

Sacramento County Division of Behavioral Health Services Youth and Family Mental Health Overview

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MEDI-CAL RESPONSIBILITIES, ENTITLEMENTS, AND MANDATES

BUDGET / FUNDING

FAST FACTS

- FY 24/25 Requested Budget \$668 M
- 659.4 FTEs
- 161 Provider Agencies with 238 Programs
- Workforce of over 3,500 people across the BHS system of care
- 39,980 consumers served
- 482,914 in Prevention and Early Intervention
- Media campaign: 38.5 M impressions
- Local funds are required as match for Federal Medicaid funds, but payments are received as Patient Care Revenue which is allowable as a matching fund
- Currently in second year of Payment Reform

MEDI-CAL RESPONSIBILITIES

Provide Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services to Sacramento Medi-Cal clients meeting medical necessity for care.

Medical Necessity includes significant impairment in social, occupational, or other important activities and/or a reasonable probability of deterioration in an important area of life due to present of a behavioral health diagnosis.

Entitlements and mandates



CLIENT ENTITLEMENTS

- Sacramento County Behavioral Health Services (BHS) is responsible for overseeing the Specialty Mental Health Service (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) benefits.
- Local Managed Care Plans (MCPs) are responsible for mild to moderate behavioral health concerns that do not meet criteria for SMHS.
- Medi-Cal clients are entitled to medically necessary behavioral health services.




COUNTY MANDATES

- County has an obligation to provide EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) for individuals under 21 with Medi-Cal. County has an obligation to provide the full range of specialty mental health services.
- Must have a mental health condition that impairs day to day life.
- People with Medi-Cal can walk into our county clinics and ask for a mental health assessment. Calling Access is NOT a requirement



PROFESSIONAL REQUIREMENTS

- All professionals are required to follow the legal and ethical rules governing their license and/or certification.



MENTAL HEALTH OUTPATIENT OVERVIEW: YOUTH & FAMILY SERVICES

Child and family continuum of care



**FY 2023-2024 YTD (JULY 1, 2023 – MAY 31, 2024),
APPROXIMATELY 8,141 INDIVIDUALS RECEIVED TREATMENT
SERVICES.**

PRIMARY DIAGNOSES:

- 1. Anxiety Disorder – 32.9%**
- 2. Depressive Disorders – 20.3%**
- 3. Adjustment Disorders – 14.9%**
- 4. ADHD – 14.2%**
- 5. Other Disorders – 9.1%**
- 6. Conduct Disorder – 5.8%**
- 7. Bipolar Disorder – 1.3%**
- 8. Psychotic Disorder – 1.1%**

CHILDREN'S MENTAL HEALTH

FLEXIBLE INTEGRATED TREATMENT (FIT)

Outpatient specialty mental health services, provided to children and families with moderate needs across multiple settings including education, community, and homelessness and housing supports. Services can temporarily flex up to intensive service levels when needed.

- 16 sites
- Includes outreach and engagement to help reduce racial disparities

WRAPAROUND

Intensive coordinated services to help families and children with permanency, safety and well-being. Most are foster youth but offer additional slots to families in jeopardy of dependency. Mental health services are integrated into programming.

THERAPEUTIC BEHAVIORAL SERVICES (TBS)

Using the principles of applied behavioral analysis, these 1:1 services are short-term for youth with behaviors that are extremely difficult - such as tantrums, assaultive behavior, property destruction, suicidality.

FULL SERVICE PARTNERSHIPS (FSP)

A team-based approach that provides individualized, intensive, community-based services to children and their families, with complex, multi-faceted needs including mental health, education, housing, and “whatever it takes” to promote stability and well-being. Most FSPs have a specialized focus

- Transition Age Youth transitioning to **independence**
- Family FSP for families with complex needs
- Juvenile Justice Diversion, Treatment, Prevention for youth involved in the justice system

HOMELESS AND HOUSING SOLUTIONS IN OUTPATIENT SERVICES

QUICK LOOK YEAR 2023 - 2024

Any Housing Flexible Funding Support

2,574 clients received
22.6% Improved from
22-23

Rental Assistance

94.7% of housing flex
fund expenditures
24.7% Improved from
22-23

Basic living

Food, furniture,
documentation, utilities,
credit repair, building
maintenance and repairs
\$532,924

Shelter/Motel stays

\$813,452
Youth & families= \$372,757
Adults= \$440,695
58.8% Improved from 22-23

Security Deposits

30 Families= \$1550 avg
288 adults= \$670 avg

Youth & Families –

219 received rental assistance=
25% increase since 22-23
Totaling \$712,574
31.5% Improved since 22-23

Youth & Families –

77.8% needed only 1-2
months of rent gap.
7.8% Improved since 22-23

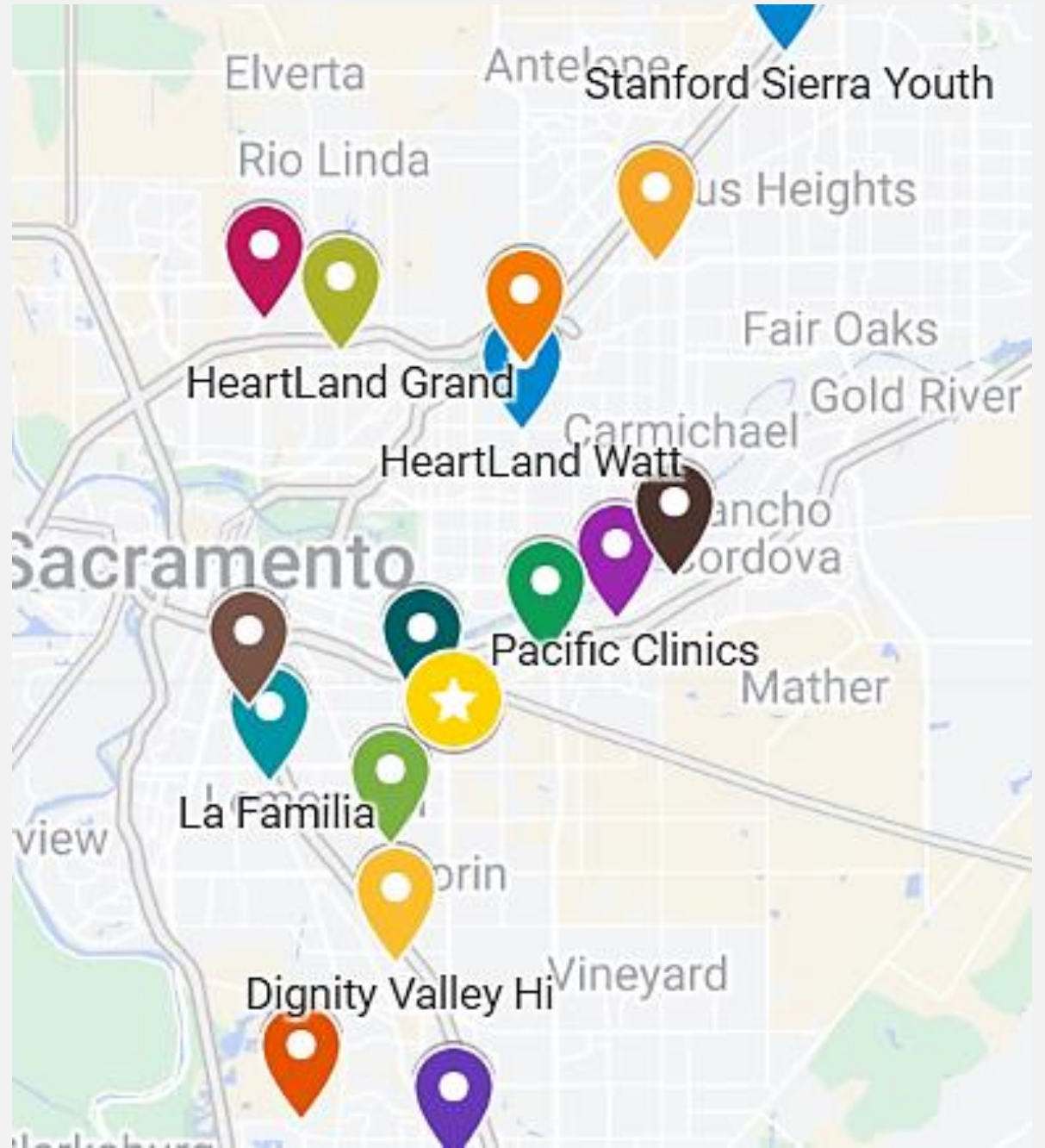
Adult Singles/Couples –

1181 received rental
assistance
Totaling \$4,918,035
22.4% Improved since 22-23

Adult Singles/Couples –

53.3% needed only 1-2 months
of rent gap
Improved by 9.3% since 22-23

Children's mental health outpatient locations



COLLABORATIONS AND NEW PROGRAMMING

FOSTER CARE PLACEMENT BASED SERVICES

- **Short Term Residential Treatment Programs** – Intensive mental health services for children in group home type environments
- **Intensive Services Foster Care** – Foster family agencies can provide FIT services to youth in their ISFC homes
- **Treatment Foster Care**- Professional foster parent model. Foster family agencies can provide FIT services to youth
- **Foster Youth Resources, Services, Treatment (FYRST) *NEW*** – Foster family agencies will provide FIT, Wraparound, and TBS services to the eligible youth in their foster homes.

SCHOOL BASED PROGRAMMING

- eVIBE- Teaches youth positive peer relationships and preventing youth violence
- Nurturing Parenting Program – Teaches parents to build nurturing relationships and utilize positive problem-solving skills to reduce conflict effectively within their family
- Bullying Prevention – Training school district staff to reduce bullying
- Youth Mental Health First Aid & Question Persuade Refer- education for school staff to recognize youth mental health or addiction challenges or crisis
- Safe Zone Squad – a Therapist and Peer on campuses to identify and support youth in crisis
- Primary Care Partnership – 60 clinicians on 60 school campuses and schools as centers of wellness

UPCOMING CSU AND PHF PROGRAMS FOR MINORS



FUNDING

County received Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4 grant money for a new CSU and PHF for minors.



CSU CAPACITY

27 Beds/Chairs



PHF CAPACITY

16 Beds



TIMELINE

Both programs are anticipated to be operational in FY 26/27 and will exclusively serve minors ages 5-18.



PARTNERSHIPS

County will be partnering with neighboring counties for this venture.

Questions?

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