



Sacramento County Mental Health Board

June 2, 2023

Sacramento County Board of Supervisors
700 H Street, Suite 2450
Sacramento, CA 95814

To: Sacramento County Board of Supervisors
Re: Mental Health Board Budget Recommendations for FY 2023-24

Honorable Supervisors:

The Sacramento County Mental Health Board's (MHB) statutory duties in the Welfare and Institutions Code Section 5604.2(a) include reviewing and evaluating the community's public mental health needs and services and advising the governing body and the local mental health director as to any aspect of the local mental program. Consistent with these duties, the MHB has reviewed the [Sacramento County Recommended Budget for FY 2023-24](#). We have evaluated how it aligns with the policy and fiscal recommendations that the MHB has made in the past and are making recommendations in support of growth proposals for county departments with an emphasis on Behavioral Health Services (BHS) programs.

Homelessness and Housing

The MHB has a history of supporting increased housing and mental health services for individuals with mental illness experiencing homelessness. In a letter to the Board of Supervisors dated 8/18/2020, we advocated for additional staffing for mental health programs serving individuals with mental illness experiencing homelessness and for mobile services that would increase their accessibility. In [a letter to the Board dated 3/5/2021](#), after a severe weather event, we advocated for expanded access to warming/cooling shelters. Finally, [in a letter to the Board dated 9/9/2021](#), in response to the Board's inquiry about the MHB's budget priorities for FY 2022-23, the MHB ranked housing, including supporting low and middle-income housing, affordable housing, and housing for currently unhoused people, and homelessness services and initiatives, including the homeless encampment initiative and trauma-informed services for people experiencing homelessness as two of its five top priorities. As a result of this long-standing support, the MHB supports the following growth proposals:

- **Increase existing Community Outreach Recovery Empowerment (CORE) contract by \$5,180,000.** On December 6, 2022, the Board approved Resolution #2022-1043, authorizing the County Executive to execute an agreement with the City of Sacramento memorializing the respective roles and commitments of the County of Sacramento and City of Sacramento to address the homelessness crisis. This collaboration outlines specific strategies to provide outreach and linkage to behavioral health programs for the unhoused. This funding will establish a new CORE site in downtown Sacramento, to ensure more proximate access to care for those residing in the Central Business District. If not approved, BHS will not be able meet

the commitment outlined in the City County Partnership Agreement, which will result in barriers for unsheltered individuals accessing mental health services and support.

- **Increase existing Community Outreach Recovery Empowerment (CORE) contracts by \$2.2 million to add Community Wellness Outreach workers.** These funds support the addition of 2.0 FTE Community Outreach Workers at each of the 11 CORE sites, totaling 22 contracted FTEs, dedicated to encampment linkages to behavioral health services. These outreach teams will work alongside County and City staff to coordinate efforts to meet the needs of the unhoused and mutual goal of moving individuals out of homelessness. This includes providing a peer approach to engagement, assessment and enrollment into behavioral health services for individuals in homeless encampments. If not approved BHS will not be able meet the requirements outlined in the City County Partnership Agreement and will create barriers for unsheltered individuals accessing mental health services and support.
- **Add 6.0 FTE Behavioral Health Peer Specialists (BHPS) to pair with Mental Health Counselors (MHC) to work on the Homeless Engagement and Response Team (HEART) in homeless encampments by \$411,339.** BHPS will support clients to essential services that will help them with housing readiness and access to resources to address homelessness, mental health, substance use, income benefits, medical care etc. The County recently signed a Memorandum of Understanding (MOU) with the City of Sacramento to dedicate 2/3 of our HEART to City encampments, leaving Mental Health Counselors in the rest of the county not paired with a BHPS.
- **Purchase two passenger vans for the Homeless Encampment and Response Team (HEART) for the 10 teams that work in homeless encampments scattered throughout the County by \$95,244.** Data shows that without support with transportation, individuals experiencing homelessness follow through with linked mental health resources only 11% of the time. Vans will allow HEART to transport and support clients to essential services that will help them with housing readiness and access to resources to address homelessness, mental health, substance use, income benefits, medical care etc. Many clients have shopping carts, tents, and other belongings that will not fit in a smaller vehicle, so passenger vans would be most helpful and are necessary to fulfill the requirements of BHS-HEART detailed in the new County & City Collaborative Agreement.
 - The MHB strongly encourages BHS to consider purchasing a truck or trucks with an open pickup bed instead of an enclosed van for greater utility when providing support to individuals experiencing homelessness.

Expanding Access to Equitable Mental Health Services

The MHB supports all of the following growth proposals to the DHS budget that will result in increased availability of mental health services for clients in Sacramento County. The MHB believes that all mental health services must be culturally, ethnically, and linguistically relevant and we strongly encourage BHS to continue addressing behavioral health racial equity disparities by allocating robust and sustainable funding for all of Sacramento County's underserved populations including, but not limited to, the Asian Pacific Islander and the African American/Black populations. The MHB would like to see specific budget growth requests for the Hispanic and Latino populations.

- **Utilize Behavioral Health Continuum Infrastructure Program Grant (BHCIP) Round 4 funding to construct a new Children's Mental Health Psychiatric Health Facility and Crisis Stabilization Unit, specifically designed for individuals under 18 years of age by \$13,570,960.** BHCIP is a State initiative that supports activities for the acquisition and

expansion of behavioral health infrastructure throughout the state. This grant provides funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings serving Medicaid beneficiaries. Not approving this could result in an increase in recidivism (e.g. hospitalizations, encounters with law enforcement, etc.), longer lengths of stay in high-level psychiatric care settings, lack of seamless care transitions/coordination of services, and lack of equitable resources for the community.

- **Utilize California Advancing and Innovating Medi-Cal initiative funding to adopt a performance-based incentive program to all contracted Mental Health Medi-Cal treatment service providers by \$9,874,783.** Provider incentive allocations based on 5% of contract total. This Pay for Performance model will tie additional reimbursement to metric-driven outcomes and best practices. If not approved impacts may include increases in hospital readmissions, behavioral health treatment facility readmissions and incarceration recidivism. State revenue funding.
- **Add 1.0 FTE Mental Health Program Coordinator to provide expert oversight in eating disorder mental health services by \$149,889.** An analysis of services in 2021 revealed there has been a 400% increase in eating disorder referrals. Federal law and regulations for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) dictate services are a mandate for individuals with Eating Disorder diagnoses. This position will provide essential, complex and specialized oversight, case conferencing, assessments for level of care, arrangement of specialized continued education, and evidence-based practices. If not approved, it may result in youth being admitted to inappropriate facilities with inadequate services to meet their needs. This would also result in added safety risks to youth ages 0 to 21, including dangerous physical ailments and the County being required to pay for erroneous services because of lack of expert knowledge.
- **Increase the Children’s Mental Health Flexible Integrated Treatment (FIT) Contract Pool to add an additional 16th FIT clinic site and to include funding for infrastructure by \$5,000,000.** The state mandate outlined in Behavioral Health Information Notice (BHIN) 22-065 requires all outpatient providers to take admissions directly from clients and families who refer themselves for services. Not meeting this standard would mean the County would be out of compliance and would delay services for youth and their families experiencing psychological distress. This increase will allow for an increase in flexible funding to assist families who are homeless or at risk of homelessness.
- **Increase Asian Pacific Community Counseling Transcultural Wellness Center (TWC) contract by \$921,137 to support expanding outreach efforts into the underserved Asian Pacific Islander (API) population by \$921,137.** Enrolled clients will have improved culturally and linguistically appropriate services in a Full Service Partnership (FSP) model with a full array of services to flex up to our most intensive outpatient service level. The TWC program will increase staff from the API community to provide outreach and engagement flexing up to an intensive outpatient FSP program. This will address significant under-representation compared to the population in Sacramento County, which will support efforts to improve rates of access to outpatient and crisis intervention services and therefore reduce entries and recidivism into emergency departments, psychiatric hospitalizations, and jail.

- Ongoing funding to sustain the provision of culturally responsive short-term therapy for African American/Black community members who have been impacted by serious mental illness and trauma by \$300,000.** BHS is seeking to expand funding of an existing agreement with Sierra Health Foundation’s Center for Health Program Management in order to continue to provide the Trauma Informed Culturally Responsive Treatment (TICRT) short-term therapy to African American/Black community members who have been impacted by serious mental illness and trauma.
- Utilize Mental Health Services Act (MHSA) funds to support and maintain BHS Diversity, Equity and Inclusion work by implementing culturally responsive strategies to advance behavioral health equity in partnership with the community by \$100,000.** If not approved, BHS would be out of compliance with state requirements and would need to delay working in partnership with another cultural/racial community to improve outcomes. The result of such a delay would mean that underserved or inappropriately served community members would continue to experience poor outcomes in their behavioral health.
- Funding for Stigma Reduction campaign materials with language appropriate for the culturally diverse communities of Sacramento County and fund this expansion for subsequent years by \$20,000.** MHSA mandates stigma and discrimination programming. The growth will fund critical racial and ethnic specific media work, as well as campaign materials developed with cultural communities in the threshold languages. If not approved, vulnerable individuals may not engage in behavioral health services.
- Funding to increase the Psychological Testing contract by 15% to increase staff compensation to address the workforce crisis in hiring Psychologists by \$16,072.** The staffing crisis will be difficult to address without additional compensation for psychologists, which means longer delays in receiving an accurate diagnosis that may mean children are receiving expensive and unneeded services within the Sacramento County Mental Health plan that should be in other funded and more appropriate services, like the Regional Center. Approval of this request will enable adequate compensation of contracted staff for psychological testing.
- (Primary Care): Purchase of medications and medical supplies for patients and customer programs within DHS by \$733,780.** An increase \$413,780 for Pharmacy and \$160,000 for Clinics. The increase in volume corresponds with the growth in patients at the customer program clinics and increased number of high-cost medications being prescribed by clinicians. The classifications of medications that have had the most impact treat Schizophrenia and other psychiatric disorders, Diabetes, and Hepatitis C. Medi-Cal revenue for medications and supplies dispensed in and/or billed by the Pharmacy directly will support this increase.

Need for Beds in the Behavioral Health Continuum of Care

In March 2022, RAND Health Care published “[Psychiatric and Substance Use Disorder Bed Capacity, Need, and Shortage Estimate in Sacramento County, California](#).” One key finding regarding psychiatric beds is that Sacramento County has a shortage of 253 subacute beds and 40 community residential beds for adults. It estimated a similar shortfall for children/youth of 28–32 beds at the subacute level and a considerably larger shortfall of between 64 and 130 beds exist at the community residential level. Additionally, the recommendation to increase the number of subacute care beds in Sacramento

County was also a part of the recommendations made by the MHB in November 2022 to expand community-based services to increase access to care and thereby decreasing the risk of experiencing a mental health crisis that may require a more restrictive level of care and/or incarceration. Therefore, the MHB supports the following growth proposal to increase the number of subacute beds in our county:

- **Utilize Behavioral Health Continuum Infrastructure Program (BHCIP) Round 3 funds to construct a new 64 bed Mental Health Rehabilitation Center (MHRC) for individuals 18 years or older, with a primary mental disorder, who are on Lanterman-Petris-Short Conservatorship by \$9,990,000.** Based on a recent RAND Corporation study, Sacramento County requires a greater capacity for subacute/MHRC treatment beds, especially for those insured by Medi-Cal. If this growth request is not approved, Sacramento County's capacity will continue to fall short of statewide benchmarks, Medi-Cal recipients in need of this level of care will be underserved, and recidivism into hospitalization, incarceration, and high-level psychiatric care settings will rise. This project will close the critical gap for adults in need of specialized resources.

Jail Population Reduction and Alternatives to Incarceration for Individuals with Mental Illness

In November 2022, the MHB approved [recommendations regarding Behavioral Health Services Provided to Individuals Detained in Sacramento County Jails](#). These recommendations were submitted to the Board of Supervisors and Behavioral Health Services Director and they were presented at the 12/07/22 Sacramento County Board of Supervisors meeting, "Report on Population Reduction Efforts And Request For Direction On Steps To Address Jail Facility Deficiencies For Mays Consent Decree Compliance." Additionally, the MHB has endorsed recommendations made by the Public Health Advisory Board in March 2022 regarding [investments needed to promote sustainable reduction in the Sacramento County jail population](#). Both sets of recommendations highlight the need for Sacramento County residents to receive mental health treatment in the least restrictive, community-based environment. Based on these sets of recommendations, the MHB supports all of the following growth proposals for BHS, as well as the Public Defender and the Conflict Criminal Defender Departments that are overseen by the Public Safety and Justice Agency:

- **Fund new 24/7 Mental Health Urgent Care Clinic (MHUCC) by \$6,500,000.** This additional site will expand behavioral health access points for immediate mental health crisis services and serve as both a walk-in clinic and as a diversion option for law enforcement agencies to drop off for individuals in emotional distress who voluntarily want help. If not approved there will be a continued need for law enforcement response to mental health calls, continued strain on emergency room and jails and delays in timely access to individuals experiencing a mental health crisis.
- **Contract with three forensic outpatient treatment centers to provide community based mental health supportive services for individuals who are involved with the justice system and have mental health symptoms that contributed to the justice involvement by \$9,000,000.** These specific services will address all of the things that may have led to criminal justice system-involvement through evidence-based programs that will support mental health or co-occurring disorder recovery and treatment. If these centers are not funded, there will not be capacity to support the expanded capacity of the diversion and collaborative courts. This would result in persons being incarcerated rather than receiving mental health treatment in the least restrictive, community-based environment and not meeting the goals of the jail reduction plan or the Mays Consent Decree activities.
- **Expand contracts to create one forensic full service partnership treatment program to provide intensive community based mental health supportive services for**

individuals who are involved with the criminal justice system and have severe mental health symptoms that contributed to the criminal justice involvement by \$5,000,000.

These intensive services will utilize a “whatever it takes” approach to address the mental health symptoms and behaviors, while also reducing hospitalizations and contacts with the justice system. If this center is not funded, there will not be capacity to support the expanded capacity of the diversion and collaborative courts. This would result in persons being incarcerated rather than receiving mental health treatment in the least restrictive, community-based environment and not meeting the goals of the jail reduction plan or the Mays Consent Decree activities.

- **Add 4.0 FTEs (2.0 FTE Mental Health Counselors and 2.0 FTE Behavioral Health Peer Support Specialists) to provide appropriate mental health supportive service in the expansion of the Jail Diversion Treatment and Resource Center (JDTRC) and diversion programs to reduce recidivism, incarceration, and hospitalizations due to severe mental illness by \$382,693.** The proposal to expand JDTRC and Diversion Court capacity to reduce recidivism and incarceration is part of the Mays Consent Decree Remedial Plan. Not approving these positions will result in persons remaining incarcerated rather than receiving treatment services and not meeting the Mays Consent mandates.
- **Add 3.0 FTE Sr. Mental Health Counselors to support the expansion of mental health court by \$445,070.** As part of the Mays Consent Decree Remedial Plan, the County proposed to expand collaborative Court capacity to reduce recidivism and incarceration. In addition, SB 1223 signed into law effective January 1, 2023 changes the eligibility criteria for Mental Health Diversion court. These positions will increase capacity to conduct clinical assessments and link individuals to supportive community mental health services in the least restrictive setting possible. Without these positions, the goals of expanding mental health treatment court would not be met due to significant delays in mental health assessments and persons would remain in custody without access to mental health treatment and linkage to the least restrictive, community-based treatments.
- **Increase the Bay Area Community Services (BACS) Crisis Navigator Program contract by \$1,900,000 to expand BACS’s current teams.** This will expand the mobile crisis response teams to cover three shifts 7 days per week. These teams will be dispatched to respond to behavioral health crises in the community to provide immediate crisis interventions, de-escalation, safety planning and linkage to ongoing behavioral health services. If this request is not approved it will result in expanded need for law enforcement response to mental health calls, increased emergency room visits and incarceration of individuals experiencing a mental health crisis. The 24/7 mobile crisis response teams will support the Mays consent goals of diverting persons experiencing mental illness symptoms and part of the criminal justice system from incarceration to immediate behavioral health crisis services.
- **Add 2.0 FTEs; 1.0 FTE Mental Health Counselor and 1.0 FTE Administrative Services Officer 2 for the Intensive Placement Team (IPT) to serve a critical role in providing assessments and linkage for individuals in psychiatric hospitals and jail by \$252,940.** IPT has experienced a 200% increase in requests for assessments, impacting the team’s ability to provide timely response. The state requirement is to link county residents to mental health services within 10 days from their request date. Not meeting this standard would place Sacramento County at risk of being out of compliance. In addition, IPT provides administrative oversight of memorandums of understanding (MOU) and contracts including; subacute, state hospital, Augmented Board & Care and Adult Residential Programs. Failure to approve this

request will have significant impacts resulting in delays in executing contracts, processing provider payments, contract renewals and amendments and cost analysis and expenditure forecasting.

- **Add 2.0 FTE Behavioral Health Services positions for the Substance Use Prevention and Treatment (SUPT) Services Adult System of Care, providing day-to-day outreach and engagement activities for County beneficiaries seeking treatment services by \$137,113.** If not approved negative impacts may include decreased quality of care for clients seeking treatment services, increases in hospital readmissions, behavioral health treatment facility readmissions and incarceration recidivism.
- **(Public Safety and Justice – Conflict Criminal Defenders): Add 1.1 FTE contract attorneys (2 attorneys working a total of 2,340 hours at \$90/hour) and 2.0 FTE contract paralegals (2,080 hours each at \$25/hour) by \$314,600.** Paralegals will conduct a Pretrial Screener Needs Assessment (PSNA) of clients to assess whether they need mental health services, drug/alcohol services, bus passes or housing prior to being arraigned and to see if clients can qualify to be released on their own recognizance. The needs assessment can also flag clients who will need assistance with making future court appearances and indicate if they can apply for any of the collaborative court programs. Attorneys use the needs assessment as well as Probation Risk Assessment reports in court to argue for their client's pre-trial release.
- **(Public Safety and Justice – Conflict Criminal Defenders): Add 1.5 FTE contract attorneys (3,120 hours total at \$90 per hour) by \$280,800.** The attorneys will appear in the Mental Health Diversion court and work with the Court, Probation Department, service providers and social workers to maintain clients in the Mental Health Diversion program. The Public Defender's Office previously provided these services to clients in CCD until counsel determined it constituted a conflict or an appearance of a conflict and services from the Public Defender's Office ceased.
- **(Public Safety and Justice - Public Defender): Add 3.0 FTE positions (1.0 FTE Principal Criminal Attorney and 2.0 FTE Criminal Attorneys Level 2) and associated services and supplies costs to support the Mays Consent Decree jail population reduction plan items 22 (Mental Health Diversion) and 27 (Improve connections to services and resources prior to and during jail discharge) by \$741,969.** Effective January 2023, the mental health diversion law significantly expanded the scope of people who are eligible to have their criminal cases diverted if they comply with a treatment plan. The Public Defender has a mandated duty to file diversion applications for qualifying clients and to manage their cases until they complete their treatment plan, which can take 1-2 years. The Public Defender needs additional staff to comply with this new mandate.
- **(Public Safety and Justice - Public Defender): Add 2.0 FTE positions and associated overhead costs to support the Mays Consent Decree jail population reduction plan item 23 (Collaborative Courts) by \$352,153.** The Sacramento County Superior Court operates a variety of collaborative court programs that offer alternatives to incarceration. High caseloads and onerous program applications can cause delays and unnecessary jail stays. The Public Defender needs additional staff to expedite program applications, safely reduce the jail

population, and reduce recidivism. This request includes 1.0 FTE Criminal Attorney Level 2 position, 1.0 FTE Human Services Social Worker position, and \$26,293 in services and supplies.

- **(Public Safety and Justice - Public Defender):** Add 1.0 FTE Criminal Attorney level 2 position and \$150,000 in contracted services to support the Mays Consent Decree jail population reduction plan items 16 (Pretrial Support Program) and 27 (Improve connections to services and resources prior to and during jail discharge processes) by \$378,811. By increasing staffing and contracted services, the Public Defender Pretrial Support Program will expand screening and services capacity, which will increase the number of people who can be safely released from custody while their cases are pending. The additional staff will also improve connections to services by prioritizing and coordinating day time releases.
- **(Public Safety and Justice - Public Defender):** Add 1.0 FTE Principal Criminal Attorney position and \$15,398 in supplies to provide supervision and support to Assisted Outpatient Treatment (AOT) and LPS/Murphy's Conservatorship unit by \$305,914. Over the past several years, the AOT and LPS/Murphy's Conservatorship caseload has expanded due to an increase in participants and county hospitals. This unit is in need of a dedicated Principal Attorney to train and supervise the unit, as well as manage a caseload. The Principal Attorney will also work with system partners to review Murphy's conservatorship cases to identify defendants who are eligible for diversion or collaborative court programs.
- Although listed under growth not recommended, MHB supports the following growth requests by the Conflict Criminal Defender and Public Defender departments under the Public Safety and Justice Agency due to the alignment of the stated positions and duties with recommendations made by the MHB in November 2022 pertaining to behavioral health services provided to individuals detained in Sacramento County jails; that is, that individuals with mental illness that are involved in the criminal justice system receive community-based care in the least restrictive setting possible:
 - **(Public Safety and Justice – Conflict Criminal Defenders): Add 2.0 FTE contract social workers (2,080 hours each at \$50/hour) by \$208,000.** The social workers assist clients with housing, connections to mental and medical health care providers, maintaining contact with their attorneys and the Probation Department to make sure clients attend scheduled court and service provider appointments, as well as transportation to and from court.
 - **(Public Safety and Justice – Conflict Criminal Defenders): Add 2.0 FTE contract social workers (2,080 hours each at \$50 per hour) by \$208,000.** The social workers assist the attorneys with client evaluations, court referrals and appointments, connections to and consultations with service providers, housing, and compliance with prior courts orders, such as probation, with the ultimate goal being dismissal of cases and safe community reentry. The Public Defender's Office previously provided these services to clients in CCD until counsel determined it constituted a conflict or an appearance of a conflict and services from the PD ceased.
 - **(Public Safety and Justice - Public Defender): Add 2.0 FTE positions to support the Mays Consent Decree jail population reduction plan items 16 (Pretrial Support Program) and 27 (Improve connections to services and resources prior to and during jail discharge processes) by \$203,802.** By increasing staffing, the Public Defender Pretrial Support Program will expand screening and services capacity which will increase the number of people who can be safely released from custody while their cases are pending. The additional staff will also improve connections

to services by prioritizing and coordinating day time releases. This request includes 2.0 FTE Paralegals and \$23,402 in associated overhead costs.

- **(Public Safety and Justice - Public Defender): Add 6.0 FTE positions and associated overhead costs to support the Mays Consent Decree jail population reduction plan items 22 (Mental Health Diversion) and 27 (Improve connections to services and resources prior to and during jail discharge) by \$909,721.** Effective January 2023, the mental health diversion law significantly expanded the scope of people who are eligible to have their criminal cases diverted if they comply with a treatment plan. The Public Defender has a mandated duty to file diversion applications for qualifying clients and to manage their cases until they complete their treatment plan, which can take 1-2 years. The Public Defender needs additional staff to comply with this new mandate. This request includes 2.0 FTE Criminal Attorneys Level 2, 2.0 FTE Paralegals, and 2.0 FTE Human Services Social Workers (Range B) and \$77,600 in overhead services and supplies.

Vocational Rehabilitation Full Service Partnerships

In November 2022, the MHB approved [a set of recommendations aimed at increasing the effectiveness of employment services provided by Full Service Partnerships](#). Specifically, it was recommended that BHS should add Individual Placement and Support Supported Employment (IPS) to services offered by FSPs to provide evidence-based employment services to partners. Based on the belief that work can facilitate recovery and wellness, IPS is a model of supported employment that has been developed over the past 25 years specifically for people who have behavioral health needs, and it is the only evidence-based approach to employment for people with behavioral health needs. The MHB supports the following growth proposal for BHS to implement IPS in all of its FSPs.

- **Increase existing Full Service Partnership (FSP) contracts by \$2 million to expand 11 existing FSP contracts, approximately \$182,000 per program to implement a new evidenced-based practice (EBP) to improve employment outcomes.** The Individual Placement and Supported Employment (IPS) is an international EBP proven to increase employment outcomes for individuals living with serious mental illness (SMI). The benefits of employment include increased income, improved self-esteem, increased quality of life, better control of symptoms, reduced substance use, and reduced hospitalizations. Currently, employment is an under-performing outcome across all levels of care in our BHS system. The Mental Health Board and the MHSA Steering Committee have identified employment outcomes as a priority area for improvement.

Behavioral Health Services Administration

There are a number of growth requests related to the administration of Behavioral Health Services that the MHB supports because they increase the effectiveness and productivity of the division:

- **Add 1.0 FTE Human Services Division Manager Range B. The demand for BHS services has grown exponentially and BHS needs to ensure adequate administrative support to meet the needs of program operations by \$206,350.** BHS funding is complex and there is a high volume of new funding sources that can be leveraged to address major initiatives. A Division Manager is needed to direct funding strategies to effectively meet BHS policy directives. Managing, braiding, and optimization of funding strategies requires a higher-level classification to maximize funding resources, and minimize impact on County General Fund. This position will help keep up with the growing responsibilities, budget management, development of funding strategies for adequate program delivery and oversight of additional

staff. If not approved, BHS will be at risk in not meeting board priorities and the increasing demands from community as budget and administrative support will not grow in conjunction. Furthermore, if not approved, Sacramento County will be at great risk of missing out on the various funding sources which will severely limit service delivery for the community and impact County General Fund.

- **Add 1.0 FTE Administrative Services Officer 2, to support additional DHS facilities that are being added and two Inpatient Psychiatric Health Facilities that are being constructed by \$246,277.** DHS currently has eight facilities, at least ten out-stationed facilities with DHS staff working in other departments and only 4 Facility Managers to handle the projects, safety and related requests. In FY 2022-2023, DHS gained an apartment building, hangar at Mather, has staff moving into 711 G Street (OB1), and are building two additional facilities at Branch Center (PHFs). The Department is requesting an ASO2 to act as a Facility Manager for these additional facility locations. This request includes one time costs of \$5,854 for computer equipment, software and phones for the positions. If not approved, projects will be delayed and may not be completed timely which can impact funding requirements.
- **Add 1.0 FTE Administrative Services Officer I (ASO I) position to provide needed relief to the Mental Health Treatment Center administrative team due to program and contract expansion by \$111,218.** The ASO I will provide supervision to two Clerical Supervisor 1 positions, assist in processing contracts, contractor payments, and provide back up to ASO I staff responsible for facilities management duties. Failure to provide this additional staffing will result in delays in executing contracts, delays in reviewing and approving invoices for payment, and the possible loss of grant funding if required deadlines and benchmarks are not met within the required timeframes.
- **Add 3.0 FTEs (1.0 Mental Health Program Coordinator, 1.0 Administrative Officer 2, and 1.0 Human Services Program Planner) to reinforce the infrastructure needs to support current and ongoing initiatives by \$453,616.** BHS has expanded services and increased contracts, which has greatly affected the current workforce. In addition, the State Department of Health Care Service (DHCS) is implementing the Institutions for Mental Disease (IMD) waiver requiring new BHS service requirements. These positions are responsible to develop, implement and monitor the provision of BHS programs. These positions will provide project management and oversight to ensure timely implementation of new programming, execution of contracts, 71-J analysis, processing provider payments, conducting financial analysis and forecasting ongoing budgetary needs. If not funded, there will be delays in meeting state requirements, contract execution, processing timely payments. As a result, there will be delays in services that affect the most vulnerable populations.

Recommendations to Address Behavioral Health Workforce Crisis

Lastly, the MHB approved [a set of recommendations in May 2023 to address the behavioral health workforce crisis affecting Sacramento County](#). Specifically, it was recommended that the hourly rate at which BHS Mental Health Counselors are compensated be increased by 13.5%, and the hourly rate at which Senior Mental Health Counselors are compensated be increased by 17.6%, to be competitive with the private behavioral health sector in order to recruit and retain qualified candidates for positions with the highest vacancy rates in BHS. We respectfully request that the Board of Supervisors consider these recommendations when deliberating and taking action on the recommended county budget for FY 2023-24.

In conclusion, many distinct initiatives to transform the Sacramento County Behavioral Health Service delivery system are underway simultaneously. We commend Sacramento County BHS Director Dr. Ryan Quist, BHS Deputy Director Kelli Weaver, LCSW, and all BHS staff for their perseverance and dedication to expanding access to equitable behavioral health services for Sacramento County residents.

Thank you for your consideration of our recommendations. If you have any questions, please contact me at (916) 202-1890 or by email at corrine@drcorrimcintosh.com.

Sincerely,

Corrine McIntosh Sako, Psy.D., LMFT

Corrine McIntosh Sako Psy.D. LMFT, Chairperson
Sacramento County Mental Health Board

cc: Ryan Quist, PhD, Behavioral Health Services Director