

MHSA Annual Update FY 2025-26



MHSA Steering
Committee Presentation
March 20, 2025

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Community Program Planning

- March 3 – April 2, 2025: 30-day posting for public review and comment
- March 20, 2025: MHSA Steering Committee Presentation and Collective Comment
- March 25, 2025: BHS Cultural Competence Committee Presentation and Collective Comment
- April 2, 2025: Mental Health Board conducts Public Hearing for Public Comment

MHSA Component, Program, & Budget

- MHSA for Sacramento County FY 2025-26



Community
Services &
Supports (CSS)
76% of funding



Prevention & Early
Intervention (PEI)
19% of funding



Innovation (INN)
5% of funding



Workforce
Education &
Training (WET)
Sustained with
CSS funding



Capital Facilities/
Technological
Needs (CFTN)
Sustained with
CSS funding

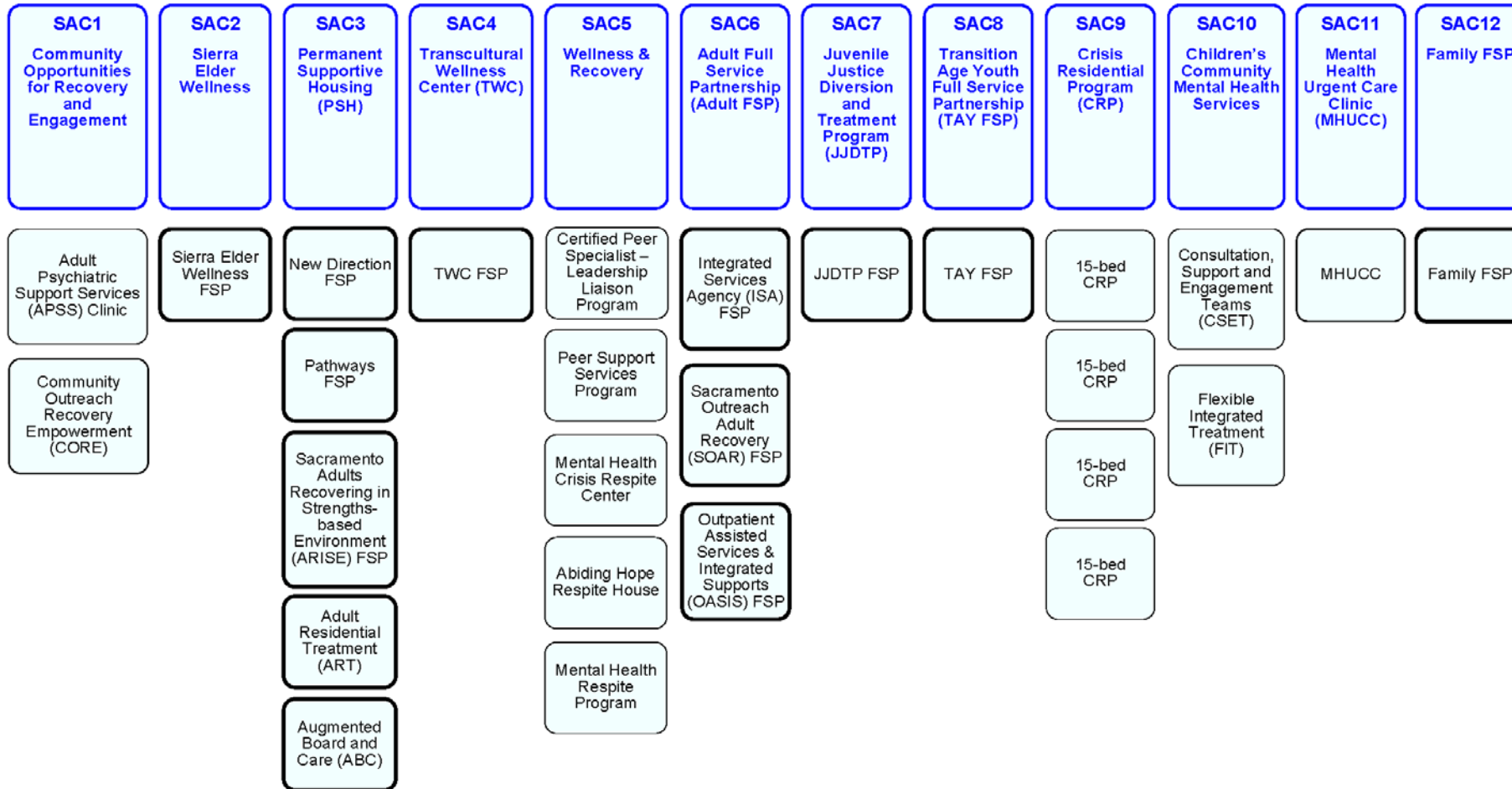
Community Services and Supports (CSS) Component

Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and transition age youth (TAY), adults, and older adults living with a serious mental illness.

- In Fiscal Year 2023-24:
 - 3,147 unduplicated individuals were served across the implemented Full-Service Partnership Programs
 - 27,361 clients were served across the General System Development programs

Mental Health Services Act (MHSA) Community Services & Supports (CSS) Component

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Bolded outline indicates Full Service Partnership (FSP) program.

Un-bolded outline indicates General System Development (GSD) program.



CSS Component (continued)

- SAC-1 Community Opportunities for Recovery and Engagement
 - Community-based mental health treatment services for individuals being released from acute care settings or at risk for entering acute care settings who are not linked to on-going mental health services
 - Includes county-operated and contracted components: Adult Psychiatric Support Services (APSS), Community Outreach Recovery Empowerment (CORE)
 - Services include housing supports for homeless/at-risk of homelessness

CSS Component (continued)

- SAC-2 Sierra Elder Wellness
 - Full-Service Partnership providing specialized older adult services, including psychiatric medication support, multidisciplinary mental health assessments, treatment, and intensive case management services for older adults who require intensive services to remain living in the community at the least restrictive level of care
 - Services will also be provided to support clients at MHSA-financed housing developments

CSS Component (continued)

- SAC-3 Permanent Supportive Housing
 - Full-Service Partnerships providing seamless services designed to meet the increasing needs of the underserved homeless population
 - Permanent supportive housing services include expedited benefits acquisition, integrated, comprehensive high intensity services, and rapid access to permanent housing
 - Services also provided to support clients at MHSA-financed housing developments
 - Includes New Direction, Pathways, Sacramento ARISE, Adult Residential Treatment, and Augmented Board and Care Programs

CSS Component (continued)

- SAC-4 Transcultural Wellness Center
 - Full Service Partnership designed to increase penetration rates and reduce mental health disparities in the Asian/Pacific Islander (API) communities
 - Provides full range of services with interventions and treatment that take into account the cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities

CSS Component (continued)

- SAC-5 Wellness and Recovery
 - Peer Support Services Program
 - Supporting clients linked to the Adult Psychiatric Support Services (APSS's) clinic, Mental Health Treatment Center, and other County-operated programs
 - Certified Peer Specialist – Leadership Liaison Program (CPS-LLP)
 - Mental Health Respite Programs: Mental Health Crisis Respite Center, Abiding Hope Respite House, and St. John's Mental Health Respite Program

CSS Component (continued)

- SAC-6 Adult Full-Service Partnerships
 - Provide an array of high intensity services designed to serve individuals with persistent and significant mental illness who may also have co-occurring substance use disorder and/or co-morbid medical concerns, many of whom are transitioning from long-term hospitalizations
 - Services include housing supports for homeless/at-risk
 - Services are also provided to support clients at MHSA-financed housing developments
 - Includes Integrated Services Agency (ISA), Sacramento Outreach Adult Recovery (SOAR) and Outpatient Assisted Services & Integrated Supports (OASIS)

CSS Component (continued)

- SAC-7 Juvenile Justice Diversion and Treatment Full-Service Partnership
 - Provides screenings, assessments, and intensive integrated mental health services and Full-Service Partnership supports to eligible youth (and their families) involved or at risk of involvement in the Juvenile Justice System

CSS Component (continued)

- SAC-8 Transition Age Youth (TAY) Full-Service Partnership
 - Provides Full-Service Partnership services to TAY at risk populations
 - Services include outreach, engagement, retention and transition strategies that emphasize independent living and life skills, and mentorship
 - Services are also provided to support clients at MHSA-financed housing developments

CSS Component (continued)

- SAC-9 Crisis Residential Program (CRP)
 - Short-term residential treatment programs that operate in a structured home-like setting
 - Voluntary community-based services are designed for individuals who can be appropriately served in a community setting and meet psychiatric inpatient criteria or are at risk of admission due to an acute crisis
 - 15-bed CRP in Rio Linda
 - 15-bed CRP in South Sacramento
 - 15-bed CRP in Rancho Cordova
 - 15-bed Transition Age Youth CRP in Sacramento

CSS Component (continued)

- SAC-10 Children's Community Mental Health Services
 - Consultation, Support and Engagement Team (CSET) Program is designed to address the needs of children and youth who have been commercially sexually exploited
 - Flexible Integrated Treatment (FIT) Program provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health outpatient services to children and youth with serious emotional disturbance under the age of 21 years

CSS Component (continued)

- SAC-11 Mental Health Urgent Care Clinic (MHUCC)
 - With support from the MHSA Steering Committee, the time-limited MHSA Innovation Project 2: MHUCC program services transitioned from the Innovation (INN) Component to CSS funding in FY 2022-23
 - Voluntary and immediate access to short-term crisis intervention services, including integrated services for co-occurring substance abuse disorders, to individuals of all age groups (children, TAY, adults, and older adults) who are experiencing a mental health crisis

CSS Component (continued)

- SAC-12 Family Full-Service Partnership
 - Family Full-Service Partnership (FSP) program addresses the mental health and wellness of an individual through a family systems lens. The Family FSP serves children age 0-21 and adult parents/caregivers of children age 0-21 and their family.
 - The ultimate goal is to sustain health, wellness, safety and stability through the natural supports of a family system.
 - Services also support clients at MHSA-financed housing developments

CSS Full-Service Partnership Demographic Characteristics

In FY 22/23 2,684 individuals were served in a Full-Service Partnership, representing nearly 10% of all beneficiaries served in outpatient programs in the MHP.

Of those served:

- Over 55% were Male
- 33% were Caucasian, and 33% were African American
- Over half (57.2%) were between the ages of 26-59
 - Followed by Transition Age Youth (18%) and Older Adults (18.5%)
- Over 48% were diagnosed with a psychotic disorder (Schizoaffective at 28% and Schizophrenia at 20%)

CSS Full-Service Partnership Program Outcomes Over Time (Open for 2+ years)

- Partners who reported being homeless at baseline decreased by nearly 65% in the first year of enrollment, and nearly 80% in the second year.
- Partners who reported mental health emergency room visits and/or mental health with substance abuse at baseline decreased by 60% in the first year of enrollment, and then to just over 68% in the second year.
- Psychiatric/psychiatric hospitalizations decreased by over 21% in the first year of enrollment and by 50% in the second year.
- The number of partners who self-reported being arrested at baseline decreased by nearly 65% in the first year of enrollment and subsequently decreased by nearly 81% in the second year.
- The number of partners incarcerated at baseline decreased by almost 31% in the first year of enrollment and by nearly 78% in the second year.
- Just over 23% declared they wanted to be employed as part of their recovery goal.

MHSA Housing Program Accomplishments

- Housing for homeless individuals living with serious mental illness
- *\$75 million invested since 2007*
- *159 apartments online between 2008-2012*
- *242 apartments online since 2020*
- *16 active developments*
- *175 units across seven pipeline properties projected to be in service 2025 – 2026*

Prevention and Early Intervention (PEI) Component

Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling.

- In Fiscal Year 2023-24:
 - 79,713 served across Suicide Prevention
 - Over 47,000 outreached through Suicide Prevention
 - 3,874 served across Strengthening Families
 - 13,000+ educated and 404 trained through Strengthening Families
 - 2,054 served across Integrated Health and Wellness
 - 6,834 served across PEI Time-Limited Grants

Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) Component

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Suicide Prevention

Suicide Crisis Line

Emergency Department Follow-Up Services

Suicide Bereavement Support Groups
and Grief Services

Supporting Community Connections (SCC)

- Consumer-Operated Warm Line
- Hmong, Vietnamese, Cantonese-Speaking
- Slavic/Russian-Speaking
- Youth/TAY
- Older Adult
- African American
- American Indian/Alaskan Native
- Latino/Spanish-Speaking
- Arabic-Speaking
- Lu Mien
- Ukrainian Support Line
- Afghan
- Farsi-speaking

Community Support Team (CST)

Crisis Navigation Program (CNP)

Co-response Crisis Intervention Team (CCIT)

Caregiver Crisis Intervention Respite

Rejuvenation Haven

The Ripple Effect Respite

Q-Spot Youth/TAY Respite

Lambda Lounge Adult Mental Health Respite

Strengthening Families

Quality Child Care
Collaborative (QCCC)

CPS Mental Health Team

Bullying Prevention Education
& Training

Youth Mental Health First Aid
(YMHFA)

Early Violence Intervention
Begins with Education (eVIBE)

Adoptive Families
Respite Program

The Source

Safe Zone Squad

Youth Help Network

Student Mental Health and
Wellness Collaborative

Integrated Health & Wellness

Sacramento Early Diagnosis
and Preventative Treatment
(SacEDAPT)

SeniorLink

Community Responsive
Wellness Program for the
Black Communities of
Sacramento (CRWP)

Mental Health Promotion

"Mental Illness: It's not always
what you think" project

- Multi-Media Outreach
- Stakeholder Engagement
- Community Outreach
- Stop Stigma Sacramento
Speakers Bureau

Mental Health Matters

Time-Limited Community Driven PEI Program

34 Sacramento County
Community-Based
Organizations



Rev 3/03/25

PEI Component (continued)

- Suicide Prevention Program
 - Suicide Crisis Line
 - Emergency Department Follow-Up Services
 - Suicide Bereavement Support Groups and Grief Services
 - Supporting Community Connections (SCC):
 - Consumer-Operated Warm Line; Hmong, Vietnamese, Cantonese; Slavic/Russian-Speaking; Youth/Transition Age Youth; Older Adult; African American; American Indian/Alaskan Native; Latino/Spanish-Speaking, Lu Mien, Arabic-Speaking, Ukrainian Phone Support, Farsi-Speaking, Afghan

PEI Component (continued)

- Suicide Prevention Program (continued)
 - Community Support Team
 - Crisis Navigation Program
 - Mobile Crisis Support Teams
 - Mental Health Respite Programs:
 - Caregiver Crisis Intervention Respite
 - Rejuvenation Haven (for Teens and TAY)
 - The Ripple Effect Respite
 - Q Spot Youth/TAY Respite
 - ★ Lambda Lounge Adult Respite

PEI Component (continued)

- Strengthening Families Program
 - Quality Child Care Collaborative
 - CPS Mental Health Team
 - Bullying Prevention Education and Training
 - Youth Mental Health First Aid
 - Early Violence Intervention Begins with Education
 - Adoptive Families Respite Program
 - The Source
 - Safe Zone Squad
 - Student Mental Health and Wellness Collaborative
- Youth Help Network

PEI Component (continued)

- Integrated Health and Wellness Project
 - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
 - SeniorLink
 - Community Responsive Wellness Program for Black Communities of Sacramento

PEI Component (continued)

- Mental Health Promotion Program
 - “Mental Illness: It’s not always what you think”
 - Multi-media outreach
 - Social media and microsite
 - Stakeholder engagement
 - Collateral material
 - Community outreach events
 - Stop Stigma Sacramento Speakers Bureau
 - Mental Health Matters

Time-Limited Community Driven PEI Program

- Program and competitive bidding process administered by CalMHSA
 - Round One: 34 grants awarded
 - Round Two: 27 grants awarded

Workforce Education and Training (WET) Component

- Time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system
- Activities are sustained with CSS funding

**Mental Health Services Act (MHSA)
Workforce Education and Training (WET) Component**

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Action 1: Workplace Staffing Support
BHS WET Coordinator

Action 2: System Training Continuum

**Action 3: Consumer and Family Member Employment and Stipends
for Individuals, Especially Consumers and Family Members, for Education
Programs to Enter the Mental Health Field**

Action 4: High School Training
Arthur A. Benjamin Health Professions High School (AABPHS), Sacramento City
Unified School District and Valley High School Health TECH Academy (VHSHTA),
Elk Grove Unified School District

Action 5: Psychiatric Residents and Fellowships
UCD Psychiatry Residents and Fellowship Training; Mental Health and Substance Use
Prevention and Treatment Provider Training; UCD Residents and Post-Doctoral Fellows
at Youth Detention Facility; and BHS Clinical Child Psychology, Pre-Doctoral Internship
Training Program

Action 6: Multidiscipline Workforce Recruitment and Retention
BHS Loan Repayment Program

Action 7: Consumer Leadership Stipends

Innovation (INN) Component

Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access, increasing the quality of services, or promoting interagency collaboration.

- Projects are limited to terms of five years or less
- Successful projects may be sustained with CSS and/or PEI funding, as appropriate based on funding requirements and system needs

Mental Health Services Act (MHSA) Innovation (INN) Component

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INN Project 1: Respite Partnership Collaborative (RPC)

2011-2016
Programs sustained after 2016
with CSS or PEI funding

Capital Adoptive Families Alliance

Del Oro Caregiver Resource Center

Turning Point Community Programs:
Abiding Hope Respite House

Iu Mien Community Services

Saint John's Program for Real Change

TLCS: Crisis Respite Center

A Church for All: Ripple Effect

Sacramento LGBT Community Center:
Lambda Lounge

Wind Youth Services

Gender Health Center

Sacramento LGBT Community Center:
Q Spot

INN Project 2: Mental Health Crisis/Urgent Care Clinic

2017-2022
Program sustained after 2022 with CSS funding

**Mental Health Urgent Care Clinic
(MHUCC)**
Turning Point Community Programs

INN Project 4: Multi-County Full Service Partnership Innovation Collaborative

2020-2024

Multi-County Full Service Partnership (FSP) Collaborative

Third Sector & Sacramento, Fresno,
San Bernardino, San Mateo, Siskiyou, and
Ventura counties

INN Project 6: allcove Sacramento

2024 – Present

allcove Sacramento
Greater Sacramento Urban League

INN Project 3: Behavioral Health Crisis Services Collaborative

2018-2023

**Behavioral Health Crisis Services
Collaborative**
BHS, Placer County & Dignity Health

INN Project 5: Forensic Behavioral Health Multi-System Teams

2021-2024

Community Justice Support Program
El Hogar

INN Project 7: Community-Defined Mental Wellness Practices for the African American/ Black/African Descent Unhoused

2024 – Present

Provider(s) to be determined

Active INN Projects

- Community Justice Support Program
 - Focuses on justice involved adults (18+) and older adults to increase access to mental health services, promoted interagency and community collaboration related to mental health services, supports and outcomes
 - Adapts and expands on the Child and Family Team Child Welfare model now known as Multi-System Teams
 - Outcomes include: increased collaboration; immediate access to services; care coordination and reduced re-incarcerations

Active INN Projects (continued)

- allcove Sacramento
 - Youth Drop-in Center, administered by the Greater Sacramento Urban League
 - Multi-county initiative led by the MHISOAC which began in 2020
 - Mental wellnss center serving youth 12 to 25 years of age
 - Contract was executed in FY 2023-24

Active INN Projects (continued)

- Community Defined Mental Wellness Practices for African American/Black/African Descent Unhoused
 - Phase 1 includes more community conversations, facilitated by trusted community sites.
 - Currently being scheduled
 - Phase 2 will start procurement process
 - Phase 3 will be implementation and evaluation

Capital Facilities and Technological Needs (CF/TN) Component

- Technological Needs Project
 - Furthers the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care
 - BHS, along with other participating counties, moved to SmartCare (semi-statewide EHR) to align with CalAIM initiatives

Budget

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,141,629	5,911,842	24,161,761	1,566,911	3,492,021	
2. Estimated New FY 2025/26 Funding	71,366,640	17,841,660	4,695,170			
3. Transfer in FY 2025/26a/	0			0	0	
4. Access Local Prudent Reserve in FY 2025/26	0	0				0
5. Estimated Available Funding for FY 2025/26	75,508,269	23,753,502	28,856,931	1,566,911	3,492,021	
B. Estimated FY 2025/26 MHSA Expenditures	75,508,269	19,945,034	7,465,007	1,566,911	3,492,021	
C. Estimated FY 2025/26 Unspent Fund Balance	0	3,808,468	21,391,924	0	0	

Budget (continued)

F. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2025	13,196,792
2. Contributions to the Local Prudent Reserve in FY 2025/26	0
3. Distributions from the Local Prudent Reserve in FY 2025/26	0
4. Estimated Local Prudent Reserve Balance on June 30, 2026	13,196,792

Attachment B: MHSA Funding Summary

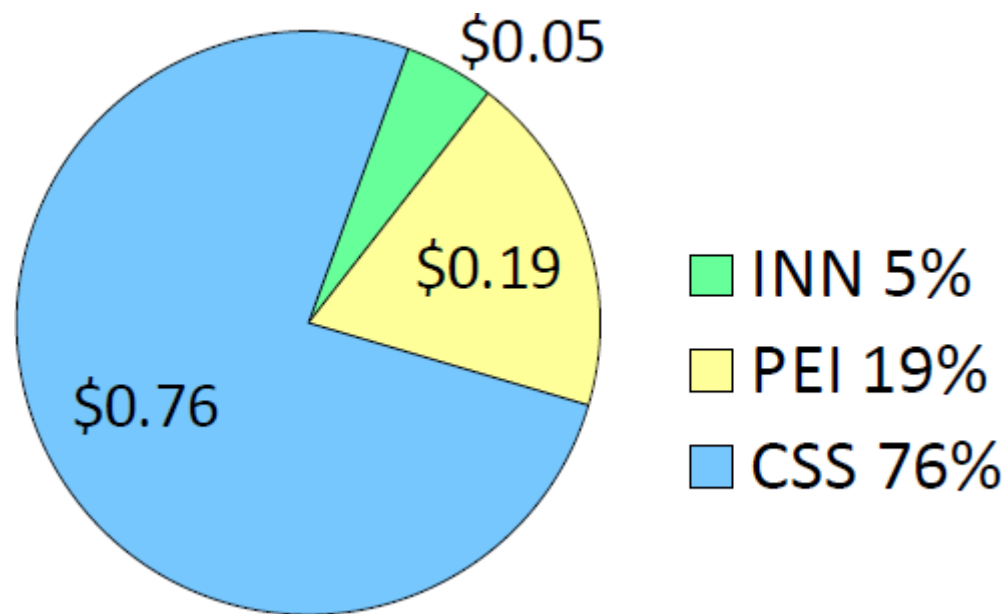
- CSS Component Funding
 - Majority must be directed to Full-Service Partnership programs
 - 76% of each MHSA dollar is CSS
 - Unspent and new CSS funding is combined to:
 - Sustain CSS programming and activities
 - Sustain critical activities in WET and CF/TN
 - Sustain successful and applicable INN projects
 - Sustain MHSA Housing Program investments

Attachment B

Funding Summary (continued)

- PEI Component Funding
 - Majority must be directed to services for ages 0-25
 - 19% of each MHSA dollar is PEI
- INN Component Funding
 - Funding to test new/improved mental health practices or approaches
 - Projects can span up to 5 years (not sustainable)
 - 5% of each MHSA dollar is INN

Attachment B Funding Summary (continued)



Attachment B

Funding Summary (continued)

- WET Component Funding
 - Time-limited funding
 - Activities must be sustained by CSS funding
- CF/TN Component Funding
 - Time-limited funding
 - Activities must be sustained by CSS funding
- Prudent Reserve
 - Per W&I Code, counties must establish and maintain a prudent reserve to ensure MHSA-funded programs continue when revenues decline

Attachment B

Funding Summary (continued)

Overarching Points

- Mental Health Services Act (MHSA) funding is generated by a 1% tax on personal income in excess of \$1M
 - As income tax-based revenue, MHSA funding is greatly impacted by the economy (impacts lag by approximately 2 years)
 - MHSA revenue is volatile and difficult to project
- In FY 2023-24, Sacramento County received an allocation of 3.54% of State MHSA funding

County Certification

- County Fiscal Accountability Certification
- This certification will be completed and signed after Sacramento County Board of Supervisors approval

Attachments

- A.. 2024 Human Resources Survey Report
- B. MHSA Annual Update Funding Summary
- C. Peer Toolkit for Workplace Success
- D. Peer Employer Toolkit
- E BHS MHSA Housing Portfolio Catalog
- F. Community Driven PEI Grant – CalMHSA Program Report FY23-24
- G. FY 2023-24 MHSA Annual Prevention and Early Intervention Program and Evaluation Report
- H. Multi-County FSP – CalMHSA Final Evaluation Report
- I. Acronym List

Member Questions, Discussion and Collective Comment

- Overall, is the MHSA Steering Committee in support of moving the MHSA Two-Year Plan forward?
- Is there additional feedback that should be considered?
- Is there feedback regarding the general format?