

Sacramento County
Department of Health Services, Behavioral Health Services
Mental Health Services Act (MHSA) Steering Committee

Meeting Minutes

January 21, 2021, 6:00 PM – 8:00 PM

Meeting Location

Webinar and phone conference

Meeting Attendees:

- MHSA Steering Committee members: Ann Arneill, Rochelle Arnold, Jerilyn Borack, Ronald Briggs, Michelle Callejas, Karen Cameron, Genelle Cazares, Ebony Chambers, Laurie Clothier, Olivia Garcia, Anatoliy Gridyushko, Daniela Guarnizo, Hafsa Hamdani, Erin Johansen, Ruth MacKenzie, Karly Mathews, Ryan McClinton, Lori Miller, Leslie Napper, Ryan Quist, Koby Rodriguez, Christopher Williams
- General Public

Agenda Item	Discussion
I. Welcome and Member Introductions	The meeting was called to order at 6:05 p.m. MHSA Steering Committee (SC) members introduced themselves.
II. Agenda Review	The agenda was reviewed; no changes were made.
III. Approval of Prior Meeting Minutes	The November 2020 draft meeting minutes were reviewed and approved with no changes.
IV. Announcements	<p>Hafsa Hamdani: I am back in college, studying to enter a graduate program.</p> <p>Erin Johansen: I would like to thank Dr. Quist and the Behavioral Health staff who made it possible for first tier front line workers to receive their COVID-19 vaccines.</p> <p>Ann Arneill: The Mental Health Board has a new chair, Loran Sheley, who represents family members.</p> <p>Koby Rodriguez: The Sacramento LGBT Center is conducting at-home HIV tests primarily for the Black community. These are simple, at-home tests that have no costs to the client. They just need to make an appointment at this link: Free At-Home HIV Tests</p> <p>I was also selected to serve on the Continuum of Care Racial Equity Committee. I would love to connect with folks who are working on issues of homelessness as they relate to racial equity and ensure we are represented in the conversations there.</p>
V. Executive Committee / MHSA Updates	<p>Executive Committee</p> <p>Ebony Chambers, SC Co-Chair: We would like to remind members and public to submit meeting evaluations. We will have the Zoom Poll feature and, for those who do not have access to the poll or would like to provide written feedback, the</p>

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	<p>SurveyMonkey link will be provided in the chat box at the end of the meeting. Your feedback helps to guide us for future meetings.</p> <p>There are two SC members who have resigned from the committee and we wish to take a moment to acknowledge and appreciate their participation and work on the committee. They are Lynne Keune and Sayuri Sion. We appreciate their longstanding voices and tremendous impact on the Steering Committee.</p> <p>MHSA Updates Dr. Ryan Quist, Behavioral Health Director, began with reminders to be mindful/self aware of how these times are affecting all of us and to practice self care.</p> <p>COVID-19 Vaccine We have begun vaccinations for our essential health care providers. There was some ambiguity coming from the State Department of Public Health. We had to advocate to the State, reminding them that Behavioral Health folks are in need of these vaccines as well. We have a great advocate sitting on the state level Community Vaccine Advisory Committee, Veronica Kelley, representing Behavioral Health. She has been doing a great job advocating for our Behavioral Health community as it relates to access to vaccines.</p> <p>As a result, on January 4th our inpatient providers began to receive vaccines and on January 11th our outpatient providers began receiving vaccines. This is a great thing, I want to reaffirm this is something we should all take advantage of when we have the opportunity. This will be life saving for our community. If you have any questions about the efficacy of the vaccine, please check our County Vaccine website that provides additional information.</p> <p>Budget Update The latest information we received for Behavioral Health Realignment funding is that it will be restored to the pre-COVID level. We do not yet have specific numbers for MHSA funding, but the State is optimistic that it will not be as bad as originally thought. In a month we hope to have more specific details about our MHSA allocations.</p> <p>I am happy with this new information. Our Realignment is dependent on Vehicle License Fees and sales tax. Economists were predicting sales taxes to come in lower. The same thing with our MHSA fund as there was an expected stock market crash and that did not materialize. This does not mean we are in the clear; a great deal has to do with the continued support moving forward. I would like to express support for the current</p>

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	<p>Federal package being considered by Congress, which includes funding for state and local governments needed to support our behavioral health system.</p> <p>Alternatives to 911 for Mental Health Response We had a lot of expressed interest and feedback from our initial community sessions in October and November 2020. We are scheduling two community sessions to report back the results of the stakeholder feedback from those sessions and next steps of presenting to the Board of Supervisors. Both sessions will present the same information, so people only need to attend one.</p> <p><u>Report Back Sessions</u></p> <ul style="list-style-type: none"> • February 9, 2021, 5:30-6:30 pm • February 10, 2021, 12:00-1:00 pm <p>Mary Nakamura, Program Manager, Cultural Competence/Ethnic Services, shared the update below.</p> <p>Trauma Informed Wellness Services Sierra Health Foundation issued the Request for Applications (RFA) to award this program and that application process is now complete. At the beginning of this month four local organizations were awarded: Improve Your Tomorrow; OnTrack Program Resources; Roberts Family Development Center; and Rose Family Creative and Empowerment Center. We are excited for them to begin providing trauma informed wellness services to the community.</p> <p>Jane Ann Zakhary, Division Manager, shared the update below.</p> <p>No Place Like Home (NPLH) We submitted a NPLH Round 3 application to the State Housing and Community Development (HCD) on Tuesday (1/19/21). The proposed project, a partnership with EAH Housing, is called On Broadway. If our application is successful, it will create 37 dedicated apartments for our behavioral health clients. Awards will be announced by the State in Spring 2021</p>
<p>VI. County Peer Staff</p>	<p>Dr. Quist shared a proposal to create new county classifications and a career ladder within BHS for people with lived experience (see Attachment A – County Peer Positions). In December, the Board of Supervisors approved the creation of three new County job classifications: Behavioral Health Peer Specialist, Behavioral Health Senior Peer Specialist, and Behavioral Health Peer Specialist Program Manager. These classifications now exist, but the positions to fill them do not.</p> <p>Three Program Manager positions are envisioned in this proposal, each representing a different peer viewpoint: Adult Consumer, Family Member of Youth, and Family Member of Adult.</p>

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	<p>Dr. Quist solicited input from the SC and members of the public.</p> <p>Member Questions and Discussion</p> <p>We have had experience with the wonderful work Peer Advocates have done in the Juvenile Court and Child Welfare Court. Parents assisted by these advocates have a better and quicker rate of reunification with their children. I wholly support peers. They really work.</p> <p>I support peers and understand the value of them being county employees from the point of benefits and pensions. However, peers usually assist in our recovery model by providing services to consumers and most of our services are delivered through contracted service providers. How will this work in our contract-based system?</p> <p>In the contractor world, we are big fans of peer staff. They are absolutely an essential part of our system. I support and advocate for our staff getting opportunities for improving their employment status, but I have similar concerns to those just stated and wonder also about the 71-J implications of creating a new county classification. Also, as a contractor we are constantly competing with the county, training staff who then get picked up by the county, and this seems as if it would create yet another area in which that would be true.</p> <p>Thank you for the presentation. My comments mirror others. I completely echo the support for peers. I wish I could get more for our Child Welfare system. I am concerned with the impact on providers who already provide peer services. I also wonder whether there would be the same flexibility in staffing hours and crisis response for county employees. Also, to the point just raised, I do worry about the 71-J implications. If and when there are tough economic times, if there are any county staff who do the same sort of work as contracted staff, we have to let the contracted staff go first. Finally, as well-meaning as I believe our county staff to be, it can happen that they do not always feel as comfortable speaking their mind freely and advocating within that structure as our providers can feel outside it. That outside voice can be valuable.</p> <p>On both the budget and this topic, I appreciate the transparency and I like the cultural shift. However, I think it would be good for the county to work with the providers in coming up with a comprehensive plan on this, because we have been doing working with peers for a long time and if this is going to be done it should be done right and done right the first time.</p>

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	<p>I speak as someone with lived experience who has never been a provider who now works for the state of California, another large political entity. I want to thank the county for moving this forward, because it creates a lot of workforce mobility for someone like me and enables someone like me to work within the system and learn how it works and how it affects the outside and to be a voice within the system and generate change. I think there is room to move in this direction while helping our providers at the same time and putting people first.</p> <p><i>Dr. Quist: At the last county I worked at, we started implementing this fifteen years ago and although I am unsure as to the exact current number, I know they currently have over one hundred peers in county service. It is true there are significant differences. Services there are county-operated rather than provider-operated, but I am confident we can go through the difficult early implementation stages just as well here.</i></p> <p><i>We would absolutely have to solicit the feedback from our providers to make this work. It would be a collaborative process to make things better, not an unalterable plan. I do believe we need more peers and need to think about what other roles they can fill.</i></p> <p>It is true—Riverside County does have a great peer program and has been progressive in the peer movement. I have been aware of that for over a decade. However, Riverside County is very different from Sacramento County. As a peer advocate, I am very excited about employment opportunities within BHS for people like me and the prospect of being able to shape county policies from the inside. However, I am also concerned about the implications of moving the peer advocate position into the county system when some issues we advocate about could be county oriented. I am not sure the county is ready for those conversations at this point. Were I within the county, I am not sure I would be able to speak my mind as freely as I can now. I believe Cal Voices has done a good job in allowing its advocates to retain their objectivity. Moreover, regarding the goals you laid out for these positions, I think Cal Voices has been doing a good job with them. Would they still be providing these services?</p> <p>Two other things: first, I do not remember this proposal having come before the MHSA SC for a vote, although it is possible I missed that meeting. Second, the advocates we have now both happen to be women of color. We should slow down this process and bring in more stakeholder input on it and create new jobs before we take away the jobs and voice that already exist.</p> <p>I think that this is a wonderful idea, but the timing for it is bad and we do not want to lose the advocates we have now.</p>

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	<p>From a provider standpoint, I hope that this would look more like a hybrid model. Our Youth and Family advocates are integral, valued members of our treatment teams and to lose that would be detrimental to our youth and families.</p> <p>Is Sacramento County looking to move toward replacing contracted services with county-provided services? Also, would county-employed peers have the same rights and fall under the same policies as other county staff?</p> <p><i>We are not looking to replace all peers with county employees. This would definitely be a hybrid model, with the intent of being inclusive and creating strengths throughout our system. And yes, county-employed peers would have the same rights and be under the same policies as other staff.</i></p> <p>How would these peer positions impact the substance use arena?</p> <p><i>I would hope that they would provide leadership as to how peers work in our substance use services as well.</i></p> <p>Dr. Quist, in your introduction to this topic, you spoke of this being a value of yours. Could you elaborate on that and on how you see these proposed positions benefiting services? Would this be solely an additive component or would it replace some existing staff?</p> <p><i>Peers are an important part of community behavioral health. They can come to the table with consumers and speak out of their lived experience about how they have gone through the same difficulties and how they got through them. They should be part of the treatment team, supervisory team, management team, and embedded throughout our entire organizational structure. We ask our contract providers to employ peers, but we are not doing that ourselves.</i></p> <p><i>Regarding the second question, in the budget environment leading up to this conversation we were considering eventual replacement of contracted positions within Cal Voices, even though my strong preference would be not to eliminate any positions. However, I am listening to the feedback I am hearing here.</i></p> <p>As a provider, I would love there to be more people around the table. We have peers there now; they really support the treatment team; but there are other roles we sometimes have to beg to have filled. Sometimes those people do not show up. Also, I do see the value in having peers employed by the county, but it is true that people with lived experience can be wary of talking to the county, which is why that treatment team is so valuable. Bring us more into this conversation and we will support you in developing this as a model.</p>

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	<p>Perhaps you could make it a desirable qualification when hiring any behavioral health staff. That is our practice for the last 40 years and therefore we have a majority of staff that identify with personal lived experience or as a family member.</p> <p>I would love to know more about Cal Voices current services. Could there be a presentation at a future meeting?</p> <p>This has been a difficult conversation, and I am sure it has been the hardest on our contracted advocates, who have worked with BHS for many years. I can feel the tension regarding the decisions that will be made on this. I also want to acknowledge the advocates I have worked with, who have done a fantastic job.</p> <p><i>See continued comments and response in the General Public Comment section.</i></p>
VII. Behavioral Health System and Stakeholder Participation	<p>Jane Ann Zakhary and Kelli Weaver, Division Managers, shared a presentation highlighting stakeholder and community input processes to inform program planning/system improvement and a planned regular procurement schedule (see Attachment B – Behavioral Health System and Stakeholder Participation presentation).</p> <p>Member Questions and Discussion</p> <p>How are you gathering feedback regarding the procurement process? Will providers have any foreknowledge about upcoming competitive bidding processes that would enable them to plan? <i>Yes, that is our plan.</i></p> <p>Is the Alternatives to 911 for Mental Health Calls an ongoing workgroup? If so, how could someone join? <i>Some of the listed examples of participation were occasions where the county had identified specific topics on which it needed stakeholder input. Alternatives to 911 was one of those, but that particular community forum may become an ongoing workgroup or series of conversations, as that was one of the recommendations we received. That has not yet happened, but we will be announcing it when it does so stay tuned.</i></p> <p>It would be good to have a section of the website devoted to upcoming opportunities for community involvement.</p>
VIII. General Steering Committee Comment	<p>Ryan McClinton: Would the funding for the Alternatives to 911 Mental Health Calls come from MHSA, from Behavioral Health, from law enforcement, or from somewhere else? <i>That has not yet been finalized, but we are putting together a proposal that would come before you regarding this. We would</i></p>

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	<p><i>welcome feedback on whether SC members think MHSA funding would be appropriate for that. As announced during updates earlier, we will be reporting back to the community more about this in the sessions scheduled for February 9th, from 5:30 – 6:30 pm, and on February 10th, from 12:00-1:00 pm. See Attachment C – Alternatives to 911: Community Report Back flyer.</i></p> <p>Michelle Callejas: First, I wish to thank Dr. Quist for his acknowledgement during the budget discussion of the impact of the COVID pandemic and the way in which it has deepened existing inequality.</p> <p>Second, there will be a County Budget Workshop next Thursday at 3 p.m. that will feature a general overview for the public on the county budget process.</p> <p>Hafsa Hamdani: COVID has been hard for everyone. It would be nice to have programs focused on helping people cope during COVID and educating friends and family members on how to stay safe and still interact during COVID.</p>
IX. General Public Comment	<p>Susan Gallagher, Director, Cal Voices: read prepared statement, see Attachment D – Susan Gallagher Public Comment.</p> <p>Angelina Woodberry, Adult Consumer Advocate Liaison, Cal Voices: I have only worked as a consumer advocate liaison for a few months, but it seems disingenuous for the county to hire for a position they intended to cut funding for. I agree with previous comments regarding the need for advocacy from outside the system. Meaningful advocacy cannot come from subordinates. Further, the pay rate discussed for these positions demonstrates that the county diminishes and devalues lived experience compared to educational achievement. The three proposed management positions are proposed to be funded at a much lower rate than other management positions within BHS. I echo what Susan said regarding the diversity of our advocates. I strongly suggest the county put this idea on hold until after a full community planning process has been carried out.</p> <p>Andrea Crook, Director of Advocacy, Cal Voices: I do not believe harm was intended, but I was deeply offended by the statement made that client advocates have never been a part of management team. I was a client advocate liaison who was part of the BHS management team for over 15 years. I met with the team once per week and worked with managers on a multitude of projects. I have always praised Sacramento County for being the first county in the state to create these positions, prior to the MHSA. Since that time, many other counties have followed our lead.</p>

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	<p>I would also like to point out what appears to be an example of stigma. We have had psychiatrists on the management team for many years. For my entire tenure with the county, I sat on the management team with Dr. Hales, who was employed by UC Davis. I do not think anyone would say the management team lacked medical psychiatrist representation just because they were not county-employed.</p> <p>[Andrea Crook also read from a prepared statement, submitted via email as Attachment E – Andrea Crook Public Comment.]</p> <p>Sandena Bader, Family & Youth Advocate Liaison, Cal Voices: [Sandena read from a prepared statement, submitted via email as Attachment F – Sandena Bader Public Comment.</p> <p>Garland Feathers, consumer and provider: There are existing services similar to the peer navigator roles described. Hope Cooperative has both Personal Service Coordinators and Peer Navigators and Turning Point has Service Coordinators as well. Before entering any process regarding new positions, the positions already in place should be examined, improved if possible, and perhaps duplicated.</p> <p>Additionally, people who come into this community service should have the same kind of pay as other government workers. This is very difficult work, often undervalued, misrepresented, or misunderstood.</p> <p>Robin Barney, Adult Family Advocate Liaison, Cal Voices: We urge the Steering Committee to take a step back and engage in a community planning process to discuss the exact Scope of Work the Peer Behavioral Health Specialist will conduct and exactly how these services will fit into our existing Adult System of Care. A true community planning process involves intentional and transparent communication with clients and families on the ground in diverse communities within Sacramento County and allowing them to share fully in these decisions. Nothing about us without us. Thank you.</p> <p>[Robin also read from a prepared statement, submitted via email as Attachment G – Robin Barney Public Comment.</p> <p>Olivia Garcia, Family Advocate, Cal Voices: I work with undocumented families. For them to go to a county representative or someone who works for the county causes them a lot of fear. They use us and trust in us to be a line of communication. Basically, we are the voice of the community.</p> <p>Stephanie Ramos, Cal Voices: I agree with the public comment before me and the comments of the SC members. It is important for the advocates to have autonomy. In theory, it sounds good</p>

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	<p>that staff would be treated as equals once they are county staff, but that should already be the case. Also, I have had past conversations with non-peer county staff who disagreed with county policy decisions but who were afraid to speak up. If we did make these peer positions into county staff positions, if the people filling them disagreed with county policy, would they even be allowed to advocate for their own opinions at the Mental Health Board or the Board of Supervisors or other county meetings?</p> <p>I was in the family and youth advocate liaison position for a few years. When I no longer filled that role in the county's Management Team, I felt a huge sense of relief. I had also been a member and co-chair of the Sacramento County MHSA Steering Committee and I did not realize until after how much pressure I had been under or how stifled I felt when I was under county contract and constantly working with county leadership. It was a huge relief to not feel that pressure to toe the line. I am sure many people noticed I started pushing back more in meetings after that.</p> <p>Another consideration is that before bringing peers into the system, there should be a safe space at the table for them. The organizational culture should be made peer-friendly.</p> <p>I would also like to know what will happen to other peer services embedded within contracted county programs. Is the plan that they would also eventually be absorbed by the county? How will the county continue to support peer-run services?</p> <p>Stephanie Robinson (from Zoom chat): I absolutely agree with Olivia, Robin, Susan, and Stephanie. As a black and Native American woman, people of color need more support and need to talk to people like them! County workers and contractors should be as equal as possible.</p> <p>Dr. Quist: <i>This was not the conversation I had expected, but a sincere thank you to everyone who spoke for being so clear and honest in stating your case. I really appreciate that and want to be sure that whatever we do does not detract from what you value in our existing system.</i></p> <p><i>I also want to make it clear that all of our advocates are important parts of our system and I did not mean or wish to say anything else. I also had not realized the salaries were as disproportionate as it now sounds that they are. I will look again at the proposed pay structure.</i></p> <p><i>Finally, please believe my intentions were only to create something better for Sacramento County, provide better services to our consumers, and do that through embedding more peers throughout our system. If this was not the best way to do that, I</i></p>

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	<i>will continue to think about that and continue to work with you to identify the best way to do that.</i>
X. Adjournment / Upcoming Meetings	<p>The meeting was adjourned at 8:16 p.m. Upcoming meetings will be held on</p> <ul style="list-style-type: none"> • February 18, 2021 • March 18, 2021

Interested members of the public are invited to attend MHSA Steering Committee meetings and a period is set aside for public comment at each meeting. If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Anne-Marie Rucker one week prior to each meeting at (916) 875-3861 or ruckera@saccounty.net.

DRAFT



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 MHSA funding on these activities without more detail and cost justifications.

Dr. Quist characterized cuts to Cal Voices' contract as simply "moving" existing MHSA 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 MHSA funds.

For Example, The County may only use MHSA funds to pay for programs specifically authorized by the Act. The County cannot use MHSA 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. MHSA 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 MHSA 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

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

The MHSA includes these provisions to prevent counties from using MHSA 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 MHSA 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 MHSA programs and unvetted MHSA 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=%2032%29%20Management%20%28SCMA%29%20Benefit%20Sheet](https://laborrelations.saccounty.net/LaborAgreements/Documents/(032)%202015%20Management%20(SCMA)%20Benefit%20Sheet%20(doc).pdf#search=%2032%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=%2032%29%20Management%20%28SCMA%29%20Benefit%20Sheet](https://laborrelations.saccounty.net/SiteCollectionDocuments/(032)%20July%202020%20Management%20(SCMA)%20Benefit%20Sheet.pdf#search=%2032%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 managers 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)

I am here to comment on Agenda Item #6 and request that the steering committee go back to the basics and uphold the MHSA as it was intended. You may do this by ensuring that there is a robust CPP and complete transparency from our leadership. The MHSA was intended to be a paradigm shift that elevates the clients and family voice, and puts individuals with lived experience in the driver's seat.

Let us never go back to a culture of everything about us without us.

System Client & Family Advocates Should Remain Independent

Cal Voices has held the System Advocate positions for well over two decades. Due to their historical purpose and the nature of their responsibilities, it is important that they remain with a contracted client run advocacy agency to avoid conflicts of interest and prevent co-optation. System Advocates must faithfully promote the interests and priorities of clients and family members, which do not always align with those of the County.

As the World Health Organization stated in its 2003 publication, Advocacy for Mental Health:

Advocacy groups need independence from government in order to achieve their goals. While a good relationship and even financial support from government can be very useful to both parties, there is often a need for outside advocacy. History has repeatedly shown that governments can seriously violate human rights, including those of people with mental disorders. In many instances where this has happened the independence of nongovernmental organizations has been essential in enabling them to advocate for the rights of those affected and to promote change. [...]

[A]dvocacy groups should be careful not to lose strength by developing too close a relationship with government. ... From the government standpoint it is important to work with advocacy groups that may oppose government policy and to try to understand their perspectives.¹

The System Advocate roles were developed with these considerations in mind. To be effective, System Advocates must remain independent. And to ensure the County maintains its commitment to positive system transformation, these positions must work for an agency that possesses the requisite experience and expertise to promote the community's vision for meaningful change.

This is a sad day for Sacramento County. We went from being the first county in the state to create these Advocacy/ leadership positions. Our BH Board and BOS were thoughtful enough to ensure that these critical positions were housed within a peer run organization. We are now faced with a new Director who is trying to recreate Riversides PMHS. However, this is Sacramento and we value

¹ See https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf, pp. 24-25.

community-based systems and providers. If we go down this road, Sacramento will go from leading the state to disgracing the peer movement. This will be destroying long standing relationships and eroding the communities trust. What we need is more transparency, and more accountability from our leadership and that starts with the Community Planning Process.

Andrea Crook

Sandena Bader - Family and Youth Advocate Liaison 1/21/21
Public Comment MHSA Steering Committee

Cal Voices' System Advocates in Sacramento County

Since 1996-1997, Sacramento County's Division of Behavioral Health Services (DBHS) has contracted with Cal Voices for the Client Advocate Liaison, Family Advocate Liaison, and Family and Youth Coordinator positions embedded in the County's Adult and Children's Systems of Care.¹ When Cal Voices and Sacramento County partnered to create the Client Advocate Liaison role in 1996, it was the very first position of its kind in the entire state. Since then, other California counties have replicated this model of consumer inclusion and leadership at the system level.

Since 2014, I have held the role of Family/Youth Coordinator in the SAFE program serving as the family and youth advocate liaison with BHS. Under the County's proposal, Cal Voices advocacy contract will be defunded and I will be without a job potentially along with the diverse staff I manage. I ask, why the County would cut these hard-working individuals at this time so that they can create an internal program.

The County Can Hire Peer Managers Without Cutting Cal Voices' Funding

In October and November 2020, the County released two Requests for Applications (RFAs) for programs that, combined, will employ approximately 24 peer positions.² DBHS placed one of these contracts out to bid because the agency that previously operated the program no longer wanted it. Both programs include positions comparable to the Behavioral Health Peer Specialist Manager role. As of this date, the County has not yet awarded contracts for these RFAs.

We believe it lacks organizational justice to defund the existing advocates when there is no budget shortfall in Sacramento County's MHSA, and you have expanded millions of dollars in inpatient funding over the past several years, including the use of MHSA funds for a locked inpatient facility at the Dignity Behavioral Health Collaborative.

Sacramento County has sufficient funding to fund these positions without cutting our Advocates. I will be forced to terminate 2 African American advocates, 4 Latino/Spanish Speaking Advocates, and 1 LGBTQ advocate. All at a time when Sacramento County needs to be building more bridges to these communities not reducing services to them – as a result of the recent CIBHS Racial Equity Survey.

The Division delivered this news to myself and the other advocates during Christmas week, and we have been in a state of upheaval ever since. I feel it's important that the County present a full plan of the program they are developing for the community to weigh in on before the Steering Committee comes to a vote on these positions. We have worked hard and do not deserve this treatment by the County. We are in the midst of a pandemic and continue to seamlessly deliver our services during COVID, never once reducing services or cancelling our important support

¹ The Client Advocate Liaison, Family Advocate Liaison, and Family and Youth Coordinator positions are collectively referred to as "System Advocates" throughout this letter.

groups. Now, we are being penalized without cause because the County wants to fund its own programs.

Cutting the Three System Advocate Positions Will Not Pay for Three Peer Managers

Even if the County's fiscal condition is much worse than depicted in the FY2020-21 MHSA budget, the amount of funding the County will realize by cutting Cal Voices' three System Advocates is not enough to pay for three Peer Managers. Because it costs the County more to provide services and hire staff directly than it does to contract them out, the County has traditionally relied on contracted providers to deliver approximately 90% of its behavioral health services.

¹ The County released RFA MHSA/065 on October 15, 2020 for a Crisis Navigation Program and RFA MHSA/066, for Community Support Team Peers on November 4, 2020.

Additionally, the County placed the Community Support Team Peers program out to bid because the agency that previously operated it (Crossroads Diversified Services, Inc.) no longer wanted the contract.

On a related note, the MHSAs' CSS component specifically requires counties to "promote consumer-operated services as a way to support recovery" for adults.

Moreover, these positions must reflect the lived experiences and diversity of Sacramento County's communities to credibly represent them on DBHS' Executive Management Team.

On Tuesday, November 17, 2020 Sacramento County's Board of Supervisors declared racism a public health crisis in the County [2]. As part of this historic resolution, the County committed to designing, developing and deploying community based alternatives to prevent trauma and eliminate harm associated with racial inequity: and advocating for local, state and federal policies that improve health and wellness in communities of color and support legislation on that advances racial equity."

Sacramento County is one of the nation's most diverse communities, and as such, all its citizens should have the opportunity to live their lives free from systemic racism. Research has demonstrated that racism adversely impacts the physical and mental health of people of color. The resolution we passed today acknowledges Sacramento County's commitment to face this crisis head on through fair and just governance and service delivery.

Importantly, the individuals losing their jobs represent Black Indigenous People of Color (BIPOC) populations, including 2 African American advocates on the adult team and 4 Latino advocates (2 Spanish speaking) on the children's team. Given Sacramento County DBHS' recent negative BHS Racial Equity Preparedness Report (CIBHS, 2020) the decision to cut these positions remains extremely unwise. Perhaps DBHS could creatively use these advocates to liaison to the communities that they reflect in an effort towards developing a more racially equitable system of care.

DBHS has cited EQRO recommendations for its development of an internal peer program. We do not oppose those recommendations, but are convinced EQRO would not agree with leaving the existing advocates jobless.

Communicating a potential job loss to employees (during Christmas week) without specific information, timelines and clarity lacks psychological safety and trust (see Psychological Safety in the Workplace attached). The hard-working advocates serving in these roles deserve better.

Robin Barney
Cal Voices
Adult Family Advocate Liaison