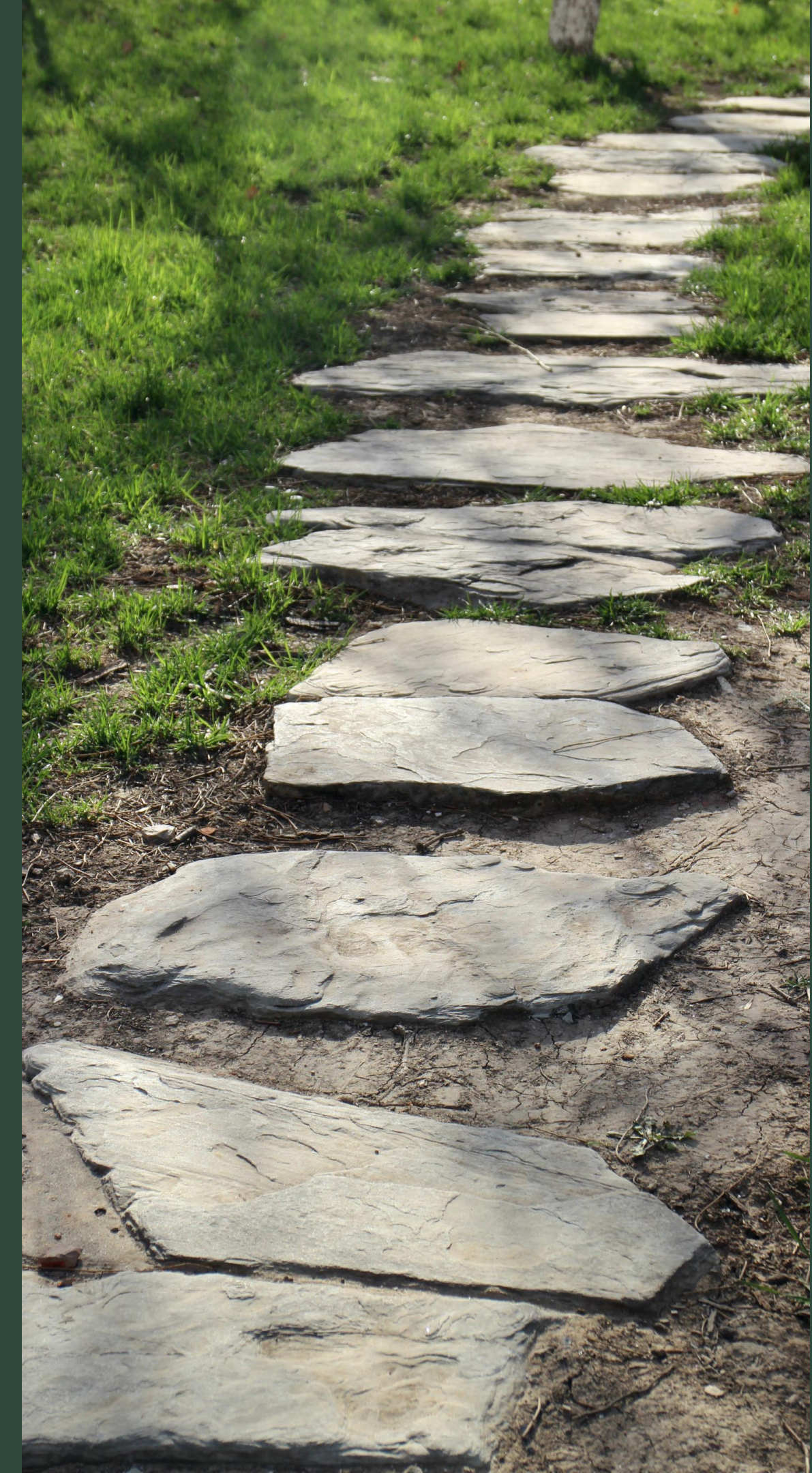
Wednesday, November 19, 2025



TURNING CONVERSATION INTO ACTION

- **Feedback Consolidation:** All "Glows" and "Grows" have been compiled and summarized.
- **Report & Share:** A summary report has been created and shared with the Board of Supervisors, Community and System Partners.
- **Inform Planning:** The input is directly informing strategic planning, budget decisions, and program development for the Integrated Plan.
- **Where to find the summary:** [Behavioral Health Services Act \(BHSA\)](https://dhs.saccounty.gov/BHS/Pages/BHSA/BHSA.aspx)

<https://dhs.saccounty.gov/BHS/Pages/BHSA/BHSA.aspx>



What is BHS?

Behavioral Health Services encompasses a range of substance use prevention and treatment and mental health services and supports, aimed at improving well-being.

These services include comprehensive assessments, treatment planning, care coordination, therapy, counseling, crisis intervention, and medication management.

Services are individualized to address the impairing symptoms associated with conditions like anxiety, depression, addiction, psychosis and trauma while promoting coping skills, emotional resilience, and overall psychological wellness.

These services can be provided in various settings, including hospitals, residential, outpatient clinics, schools and the community.





BEHAVIORAL HEALTH SERVICES ACT (BHSA)

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over \$1 million per year. It was designed 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. In 2024, voters passed Proposition 1, which replaced the MHSA with the Behavioral Health Services Act (BHSA) and introduced several important changes for counties.



Community Partner Groups

Health and Behavioral Health Providers

- Providers of mental health services and substance use disorder treatment services
- Health care organizations, including hospitals
- Health care service plans, including Medi-Cal Managed Care Plans (MCPs)
- Disability insurers (a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b))
- Emergency medical services
- Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes

Individuals and Families with Lived Experience

- Eligible adults and older adults (individuals with lived experience)
- Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)
- Youths (individuals with lived experience) or youth mental health or substance use disorder organizations

Education, Civic, and Public Systems

- Local education agencies
- Higher education partners
- Early childhood organizations
- Public safety partners, including county juvenile justice agencies
- The five most populous cities in counties with a population greater than 200,000
- Labor representative organizations
- Veterans
- Representatives from veterans' organizations
- Local public health jurisdictions

Social and Community Services

- County social services and child welfare agencies
- Continuums of care, including representatives from the homeless service provider community
- Regional centers
- Area agencies on aging
- Independent living centers
- Community-based organizations serving culturally and linguistically diverse constituents

Diverse Viewpoints

that were also included...

1

Representatives from organizations specializing in working with underserved racially and ethnically diverse communities

2

Representatives from LGBTQ+ communities

3

Victims of domestic violence and sexual abuse

4

People with lived experience of homelessness

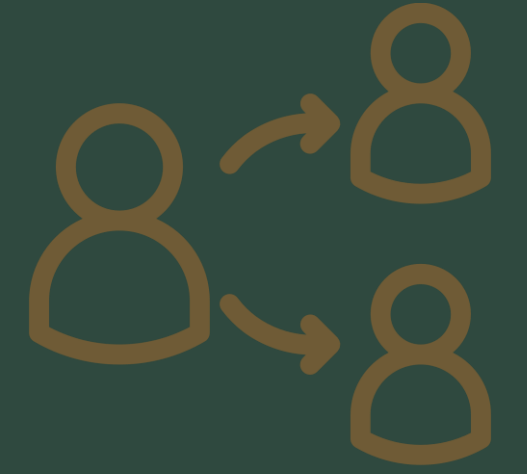


PHASE 1: JULY – OCTOBER



Collect feedback on the strengths (glows) and areas for improvement (grows) of our behavioral health system through:

- Community Conversations conducted both in-person and virtually
- Focus Groups and Input Sessions aimed at engaging necessary stakeholders
- Surveys to obtain further insights



PHASE 2: November



Return to the community for validation of the Phase 1 input gathered and to collect any further feedback.

WHAT YOU NEED TO KNOW ABOUT THE NEW BEHAVIORAL HEALTH SERVICES ACT (BHSA)

There are some important shifts we want you to know about as we move into this next chapter together:

- **We'll be creating one coordinated plan across all our funding.**
MHSA annual plans included only programs funded with MHSA, while Prop 1/BHSA requires reporting on all funding sources across all BH programs.
- **We're investing more intentionally in housing interventions.**
At least 30 percent of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs.
- **We're focusing on people with the most significant behavioral health needs.**
The new funding guidelines focus on individuals with serious mental health and substance use conditions, helping us direct support where it's needed most.
- **We'll be setting clearer goals and tracking what's working.**
We'll be defining specific outcomes and reporting on our progress. This is a good thing — it helps us see what's working, make adjustments, and build trust by showing we're using public dollars thoughtfully.

PROPOSITION 1: FUNDING ALLOCATION SHIFTS

→ Pre-Prop 1: MHSA

76% for Community
Services & Supports

19% for Prevention &
Early Intervention

5% for Innovation

→ Post Prop 1: BHSA

35% for Full Service Partnership

35% for Behavioral Health
Services & Supports

30% for Housing Interventions

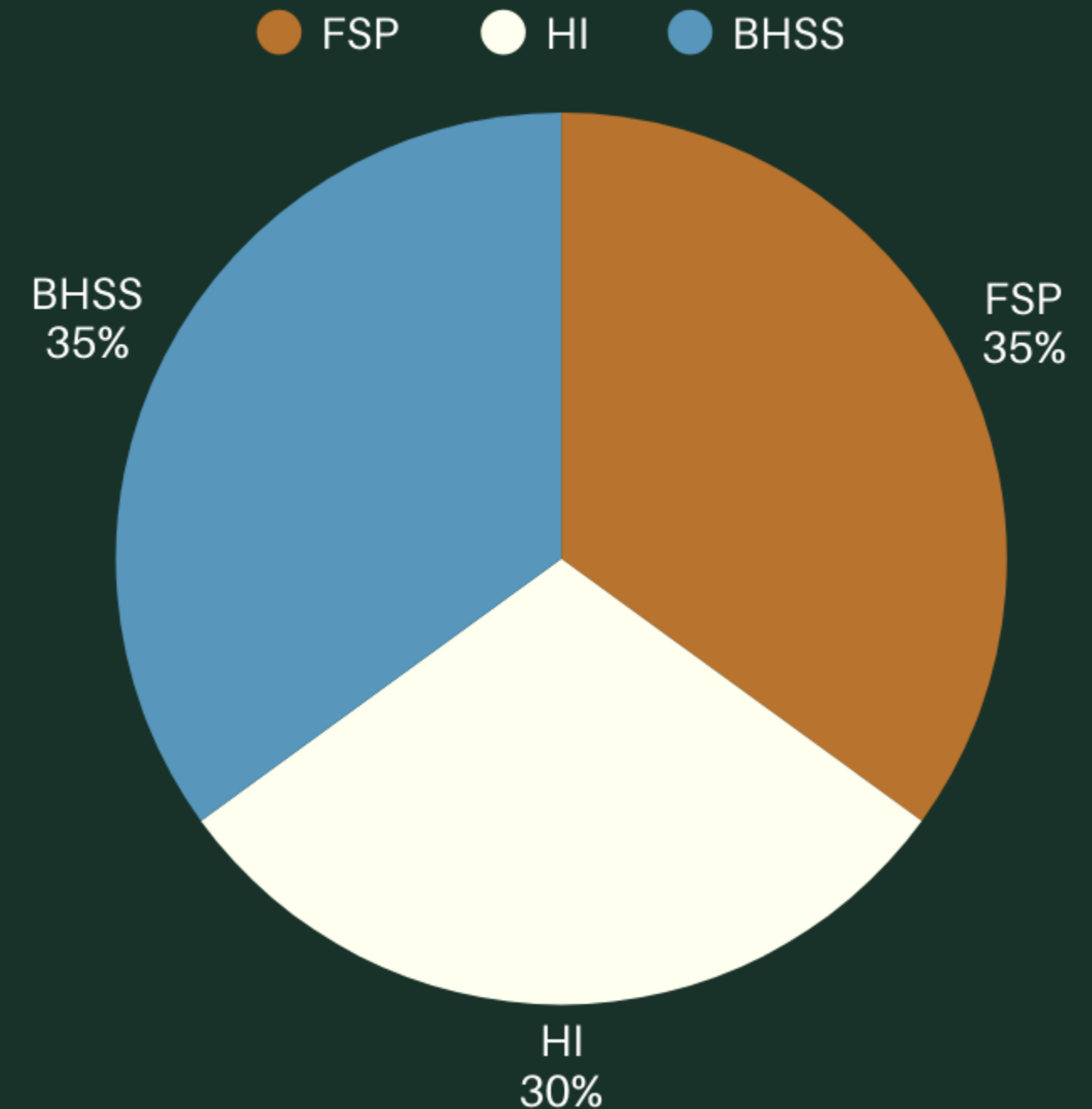
BHSA does not provide any new funding. It shifts how Counties can spend these dollars.

BHSA FUNDING BREAKDOWN

30% **Housing Interventions**
Interventions include rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, and the non-federal share of certain transitional rent.

35% **Full-Service Partnership Services**
Comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

35% **Behavioral Health Services and Supports**
Includes early intervention, outreach and engagement, workforce, education and training, capital facilities and technological needs, and innovative pilots and projects.



UNDERSTANDING OUR TERMS



“Glow”

What are the positive aspects, strengths, and successes of our county's behavioral health services?

What makes you feel hopeful or proud about our current services?

“Grow”

What are the key practice improvements or practice changes needed in our current behavioral health system?

What can we do better?

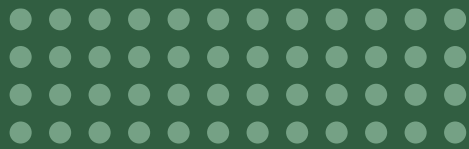


Glows

Availability and Accessibility	Cultural and Language Equity
Community Trust & Reduced Stigma	Cross-Sector Coordination & Community Collaboration
Commitment to Community, Engagement & Outreach	Success of Current Programs and Service Expansion
Workforce Development, Education, and Peer Led Services	Strength Based, Trauma Informed and Innovative Approaches



GROWS



Grows	
Housing Stability and Whole Person Support	Access, Navigation, and System Responsiveness
Equity Inclusion and Cultural Responsiveness	Workforce Stability, Peer Integration, and Quality Oversight
System Coordination, Accountability, and Transparency	Prevention, Resilience, and Family Supports

Glows and Grows



- Much appreciation was called out for prevention programs and services, which were formerly supported by BHS under MHSA, but through BHSA, will be moving under the purview of the state.
- Special recognition from the community goes to:
 - Stigma Reduction efforts
 - Suicide Prevention Services
 - Prevention efforts in schools



HOUSING STABILITY AND WHOLE PERSON SUPPORT



- Lack of affordable, supportive, and transitional housing is the top barrier to recovery
- Community calls for expanded housing options: shelters, safe parking, hygiene facilities
- Need for stronger coordination across behavioral health, housing, and social services
- Emphasis on social determinants of health:
 - Integrated case management
 - Employment assistance
 - Transportation support



ACCESS, NAVIGATION, AND SYSTEM RESPONSIVENESS



- Behavioral health system is confusing and hard to navigate—especially during crisis situations
- Multiple access points (911, 988, CCIT, CWRT) create fragmentation and inconsistent responses
- Community recommends a centralized access hub with:
 - Live capacity updates
 - Multiple entry options
 - Same-day appointments
 - Multilingual support
- Broader outreach and public education needed to improve awareness of available services

EQUITY INCLUSION AND CULTURAL RESPONSIVENESS



- Language, culture, gender identity, and ethnicity impact access and comfort in care settings
- Call for culturally and linguistically matched providers, including interpreters (e.g., Chinese, Farsi/Dari)
- Need for gender-affirming and ethnically specific programs
- Embed equity in funding and contracting practices
- Expand cultural humility training for staff
- Ensure staff and leadership reflect Sacramento's diverse communities

WORKFORCE STABILITY, PEER INTEGRATION, AND QUALITY OVERSIGHT

- Burnout, high caseloads, and low pay—especially among peers and frontline staff
- Increase compensation, retention incentives, and safety equipment for community-based providers
- Expand training and professional development opportunities
- Clearly define peer roles and support certification
- Recognize peers as essential members of the care team



SYSTEM COORDINATION, ACCOUNTABILITY, AND TRANSPARENCY

- Duplication, unclear roles, and poor coordination create service gaps and confusion
- Overlapping crisis programs and administrative processes hinder effective care
- Community calls for:
 - Standardized handoffs between programs
 - Aligned administrative and clinical decision-making
 - Greater transparency in funding and outcomes
- Recommend public dashboards tracking:
 - Service timeliness
 - Client satisfaction
 - Funding allocations



PREVENTION, RESILIENCE, AND FAMILY SUPPORTS

- Invest in life skills, parenting, fatherhood, and family advocacy programs to promote wellness
- Increase supports for:
 - Older adults
 - Individuals with disabilities
 - Transitional youth
- Continue funding for community wellness centers and connection-focused activities
- Emphasize early intervention to build stability before crises occur





Proposition 1: Changing the Landscape



In alignment with these changes and new state guidance, Sacramento County has had to reassess and realign our behavioral health continuum. Our decisions were guided by the following criteria:

- Prevention activities are no longer allowable under BHSA, so prevention programs are proposed to be sunset.
- Programs not part of the Medi-Cal system and that do not draw federal matching funds are proposed to be sunset.
- Programs that duplicate existing Medi-Cal-funded or community resources are also proposed to be sunset.

Programs Proposed to be Sunset

School Based Prevention	General Prevention	Crisis Lines & Warm Lines	Respite
Sacramento City Unified- Safe Zone Squad SCOE - Bullying Prevention SCOE - Youth MH First Aid Sacramento Unified City School Elk Grove Unified School District	Sierra Health foundation - Trauma Informed Wellness Sacramento Children's Home - eVibe Stop Stigma Friends For Survival - Bereavement Cal Voices - MH Matters &	Sacramento Children's Home - The Source WellSpace Health - Suicide Prevention El Hogar - Senior Link La Familia- Older Adults Cal Voices- Consumer Warm Line	Hope Cooperative - MH Crisis Respite Center Turning Point Abiding Hope Respite Center Sacramento LGBT - Lambda Respite A Church for All - Ripple Effect Respite Saint John's Program for Real Change - Wellness & Recovery Respite
Budget Reduction and Business Efficiencies			
Turning Point - Mental Health Urgent Care [reduction of unspent funds] Central Star - Peer Support Cal Voices - CST Peer Support & Certified Peer Specialist Leadership Liaison Program UC Davis Workforce & Education Focus Strategies			

Budgetary Impact

- The proposed program sunsets will save \$16,488,179.
- Note the alignment between this reduction of \$16.5 M and the need for an additional \$18.7 M for ongoing operations of Behavioral Health Bridge Housing.
- This will permit Sacramento County to fully fund all Medi-Cal programs without any additional County General Funds.

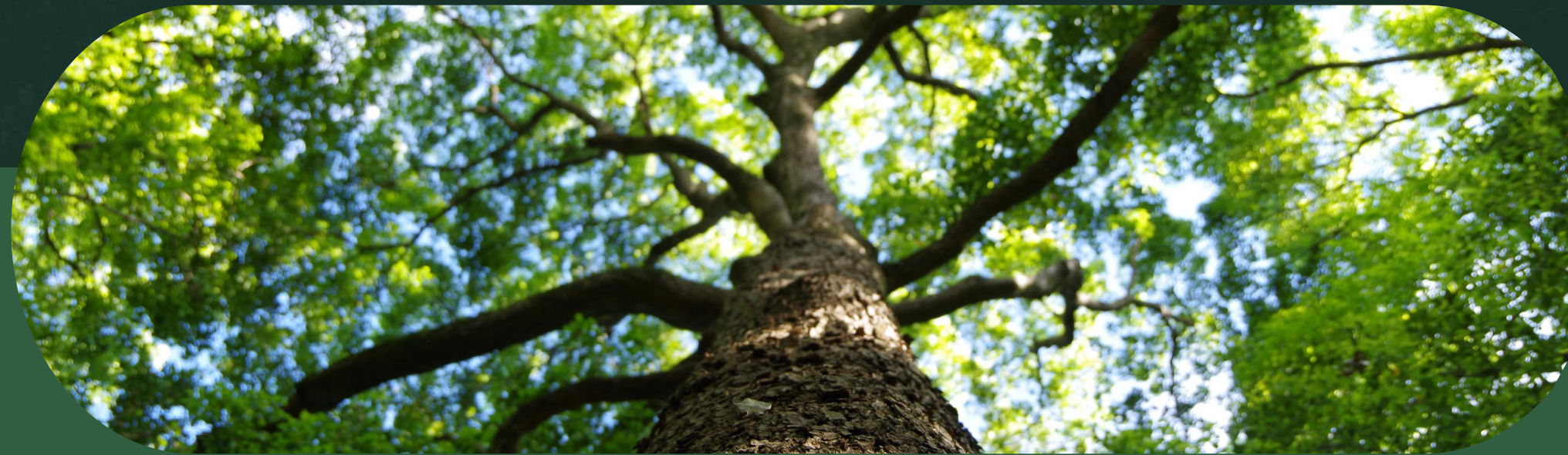
Maintaining full funding for Medi-Cal entitled services

- Access: Behavioral Health Services - Screening and Coordination (BHS-SAC), Jail / Court Assessments
- Outpatient:
 - Adults:
 - Community Outreach Recovery Empowerment (CORE)
 - Full-Service Partnership (FSP)
 - Assertive Community Treatment (ACT)
 - Forensic Assertive Community Treatment (FACT)
 - Individual Placement Support (IPS)
 - Drug Medi-Cal (DMC) outpatient
 - Intensive Outpatient Program (IOP)
 - Medication Assisted Treatment (MAT)
 - Youth:
 - Flexible Integrated Treatment (FIT)
 - Wraparound
 - Therapeutic Behavioral Services (TBS)
 - FYRST
 - DMC outpatient
 - IOP
 - MAT



Maintaining full funding for Medi-Cal entitled services

- Urgent Care
- Residential:
 - Crisis Residential Program (CRP)
 - Substance use Disorder (SUD) Residential
 - Short Term Residential Therapeutic Programs (STRTPs)
- Inpatient
- Subacute



THANK YOU!

- Questions?
- For more information:



BHSA@saccounty.gov



<https://dhs.saccounty.gov/BHS/Pages/BHSA/BHSA.aspx>

