

Behavioral Health Commission Director's Report

June 17, 2026

Behavioral Health Services Core Purpose:

Enriching Communities to Thrive through Accessible, Equitable Behavioral Health Care

Behavioral Health Services advances Sacramento County and the Department of Health Services' core purpose by promoting mental health and substance use treatment, wellness, and recovery so individuals, families, and communities can thrive.

Behavioral Health Services Vision:

A Premier, Trusted Behavioral Health System that fosters a healthy, inclusive community where all people can achieve optimal behavioral health across the lifespan.

Behavioral Health Services Mission:

Improve residents' quality of life by delivering cost-effective, culturally responsive, strength-based behavioral health services that promote recovery, wellness, and resilience, while strengthening community partnerships and advancing health equity.

Values + Behavior = Culture: Behavioral Health Services PRIDE

- **Principled + Integrity in Care:** We act with honesty, transparency, and accountability in all behavioral health services.
- **Respect + Compassion:** We listen, honor lived experience, and treat every individual with dignity, empathy, and cultural humility.
- **Innovation + Community Defined/Evidence-Based Practice:** We encourage creativity and continuous improvement to achieve measurable outcomes.
- **Diversity, Inclusion + Equity & Access:** We commit to reducing disparities and ensuring services are inclusive and culturally responsive.
- **Excellence + Outcome-Driven Service:** We invest in our workforce and deliver high-quality, responsive behavioral health services.

Observances & Holidays

MONTH OF JUNE

For many Sacramento County residents, June brings warmer days, community events, and opportunities to recognize the diverse cultures and experiences that shape our region. It is also a month filled with observances that highlight wellness, equity, cultural traditions, and community connection. Raising awareness and reducing stigma remain essential as individuals and families across the county navigate behavioral health needs. June offers many opportunities to learn, reflect, and honor the diverse experiences of our community.

- **LGBT PRIDE MONTH.** Recognizes the self-affirmation, dignity, equality, and visibility of lesbian, gay, bisexual, and transgender people. Pride Month commemorates the June 1969 Stonewall Riots in New York City, which marked a turning point in the movement against discriminatory laws and practices targeting LGBT Americans. Today, Pride is celebrated through parades, community events, educational activities, and memorials honoring those lost to hate crimes or HIV/AIDS. The month highlights the impact and contributions of LGBT individuals locally, nationally, and internationally.
- **MEN'S MENTAL HEALTH MONTH.** A national observance used to raise awareness about health care for men and focus on encouraging boys, men and their families to practice and implement healthy living decisions, such as exercising and eating healthy.
- **NATIONAL PTSD AWARENESS MONTH.** Dedicated to raising awareness about the condition and how to access treatment.
- **NATIONAL MEN'S HEALTH WEEK.** Highlights preventable health issues affecting boys and men and encourages early detection, regular checkups, and healthy lifestyle choices. The week serves as a reminder of the importance of mental and physical well-being across all stages of life.

JUNE 15

- **WORLD ELDER ABUSE AWARENESS DAY.** Raises awareness about the millions of older adults who experience neglect, abuse and financial exploitation.

JUNE 17

- **ISLAMIC NEW YEAR.** Also called the Hijri New Year or Arabic New Year, marks the start of New Year for Muslim Ummah. For communities following the local moon-sighting tracking, the New Year starts on the evening prior, at sunset.

JUNE 19

- **JUNETEENTH.** Is the oldest nationally celebrated commemoration of the ending of slavery in the United States. On June 19, 1865, Union General Gordon Granger arrived in Galveston, Texas and informed the enslaved African Americans that they were free and that the Civil War had ended. This moment has been celebrated as Juneteenth for more than 150 years. Today, Juneteenth honors African American and Black freedom and emphasizes education and achievement. It is observed with celebrations, guest speakers, picnics, and family gatherings, and in some communities it spans a full week or month. It is a time for reflection, rejoicing, assessment, self-improvement, and planning for the future.

JUNE 21

- **FATHER’S DAY.** Recognizes the many roles’ fathers play, including caregiving, mentorship, emotional support, and guidance. It is also a time to acknowledge the diverse experiences of fatherhood, including single fathers, stepfathers, grandfathers, foster and adoptive fathers, and other caregivers who serve in fathering roles. The day encourages appreciation, connection, and reflection on the importance of supportive family relationships in overall well-being.

JUNE 26

- **INTERNATIONAL DAY AGAINST DRUG ABUSE & ILLICIT TRAFFICKING.** Is aimed at raising awareness about drug abuse and the negative repercussions of illicit trafficking.

JUNE 27

- **NATIONAL PTSD AWARENESS DAY.** This day is dedicated to increasing understanding of Post-Traumatic Stress Disorder and reducing stigma around seeking help. PTSD can develop after experiencing or witnessing a traumatic event and, according to the [National Center for PTSD](#), an estimated 7–8 % of the population will experience PTSD at some point. National PTSD Awareness Day highlights the importance of recognizing symptoms, supporting those affected, and promoting access to effective treatment and recovery resources.

Homeless Initiatives

- Sacramento County Behavioral Health Services is working to expand the Behavioral Health Bridge Housing program. We are seeking qualified applicants through an open enrollment published on OpenGov that would operate interim shelter beds through the addition of up to 100 beds. Some providers have submitted responses to this procurement, and we are working with them to make additional beds available. As of now, 44 of the 100 planned beds are in place. More updates will be shared as they become available.

Crisis and Court/Justice Involved

CRISIS UPDATES:

- The Mental Health Urgent Care Center (MHUCC) at 2130 Stockton Blvd hours are:
 - Monday – Friday: 8:00AM – Midnight (last walk-in at 10:00PM)
 - Saturday, Sunday, and Holidays: 8:00AM – 8:00PM (last walk-in at 6:00PM)
 - The Mental Health Treatment Center at 2150 Stockton Blvd and the 988/Community Wellness Response Team remain available 24/7
- Community Wellness Response Team (CWRT): Provided 257 responses in April – the highest number since the program began.
- Sacramento County BHS received Board approval to enter into an MOU with WellSpace Health 988, Bay Area Community Services, Inc. (BACS) CWRT, Sacramento Regional Fire/EMS Communications Center, and law enforcement agencies to continue our partnership on a

bilateral referral process for calls that come into 911 and 988 to support the community in receiving the best response to meet their needs.

COURT/JUSTICE INVOLVED UPDATES

- Behavioral Health Services (BHS) was awarded a grant to support individuals approved for Prop 36 Mental Health Diversion. BHS is working with Jail Correctional Health to build out telehealth booths and equipment to support more timely assessments and linkage to community services.

Behavioral Health – Adult Outpatient

FULL SERVICE PARTNERSHIP AWARDS

- The Board of Supervisors approved the new Adult FSP program on May 19, 2026.
- RENEW. Through community input, the name RENEW (Recovery, Engagement, Navigation, Empowerment, and Wellness) was chosen. It represents the new FSP Behavioral Health Transformation, which integrates BHSA and BH CONNECT initiatives with new evidence based practices such as ACT and FACT.
- We are having ongoing provider transition meetings to support seamless transitions for our members, beginning July 1.

PERMANENT SUPPORTIVE HOUSING

- Madison Square Studios is our newest Permanent Supportive Housing (PSH) development and began lease-up on May 11th. The project offers 118 affordable units, including 15 dedicated BHS units. Telecare SOAR serves as the FSP provider, ensuring integrated behavioral health and housing support. This brings our operational PSH portfolio up to 529 units across 21 developments.

Behavioral Health – Child and Family

- Procurement process has concluded for the full service partnership wrap around program for children and families. We go to the board in August and are recommending six providers.
- The new Atlas procurement, which will replace FIT closed to new applications June 12, 2026, and the evaluation committee will make recommendations in July.

Behavioral Health Services Act

- The Behavioral Health Services Act Three Year Integrated Plan for Fiscal Years 2026-29 was approved by the Board of Supervisors on June 9, 2026.

Administration

- The Sacramento County Board of Supervisors Budget Hearings began 6/10/2026.

Behavioral Health Commission and Committees

- Sacramento County Behavioral Health Commission (BHC): Established to promote transparency, accountability, and community engagement in behavioral health services. Learn more about the [Sacramento County Behavioral Health Commission](#).
- The Clerk of the Board has provided proposed term limits for Behavioral Health Commission members to establish the staggered three-year structure required by the Bylaws. Under the Bylaws, the Board of Supervisors is responsible for equitably staggering appointments. Once the term limits are confirmed, updated appointment letters will be issued to all Commissioners.
- **MEETING DATES**
 - **Behavioral Health Commission Meetings:** Third Wednesday of the month, 6:00–8:00 PM
 - ◇ Next meeting: Wednesday, July 15, 2026
 - **BHC Executive Committee:** First Thursday of the Month, 6:00–7:30 PM
 - ◇ Next meeting: Thursday, July 2, 2026
 - **BHC Adult Prevention & Treatment Committee:** Second Monday of the Month, 6:00–7:30 PM
 - ◇ Next meeting: Monday, July 13, 2026
 - **BHC Youth Prevention & Treatment Committee:** First Monday of the Month, 6:00–7:30 PM
 - ◇ Next meeting: Monday, July 6, 2026
 - **BHC Crisis & Justice Involved Continuum Committee:** Second Thursday of the Month, 4:00–5:30 PM
 - ◇ Next meeting: Thursday, July 9, 2026

Recruitment

Behavioral Health Services (BHS) continues to face a workforce crisis due to the statewide shortage of behavioral health professionals. Community members are encouraged to apply, as many positions are currently available. Applications are accepted on an ongoing basis! Explore current openings, application instructions, benefits information, employee testimonials, and more on the [BHS Employment webpage](#). BHS is committed to building a workforce that reflects the diversity of our community. We are seeking applicants from a wide range of backgrounds and experiences - clinical, professional, and lived - who bring energy, compassion, and enthusiasm for public service.

Learn about
services &
programs:



Behavioral Health
Services
Employment Page



QR Codes – BHS Resources: Handout #5

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Department of Health Services

Timothy W. Lutz
Director

Divisions

Administration
Behavioral Health
Primary Health
Public Health

County of Sacramento

June 4, 2026

Sacramento County Behavioral Health Commission
Sarah Weber, Chair
Sacramento County Behavioral Health Commission

Re: Response to Behavioral Health Commission Recommendations — Mental Health Crisis Respite Center and Behavioral Health Coordinated System of Crisis Care

Dear Chair Weber and Members of the Behavioral Health Commission:

Thank you for your continued engagement and advocacy on behalf of the community members Sacramento County Behavioral Health Services (BHS) serves. The Commission plays a vital advisory role, and we are grateful for the diligence and care reflected in both your February 2026 letter regarding the Mental Health Crisis Respite Center and your May 20, 2026 letter regarding the Behavioral Health Coordinated System of Crisis Care.

We write to respond to the recommendations in both letters and to provide additional context that we hope will be helpful as the Commission continues its important work.

Mental Health Crisis Respite Center

We share the Commission's high regard for the Mental Health Crisis Respite Center operated by Hope Cooperative, and we recognize the meaningful role it has played in serving over 2,000 individuals in FY 2024-2025. The evidence base you cited regarding peer respite programs is well-established, and we do not dispute the value of this model.

However, we must be transparent about the very real fiscal constraints that inform our current position. The transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) has required Sacramento County to make difficult decisions across our entire portfolio of community-based programs. In total, BHS has had to reduce approximately \$16.5 million in BHSA funding from community-based organizations as a direct result of these

funding structure changes. The sunseting of the Crisis Respite Center is one of many painful consequences of this structural shift — not a reflection of its programmatic value.

We want to be clear about the specific challenge with the Crisis Respite Center: it is not a Medi-Cal billable service. Unlike many other behavioral health programs, it cannot be leveraged with federal matching dollars. This means its operational costs must be covered entirely through local funding — a funding stream that BHS does not have discretionary capacity to deploy at this time without defunding another currently operating program.

The Commission's recommendation to continue funding the Crisis Respite Center in FY 2026-2027 would require either identifying an equivalent reduction elsewhere in our portfolio or identifying a new funding source. BHS has not identified a path to do either without significant impact to other services.

We do want to highlight an important development: the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) has announced grant opportunities specifically designed to fund Peer Respite Centers. BHS has shared this funding opportunity with all organizations we have funded for respite services, including Hope Cooperative. We strongly encourage the Commission to support these organizations in pursuing those grants and any other alternative funding streams that may become available. We remain committed to assisting in that process wherever we can.

Behavioral Health Coordinated System of Crisis Care

We appreciate the depth and rigor of the Commission's May 20, 2026 letter and the site visits and stakeholder consultations that informed it. The SAMHSA framework of "Someone to Contact, Someone to Respond, and a Safe Place for Help" reflects our shared vision, and we agree that Sacramento County's crisis continuum is a critical community asset. Below we respond to each of the three recommendations.

Recommendation 1: Restore the \$915,000 WellSpace Health Contract via BHS Early Intervention Funding

We understand the Commission's concern about the sunseting of this contract and the potential disruption to 988 interoperability. However, we want to provide important context about why redirecting BHS Early Intervention funds to this purpose presents significant complications.

The existing WellSpace Health Suicide Prevention contract was funded under MHSAP funding — a category that, under the BHS, now shifts to the California Department of Public Health. It predates the implementation of 988 as a national crisis line. BHS Early Intervention funds were not designed or intended to sustain 988 infrastructure and ongoing crisis operations. These funds are directed toward:

- Early access to behavioral health services
- Community-based outreach and engagement
- Youth and family support
- Non-crisis behavioral health interventions
- Programs that reduce long-term behavioral health disparities

Redirecting these dollars to 988 would reduce prevention and early intervention programming in ways that could harm populations who rely on locally funded behavioral health services and who do not have other options.

Importantly, 988 has dedicated federal and state funding pathways that were specifically designed for this purpose. Congress has invested approximately \$1.5 billion nationally to strengthen 988 infrastructure. The National Suicide Hotline Designation Act of 2020 authorized states to establish telecommunications fees to sustainably fund 988 operations. Additional federal mechanisms — including SAMHSA 988 grants, Medicaid reimbursement, CCBHC funding, and Mental Health Block Grant crisis set-asides — exist precisely so that local county behavioral health funds are not the primary backstop for 988 operations.

Sacramento County is actively engaged with the County Behavioral Health Directors Association in advocating for increased State 988 funding. The Senate budget proposal includes a \$20 million increase to 988 funding — a 13% increase over the Governor's initial proposal — and we are optimistic about this trajectory. We remain committed to supporting WellSpace Health and to ensuring continuity of 988 services through sustainable funding channels.

Regarding the Mental Health Urgent Care Clinic (MHUCC), the reduction in hours was driven by utilization data and the need to align operational costs with Medi-Cal revenue. The Mental Health Treatment Center continues to receive walk-ins during hours when MHUCC is closed to minimize community impact. BHS remains open to evaluating options for restoring extended hours if utilization patterns and financial sustainability support doing so.

For the Crisis Receiving for Behavioral Health (CRBH), BHS remains committed to working collaboratively with WellSpace Health to maximize Medi-Cal reimbursement opportunities through program model evaluation and operational adjustments.

Recommendation 2: Consolidate the County-Run CWRT Call Center into 988 Infrastructure

We appreciate the intent behind this recommendation and want to offer some important operational clarifications. The County-operated CWRT dispatch function is not a traditional call center. It is a specialized dispatch operation: a limited number of personnel who receive transfers from 988, gather critical

response information, coordinate with field teams, and dispatch mobile crisis responders. This is a distinct operational function from crisis counseling and cannot be simply folded into 988 operations without careful analysis of staffing, technology, workflow, and liability considerations.

Additionally, the HOPE Line — which supports the County-operated CWRT — serves as the local 10-digit access number required under the Medi-Cal Mobile Crisis Benefit.

This is not duplicative of 988; it is a contractual requirement that enables Sacramento County to access federal funding for mobile crisis response.

BHS has previously explored opportunities to expand local partner roles in phone line operations and crisis coordination. Those discussions did not result in expanded operational participation. We will continue to evaluate strategies to consolidate operations and identify efficiencies, including a plan for developing a future competitive procurement of the CWRT program.

Recommendation 3: Strengthen Law Enforcement Diversion Pathways to MHUCC and CRBH

We are fully aligned with this recommendation. Sacramento County BHS actively maintains partnerships with law enforcement, EMS, fire, emergency departments, child welfare, judicial partners, and community behavioral health providers. Existing coordination mechanisms include MOUs, referral protocols, shared operational planning, standing interagency meetings, and bi-directional communication pathways.

We support the development of clearer diversion guidelines for MHUCC and CRBH, and we agree that tracking reductions in jail bookings and reinvesting associated cost savings into crisis programs reflects sound policy. The CHCF Blueprint for Sobering Care recommendations on this point are well-grounded, and BHS will actively pursue this approach in coordination with County leadership and law enforcement partners.

Closing Thoughts

The Sacramento County Behavioral Health Commission's work on both of these letters reflects a serious, evidence-informed commitment to the well-being of our most vulnerable community members. We do not take lightly the difficult tradeoffs that current funding constraints require, and we share your concern about the potential consequences of service reductions.

BHS will continue to advocate at the state and federal level for sustainable funding for peer respite programs, 988 infrastructure, mobile crisis services, and crisis stabilization. We welcome continued dialogue with the Commission as we navigate these challenges together.

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Chair and Members, Sacramento County Behavioral Health Commission

June 4, 2026

Please do not hesitate to contact our office if you have questions or wish to discuss any of the points raised in this letter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ryan Quist". The signature is fluid and cursive, with a prominent "R" and "Q".

Ryan Quist, PhD

Behavioral Health Director, Sacramento County Behavioral Health Services

cc: Sacramento County Board of Supervisors

Chevon Kothari, Deputy County Executive, Health and Human Services

Tim Lutz, Director, Health Services