



On behalf of Cal Voices and the Consumer/Family and Youth Advocates we ask that the Steering Committee engage in a full community planning process towards establishing the County operated Peer Behavioral Health Specialist program before any approval. The County has communicated to our team that they intend to cut our existing advocacy manager positions presumably at the end of this fiscal year in order to fund these positions in house. Thus far, we have only seen the job descriptions and no scope of services for the County program. We should not be expending MHSAs funding on these activities without more detail and cost justifications.

Dr. Quist characterized cuts to Cal Voices' contract as simply "moving" existing MHSAs funds, and considers the System Advocate and Peer Manager positions to be interchangeable. They are not. The responsibilities and scopes of services for these roles are markedly different, so the County is effectively eliminating the System Advocates, not absorbing them. Even if these positions remained fundamentally the same, the System Advocate roles were purposefully designed to operate independently from the County and intentionally funded through a consumer-operated agency to ensure they represent the community. The County's decisions to replace the System Advocates with three Peer Managers and to remove these positions from the state's oldest peer-run mental health advocacy organization are material departures from how the community has envisioned these roles for the last 25 years.

Accordingly, we submit that the County is actually proposing a complete reorganization of the Consumer and Family Voice program as it currently exists, and must therefore comply with all legal mandates governing the allocation and expenditure of MHSAs funds.

For Example, The County may only use MHSAs funds to pay for programs specifically authorized by the Act. The County cannot use MHSAs funds to pay for any other programs or services.^[1]

- The County must develop each Three-Year Plan and Annual Update in collaboration with local stakeholders. MHSAs programs may only be funded if this Community Program Planning (CPP) Process was followed. The County must include a statement to DHCS in its Three-Year Plans and Annual Updates explaining how it met these CPP requirements.^[2]
- To update its MHSAs programs and expenditures without developing a new Three-Year Plan or Annual Update, the County must conduct a local review process that includes:
 - A 30-day public comment period supported by documentation, including a description of the methods used to circulate a copy of the proposed update to stakeholders and other interested parties for the purpose of public comment;
 - A summary and analysis of any substantive recommendations; and

- A description of any substantive changes made to the proposed update that was circulated.[31](#)

The MHSAs include these provisions to prevent counties from using MHSAs funds in any way that materially deviates from the programming and funding commitments set forth in their Three-Year Plans and Annual Updates, and from making MHSAs expenditures without honoring the CPP and Local Review processes. When read in their totality, these mandates prohibit the County from making unilateral substantive changes to MHSAs programs and unvetted MHSAs expenditures. Before the County eliminates the System Advocate positions, it must comply with the processes and procedures required under the Act, to ensure transparency, public accountability, and collaborative decision making.

Further, these manager roles were always intended to be on par with the County managerial roles and as proposed are significantly less than any other comparable management positions at the County. They are less than mental health workers – jobs peers are already eligible for. These roles were intended to serve on the Executive Management Team and be equitable with the other Executive Managers. The current plan does not fund these positions at such levels, and proposes to eliminate the existing advocates – hardworking people who don't deserve it. These decisions are cruel and severe. Crueler still that the message was delivered to the Advocates directly by Director Quist on December 21st. The people in these current roles represent BIPOC communities who are the very people Sacramento County needs in order to ensure systemic racism is abated in our system of care.

Cal Voices has conducted a fiscal analysis of the County's in-house Peer BH Specialist program and do not find it to represent any cost savings and in fact is more expensive to fund (enclosed). As demonstrated in the chart below, the County will spend about \$10,000 more per year to employ three Peer Managers (at substantially lower salaries) than it currently pays for Cal Voices' three System Advocates. Once the Peer Managers reach the top step pay for their class, the County may be spending around \$51,000 more per year on personnel costs for these three positions.

Position (Cal Voices)	Annual Salary	Position (Sac County)	Step 5 Annual Salary	Step 9 Annual Salary
Client Advocate Liaison (A)	\$54,000.00	Behavioral Health Peer Specialist Program Manager (B)	\$48,421.00	\$58,861.00
Family Advocate Liaison (A)	\$56,000.00	Behavioral Health Peer Specialist Program Manager (B)	\$48,421.00	\$58,861.00
Family/Youth Coordinator (A)	\$65,000.00	Behavioral Health Peer Specialist Program Manager (B)	\$48,421.00	\$58,861.00
Total Annual Salaries:	\$175,000.00	Total Annual Salaries:	\$145,263.00	\$176,583.00

Assumes no COLAs

Benefits and Payroll Taxes		Benefits and Payroll Taxes	Step 5	Step 9
Health Benefits (A) medical, dental, vision, life 15% x Total Annual Salaries	\$26,250.00	Medical (C) \$612.90/month (single) x 2 positions x 12 months (+) \$1,569.04/month (family) x 1 position x 12 months	\$33,538.08	\$33,538.08
Payroll Taxes (A) 11% x Total Annual Salaries	\$19,250.00	Dental (C) \$118.50/month x 3 positions x 12 months	\$4,266.00	\$4,266.00
		Life (C) \$3.76/month x 3 positions x 12 months	\$124.56	\$124.56
		Retirement (C)(D)(E) Tier 5 Misc FY2021-22 "Normal" = 10.01% Tier 5 Misc FY2021-22 "UAAAL" = 12.58% 22.59% x Total Annual Salaries	\$32,814.91	\$39,890.10
		Retiree Medical (RHSP) (C) \$25/pay period x 26 pay periods x 3 positions	\$1,950.00	\$1,950.00
		Social Security: FICA (C) 6.2% x Total Annual Salaries	\$9,006.31	\$10,948.15
		Social Security: Medicare (C) 1.45% x Total Annual Salaries	\$2,106.31	\$2,560.45
		SDI (C) 1% x Total Annual Salaries	\$1,452.63	\$1,765.83
Total Benefits and Payroll Taxes:	\$45,500.00	Total Benefits and Payroll Taxes:	\$85,258.80	\$95,043.17

Assumes no cost increases

Assumes no cost increases

Assumes no cost increases

Assumes no rate increases

Assumes no cost increases

Assumes no rate increases

Assumes no rate increases

Assumes no rate increases

Total Personnel Costs (Cal Voices):	\$220,500.00	Total Personnel Costs (Sac County):	\$230,521.80	\$271,626.17
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(A) Cal Voices/Sac County Expenditure Agreement No. 7202100-21-077 FY2020-21 (8/28/2020)

(B) Addendum #4 to the 2018-2021 Agreement Between County of Sacramento and Sacramento County Management Association in the Management Unit (11/3/2020)

(C) (032) Management (SCMA) Benefit Sheet (July 2020)

(D) SRA #2021-026b, FY 2020-21, Attachment 5; Section I, Index of Class Codes, Class Titles and Salary Ranges (12/20/2020)

(E) SCERS FY 2021-22 and FY 2020-21 Employer Contribution Rates (no date available)

This analysis does not compare operating expenses or administrative overhead/indirect costs associated with these positions. Nor does it account for the rising costs of employee benefits and retirement contributions, or regular cost of living increases the County will assume. The County's monthly contributions to employee medical benefits for members of the Sacramento County Management Association (SCMA) have increased by over 22% in the last five years.¹ Likewise, the County's contributions to retirement benefits for Tier 5 – Miscellaneous employees will increase

¹ Compare the County's monthly medical contributions for SCMA members in June 2015

([https://laborrelations.saccounty.net/LaborAgreements/Documents/\(032\)%202015%20Management%20\(SCMA\)%20Benefit%20Sheet%20\(doc\).pdf#search=%28032%29%20Management%20%28SCMA%29%20Benefit%20Sheet](https://laborrelations.saccounty.net/LaborAgreements/Documents/(032)%202015%20Management%20(SCMA)%20Benefit%20Sheet%20(doc).pdf#search=%28032%29%20Management%20%28SCMA%29%20Benefit%20Sheet)) to those in July 2020

([https://laborrelations.saccounty.net/SiteCollectionDocuments/\(032\)%20July%202020%20Management%20\(SCMA\)%20Benefit%20Sheet.pdf#search=%28032%29%20Management%20%28SCMA%29%20Benefit%20Sheet](https://laborrelations.saccounty.net/SiteCollectionDocuments/(032)%20July%202020%20Management%20(SCMA)%20Benefit%20Sheet.pdf#search=%28032%29%20Management%20%28SCMA%29%20Benefit%20Sheet))

by 5.63% between FY2018-19 and FY2021-22.² The current SCMA contract guarantees salary increases for Miscellaneous classifications totaling 3% in FY2018-19, 2%-4% in FY2019-20, and 2%-4% in FY2020-21.³ The County does not give its contractors regular COLA/maintenance of effort increases. DBHS has given some providers 3% increases just twice in the last 10 years.

Furthermore, one of Cal Voices' positions the County plans to cut manages four other full-time staff that will remain with the agency. We will need to hire another manager to oversee these employees, which will cost around \$70,000 per year. This is in addition to the additional \$10,000 per year the County will spend to employ three Peer Managers.

During times of economic uncertainty, it makes little sense for the County to hire new permanent civil service positions and assume the financial and legal obligations they entail. Contracting is not just cheaper; it also provides the County flexibility to implement changes without running afoul of civil service rules and collective bargaining agreements.

Bottom line, the county operated program does not reflect a CPP and therefore MHSA funds should not be invested in them until that happens. Cal Voices Client and Family Voice program has been included in the 3 Year Plan since the inception of the MHSA and every 3-year plan and annual update thereafter. The MHSA specifically includes provisions to prevent counties from using MHSA funds in any way that materially deviates from the programming and funding commitments set forth in their 3-year plans and annual updates, and from making MHSA expenditures without honoring the CPP and Local Review process. When read in their totality, these mandates prohibit the County from making unilateral substantive changes to MHSA programs with unvetted MHSA expenditures.

The Client and Family Voice program is one of Sacramento County's oldest advocacy programs and cannot simply be replaced by a new peer support specialist classification. Advocates and peer support specialists are two separate and distinct roles. Advocates need independence in order to address barriers, disparities, system gaps and problems within service delivery, in a psychologically safe environment.

Finally, the people who will lose their jobs are BIPOC – the very people that Sacramento County needs to help them eliminate systemic racism throughout its system of care. MHSA is flush – the State is expecting some 30 billion in surplus – the County does not need to defund its advocates to create this program and they shouldn't. Either way, they should be transparent in creating a program of their own. The community should not be the last to find out that the

² Compare Sacramento County Employer Contribution Rates for Tier 5-Misc FY2018-19 (https://www.scers.org/sites/main/files/file-attachments/2018-2019_fiscal_year_contribution_rate_summary_-_employer.pdf?1535474467) to those for FY2021-22 (https://www.scers.org/sites/main/files/file-attachments/fy_2021-22_and_fy_2020-21_employer_contribution_rates.pdf?1607542210).

³ See <https://laborrelations.saccounty.net/Documents/032%20SCMA%20%20MOU%202018-2021.pdf#search=BARGAINING%20UNIT%3A%20%28032%29%20MANAGEMENT%20ASSOCIATION%20%28SCMA%29>, pp. 20-21.

County has already created and approved these positions at the Board of Supervisors prior to any local review process in the public mental health system.

¹ WIC § 5891(a); 9 CCR § 3400(a)

¹ WIC § 5847(a); 9 CCR § 3310

¹ WIC § 5891(d); 9 CCR § 3420(e)