

February 2026

Sacramento County Board of Supervisors  
700 H Street, Suite 2450  
Sacramento, CA 95814

Re: Recommendation Regarding Sacramento County Behavioral Health Services' Mental Health Crisis Respite Center

Honorable Supervisors:

The Sacramento County Behavioral Health Commission's statutory duties in the Welfare and Institutions Code Section 5604.2(a) include reviewing and evaluating the community's public mental health and substance use needs and services and advising the governing body and the local behavioral health director as to any aspect of local behavioral health programs.

Recommendations in this letter pertain to an innovative program of Sacramento County Behavioral Health Services (BHS), the Mental Health Crisis Respite Center, currently operated by Hope Cooperative.

The Mental Health Crisis Respite Center, a 24-hour peer-run respite center, is slated to close June 30, 2026. Because of shifts in funding priorities under the Behavioral Health Services Act (BHSA), BHS has had to shift funds away from certain programs, including nearly all of the County's respite programs. In the past, these programs have been funded by Mental Health Services Act (MHSA) funds. The MHSA is sunseting as of June 30, 2026 and is being replaced by the BHSA.

Respite programs can be classified as prevention and/or early intervention programs. The future funding of local prevention programs is uncertain, at best, since they will have to rely on funding through the California Department of Public Health (CDPH). Under the BHSA, only CDPH can fund prevention programs. Local departments are prohibited from funding them. CDPH has yet to issue guidance and RFPs for these programs, but the total proposed State-wide funding of such programs is \$30 million. The total FY 2025-2026 budget for these programs in Sacramento County was \$2.9 million or nearly 10% of what is now a State-wide budget. It is clear not all current Prevention programs will be funded in FY 2026-2027 given this level of State-wide funding.

Early intervention programs continue to be funded under the Behavioral Health Services Act (BHSA), but BHS has indicated that they are unable to fund the Crisis Respite Center in FY 2026-2027. While all the respite programs being sunsetted have been encouraged to seek funding elsewhere, the competition for such external funding will be fierce throughout the State and not all programs will be able to find funding.

In FY 2024-2025 the Mental Health Crisis Respite Center served 2,042 individuals. Other BHS respite programs served considerably fewer individuals, so we have chosen to focus our attention on the Crisis Respite Center.

While we were unable to gather sufficient data to directly assess the effects of Sacramento County’s peer-run crisis respite programs on rates of hospitalization and emergency department usage, the limited peer-reviewed research available in the U.S. consistently indicates that peer respites are effective in reducing psychiatric hospitalizations and use of emergency services. The result is lower associated healthcare costs, and improved longer-term outcomes for individuals experiencing mental health crises.

A 2015 evaluation of the publicly funded 2nd Story peer respite in Santa Cruz County found that individuals who spent even one day at the respite were 70% less likely to use inpatient or emergency services in the two years following their stay compared to non-respite users<sup>1</sup> (*Impact of the 2nd Story peer respite program on use of inpatient and emergency services*, Croft & Isvan). Among those who did use acute services, longer respite stays were associated with significantly fewer inpatient and emergency hours, with stays of nine days or more averaging 84 fewer hospital hours.

In addition, a 2018 study of four NYC-based peer-run crisis respites similarly found that respite clients experienced 2.9 fewer hospitalizations in the year following their stay compared to matched controls, resulting in an average \$2,138 in Medicaid savings per person per month—or roughly \$25,600 annually, per person<sup>2</sup> (*The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization*, Bouchery et al.).

Taken together, these findings suggest that peer respites function as effective crisis diversion programs, reducing both the likelihood and intensity of subsequent reliance on acute, high-cost services. As summarized by SAMHSA, “Peer crisis respites fill an important niche in the crisis care system and need access to diversified funding streams as well as more dependable, longer-term, tailored and unrestricted funding streams. Despite facing numerous challenges to financial health, peer crisis respites may offer potential cost savings over more restrictive and expensive acute care”<sup>3</sup> (*Financing Peer Crisis Respites in the United States*, SAMHSA).

If we cautiously extrapolate these findings to Sacramento County’s peer-run Crisis Respite Center, the potential fiscal impact becomes clear. Given the strong evidence that respite users experience significantly fewer hospitalizations following their stay, even modest reductions in hospitalization rates could result in substantial savings. Hope Cooperative’s Crisis Respite Center served a total of 2,042 individuals in FY 2024-2025. The average psychiatric hospitalization in Sacramento County as of September 2024<sup>4</sup> lasted approximately 10 days, at a cost of \$11,200 per stay. The table below illustrates estimated cost savings under varying assumptions about the proportion of respite users who avoid a single hospitalization in the year following their respite stay, a very conservative position given the existing research.

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/25726982/>

<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/30071793/>

<sup>3</sup> <https://library.samhsa.gov/product/financing-peer-crisis-respites-united-states/pep23-10-02-001>

<sup>4</sup> Sacramento County BHS Data Analytics Team.

<b>% Respite Users Avoiding One Hospitalization</b>	<b>Estimated Cost Savings</b>
1%	≈ \$228,704
2%	≈ \$457,408
5%	≈ \$1,143,520
10%	≈ \$2,287,040
20%	≈ \$4,574,080

It seems likely that the current program cost of \$1.3 million will be less than the cost to the County of inpatient stays avoided thanks to the services provided by the Crisis Respite Center. And these figures do not include the number of emergency department visits that are likely to be avoided, an additional cost savings to the County.

Also worthy to note, the first strategy identified in Sacramento County’s Revised Jail Population Reduction Plan is: “Offer behavioral health interventions before and during a crisis to prevent jail admissions and further justice-involvement,” aimed toward the goals of reducing jail admissions and reducing returns to custody<sup>5</sup>. The Mental Health Crisis Respite Center fits well within this strategy. However, this is only a feasible resource for jail diversion if this community resource exists.

Finally, because of the funding choices required by the BHSA, all the peer-based programs in the County will be sunsetted in June 2026. Peer-based programs represent an important, cost-effective, and unique resource in our community. Clinical services do not duplicate peer-based services. Both are essential strategies for reaching and supporting people with behavioral health needs. Shutting down peer-based crisis programs is contrary to widely accepted, evidence-based recommendations across the U.S. The integration of some peers into existing clinical programs and the existence of peer-run Wellness Centers open limited hours does not take the place of crisis-oriented 24-hour peer-run programs like the Mental Health Crisis Respite Center.

**Recommendations**

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[https://oce.saccounty.gov/content/dam/oce/documents/archive/Revised%20Jail%20Population%20Reduction%20Plans%20\(April%202024\).pdf](https://oce.saccounty.gov/content/dam/oce/documents/archive/Revised%20Jail%20Population%20Reduction%20Plans%20(April%202024).pdf)

BHS must submit its Integrated Plan for BHSA funding by March 30, 2026. Therefore, this is an urgent matter if the County is to alter its funding plan to ensure the continued existence of the Mental Health Crisis Respite Center.

In light of this, the Behavioral Health Commission recommends that Sacramento County continue to fund the Mental Health Crisis Respite Center in FY 2026-2027.

Sincerely,

Sarah Weber  
Sacramento County Behavioral Health Commission, Chair

cc: Ryan Quist, PhD, Behavioral Health Director

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