

BHSA Racial Equity Scorecard

Sacramento County



Score: 32/45

Sacramento County's final Integrated Plan demonstrates strengths in community engagement, culturally responsive services, and fiscal planning. The county's approach to disparities reduction is robust, and describes specific programs and strategies intended to close identified gaps in behavioral health equity, including the use of CDEPs. The county can build on this plan by developing a strategy to maintain care access for all residents regardless of immigration status, develop stronger language access strategies, and ensure all BHSS programs include racial equity strategies.

Projected FY 2026-27 BHSA State Funding:

\$116,289,180

Projected FY 2026-27 BHSA Spending by Category:

Behavioral Health Services & Supports

\$40,701,570

Full Service Partnerships

\$40,701,570

Housing

\$34,886,040

Total FY 2025-26 MHSA State Funding Received:

\$93,903,470

Domain	Strengths	Opportunities	Score
1. Community Engagement	➤ Elevates BIPOC, immigrant, and refugee voices by intentionally collaborating with established racial equity committees and hosting dedicated cultural listening sessions ➤ Expanded access by translating community feedback surveys into Sacramento's seven threshold languages ➤ Communicates critical funding shifts, criteria for BHSA investments, and the sunseting of specific MHSA programs during the engagement process	➤ Enhance participation by expanding translation services beyond surveys to include all meeting presentations and written materials, and by providing robust interpretation services at all community events ➤ Strengthen plan transparency by directly documenting and mapping how community insights explicitly informed final program decisions	5/6

Domain	Strengths	Opportunities	Score
2. Culturally and Linguistically Responsive Workforce	➤ Documents peer specialist vacancy rates, providing a clear baseline of immediate workforce shortages ➤ Anticipates a growing county-wide need for peer support specialists, community health workers, and frontline staff skilled in engaging underserved populations	➤ Establish concrete accountability measures, benchmarks, and data indicators to ensure that workforce investments translate effectively into a diverse, equitable service delivery system ➤ Develop clear, operational pathways for hiring and retaining bilingual clinicians, community health workers, and peer support specialists	3/5
3. Language Access	➤ Includes disparities analysis on penetration rates for mental health services by primary language ➤ In the description of the Early Intervention program Supporting Community Connections, the county states that each program is tailored to meet the needs of distinct linguistic and cultural groups, including Arabic, Cantonese/Hmong/Vietnamese, Farsi, Russian/Slavic, Spanish, and Lu Mien communities	➤ Incorporate the language access policy and procedures from the county's Cultural Competence Plan into the Integrated Plan	1/5
4. Racially Equitable Behavioral Health Services and Supports Strategy	➤ The Behavioral Health Services Act/Fund Programs of Early Intervention, Full Services Partnership, and Housing Interventions include specific racial equity and disparities reduction strategies ➤ Community-Defined Evidence Practices (CDEPs) are included in Early Intervention programs and services ➤ Housing Interventions incorporate specific expectations for culturally responsive service delivery	➤ In the Children's, Adult, and Older Adult Systems of Care, include specific details on culturally responsive strategies incorporated into programs and services	7/10

Domain	Strengths	Opportunities	Score
5. Funding Equity	➤ Demonstrates proactive fiscal planning by leveraging multiple funding streams alongside BHSA, which allows for BHSA funds to be reserved to support behavioral health equity strategies that cannot be reimbursed through other services ➤ Outlines specific ways to use alternative funds, such as BHSA funding, to cover housing services for individuals who do not qualify for Medi-Cal	➤ Broaden care protections for uninsured residents by outlining clear access strategies, such as braiding BHSA funds to cover behavioral health services, for all behavioral health services	2/3
6. Community-Based Care Approaches	➤ Continued investment in intensive, field-based models delivering multidisciplinary care in homes and communities to reduce reliance on inpatient and congregate care settings ➤ No indication of any direct BHSA funding toward law enforcement agencies for crisis response ➤ Provides disparities analysis on institutionalization, identifying specific disparities among BIPOC ➤ Describes specific community-based services to reduce observed disparities in institutionalization impacting Black youth	➤ Describe specific community-based services to reduce observed disparities in institutionalization impacting Adult BIPOC individuals.	4/4
7. Promoting Racial Equity and Addressing Racial Disparities	➤ Identifies and includes disparities analysis across race/ethnicity for all 6 statewide behavioral health goals	➤ Acknowledge clear data limitations and outline concrete steps to improve data availability for behavioral health goals, with insufficient data available on spoken language	10/12

Domain	Strengths	Opportunities	Score
7. Promoting Racial Equity and Addressing Racial Disparities (continued)	➤ Identifies and includes disparities analysis in spoken language for statewide behavioral health goals of Access to Care and Untreated Behavioral Health Conditions ➤ Describes specific programs, services, partnerships, or initiatives that may reduce identified disparities across race/ethnicity and language for all 6 statewide behavioral health goals		

The BHSA Racial Equity Scorecard Project evaluates county Integrated Plans across key behavioral health equity priorities.

For more information, visit
www.CPEHN.org/BHSAscorecards



California Pan-Ethnic
HEALTH NETWORK