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# Sacramento County Behavioral Health Services Act DRAFT Integrated Plan

Fiscal Years 2026–2029  
Building a Responsive, Equitable, and Integrated  
Behavioral Health System

# What is the Integrated Plan (IP)?

## Proposition 1

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Mental Health  
Services Act  
(MHSA)

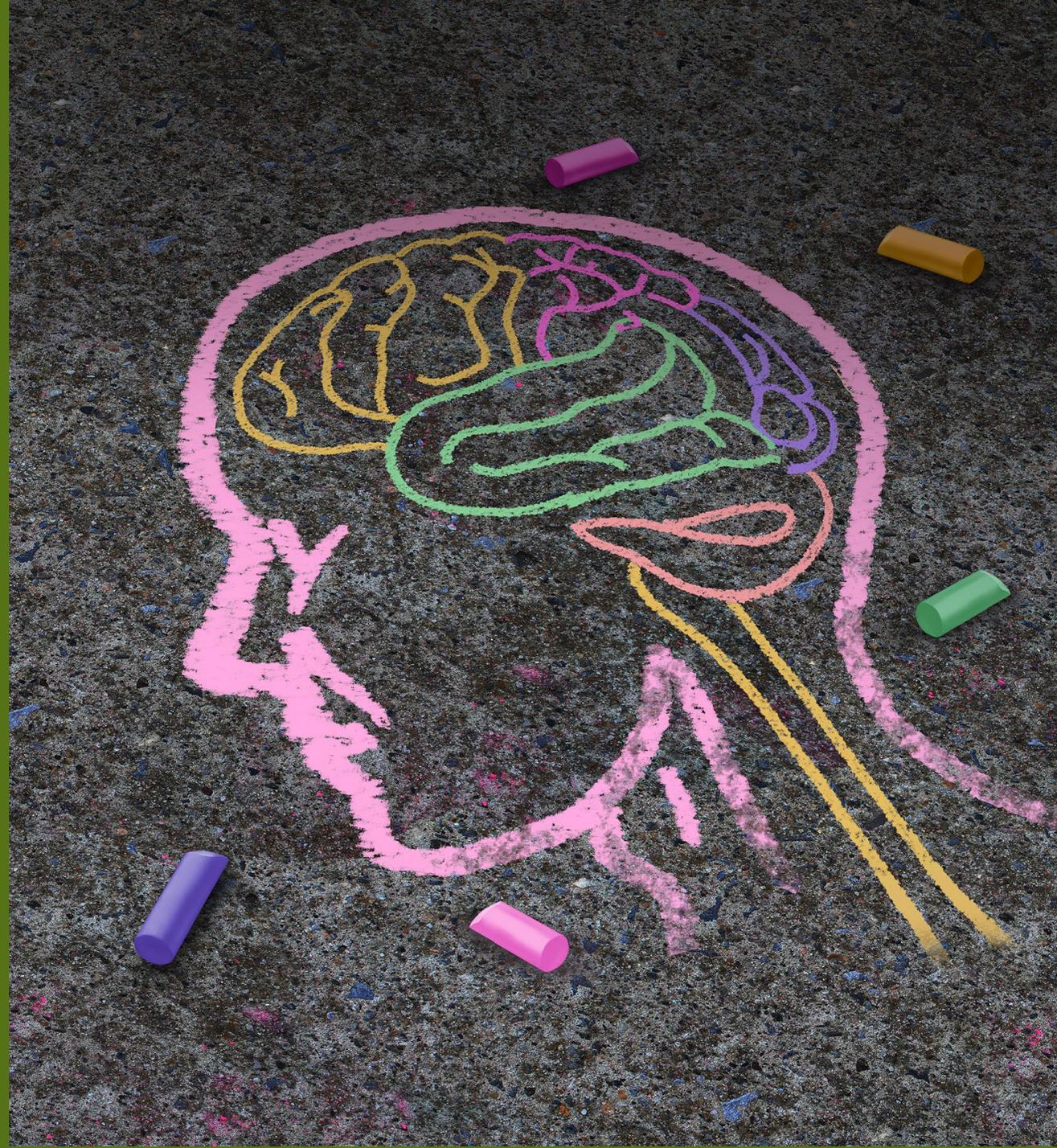


Behavioral Health  
Services Act  
(BHSA)

Changed Reporting Requirements

### Focus:

- Most serious mental health needs
- Adding substance use services
- Expanding housing supports
- Investing in workforce growth



# Public Comment Period

- **The Draft BHSA Three-Year Integrated Plan (IP)** was posted for a 30-day public review period.
- **The IP is publicly available** online to ensure transparency and community access.
- Community members may submit written comments during the review period.
- A public hearing is held by the Behavioral Health Commission to receive verbal public comment.
- All feedback is reviewed and considered before the plan is finalized and submitted to the California Department of Health Care Services (DHCS).



Sign up for the  
BHSA Email  
Distribution list!

# Community Planning Process



## – Phase One

- Community forums
- Focus Group Discussions
- Agendized at various workgroup and committee meetings
- Social Media
- Surveys
- Email submissions

## – Phase Two

- Released Phase One report and held more forums for guidance



# Service Delivery Landscape



IP: Page 15

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
- Opioid Settlement Funds (OSF)
- Bronzan-McCorquodale Act
- Public Safety Realignment (2011 Realignment)
- Medi-Cal Specialty Mental Health Services (SMHS)
- Drug Medi-Cal (DMC)/Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Other Programs and Services
- Care Transitions

# Statewide Behavioral Health Goals



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- Population-Level Behavioral Health Measures
- Priority statewide behavioral health goals for improvement
  1. Access to care
  2. Homelessness
  3. Institutionalization
  4. Justice-Involvement
  5. Removal of Children from Home
  6. Untreated Behavioral Health Conditions



# Priority: Access to Care



- Sacramento County is below the Statewide average for:
  - Children/Youth and Adults/Older Adults enrolled in Specialty Mental Health Services (SMHS) (Medi-Cal)
  - Children/Youth and Adults/Older Adults enrolled in DMC-ODS (Drug Medi-Cal Organized Delivery System)
- Sacramento County is above the Statewide average for:
  - Children/Youth and Adults/Older Adults enrolled in non-SMHS
  - Initiation of Substance Use Disorder Treatment (IET-INI)

## Disparities Analysis and Planned Response



# Priority: Homelessness



- Sacramento County is below the Statewide average for:
  - People experiencing homelessness
  - People experiencing homelessness with severe mental illness
  - People experiencing homelessness with chronic substance abuse
  - People experiencing homelessness who accessed services from a Continuum of Care rate
  - Continuum of Care rate
- Sacramento County is above the Statewide average for:
  - Homeless Student Enrollment

## Disparities Analysis and Planned Response

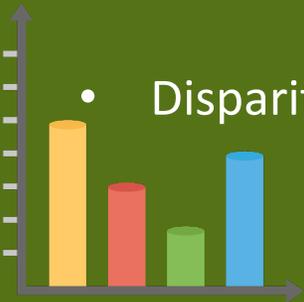


# Priority: Institutionalization



- Sacramento County is below the Statewide average for:
  - Both Temporary and permanent conservatorships
  - Both Children/Youth and Adults/older adults utilization of SMHS crisis services
- Sacramento County is above the Statewide average for:
  - 14-day involuntary detention rates per 10,000
  - 30-day involuntary detention rates per 10,000
  - Both Children/Youth & Adults/Older Adults utilization of Crisis Residential Treatment
  - Children/Youth utilization of Crisis Stabilization
- Sacramento County is average for:
  - Adults/Older Adults utilization of Crisis Stabilization

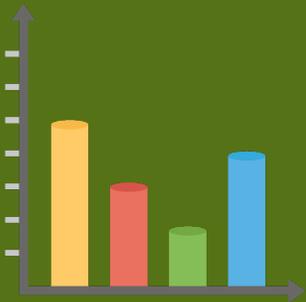
- Disparities Analysis and Planned Response



# Priority: Justice-Involvement



- Sacramento County is above the Statewide average for:
  - Arrests of adults/older adults
  - Arrests of juveniles
  - Adult recidivism conviction rate
  - Individuals deems Incompetent to Stand Trial
- Disparities Analysis and Planned Response

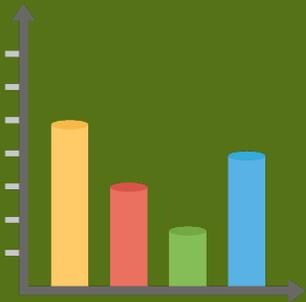


# Priority: Removal of Children From Home



IP: Page 30

- Sacramento County is below the Statewide average for:
  - Children in foster care
  - Open child welfare cases
  - Child maltreatment substantiations
- Disparities Analysis and Planned Response



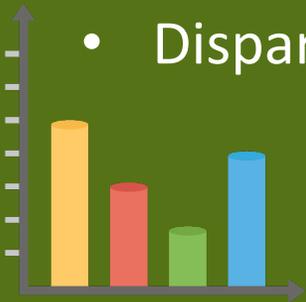
# Priority: Untreated Behavioral Health Conditions



IP: Page 39

- Sacramento County is below the Statewide average for:
  - Adults that needed help for emotional/mental health problems or use of alcohol/drugs who had no visits for mental/drug/alcohol issues in past year
- Sacramento County is above the Statewide average for:
  - Follow up after Emergency Department visits for substance use
  - For follow up after Emergency Department visits for mental illness

- Disparities Analysis and Planned Response



# Additional Statewide Behavioral Health Goals



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- Care Experience
- Engagement In School
- Engagement In Work
- Overdoses
- Prevention And Treatment of Co-Occurring Physical Health Conditions
- Quality Of Life
- Social Connection
- Suicides

# Sacramento County- Additional Statewide BH Goal



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- **Engagement in work**

- Will be expanding employment-focused interventions like Individual Placement and Support (IPS) within Full Service Partnerships.
- Partnerships with schools and community organizations will strengthen education-to-employment pathways.
- Aim to increase the number of clients who set employment as a treatment goal and successfully secure jobs
- Expand employment-focused interventions through BH-CONNECT

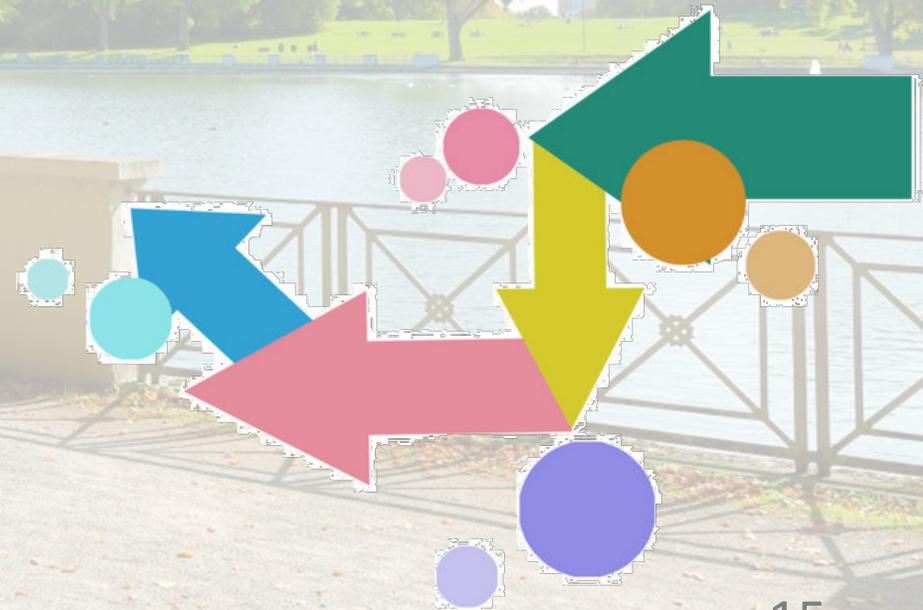


# County Provider Monitoring and Oversight



IP: Page 61

- Medi-Cal Quality Improvement Plans
- Contracted BHSA Provider Locations
- All BHSA Provider Locations



# BHSA Buckets



**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%**

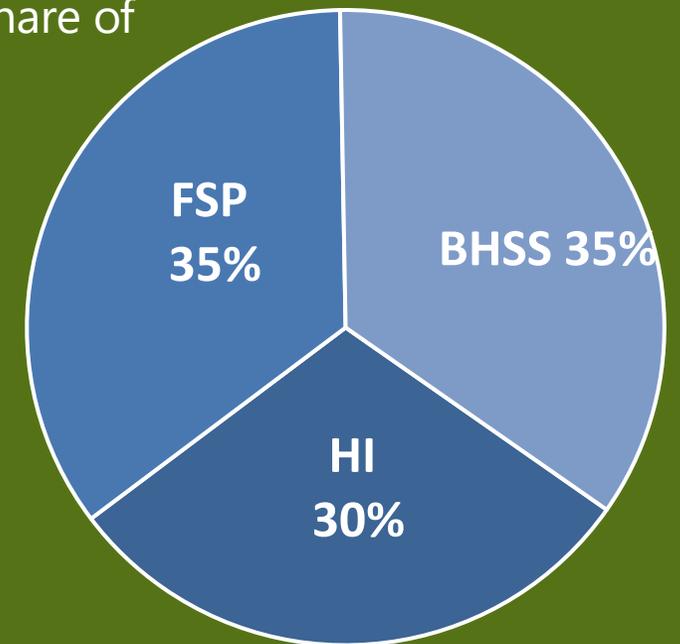
## **Full-Service Partnership Services**

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.



# Behavioral Health Services & Supports (BHSS)



IP: Page 65

- General
  - Children’s System of Care (Non-Full Service Partnership (FSP))
    - Child Protective Services – Behavioral Health Support Team (CPS-BHT)
    - Capital Star Crisis Residential Program (CRP) – The Stay
    - Flexible Integrated Treatment/Therapeutic Behavioral Services Program (FIT/TBS) Program
  - Adult & Older Adult System of Care (Non-Full Service Partnership (FSP))
    - Adult Residential Treatment Program (ART)
    - Community Outreach, Recovery, Engagement (CORE) Community Wellness Centers
    - Bay Area Community Services (BACS) Crisis Navigation Program (CNP)
    - Turning Point Community Programs Sacramento Crisis Residential Program (CRP)
    - Turning Point Community Programs Mental Health Urgent Care Clinic (MHUCC)
    - Wind Youth Services: Rejuvenation Haven

# Behavioral Health Services & Supports (BHSS)

.....continued



IP: Page 65

- Early Intervention (EI) Programs
  - Coordinated Specialty Care(CSC) for First Episode Psychosis
    - Sacramento Early Diagnosis and Preventive Treatment (SacEDAPT), operated by UC Davis Department of Psychiatry
  - Flexible Integrated Treatment/Therapeutic Behavioral Services Program (FIT TBS) Program
  - Sacramento LGBT Community Center – Q Spot
  - Capital Adoptive Families Alliance (CAFA) Respite Program
  - Supporting Community Connections

# Full Service Partnership (FSP)



- FSP
  - Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Eligible Population
  - Full Service Partnership (FSP) Intensive Case Management (ICM) Eligible Population
  - High Fidelity Wraparound (HFW) Eligible Population
  - Individual Placement and Support (IPS) Eligible Population
  - Assertive Field-Based Substance Use Disorder (SUD) Questions
  - Existing Programs for Assertive Field-Based SUD Treatment Services
  - New Programs for Assertive Field-Based SUD Treatment Services

# Housing Interventions



- Key Interventions:
  - Rental Subsidies: Permanent & interim housing
  - Operating Subsidies: Supportive housing programs
  - Landlord Outreach & Mitigation Funds: Reduce leasing barriers
  - Participant Assistance Funds: Move-in and stabilization support
  - Navigation & Tenancy Services: Housing search and retention



# Flex Pool Model

- Operator: Brilliant Corners
- Role: Administer rental subsidies, operating subsidies, landlord mitigation, and navigation services
- Goal: Expand housing options and streamline access
- Partnerships
  - Local Continuum of Care (Sacramento Steps Forward) – Coordinated Access System
  - Utilize HUD Continuum of Care programs for Permanent Supportive Housing and Rapid Rehousing
  - Public Housing Agency (SHRA) – Vouchers and affordable housing
  - Partner with Leverage CalAIM Community Supports for Medi-Cal beneficiaries
  - Department of Homeless Services and Housing for shelter and interim housing
  - Other Partners: CalWORKs, Child Welfare, Permanent Supportive Housing developers

# Housing Development Goals

- Rental Subsidies: 700 individuals annually
- Operating Subsidies: 600 individuals annually
- Landlord Outreach & Mitigation: 1500 units
- Participant Assistance: 1600 individuals
  
- Special populations:
  - Youth in juvenile justice and child welfare systems
  - LGBTQ+ youth
  - Older adults
  - Justice-involved adults
  - Underserved communities



# Workforce Strategy



- Maintain an Adequate Network of Qualified and Culturally Responsive Providers
  - Build Workforce to Address Statewide Behavioral Health Goals
  - Address Workforce Gaps



# Next Steps

- Finalized Draft Integrated Plan (IP) presented to the Board of Supervisors – June 2026
- Submission to DHCS required by July 1, 2026
- Implementation period: 2026–2029
- Annual updates to ensure accountability and continuous improvement

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