



**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 MHS Prevention 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 large initial "R" and a long horizontal stroke at the end.

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