



EXECUTIVE SUMMARY

of the

MENTAL HEALTH SERVICES ACT Fiscal Year 2025-26 Annual Update

**Posted for 30-day Public Review and Comment
March 3, 2024 through April 2, 2025**

Executive Summary

Proposition 63 was passed by California voters in November 2004 and became known as the Mental Health Services Act (MHSA). MHSA authorized a tax increase on millionaires (1% tax on personal yearly income in excess of \$1 million) to develop and expand community-based mental health programs. The goal of MHSA is to reduce the long-term negative impact on individuals and families resulting from untreated serious mental illness.

Sacramento County is one of twenty counties located in the Central Mental Health Region of the State of California. The State of California, Department of Finance estimates the 2024 population of Sacramento County to be approximately 1.6 million. As such, Sacramento is considered a large county, especially in comparison with the populations of surrounding counties. Sacramento County contains one of the most ethnically and racially diverse communities in California. The Sacramento American Indian/Alaska Native community includes tribal people from many different States and regions with unique cultures and histories, including the first indigenous communities of Sacramento; the Nisenan people, the Southern Maidu, Valley and Plains Miwok, Patwin Wintun peoples, and Wilton Rancheria, Sacramento's only federally recognized Tribe. Previously, Sacramento County has been one of three counties with the highest number of newly arriving refugees in California. In recent years, Sacramento County has resettled more Refugees and Special Immigrant Visa holders than any other county in California. Global events transpiring over the past years have resulted in an increase in the number of refugees arriving from Afghanistan and Ukraine, thereby enriching the diversity of our community. With the addition of Arabic as a threshold language in 2017 and Farsi in 2020, Sacramento County now has a total of seven threshold languages (Arabic, Cantonese, Farsi, Hmong, Russian, Spanish, and Vietnamese). We welcome these new residents and continue to work towards meeting the unique needs of these emerging communities.

Sacramento County has worked diligently on the planning and implementation of every MHSA component. The plans for each component of MHSA are the result of local community planning processes. The programs contained in the plans work together with the rest of the system to create a continuum of services that address gaps to better meet the needs of our diverse community.

The **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. Housing is also a large part of the CSS component. In Sacramento County, there are 12 approved CSS Work Plans, together containing numerous programs. Over the years, these programs have expanded and evolved as we strive to deliver high quality and effective services to meet the needs of children/youth, transition age youth (TAY), adults, older adults and their families.

The **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. Sacramento County's PEI Plan is comprised of four (4) previously approved programs containing programs designed to address suicide prevention and education; strengthening families; integrated health and wellness; and mental illness stigma and discrimination reduction.

The **Innovation (INN)** component provides time-limited funding to test new mental health practices or approaches or adapted approaches with the goal of increasing access (including access for underserved groups), increasing the quality of services, or promoting interagency collaboration.

Sacramento County's first approved **INN Project**, known as the Respite Partnership Collaborative (RPC) spanned five years from 2011 – 2016. The mental health respite programs established through this project have transitioned to MHSA CSS/PEI funding and are described in this Annual Update.

In May 2016, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Sacramento County's second INN Project, known as the Mental Health Crisis/Urgent Care Clinic. The Clinic began providing services in November 2017. With support from the MHSA Steering Committee, the services in this INN Project transitioned to MHSA CSS funding in July 2022.

In May 2018, the MHSOAC approved Sacramento County's third INN Project, known as the Behavioral Health Crisis Services Collaborative (BHCSC). The project is a public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in the northeastern region of Sacramento County. The BHCSC began providing services in September 2019. The project term ended in February 2023.

In June 2020, the MHSOAC approved Sacramento County's fourth INN Project, Multi-County Full Service Partnership (FSP) INN Project. The project aims to improve how counties collect and use data to define and track outcomes that are meaningful for FSP clients and to help counties use data to inform program design and improve FSP service delivery.

In June 2020, the MHSOAC also approved Sacramento County's fifth INN Project, Forensic Behavioral Health Multi-System Teams, now known as Community Justice Support Program. This project adapts and expands a teaming approach for the adult forensic behavioral health population. Project services and multi-system teams began delivering services in FY 2021-22.

In November 2023, the MHSOAC approved Sacramento County's sixth INN project, allcove Sacramento, awarded to the Greater Sacramento Urban League. This project is a youth drop-in center which aims to increase accessibility to affordable mental health and wellness services for youth between the ages of 12-25 and their families, including behavioral health, physical health, housing, education, and employment support, and linkage to other services.

In January 2024, the MHSOAC approved Sacramento County's seventh INN project, Community-Defined Mental Wellness Practices for the African American/Black/African Descent Unhoused community members. This community-defined approach will be operationalized by trusted community sites located in neighborhoods accessible to the focus population, co-locating clinicians and peer specialists, who are community members with lived experience, using community defined strategies, methods and practices to deliver mental health, peer support and navigation services to the focus population.

The **Workforce Education and Training (WET)** component provides time-limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system and ensure they are adequately trained to provide effective services and administer programs based on wellness and recovery. Sacramento County's WET Plan is comprised of seven (7) approved actions. Per Welfare and Institutions Code (WIC) Section 5892(b), Counties may use a portion of the CSS funds to sustain WET activities once the time-limited WET funds are exhausted. Today, these activities are being sustained with CSS funding.

Through California's Office of Statewide Health Planning and Development WET Plan, WET grant funding was awarded to five (5) regional partnerships to fund activities that support the workforce needs of each of the counties within those regional partnerships. Participating counties are required to provide a match to access funding made available to their respective regional partnership. With MHSA Steering Committee support, Sacramento County is participating in the Central Regional Partnership.

On September 25, 2020, California Governor Gavin Newsom signed Senate Bill (SB) 803, which directed the State of California Department of Health Care Services (DHCS) to establish Peer certification requirements by July 1, 2022, validating the importance of peer support services in mental health treatment by recognizing peers as Medi-Cal providers. In alignment with SB 803, DHCS established statewide requirements for the development of Medi-Cal certification programs of Peer Support Specialists. California Mental Health Services Authority (CalMHSA), on behalf of California counties, will implement and administer all components of the Peer Support Specialist Certification program, including required data collection and submission to DHCS, certification of Peers, exam administration, investigations, approval, auditing, and monitoring of training vendors.

During FY 2020-21, the County established within the County employment system a Behavioral Health Peer Specialist series that includes the creation of Behavioral Health Peer Specialist, Senior Behavioral Health Peer Specialist, and Behavioral Health Peer Specialist Program Manager classifications. With MHSA Steering Committee support, Sacramento County's Behavioral Health Peer Specialist Program Managers will oversee the implementation of the Peer Support Specialist Certification program in Sacramento County in close collaboration with CalMHSA. As of January 17, 2025, Sacramento County has over 290 Medi-Cal Certified Peer Support Specialists, and this number continues to grow.

The **Capital Facilities (CF)** project was completed in Fiscal Year 2015-16. The project renovated three buildings at the Stockton Boulevard complex that houses the Adult Psychiatric Support Services (APSS) clinic, Peer Partner Program and INN Project #2: Mental Health Crisis/Urgent Care Clinic. Those renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events.

The **Technological Needs (TN)** project, contained within the Capital Facilities and Technological Needs component, funds and addresses our commitment to move to an Electronic Health Record and Personal Health Record to improve client care. Per WIC Section 5892(b), Counties may use a portion of the CSS funds to sustain TN projects once the time-limited TN funds are exhausted. Today, these activities are being sustained with CSS funding.

Detailed descriptions of the programs and activities for each of the above MHSa components are contained in the MHSa Fiscal Year (FY) 2025-26 Annual Update.

The Draft MHSa FY 2025-26 Annual Update will be posted for a 30-day public comment period, from March 3 through April 2, 2025. The Mental Health Board will conduct a hybrid Public Hearing, held in person and virtually, on Wednesday, April 2, 2025, beginning at 6:00 p.m.

This Public Hearing will be a hybrid meeting at 7001-A East Parkway, Sacramento, CA 95823, in Conference Room 1. Community members may attend in person or virtually. Dinner will be provided for those who attend in person. Teleconference access information will be posted to the MHSa webpage, [https://dhs.saccounty.gov/BHS/Pages/MHSa/Mental-Health-Services-Act-\(MHSa\)-Homepage.aspx](https://dhs.saccounty.gov/BHS/Pages/MHSa/Mental-Health-Services-Act-(MHSa)-Homepage.aspx), and on the Mental Health Board website, <https://dhs.saccounty.gov/BHS/Pages/Advisory-Boards-Committees/Mental-Health-Board/BC-Mental-Health-Board-Meetings-2025.aspx>, at least one (1) week prior to the Public Hearing.

If a community member would like to attend the Public Hearing and needs to arrange for an interpreter or a reasonable accommodation, please contact Alondra Thompson as soon as possible, but no later than Wednesday, March 26, 2025, at (916) 709-5485 or thompsonal@saccounty.gov.