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Tri-City Mental Health Authority
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*Founded by Pomona, Claremont, and La Verne
in 1960*



Robin Carder (La Verne), Chair
Jed Leano (Claremont), Vice-Chair
Carolyn Cockrell (La Verne), Board Member
Paula Lantz (Pomona), Board Member
John Nolte (Pomona), Board Member
Elizabeth Ontiveros-Cole (Pomona), Board Member
Ronald T. Vera (Claremont), Board Member

GOVERNING BOARD AGENDA

WEDNESDAY, APRIL 21, 2021

5:00 P.M.

MEETING LOCATION

Pursuant to California Governor's Executive Order N-29-20 (Paragraph 3), adopted as a response to mitigating the spread of Coronavirus (COVID-19), the Governing Board is authorized to hold its public meetings via teleconference and the public seeking to observe and to address the Governing Board may participate telephonically or otherwise electronically. Therefore, this meeting will be held via teleconference. The locations from where the Board Members are participating are not listed on the agenda and are not accessible to the public.

To join the Governing Board meeting click on the following link:

https://webinar.ringcentral.com/webinar/register/WN_8Y_GiMW9T3Ch39HP2L1E0w

Or you may call: 1 (213) 250-5700

Webinar ID: 149 122 1077

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board on any item of interest to the public, before or during the consideration of the item, that is within the subject matter jurisdiction of the Governing Board. Therefore, members of the public are invited to speak on any matter on or off the agenda.

The public can make a comment during general public comments or on a specified agenda item by leaving a voice mail message at (909) 451-6421 or by writing an email to molmos@tricitymhs.org. All voice mail messages and emails received by 3:30 p.m. will be read into the record at the appropriate time. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Authority to all or a majority of the Tri-City Governing Board less than 72 hours prior to this meeting are available for public inspection at <http://www.tricitymhs.org>

CALL TO ORDER

Chair Carder calls the meeting to Order.

ROLL CALL

Board Member Cockrell, Board Member Lantz, Board Member Nolte, Board Member Ontiveros-Cole, and Board Member Vera; Vice-Chair Leano; and Chair Carder.

POSTING OF AGENDA

The Agenda is posted 72 hours prior to each meeting on the Tri-City’s website: <http://www.tricitymhs.org>

CONSENT CALENDAR**1. APPROVAL OF THE MINUTES FROM THE FEBRUARY 17, 2021 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of February 17, 2021.”

2. APPROVAL OF THE MINUTES FROM THE MARCH 17, 2021 GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of March 17, 2021.”

MONTHLY STAFF REPORTS**3. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT****4. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT****5. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT****6. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT****7. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT****8. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

Recommendation: “A motion to receive and file the month of April staff reports.”

GOVERNING BOARD COMMENTS

Members of the Governing Board may make brief comments or request information about mental health needs, services, facilities, or special problems that may need to be placed on a future Governing Board Agenda.

PUBLIC COMMENT

The public can make a comment during general public comments or on a specified agenda item by leaving a voice mail message at (909) 451-6421 or by writing an email to molmos@tricitymhs.org. All voice mail messages and emails received by 3:30 p.m. will be read into the record at the appropriate time. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

ADJOURNMENT

The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on **Wednesday, May 19, 2020 at 5:00 p.m.** via teleconference due to the COVID-19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES
REGULAR MEETING OF THE GOVERNING BOARD
FEBRUARY 17, 2021 – 5:00 P.M.

The Governing Board held on Wednesday, February 17, 2021 at 5:01 p.m. its Regular Meeting Via Teleconference pursuant to California Governor Newsom Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Carder called the meeting to order at 5:01 p.m.

ROLL CALL Roll call was taken by JPA Administrator/Clerk Olmos.

GOVERNING BOARD

PRESENT: Robin Carder, City of La Verne, Chair
Jed Leano, City of Claremont, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
John Nolte, City of Pomona, Board Member (Joined at 5:04 pm)
Elizabeth Ontiveros-Cole, City of Pomona, Board Member
Ronald T. Vera, City of Claremont, Board Member (Joined at 5:10 pm)

ABSENT: None.

STAFF: Toni Navarro, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Seeyam Teimoori, Medical Director
Rimmi Hundal, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Shawn Smith, Crisis Intervention and Medication Support Manager
Kim Rioux, Program Supervisor I, Intensive Outreach & Engagement
Mica Olmos, JPA Administrator/Clerk

CONSENT CALENDAR

There being no comment, Board Member Cockrell moved, and Board Member Ontiveros-Cole seconded, to approve the Consent Calendar. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, and Ontiveros-Cole; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Members Nolte and Vera.

AGENDA ITEM NO. 1

1. APPROVAL OF THE MINUTES FROM THE JANUARY 20, 2021 GOVERNING BOARD REGULAR MEETING

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of January 20, 2021.”

2. CONSIDERATION OF RESOLUTION NO. 573 ESTABLISHING FULL SERVICE PARTNERSHIP (FSP) SERVICES POLICY AND PROCEDURE NO. IV.12, EFFECTIVE FEBRUARY 17, 2021

Recommendation: “A motion to adopt Resolution No. 573 establishing Policy and Procedure No. IV.12 –Full Service Partnership (FSP) Services, effective February 17, 2021.”

At 5:04 p.m., Governing Board Member John Nolte joined the meeting.

NEW BUSINESS

3. CONSIDERATION OF RESOLUTION NO. 574 APPROVING AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A DISPOSITION AND DEVELOPMENT AGREEMENT WITH RESTORE NEIGHBORHOODS, LA, INC. FOR THE DEVELOPMENT, CONSTRUCTION, FINANCING, AND OPERATION OF 15 UNITS OF COMBINED AFFORDABLE AND PERMANENT SUPPORTIVE SENIOR HOUSING PROJECT AT ITS PROPERTY LOCATED AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA

Executive Director Navarro reported that approximately one year ago, the Governing Board authorized staff to negotiate and develop a design plan for its Baseline property, and expressed excitement for presenting a beautiful project. She then stated that RNLA had designed 15 units of combined affordable and permanent supportive housing for seniors in the City of Claremont; that two weeks ago, the City of Claremont held a community meeting for the project, and pointed out that they all were very much in support of the project; indicated that these documents today are the final approval of the project using non-competitive, No Place Like Home (NPLH) funding, which is Tri-City’s portion and pays for seven permanent supportive housing units for Tri-City.

Board Member Lantz asked to see the rendering drawing, inquired about duration of the covenant for 20 years. Executive Director Navarro explained that NPLH Legislation only requires a covenant for 20 years and, with the funds that Tri-City has, we were able to add 15 year of operating reserves, which are not in addition but an overlay to the 20 year covenant and allows for the property to be viable over that 20 years, meaning that 15 year of those 20 years, Tri-City has covered with an operating subsidy which can be extended if the Tri-City budget allows it, noting that they have agreed for extra five years without a coaster if Tri-City cannot do it.

At 5:10 p.m. Governing Board Member Ron Vera joined the meeting via a telephone.

Chair Carder inquired how Claremont feels about this project.

Vice-Chair Leano reported that the City of Claremont is supportive and had contributed \$1.75 million of its own former redevelopment funds to the project, noting that the project received an overwhelming support from the City Council by voting unanimously for its approval; that for the

community meeting, John Perfitt and Tom De Simone notified all the neighbors far beyond the legal mandated 500 feet radius, and that there were only positive comments at that meeting; that this project is not regulated by SB 35, thus, with the submission of the site plan and architectural drawings for review, a building permit must be issued in 60 days by law. He then thanked Executive Director Navarro and her team at Tri-City for working closely with the development team; and expressed excitement and pleasure for Tri-City's leadership and its willingness to provide affordable housing along with an outstanding award-winning development team led by John Perfitt and Tom De Simone.

Executive Director Navarro stated that without the leadership of Board Member Leano on this project, this would not be happening noting that he was working relentless, as well as former Director of Human Services Anne Turner, with Supervisor Hilda Solis' Office to make sure that we got that extra funding; and thanked Board Member Leano and the City of Claremont for their support and all their hard work on this project.

Chair Carder inquired about the community process for this project.

John Perfitt, Executive Director of RNLA, stated that he was proud of this project because it is stunningly beautiful, noting that the architecture is mission revival style with some more modern sensibilities. He then explained that City of Claremont staff helped them with a very specific mailing list and notices were distributed via mailing house; talked about the community presentation of the project, the partnership between the Tri-City and RNLA and its roles, and answered any questions asked. He indicated that this is a project by right; however, they are very transparent, and notified the community.

Discussion ensued regarding the timeline of the construction; renderings of the project, including the floor plan, were presented and discussed; and it was noted that the existing house in the property will be converted into a community center and private office space, and the roof tops will have solar panels to generate a lot of energy onsite.

Board Member Ontiveros-Cole commented that the project is beautiful and liked the architecture; and inquired if mature trees or young trees were going to be planted on the back of the property.

Mr. Perfitt stated that they will do their best to keep in the property every existing tree they can; however, if they have to remove some, they will be replaced with mature trees, noting that shade is important on all of their projects.

There being no further discussion, Vice-Chair Leano moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 574 approving and authorizing the Executive Director to enter into, and execute a Disposition and Development Agreement with RNLA for the development, construction, financing, and operation of 15 units of combined affordable and permanent supportive senior housing project, at its property located at 956 W. Baseline Road in Claremont, California. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

4. CONSIDERATION OF RESOLUTION NO. 575 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MOU WITH THE CITY OF CLAREMONT FOR COMMUNITY RESPONSE SERVICES

Executive Director Navarro provided an overview of how the City of Claremont and Tri-City came to be in this collaboration, pointing out that Tri-City has been discussing a similar collaboration for quite a while with all three local police departments, and that the Pomona Police Department is collaborating with LACDMH, and that La Verne Police Department does not feel they have the need for this level of service at this time; however, that Tri-City does provide other services which are less intensive. She then explained that the City of Claremont reached out to Tri-City and indicated that its community wanted the Claremont Police Department to provide behavioral health and emotional crisis response in the community.

Shawn Smith, Crisis Intervention and Medication Support Manager, discussed the staff who will be designated to perform services under this collaboration; explained that the goal is to get people integrated into services as quickly as possible and to meet their needs in real time; that the treatment is a whole person system of care where the mental health and the physical healthy are being treated; that the existing practice of Tri-City's intensive outreach and engagement team will be extended to the collaboration with CPD, pointing out that every single call that the CPD receive after working hours, it will get followed the next day; and expressed excitement for this program.

Executive Director Navarro stated that the name for this team is the Psychiatric Assessment Care Team (PACT) which is like an honorable agreement among the community, the mental health and the police.

Kim Rioux, Program Supervisor I, Intensive Outreach & Engagement, also expressed excitement about the PACT collaboration; stated that there are many folks that have so many comorbidities and need assistance; and that they are hoping to change the landscape in the community and really support everyone.

Board Member Nolte sought clarification regarding Tri-City paying for PACT staff with 1991 Realignment funds and if the MOU controls how they interact with the police department. Executive Director Navarro confirmed that 1991 Realignment funds will be used; and that those services they provide to Medi-Cal recipients will receive federal financial participation match.

Board Member Nolte then inquired about the collaboration between the City of Pomona and LA. Executive Director Navarro stated that approximately five years ago, when the LACDMH (Los Angeles County Department of Mental Health) received some funding from the State, they reached out to the City of Pomona about having a team; that the Pomona Chief of Police at the time, mistakenly thought LACDMH was going to offer more or different than what Tri-City has to offer, which was a day-shift therapist to ride along; however, when the program was implemented, it was what Tri-City would also have implemented; that when the O.A.T.H. (Officers Assisting The Homeless) funding was awarded through Assembly Member Freddy Rodriguez, the City of Pomona simply increased their collaboration with LACDMH; that recently, Tri-City interfaces daily with the LACDMH team to make sure that those persons whom they outreach to, get directed back into Tri-City's system of care quickly.

There being no further discussion, Vice-Chair Leano moved, and Board Member Nolte seconded, to adopt Resolution No. 575 approving a Memorandum of Understanding with the City of Claremont to establish and implement PACT, a community response services collaboration of Tri-City and Claremont Police Department; and authorizing the Executive Director to execute the MOU. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

MONTHLY STAFF REPORTS

5. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

Executive Director Navarro referred to her report regarding how Tri-City have been doing during COVID and praised the hard work of HR Manager Kitha Torregano for staying abreast of all the changes and CDC requirements, and for making sure that we stay in compliance with all these important matters. She then referred to the last section of her Board Report, and discussed the public comment received during last Governing Board meeting from a local Pomona youth group Gente Organizada, noting that this is a group that has received grants from Tri-City from the past two out of three years; that they had indicated that they would reach out to the Governing Board and met with Board Member Leano in early January; that Tri-City also reached out to them; and that more recently they had reached out to former Governing Board Member Nora Garcia to expressed some of their concerns, noting that were inaccurate. She stated that it was important to note that they were invited to participate in the design for Tri-City's community conference and evaluation; however, they dropped out after the first two meetings citing that it did not meet their needs, but they were going to attend the 2.5 day conference; however, they did not attended the conference. She then stated that they had concerns about what Tri-City was doing to help the community during COVID crisis, and she listed all the different ways Tri-City informs the public, such as advertising with banners on the sides of all of our walls, social media presence, the immediate and quick pivot to tele-health during COVID, meetingS with other community leaders, about how all of our services can be accessed by calling the main number or toll free number (866) 623-9500, and the availability of 24-7 access to the supplemental after hours crisis line, which is staffed by licensed therapists; that Gente Organizada had various questions about Tri-City's involvement with PUSD (Pomona Unified School District) and indicated that Tri-City has a robust and strong collaboration with PUSD and discussed their partnership and the mental health team. She also explained that Tri-City is a public mental health agency and for therapy services, it provides services to those who are having moderate to severe mental illness and/or severe emotional disturbance; and that under MHSA, Tri-City also has some prevention and support programs; however, for therapy it is required adult consent for minors; and discussed the services and support that can be given to youth without parent consent.

Board Member Lantz expressed appreciation for the information provided; and she then inquired about the time it takes for an application process for the Parkside Apartments. Executive Director Navarro replied that she will get the information from the Housing Department.

6. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta announced that the target date to make the final payment of \$331,000 on our bankruptcy will be in May, and expressed excitement about it.

Board Member Vera referred to the Deferred Inflow of Resources at June 30th, 2020, and inquired if the \$6.6 million of MHSA revenues will carry over into the current fiscal year. Chief Financial Officer Acosta replied on the affirmative, noting that per certain Governmental Accounting Standards Board requirements, this is how it is supposed to be presented on the financial statements.

Discussion ensued regarding MHSA allocated funds set aside for MHSA programming only, and its three-year life cycle.

7. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria introduced herself and acknowledged and thanked Angela Igrisan for her work and effort these last years, noting that Angela's last day at work will be March 2, 2021 and she will be assuming responsibilities going forward after that date. She then discussed the referrals under Tri-City's Access to Care and those referrals from the school partnership team; that cases that remain in treatment have been steadily increasing; discussed current recruitment for clinical wellness advocates; and shared a success story which highlights collaboration between the adult services team and the child services team, and depicts how Tri-City provides this continuum of care across the lifespan of a client.

8. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Medical Director Teimoori stated that we are continuing services and also continuing our collaboration with the Pomona Valley family medicine residency in terms of providing mobile medical care, noting that it has been more mobile lately which is its goal; and included is the treatment of medical problems which allows us to refer people to other medical providers.

9. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Director of MHSA & Ethnic Services Hundal stated that February is Black History and Tri-City celebrates it by highlighting the accomplishments that the African-American and black communities contributed to the success of the United States, and discussed the various activities for the celebration; reported that Tri-City's LGBTQ+ Community Council changed their name to RAINBOW, an acronym for Resilience, Allies, Identity, Nurturing, Building equity, Open for all, and Wellness; that ¡Adelante!, Tri-City's Latinx Community Council is also considering changing its name to reflect their community better; announced that it is MHSA Stakeholder season and invited everyone to attend the first meeting taking place on March 4th; shared social media numbers that Tri-City has reached, and expressed excitement about it because it is a great way to communicate the different things that Tri-City is doing, such as providing educational webinars about COVID vaccines and promoting its benefit; announced that Dr. Vincent Felitti, founder of preventative medicine at Kaiser and writer of the Adverse Childhood Experiences (ACEs) study, will be presenting an ACEs webinar for Tri-City; expressed excitement and proudness of Dr. Felitti's presentation to Tri-City and encouraged everyone to attend the webinar; that the Wellness Center had a virtual hiring event with FedEx; and that an information night was held for the Community Wellbeing Grants and 23 new communities attended, noting that 13 of those were new communities, and that applications are due on April 1st.

10. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart provided an update on network adequacy compliance, pointing out that staff has been very diligent and giving much effort into network adequacy and striving towards meeting and maintaining compliance; she explained that there are federal and state mandates about network adequacy and one component is timely access which deals with how long we need to take to serve a client from call-to intake-to first appointment; that despite the challenges of modified operations, Tri-City staff have been working really diligently and really hard to make sure we maintain the compliance, which is extremely important and a critical measure because the State has to demonstrate at the federal level that the mental health plans and the authorities in the state of California have an adequate network to serve Medi-Cal beneficiaries, noting that one way of demonstrating adequacy is showing that you can get beneficiaries in a

timely manner after they call; that over the past several months Tri-City has held 99%-100% timely access, which is amazing and not common throughout many systems; and indicated that staff had been developing workflows using data-driven methods to figure out how we can most efficiently work and respond to calls in a timely manner.

There being no further comment, Vice-Chair Leano moved, and Board Member Cockrell seconded, to receive and file the month of February staff reports. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

GOVERNING BOARD COMMENTS

Board Member Vera inquired if Richards Watson and Gershon had an existing contract to have done the legal work for the DDA on behalf of Tri-City with the City of Claremont.

Counsel Pieper replied in the affirmative and that he had referred them to Tri-City, noting that the scope of the Claremont project was beyond his expertise given the fact that it involved contributions of land.

Board Member Vera further inquired if Tri-City had an open-ended contract or if the contract had a term limit.

JPA Administrator/Clerk Olmos stated that Richards Watson and Gershon had signed an Engagement letter for this specific project.

Board Member Vera commented that he wanted to know the Governing Board's role in terms of engaging legal counsel.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 6:10 p.m., on consensus of the Governing Board its meeting of February 17, 2021 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, March 17, 2021 at 5:00 p.m., via teleconference due to the COVID-19 pandemic.



MINUTES

REGULAR MEETING OF THE GOVERNING BOARD MARCH 17, 2021 – 5:00 P.M.

The Governing Board held on Wednesday, March 17, 2021 at 5:00 p.m. its Regular Meeting Via Teleconference pursuant to California Governor Newsom Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Carder called the meeting to order at 5:00 p.m.

ROLL CALL Roll call was taken by JPA Administrator/Clerk Olmos.

GOVERNING BOARD

PRESENT: Robin Carder, City of La Verne, Chair
Jed Leano, City of Claremont, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
John Nolte, City of Pomona, Board Member
Elizabeth Ontiveros-Cole, City of Pomona, Board Member (Joined at 5:02 pm)
Ronald T. Vera, City of Claremont, Board Member

ABSENT: Paula Lantz, City of Pomona, Board Member

STAFF: Toni Navarro, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer
Elizabeth Renteria, Chief Clinical Officer
Rimmi Hundal, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Mica Olmos, JPA Administrator/Clerk

NEW BUSINESS

- 1. CONSIDERATION OF RESOLUTION NO. 576 AUTHORIZING THE EXECUTIVE DIRECTOR TO ENTER INTO A THREE-YEAR AGREEMENT WITH PURE FACILITY SOLUTIONS, INC., FOR JANITORIAL SERVICES BEGINNING APRIL 1, 2021, IN THE AMOUNT OF \$378,115, WITH AN OPTION TO EXTEND AN ADDITIONAL TWO YEARS**

At 5:02 p.m., Board Member Elizabeth Ontiveros-Cole joined the meeting.

Chief Financial Officer Acosta reported that after a formal Request For Proposals process, which included evaluating the proposals and interviewing the top three the proposers for janitorial services, staff was presenting a recommendations to award the contract for janitorial services to Pure Facility Solutions, Inc.

AGENDA ITEM NO. 2

Board Member Nolte sought clarification for not selecting the least expensive of the three vendors. Chief Financial Officer Acosta replied that one of the main reasons was the sanitizing services that Pure Facility Solutions is able to provide as part of their normal services, and not upon request and a separate bill for each service, as indicated by the lowest bidder; that in addition, the lowest bidder provided an extremely low cost for supplies, which ultimately might have resulted in amending the contract to pay for additional supplies which were insufficient.

Board Member Nolte further inquired about the two-year extension of the contract. Chief Financial Officer Acosta explained that the two additional years are optional, noting that the request is for the Board to authorize Executive Director to extend the agreement for two additional years, if it is deemed appropriate at the end of the three-year agreement.

Discussion ensued about the possibility of creating a contract selection process policy which includes awarding points to a bidder/vendor who hires locally within the three cities, to the extent that Tri-City is able to, since federal funds are involved which does not permit local preferences.

There being no further discussion, Board Member Nolte moved, and Board Member Vera seconded, to award the Agreement for janitorial services to Pure Facility Solutions, Inc. and adopt Resolution No. 576 authorizing the Executive Director to execute the Agreement in the amount of \$378,115 for three years beginning April 1, 2021, with an option to extend for an additional two years. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Lantz.

2. CONSIDERATION OF RESOLUTION NO. 577 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A SUB-GRANTEE AGREEMENT WITH THE EAST VALLEY COMMUNITY HEALTH CENTER (EVCHC) FOR ADVERSE CHILDHOOD EXPERIENCES (ACES) TRAINING; AND ACCEPTING THE EVCHC GRANT IN THE AMOUNT OF \$16,385

Executive Director Navarro reported that before Tri-City pivoted to modified operations, the Prevention, Early Intervention team applied for two of the initial grants from the statewide initiative on Adverse Childhood Experiences and Tri-City was awarded two grants for specialized training and communications support for ACEs Aware Initiative; and as a result in participating in the training, the EVCHC asked Tri-City to join in their bid for a grant to develop and plan a network of care of trauma informed providers; that Tri-City's role will be to expand the training for their network and to help them develop a community-wide network in the three cities that is trauma informed and works to identify persons who have experienced trauma early in their lives and help them get connected to all the services, a whole person care approach; and expressed proudness and excitement for Tri-City being asked by the EVCHC to be a part of this grant with them.

Board Member Cockrell inquired if Tri-City will be hiring more people in order to facilitate the required training. Executive Director Navarro replied in the negative.

There being no further comment, Board Member Cockrell moved, and Board Member Vera seconded, to adopt Resolution No. 577 approving the Sub-Grantee Agreement for ACEs training with the East Valley Community Health and authorizing the Executive Director to execute the Agreement. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Lantz.

3. CONSIDERATION OF RESOLUTION NO. 578 APPROVING AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A LOAN AGREEMENT, REGULATORY AGREEMENT, AND SUPPORTIVE SERVICES AGREEMENT WITH WEST MISSION HOUSING PARTNERS, LP, FOR THE DEVELOPMENT, CONSTRUCTION, FINANCING, AND OPERATION OF TEN UNITS OF AFFORDABLE AND PERMANENT SUPPORTIVE HOUSING IN ITS DEVELOPMENT ON WEST MISSION AVENUE IN POMONA IN THE AMOUNT OF \$2,800,000

Executive Director Navarro announced that Sandra Viramontes, from Jamboree Housing Corporation, was in attendance to answer any questions the Board might have. She then provided a summary of the project and indicated that the stakeholders recommended and the Governing Board approved, the one-time allocation of unspent Community Services and Supports funds in the amount of \$2,800,000 for housing; and that in November 2019, the Board designated this money to the West Mission Housing project which was being developed at that time; that now Tri-City was seeking approval of the loan documents to proceed with that development.

Discussion ensued regarding why this is a loan rather than a grant, which is for the purpose of the overall funding as affordable housing and the use of tax credits; that the funding is structured as a loan so that the tax credit committee could see that the project can be paid off within the 55 year term; and that Tri-City will receive 17.95% of the 50% of residuals annually for the life of the loan.

Board Member Vera expressed wanting to have an accounting going forward of what is expected on the return from that loan.

Board Member Nolte inquired if there will be a security for the performance of obligations over that period of time.

Counsel Pieper stated that this is one element of the regulatory agreement and the other agreements are tied back into conditions of the loan and the deed of trust, noting that there is security for the continued performance of those obligations back to Tri-City.

There being no further discussion, Board Member Nolte moved, and Vice-Chair Leano seconded, to adopt Resolution No. 578 approving and authorizing the Executive Director to execute a Loan Agreement, a Regulatory Agreement, and Supportive Services Agreement with West Mission Housing Partners, LP for the development, construction, financing, and operation of ten units of affordable and permanent supportive housing in its development on West Mission Avenue in Pomona in the amount of \$2,800,000. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Lantz.

MONTHLY STAFF REPORTS

4. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

Executive Director Navarro encouraged the Board to participate in the survey from Brand Purpose for the internal organizational review during Tri-City's 60th anniversary; she then reported that the California Behavioral Health Directors Association, the California Welfare Directors Association, the California Public Hospital Association, and the CHIAC, had released a statement on racism as a public health crisis with prescriptive goals as to what that means; that she looks forward to share this goals with the Board next month, noting that it addresses the deliverables for behavioral

health when talking about proclaiming racism as a public health crisis. She then announced that after a six-month recruitment process, Ken Riomales has been hired as Tri-City's Chief Information Officer and will start on April 5th; that Jessica Wong, the interim CIO, helped with the selection process; and provided background and job experience of Mr. Riomales.

5. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Executive Director Navarro announced that in response to the packet, staff received questions from Governing Board Vera regarding MHSA funds and that Chief Financial Officer Acosta will be addressing those questions.

Board Member Vera indicated that he emailed questions to Executive Director Navarro and Chief Financial Officer Acosta about the information the Board has been receiving, noting that they are excellent financial detailed reports and he appreciates them; however, the way MHSA funds are reported seem like huge financial reserves and that the public is saying why Tri-City had not spent this money out in the community; that he has tried to explain that these funds are budgeted and allocated over a three-year period and that the information is presented based on the accounting reports; and commented on MHSA funding which was subject to reversion four years ago.

Executive Director Navarro confirmed that because the Innovations Plans are so unique, and that after they were approved by the Stakeholders and our Governing Board, they also require clearance and approval from the Mental Health Services Oversight and Accountability Commission, which denied many projects, including two of our own; that as a result Tri-City and many other counties' money continued to sit in our coffers and it became at risk of reversion; that thankfully at the state level, there has been changes to the Innovations Plan decision-making; and that accounting principles for MHSA are very complicated, different, and unique from private and even other public funds.

Chief Financial Officer Acosta reported that she had included a whole new section in this month's report and called it MHSA Reversion; she then referred to her report and discussed the breakdown of all the MHSA cash on hand, cash designated, and the cash to be expended through the remainder of the fiscal year for operations, capital facilities, and technology funds, as calculated as of the end of January, which is Tri-City's most recent financial records. She then discussed the different plans and their required funding allocation under MHSA, noting that each remittance received, has to be spent within a three-year period beginning in the fiscal year in which it is received.

Executive Director Navarro indicated that as a result of COVID, Tri-City is going to take a significant hit in MHSA revenues beginning in fiscal year 22, 23, approximately 30%; however, noted that Tri-City is in good shape out three years.

Discussion ensued regarding staff working and evaluating the current needs of our community and where Tri-City is going to need to spend more and for how long, taking into consideration services and staffing, which includes CalPERS liability as it moves forward for full-time staff engagement.

Chief Financial Officer Acosta then referred to the Cash Flow Statement, and the Consolidated Statement of Revenues, Expenses and Changes in Net Position, which is an income statement, and discussed the activities within these Statements.

Discussion ensued regarding the process for the allocation and use of excess funds, which includes the stakeholder process, 30-day public comment, Mental health Commission recommendation to the Governing Board, and ultimately Governing Board approval.

6. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Renteria thanked Vice-Chair Leano for a wonderful presentation; she then referred to her report and discussed clients census data and how staff is using this data to improve services; that this year in our access to care in February, processed more service requests than we did the previous year, noting that we are serving more clients this year; that there is an increase in children's referrals; that the co-occurring support team is looking at ways do some quality assurance projects to attract the outcomes and effectiveness of the referrals to make sure that their services help support individuals that are experiencing both substance abuse and mental health issues; that it was encouraging trend that more than half of our clients are closing due to a successful resolution or successful treatment outcome; that the strength of our relationships with school partners is showing by the referrals continuing to be on track as we had in previous years; that Jeri Sprewell was promoted to Program Supervisor for the Clinical Wellness Advocate team who is gearing up to help us meet the requirements and compliance SB 803, which is the peer support specialist certification for 2020; that the Therapeutic Community Garden is reaching out to that transitional age youth; and shared a success story from a client.

Discussion ensued regarding the higher number of older adults accessing our services are women and the stigma related for older males accessing services; about gender identifications; and about collecting and reporting post COVID data of school counseling referrals.

7. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Executive Director Navarro reported, on behalf of Medical Director Teimoori, that the pop-up medical clinics that we do in conjunction with Dr. Ramos, of Pomona Valley Hospital, that provide street medicine to folks, particularly those who are unsheltered in the City of Pomona, Claremont and La Verne, are going to have a mobile vaccination clinic with the Department of Health Services and Tri-City on Tuesday, March 23rd, and will be back in a month to give folks their second vaccination; and expressed appreciation for Sean Smith's advocacy in reaching out to DHS for the vaccinations, noting that he is working with the treatment teams to get the word out to our clients and get them signed up for their vaccination.

8. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT

Director of MHSA & Ethnic Services Hundal wished everyone a happy Green Ribbon Week; pointed out that staff was using green screens to promote Green Ribbon Week; that Tri-City is promoting in social media those restaurants who had always supported and helped Tri-City eliminate stigma toward mental health during Green Ribbon Week; thanked Vice-Chair Leano and Chief Clinical Officer Renteria for doing an excellent Facebook live event called Mental Health During COVID; that Tri-City hosted Dr. Felitti's event for ACEs aware and more than 287 people attend that event, noting that it was very educational and people really enjoyed it; and that Tri-City has hosted two bidders conferences for the Community Wellbeing Grants for this year which was attended by 49 communities, of which 34 communities were new to this process, indicating that the deadline for application is Thursday, April 1st at 12:00 p.m.

9. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart reported that the CMS (Centers for Medicare & Medicaid Services) and ONC (Office of the National Coordinator for Health Information Technology) final rules are basically regulations that provide guidelines and mandates for when we need to comply with this and how Medi-Cal providers have to comply with interoperability standards; that based on these mandates, healthcare providers who serve medical beneficiaries, will be required to establish technological infrastructure and workflow processes in order to make sure that specified clinical and administrative information can be electronically accessible and exchangeable between patients, providers, and pairs; that the heart of this is about patient care and accessibility, making sure that the folks who need access to the information can get it; that this technology will allow for patients to access certain parts of their health record on demand via their smartphones, the computers and tablets; that staff is looking at several things for strategies; that the IT department and the Best Practices Division are the lead on this project, focusing on compliance, processes and policies; and that she will provide updates on this project which will roll out over the next two years.

Board Member Vera commented that updates will be great because the Board needs to understand the full scope of these mandates and how best to help clients.

There being no further comment, Vice-Chair Leano moved, and Board Member Ontiveros-Cole seconded, to receive and file the month of March staff reports. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

GOVERNING BOARD COMMENTS

There was no Governing Board comment.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 6:16 p.m., on consensus of the Governing Board its meeting of March 17, 2021 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, April 21, 2021 at 5:00 p.m., via teleconference due to the COVID-19 pandemic.

Micaela P. Olmos, JPA Administrator/Clerk



Tri-City Mental Health Authority MONTHLY STAFF REPORT

DATE: April 21, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

SUBJECT: Executive Director's Monthly Report

TRI-CITY HAS A CHIEF INFORMATION OFFICER (CIO)

On April 5th, Ken Riomales, became the newest member of the Executive Team in the role of Chief Information Officer. Ken comes to Tri-City with extensive experience in Health Information Technology and issues of Interoperability (how IT systems communicate and allowing sharing and coordination of data in order to improve health outcomes for patients/clients). Prior to coming to Tri-City, Ken worked with various other county behavioral health departments in California in order to help them establish their IT systems for the many and various upcoming changes at the State and Federal level over the next few years.

Tri-City's hiring of a permanent CIO, and one with such extensive knowledge and particular experience in health IT systems ensures that the Agency is positioned well to meet the upcoming expectations that will be required by the State beginning in Fiscal Year 2021-22. These include more efficient data collection, data management, and integrated care with other disciplines providing care for clients in treatment, more consistent use of performance outcome measures, and easier and more prompt access to health records by clients.

COVID-19 UPDATE

Fortunately, Tri-City has seen the weekly calls of staff being out sick and/or exposed to COVID-19 all but disappear. Despite having a healthy workforce, Tri-City, like many county mental/behavioral health agencies throughout the State, continues to be challenged by staff shortages in direct care programs. Chief Clinical Officer, Liz Renteria, and her clinical management team are weekly brainstorming and planning ways to better manage care and caseloads in order to meet the steady demands for service coming through Tri-City each week.

As the State's anticipated re-opening date of June 15th approaches, the Executive Team is beginning to plan for Tri-City's "re-opening" as well. Much has been learned in this past year. Things once considered "not an option" have actually proven to be effective, have in many ways improved efficiency, and reportedly have improved staff morale by giving employees more flexibility in their work schedules.

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Over the next few months, in consultation with its employees, its workplace legal consultants, its statewide county partners, and feedback from its clients and participants, Tri-City will establish new policies and protocols to bring the Agency's operations into alignment with public behavioral health best practices for a post-COVID-19 world.

On June 23rd, from 3:00–5:00 pm the Executive Team will host an All-Agency Staff Meeting (virtually) that will focus on acknowledging the tremendous challenge of this past year. We will be honoring the staff for their hard-work and continued dedication to public service, even as many continue to overcome and grieve significant traumas and losses in their own lives during the pandemic. The Executive Team will invite the Governing Board to participate and directly share their appreciation of staff as well.

CalAIM-CALIFORNIA ADVANCING INNOVATION IN MEDI-CAL

Just over 2 years ago, the California Department of Health Care Services (DHCS) began a strategic plan to innovate the delivery system of services for California's Medi-Cal population. They eventually landed on the name: California Advancing Innovation in Medi-Cal or CalAIM. This extensive proposal seeks to bring greater efficiency and collaboration across all systems that serve Medi-Cal recipients in order that the beneficiary's experience in accessing and utilizing all services they are entitled to is improved. The guiding principles of CalAIM are:

- Improve the member experience
- Deliver person-centered care that meets the behavioral, developmental, physical, long term services and supports, and oral health needs of all members
- Work to align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals
- Build a data-driven population health management strategy to achieve full system alignment
- Identify and mitigate social determinants of health and reduce disparities and inequities
- Drive system transformation that focuses on values and outcomes
- Eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation
- Support community activation and engagement
- Improve the plan and provider experience by reducing administrative burden when possible
- Reduce the per-capita cost over time through iterative system transformation

To achieve such principles, CalAIM has three primary goals:

- Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform

One entire section of CalAIM is dedicated to the work of Tri-City and other county behavioral health agencies. The Behavioral Health Components are introduced here in a direct quote from the CalAIM Executive Summary:

CalAIM's behavioral health proposals would initiate a fundamental shift in how California organizes and administers specialty mental health and substance use disorder services. It aligns the financing of behavioral health with that of physical health, which provides financial flexibility to innovate, and enter into value-based payment arrangements that improve quality and access to care. Similarly, the reforms in CalAIM simplify administration of, and access to, integrated behavioral health care.

Specifically, the 8 (eight) components in the behavioral health proposal are:

- Payment Reform
- Medical Necessity Criteria
- Mental Health/Substance Use Disorder (MH/SUD) Integration
- Serious Mental Illness/Severe Emotional Disturbance Institutes of Mental Disease Waiver
- Drug Medi-Cal Organized System Delivery Renewal
- Full Integration Pilots
- Enhanced Case Management/In Lieu of Services (ECM/ILOS)
- Long-term Plan for Foster Youth

Given Tri-City's unique status as a joint-powers authority that is responsible for outpatient mental health services, not all the components apply to the Agency's operations. Those directly related to Tri-City's operation are: payment reform, medical necessity criteria, MH/SUD integration, ECM/ILOS, and full integration pilots. Tri-City's Executive Team is in regular communication with CBHDA staff who are sitting in on various CalAIM workgroups with DHCS to ensure that the interests of both the city jurisdictions (Tri-City and City of Berkeley) are represented in this process and will be accurately recorded in any applicable legislation.

CalAIM originally scheduled to launch its first initiatives in 2021; that has now been moved to 2022. Currently, DHCS and the California Legislature are convening public hearings, holding assembly sub-committee meetings and bringing forth State bills to set the foundation for the changes to come. Here at Tri-City, the Executive Team has started to hold its own extra meetings to dive into CalAIM and begin the work to align its infrastructure, policies and practices, and operational goals with the achievement of the proposed CalAIM transformation.

Attached here is the link to the DHCS CalAIM website where Commissioners can read the Executive Summary or full CalAIM Proposal and stay abreast of updates and public convenings if interested:

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

HUMAN RESOURCES UPDATE

Supplemental Paid Sick Leave (SPSL)

On March 19, 2021, Governor Newsom signed into law SB 95, also known as Supplemental Paid Sick Leave (SPSL), which required California employers to make available up to 80 hours of supplemental paid sick leave to employees with a qualifying COVID-19 reason. This leave became effective on April 1, 2021 and will sunset on September 30, 2021. This law reinstates all of the same provisions under the former federal law, Families First Coronavirus Relief Act (FFCRA) which sunset on December 31, 2020 with two additional qualifiers for vaccinations and vaccination side effects. As a public employer, Tri-City is required to implement a formal policy for SPSL which will be presented to the Governing Board for approval at the May Governing Board meeting.

Staffing – Month Ending March 2021

- Total Staff is 188 full-time and 22 part-time plus 23 full time vacancies for a total of 222 positions.
- There were 1 new hire in March.
- There were 2 separations in March.

Workforce Demographics March 2021

- American Indian or Alaska Native = 0.48%
- Asian = 8.70%
- Black or African American = 8.70%
- Hispanic or Latino = 57.00%
- Native Hawaiian or Other Pacific Islander = 0.48%
- Other = 8.70%
- 2 or more races = 1.45%
- White or Caucasian = 14.49%

Posted Positions in March 2021

- Clinical Supervisor I School Partnership (1 FTE)
- Clinical Supervisor I COP (1 FTE)
- Clinical Therapist I/II Adult FSP Bilingual & Non (4 FTEs) *1 hire pending*
- Clinical Therapist I AOP Bilingual & Non-Bilingual (3 FTEs)
- Clinical Therapist I/II COP Bilingual (1 FTE)
- Clinical Therapist I/II COP School Partner. Bilingual & Non-Bilingual (1 FTE)
- Clinical Wellness Advocate I/II/III – Internal Only (2 FTEs)
- Housing Wellness Advocate (.5 FTE)
- Mental Health Specialist Adult FSP Bilingual (1 FTE) *Hired 4/5/2021*
- Mental Health Specialist COP School Partner. (.5 FTE)
- Mental Health Worker Adult FSP Bilingual (1 FTE)
- Program Support Assistant I COP (.5 FTE)
- Psychiatric Technician I/II/III – Adult FSP (2 FTEs)

HOUSING UPDATE

Tri-City's Housing Division had been working alongside the clinical teams to identify a potential housing option for a family of 8 for the last two years when they entered into services. The family encountered a number of hardships after losing their home due to a disagreement with their landlord. They went through different scenarios of one adult working to support the family as illnesses and child care made it difficult for both to be able to work and afford a new rent. With their limited income, they were able to pay for a motel, at times, but would still spend portions of the months living out of their car. At the end of 2019, they were finally able to have enough income to pay for a motel full-time.

When the pandemic resulted in closure of non-essential work, the family found themselves unable to pay for their housing, once more. During all this time, MESA units became available, but none were able to house a family of that size. In March, we received a notification from the Families Coordinated Entry System Matcher that the family had been selected to apply for an LA County Continuum of Care voucher. They completed the pre-authorization to confirm their eligibility and are now working with our team to complete the lengthy application. The family has expressed disbelief in being selected for this opportunity. They identified that they had given up hope and didn't expect to get connected to anything after being homeless for over 4 years. This is not an uncommon response to hear from clients. As well as, regularly hearing clients' frustration about others getting connected to housing opportunities and not them. We remind everyone that there are not set timelines for if and when an opportunity will become available for them and no definitive waitlist for any of these opportunities. We continue to help guide clients and their teams with resources to help them get into better positions for affording general housing while the Coordinated Entry System goes through the fair process of identifying the next opportunity and applicant.



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: April 21, 2021

TO: Governing Board of Tri-City Mental Health Authority
Toni Navarro, LMFT, Executive Director

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Finance Report

**UNAUDITED FINANCIAL STATEMENTS FOR THE EIGHT MONTHS ENDED
FEBRUARY 28, 2021 (2021 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the eight months ended February 28, 2021. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$5.3 million. MHSA operations accounted for approximately \$4.9 million of the increase, which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2020, Tri-City received MHSA funding of approximately \$10.2 million, of which \$6.6 million were for approved programs for fiscal 2020-21 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2020. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2020-21. In addition, during fiscal 2020-21 approximately \$11.6 million in MHSA funding has been received of which \$6.6 million was identified and approved for use in the current fiscal year 2020-21 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$13.2 million. Unlike the requirement to reflect all available and **approved** MHSA funding when received as non-operating revenues, MHSA operating costs are reflected when incurred. Therefore, the matching of revenue to expense is not consistent as the timing of expenditures will lag behind the timing of revenue recognition.

The remaining increase in net position of approximately \$360 thousand is from Clinic outpatient operations, which is the result of operations for the eight months ended February 28, 2021.

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The total cash balance at February 28, 2021 was approximately \$35.2 million, which represents an increase of approximately \$4.1 million from the June 30, 2020 balance of approximately \$31.1 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately \$293 thousand. MHSA operations reflected an increase in cash of approximately \$3.7 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$11.6 million in MHSA funds offset by the use of cash for MHSA operating activities. MHSA dollars (which are derived through the receipts of 1% of millionaire's income taxes) were delayed as a direct result of extending tax return deadlines and as such all behavioral health agencies experienced a reduction in cash receipts in the last few months of the previous fiscal year. As the tax filing deadline has now passed, Tri-City received \$4.5 million in the August distribution (based on July's tax remittances) of MHSA funds, thus resulting in an overall increase in cash in MHSA.

Approximately \$7.4 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eight months ended February 28, 2021. Additionally, approximately \$2.7 million has been received through April 15, 2021. Of the total amounts received in the current fiscal year, approximately \$1.6 million is related to interim cost report settlements covering fiscal years 2013-14, 2015-16 and 2016-17.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update:

We are continuing to closely monitor for any new developments and updated revenue projections from CBHDA. As highlighted previously, the current revenue projections by CBHDA estimate that some revenues (such as MHSA revenues) will increase in fiscal year 2020-21 as a result of delays in tax returns, however these same revenues are expected to decrease in the following years (through FY 2022/23). As such, planning appropriately to ensure we meet the needs of our community, and having the ability to make changes as we go will be necessary in the upcoming years, especially if projections wind up being significantly different than currently projected.

FY 2020-21 Bankruptcy Payments

The total bankruptcy liability balance as of the date of this report is currently \$331,064. On September 21, 2020 a distribution of \$325,000 was made and distributed to CA DHCS and LAC DMH in the amounts of \$196,839 and \$128,161, respectively. Management is currently working with CA DHCS and LAC DMH on confirming the final distribution amounts as we will be making our final distributions in May of 2021.

MHSA Funding Updates

Estimated Current Cash Position – The following table represents a brief summary of the estimated current MHSA cash position as of the seven months ended February 28, 2021 which includes estimates to project the ending cash balance at June 30, 2021.

	MHSA
Cash at February 28, 2021	\$ 28,137,775
Receivables net of Reserve for Cost Report Settlements	(123,313)
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2020-21	(4,079,903) **
Reserved for future CFTN Projects including TCG	(1,247,389)
Reserved for Future Housing Projects	(2,800,000) ****
Total Estimated Adjustments to Cash	(10,450,605)
Estimated Available at June 30, 2021	<u>\$ 17,687,171</u>
Remaining estimated funds to be received in FY 2020-21	\$ 1,386,689 **

* Per the recently approved SB 192, Prudent Reserves are now required to be maintained at an amount that does not exceed 33% of the average Community Services and Support (CSS) revenue received for the fund, in the preceding 5 years.

** Estimated based on adopted operating budget for Fiscal Year 2020-21, actual and estimated amounts to year end (06/30/2021).

****In addition to the \$1.2 Million, an additional \$1.6 Million was designated for housing, as approved at the May 15, 2019 Governing Board Meeting.

MHSA Reversion

Each remittance of MHSA funds received by Tri-City is required to be allocated among three of the five MHSA Plans, CSS, PEI and INN. The first 5% of each remittance is required to be allocated to INN and the remaining amount is split 80% to CSS and 20% to PEI. While the WET and the CapTech plans have longer time frames in which to spend funds (made up of one-time transfers into these two plans), the CSS, PEI and INN plans have three years.

Amounts received within the CSS and PEI programs must be expended within three years of receipt. INN amounts must be programmed in a plan that is approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) within three years of receipt, and spent within the life of the approved program. Upon approval by the MHSOAC, INN amounts have to be expended within the life of said program. For example, a program approved for a five-year period will have the full five years associated with the program to expend the funds.

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To demonstrate the three-year monitoring of CSS, PEI and INN dollars, the following table represents the funds as of a date in time, June 30, 2020, and the year in which they were received.

Remaining Funds as of June 30, 2020 (Per Audited Financial Statements)				
	CSS	PEI	INN	Total
	13,009,920	1,833,229	1,867,814	16,710,963
2016-17				-
2017-18			819,183	819,183
2018-19	5,535,602		556,900	6,092,502
2019-20	7,474,318	1,833,229	491,731	9,799,278
Total at 6/30/20	13,009,920	1,833,229	1,867,814	16,710,963

Estimated FY 2020-21 Expenditures per MHSA Plan			
	CSS	PEI	INN
	10,712,194	2,217,534	316,438

- The 2018-19 CSS remaining dollars, in the amount of \$5,535,602, are required to be spent by June 30, 2021 to avoid being subject to reversion. As demonstrated in the table above, anticipated expenditures in the CSS plan in fiscal year 2020-21 are designed to mitigate the risk of reversion.
- The 2019-20 CSS remaining dollars, in the amount of \$1,833,229, are required to be spent by June 30, 2022 to avoid being subject to reversion. As demonstrated in the table above, anticipated expenditures in the PEI plan in fiscal year 2020-21 are designed to mitigate the risk of reversion.
- The 2017-18 INN remaining dollars as well as approximately 50% of the 2018-19 dollars are all part of the MHSOAC approved Help@Hand Program (formerly Tech Suite) which is expected to be completed December 2023, and as such these amounts are not at risk of reversion. The remaining 2018-19 amounts that are not associated with the Help@Hand program are required to be in an MHSOAC approved program by June 30, 2021 in order to avoid being subject to reversion. Additionally, the 2019-20 amounts are required to be in an MHSOAC approved program by June 30, 2022. Work groups and stakeholder meetings are currently underway to develop a plan to be presented to the MHSOAC for approval by the end of the fiscal year.

Attachments

Attachment 4-A: February 28, 2021 Unaudited Financial Statements

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF NET POSITION**

	AT FEBRUARY 28, 2021			AT JUNE 30, 2020		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
Current Assets						
Cash	\$ 7,036,303	\$ 28,137,775	\$ 35,174,078	\$ 7,395,355	\$ 23,736,461	\$ 31,131,816
Accounts receivable, net of reserve for uncollectible accounts \$515,629 at February 28, 2021 and \$543,736 at June 30, 2020	3,920,703	2,482,842	6,403,545	4,191,840	2,588,279	6,780,119
Total Current Assets	<u>10,957,006</u>	<u>30,620,617</u>	<u>41,577,623</u>	<u>11,587,195</u>	<u>26,324,740</u>	<u>37,911,935</u>
Property and Equipment						
Land, building, furniture and equipment	3,814,696	9,513,575	13,328,271	3,699,755	9,384,214	13,083,969
Accumulated depreciation	(2,472,302)	(3,712,905)	(6,185,207)	(2,403,631)	(3,434,225)	(5,837,856)
Total Property and Equipment	<u>1,342,394</u>	<u>5,800,670</u>	<u>7,143,064</u>	<u>1,296,123</u>	<u>5,949,989</u>	<u>7,246,112</u>
Other Assets						
Deposits and prepaid assets	160,125	605,030	765,155	70,955	491,199	562,154
Total Noncurrent Assets	<u>1,502,519</u>	<u>6,405,700</u>	<u>7,908,219</u>	<u>1,367,079</u>	<u>6,441,188</u>	<u>7,808,267</u>
Total Assests	<u>\$ 12,459,525</u>	<u>\$ 37,026,317</u>	<u>\$ 49,485,841</u>	<u>\$ 12,954,274</u>	<u>\$ 32,765,928</u>	<u>\$ 45,720,202</u>
Deferred Outflows of Resources						
Deferred outflows related to the net pension liability	2,776,741	-	2,776,741	2,776,741	-	2,776,741
Total Deferred Outflows of Resources	<u>2,776,741</u>	<u>-</u>	<u>2,776,741</u>	<u>2,776,741</u>	<u>-</u>	<u>2,776,741</u>
Total Assets and Deferred Outflows of Resources	<u>\$ 15,236,266</u>	<u>\$ 37,026,317</u>	<u>\$ 52,262,583</u>	<u>\$ 15,731,015</u>	<u>\$ 32,765,928</u>	<u>\$ 48,496,943</u>
LIABILITIES						
Current Liabilities						
Accounts payable	467,472	-	467,472	235,067	188,826	423,893
Accrued payroll liabilities	117,458	192,735	310,193	561,169	80,419	641,589
Accrued vacation and sick leave	646,104	1,056,673	1,702,777	604,179	865,609	1,469,787
Reserve for Medi-Cal settlements	3,253,871	2,606,155	5,860,025	2,942,066	2,366,312	5,308,378
Current portion of mortgage debt	30,688	-	30,688	30,688	-	30,688
Total Current Liabilities	<u>4,515,593</u>	<u>3,855,562</u>	<u>8,371,155</u>	<u>4,373,168</u>	<u>3,501,166</u>	<u>7,874,334</u>
Intercompany Acct-MHSA & TCMH	<u>(281,538)</u>	<u>281,538</u>	<u>-</u>	<u>370,961</u>	<u>(370,961)</u>	<u>-</u>
Long-Term Liabilities						
Mortgages and home loan	751,576	88,309	839,885	771,683	88,309	859,992
Net pension liability	5,462,528	-	5,462,528	5,462,528	-	5,462,528
Unearned MHSA revenue	-	5,250,124	5,250,124	-	276,421	276,421
Total Long-Term Liabilities	<u>6,214,104</u>	<u>5,338,433</u>	<u>11,552,536</u>	<u>6,234,211</u>	<u>364,730</u>	<u>6,598,940</u>
Liabilities Subject to Compromise						
Class 2 General Unsecured Claims	-	-	-	-	-	-
Class 3 Unsecured Claim of CAL DMH	200,512	-	200,512	397,351	-	397,351
Class 4 Unsecured Claim of LAC DMH	130,552	-	130,552	258,713	-	258,713
Total Liabilities Subject to Compromise	<u>331,064</u>	<u>-</u>	<u>331,064</u>	<u>656,064</u>	<u>-</u>	<u>656,064</u>
Total Liabilities	<u>10,779,222</u>	<u>9,475,533</u>	<u>20,254,755</u>	<u>11,634,403</u>	<u>3,494,935</u>	<u>15,129,339</u>
Deferred Inflow of Resources						
MHSA revenues restricted for future period	-	-	-	-	6,625,123	6,625,123
Deferred inflows related to the net pension liability	217,236	-	217,236	217,236	-	217,236
Total Deferred Inflow of Resources	<u>217,236</u>	<u>-</u>	<u>217,236</u>	<u>217,236</u>	<u>6,625,123</u>	<u>6,842,359</u>
NET POSITION						
Invested in capital assets net of related debt	560,130	5,800,670	6,360,800	493,753	5,949,989	6,443,742
Restricted for MHSA programs	-	21,145,084	21,145,084	-	16,204,682	16,204,682
Unrestricted	3,679,677	605,030	4,284,707	3,385,622	491,199	3,876,821
Total Net Position	<u>4,239,807</u>	<u>27,550,784</u>	<u>31,790,591</u>	<u>3,879,375</u>	<u>22,645,870</u>	<u>26,525,245</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 15,236,266</u>	<u>\$ 37,026,317</u>	<u>\$ 52,262,583</u>	<u>\$ 15,731,015</u>	<u>\$ 32,765,928</u>	<u>\$ 48,496,943</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
EIGHT MONTHS ENDED FEBRUARY 28, 2021 AND 2020

	PERIOD ENDED 2/28/21			PERIOD ENDED 2/29/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 2,472,058	\$ 2,145,890	\$ 4,617,948	\$ 2,514,464	\$ 2,151,982	\$ 4,666,446
Medi-Cal FFP FYE Prior Year	126,765	1,894	128,659	-	-	-
Medi-Cal SGF-EPSDT	601,083	451,189	1,052,272	619,516	441,279	1,060,795
Medi-Cal SGF-EPSDT Prior Year	(29,906)	15,202	(14,704)	-	-	-
Medicare	691	1,068	1,759	2,331	1,364	3,695
Grants and contracts	376,788	19,048	395,836	13,486	19,268	32,753
Patient fees and insurance	808	-	808	2,054	-	2,054
Rent income - TCMH & MHSA Housing	21,593	59,635	81,228	23,131	59,669	82,800
Other income	87,414	363	87,777	936	407	1,343
Net Operating Revenues	3,657,294	2,694,288	6,351,582	3,175,918	2,673,968	5,849,886
OPERATING EXPENSES						
Salaries, wages and benefits	5,165,182	8,029,210	13,194,393	4,504,159	7,298,142	11,802,300
Facility and equipment operating cost	438,765	764,807	1,203,573	418,823	889,581	1,308,404
Client lodging, transportation, and supply expense	210,650	1,205,211	1,415,861	86,437	922,322	1,008,760
Depreciation	97,025	278,680	375,705	62,623	234,127	296,750
Other operating expenses	395,953	856,741	1,252,695	384,212	856,370	1,240,582
Total Operating Expenses	6,307,575	11,134,650	17,442,225	5,456,254	10,200,542	15,656,796
OPERATING (LOSS) (Note 1)	(2,650,281)	(8,440,362)	(11,090,643)	(2,280,336)	(7,526,574)	(9,806,910)
Non-Operating Revenues (Expenses)						
Realignment	2,876,617	-	2,876,617	2,557,750	-	2,557,750
Contributions from member cities & donations	70,236	-	70,236	55,675	-	55,675
MHSA funds	-	13,243,213	13,243,213	-	11,614,029	11,614,029
Housing & Community Dev.-NPLH	(8,000)	-	(8,000)	-	-	-
Pomona Vision 2030 Project	78,000	-	78,000	-	-	-
Interest Income	20,860	102,063	122,923	67,101	347,271	414,372
Interest expense	(27,000)	-	(27,000)	(28,008)	-	(28,008)
Total Non-Operating Revenues (Expense)	3,010,713	13,345,276	16,355,989	2,652,518	11,969,000	14,621,518
INCOME (LOSS)	360,432	4,904,914	5,265,346	372,182	4,442,426	4,814,608
INCREASE (DECREASE) IN NET POSITION	360,432	4,904,914	5,265,346	372,182	4,442,426	4,814,608
NET POSITION, BEGINNING OF YEAR	3,879,375	22,645,870	26,525,245	3,229,029	21,242,083	24,471,112
NET POSITION, END OF MONTH	\$ 4,239,807	\$ 27,550,784	\$ 31,790,591	\$ 3,601,211	\$ 25,684,509	\$ 29,285,720

(Note 1) "Operating Loss" reflects loss before realignment funding and MHSA funding which is included in non-operating revenues.

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF CASH FLOWS
EIGHT MONTHS ENDED FEBRUARY 28, 2021 AND 2020**

	PERIOD ENDED 2/28/21			PERIOD ENDED 2/29/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	\$ 4,227,413	\$ 2,974,845	\$ 7,202,257	\$ 2,580,398	\$ 2,182,171	\$ 4,762,569
Cash payments to suppliers and contractors	(902,132)	(3,129,416)	(4,031,549)	(997,970)	(3,301,025)	(4,298,995)
Payments to employees	(5,566,968)	(7,725,831)	(13,292,799)	(4,878,823)	(7,037,904)	(11,916,727)
	<u>(2,241,688)</u>	<u>(7,880,402)</u>	<u>(10,122,090)</u>	<u>(3,296,395)</u>	<u>(8,156,758)</u>	<u>(11,453,153)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	11,556,103	11,556,103	-	8,539,284	8,539,284
CalHFA-State Administered Projects	-	35,690	35,690	-	-	-
Realignment	2,876,617	-	2,876,617	3,162,463	-	3,162,463
Housing & Community Development.-NPLH	(8,000)	-	(8,000)	-	-	-
Pomona Vision 2030 Project-Ballmer Group	78,000	-	78,000	-	-	-
	<u>3,016,853</u>	<u>11,591,793</u>	<u>14,608,646</u>	<u>3,218,138</u>	<u>8,539,284</u>	<u>11,757,421</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(143,296)	(129,361)	(272,657)	(197,453)	(178,477)	(375,930)
Principal paid on capital debt	(20,107)	-	(20,107)	(19,099)	-	(19,099)
Interest paid on capital debt	(27,000)	-	(27,000)	(28,008)	-	(28,008)
Intercompany-MHSA & TCMH	(652,499)	652,499	-	(684,768)	684,768	-
	<u>(842,901)</u>	<u>523,138</u>	<u>(319,764)</u>	<u>(929,328)</u>	<u>506,291</u>	<u>(423,037)</u>
Cash Flows from Investing Activities						
Interest received	33,683	166,786	200,469	80,849	403,149	483,998
	<u>33,683</u>	<u>166,786</u>	<u>200,469</u>	<u>80,849</u>	<u>410,849</u>	<u>491,698</u>
Cash Flows from Reorganization Items						
Cash payments to Bankruptcy Class 3 and 4 Unsecured	(325,000)	-	(325,000)	(1,030,000)	-	(1,030,000)
	<u>(325,000)</u>	<u>-</u>	<u>(325,000)</u>	<u>(1,030,000)</u>	<u>-</u>	<u>(1,030,000)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(359,052)	4,401,314	4,042,262	(1,956,736)	1,299,666	(657,070)
Cash Equivalents at Beginning of Year	7,395,355	23,736,461	31,131,816	7,483,365	24,449,208	31,932,573
Cash Equivalents at End of Month	<u>\$ 7,036,303</u>	<u>\$ 28,137,775</u>	<u>\$ 35,174,078</u>	<u>\$ 5,526,629</u>	<u>\$ 25,748,874</u>	<u>\$ 31,275,503</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
EIGHT MONTHS ENDING FEBRUARY 28, 2021
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
OPERATING REVENUES									
Medi-Cal FFP	\$ 2,700,809	\$ 2,821,941	\$ (121,132)	\$ 2,340,120	\$ 3,023,237	\$ (683,117)	\$ 5,040,929	\$ 5,845,179	\$ (804,249)
Medi-Cal FFP Prior Year	133,240	-	133,240	2,066	-	2,066	135,306	-	135,306
Medi-Cal SGF-EPSDT	650,490	1,066,114	(415,624)	492,027	704,197	(212,170)	1,142,517	1,770,311	(627,794)
Medi-Cal SGF-EPSDT Prior Year	(27,614)	-	(27,614)	16,578	-	16,578	(11,036)	-	(11,036)
Medicare	691	2,000	(1,309)	1,068	933	135	1,759	2,933	(1,175)
Patient fees and insurance	808	1,667	(859)	-	-	-	808	1,667	(859)
Grants and contracts	376,788	195,175	181,613	19,048	-	19,048	395,836	195,175	200,660
Rent income - TCMH & MHSA Housing	21,593	24,200	(2,607)	59,635	73,633	(13,999)	81,228	97,833	(16,606)
Other income	87,414	-	87,414	363	-	363	87,777	-	87,777
Provision for contractual disallowances	(286,925)	(376,972)	90,047	(236,616)	(369,077)	132,461	(523,540)	(746,049)	222,508
Net Operating Revenues	3,657,294	3,734,125	(76,831)	2,694,288	3,432,924	(738,636)	6,351,582	7,167,049	(815,467)
OPERATING EXPENSES									
Salaries, wages and benefits	5,165,182	5,562,041	(396,859)	8,029,210	8,708,803	(679,593)	13,194,393	14,270,845	(1,076,452)
Facility and equipment operating cost	438,769	468,492	(29,723)	764,823	978,493	(213,670)	1,203,593	1,446,985	(243,393)
Client program costs	205,143	80,058	125,085	1,187,934	806,651	381,283	1,393,077	886,709	506,367
Grants	-	-	-	49,392	53,333	(3,941)	49,392	53,333	(3,941)
MHSA training/learning costs	-	-	-	77,631	103,341	(25,710)	77,631	103,341	(25,710)
Depreciation	97,025	61,070	35,955	278,680	239,505	39,175	375,705	300,575	75,130
Other operating expenses	401,457	476,713	(75,257)	746,979	903,257	(156,277)	1,148,436	1,379,970	(231,534)
Total Operating Expenses	6,307,575	6,648,375	(340,799)	11,134,650	11,793,383	(658,733)	17,442,225	18,441,758	(999,533)
OPERATING (LOSS)	(2,650,281)	(2,914,249)	263,968	(8,440,362)	(8,360,459)	(79,903)	(11,090,643)	(11,274,709)	184,065
Non-Operating Revenues (Expenses)									
Realignment	2,876,617	2,436,896	439,721	-	-	-	2,876,617	2,436,896	439,721
Contributions from member cities & donations	70,236	70,236	-	-	-	-	70,236	70,236	-
MHSA Funding	-	-	-	13,243,213	13,246,166	(2,953)	13,243,213	13,246,166	(2,953)
Housing & Community Dev.-NPLH	(8,000)	-	(8,000)	-	-	-	(8,000)	-	(8,000)
Pomona Vision 2030 Project	78,000	-	78,000	-	-	-	78,000	-	78,000
Interest (expense) income, net	(6,140)	17,993	(24,133)	102,063	221,333	(119,270)	95,923	239,326	(143,403)
Total Non-Operating Revenues (Expense)	3,010,713	2,525,125	485,589	13,345,276	13,467,499	(122,223)	16,355,989	15,992,624	363,365
Special Item: Net reorganization income (expense)	-	-	-	-	-	-	-	-	-
INCREASE(DECREASE) IN NET POSITION	\$ 360,432	\$ (389,125)	\$ 749,557	\$ 4,904,914	\$ 5,107,040	\$ (202,126)	\$ 5,265,346	\$ 4,717,915	\$ 547,431

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
EIGHT MONTHS ENDING FEBRUARY 28, 2021**

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:

TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)

MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CAP/TECH PROGRAMS)

Net Operating Revenues

Net operating revenues are lower than budget by \$815 thousand for the following reasons:

- 1 Medi-Cal FFP revenues for FY 2020-21** were \$804 thousand lower than the budget. Medi-Cal FFP revenues were \$121 thousand lower for TCMH and \$683 thousand lower for MHSA. At TCMH, the adult program revenues were higher than budget by \$207 thousand and the children program revenues were lower by \$328 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$536 thousand and the Children and TAY FSP programs were lower by \$147 thousand. Additionally, as the results of the fiscal years 2013-14, 2015-16 and 2016-17 interim cost report settlements, a total of \$135 thousand in prior years Medi-Cal FFP revenues were recorded to the current year operations.
- 2 Medi-Cal SGF-EPSTD revenues for fiscal year 2020-21** were lower than budget by \$628 thousand of which \$416 thousand lower were from TCMH and \$212 thousand lower were from MHSA. As was mentioned above, however, a net adjustment of \$11 thousand in prior years Medi-Cal SGF-EPSTD revenues were recorded due to the fiscal years 2013-14, 2015-16 and 2016-17 interim cost report settlements. SGF-EPSTD relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSTD) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.
 - > *Medi-Cal and Medi-Cal SGF-EPSTD revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled.*
- 3 Medicare revenues** are lower than the budget by \$1 thousand. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 Grants and contracts** are higher than budget by \$201 thousand. Grants and Contracts are \$182 thousand higher for TCMH and \$19 thousand higher for MHSA. At TCMH, the higher revenues were due to the Measure H program which provides housing assistance to those who are at risk of homelessness in the three cities. At MHSA, the higher grants and contracts amount represents the Clifford Beers Housing's share of cost for funding a Residential Services Coordinator position to provide on-site services to all residents at the Holt Avenue Family Apartments.
- 5 Rent Income** was lower than the budget by \$17 thousand. The rental income represents the payments collected from the tenants staying at the Tri-City apartments on Pasadena and at the MHSA houses on Park Avenue and Baseline Rd.
- 6 Other income** is \$88 thousand higher than budget due to the two receipts from Federal 2020 Stimulus Cares Act Relief funds.
- 7 Provision for contractual disallowances** for fiscal year 2020-21 is \$223 thousand lower than budget due to lower revenues.

Operating Expenses

Operating expenses were lower than budget by approximately \$1 million for the following reasons:

- 1 Salaries and benefits** are approximately \$1.1 million lower than budget and of that amount, salaries and benefits are \$397 thousand lower for TCMH operations and are \$680 thousand lower for MHSA operations. These variances are due to the following:
 - TCMH** salaries were lower than budget by \$104 thousand and benefits are lower than budget by \$293 thousand due to lower various insurances.
 - MHSA** salaries are lower than budget by \$396 thousand. The direct program salary costs are lower by \$228 thousand due to vacant positions and the administrative salary costs are lower than budget by \$168 thousand. Benefits are lower than budget by \$284 thousand. Of that, health insurance is lower by \$198 thousand, retirement contributions are lower by \$43 thousand, workers compensation is lower by \$37 thousand and state unemployment is lower by \$31 thousand. These lower costs are offset by higher employer training costs.
- 2 Facility and equipment operating costs** were lower than budget by \$243 thousand. Facility and equipment operating costs were \$30 thousand lower for TCMH and \$213 thousand lower for MHSA.
- 3 Client program costs** are higher than the budget by \$506 thousand. This included a payment of \$396 thousand to the City of

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
EIGHT MONTHS ENDING FEBRUARY 28, 2021**

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:

TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)

MHSA==MENTAL HEALTH SERVICES ACT (ACTIVITIES INCLUDE CSS, PEI, INN, WET AND CAP/TECH PROGRAMS)

Pomona-Hope for Home Year-Round Emergency Shelter for which the amount was budgeted and spread out throughout the fiscal year

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
EIGHT MONTHS ENDING FEBRUARY 28, 2021**

COMMENT: PLEASE NOTE, THE DISCUSSION BELOW MAY USE THE FOLLOWING ABBREVIATIONS:

TCMH==TRI-CITY MENTAL HEALTH (OUTPATIENT CLINIC OPERATIONS)

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- 4 **Grants for fiscal year 2020-21** awarded under the Community Wellbeing project are lower than the budget \$4 thousand.
- 5 **MHSA learning and training costs** are lower than the budget by \$26 thousand.
- 6 **Depreciation** is higher than budget by \$75 thousand.
- 7 **Other operating expenses** were lower than budget by \$231 thousand of which \$75 thousand lower was from TCMH and \$156 thousand lower was from MHSA. At TCMH, attorney fee is lower than budget by \$48 thousand and personnel recruiting fees are lower by \$34 thousand and are offset by higher IT professional fee. For MHSA, professional fees are lower than the budget by \$84 thousand, attorney fees are lower by \$21 thousand, personnel recruiting fees are lower by \$29 thousand, conference and mileage reimbursement are lower by \$23 thousand and dues and subscriptions are lower by \$22 thousand. These lower costs are offset by higher security expense.

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are higher than budget by \$363 thousand as follows:

- 1 **TCMH non-operating revenues** are \$486 thousand higher than the budget. Of that, realignment fund is higher than the budget by \$440 thousand. Contributions from member cities are in line with the budget. Interest income netted with interest expense is lower by \$24 thousand. Housing and Community Development revenue is lower by \$8 thousand. In August, Tri-City refunded the amount to the California Department of Housing, the un-used balance of the original \$100 thousand funded to Tri-City for the No Place Like Home project. Additionally, in December Tri-City records into non-operating revenue \$78 thousand for its participation in the Pomona Vision 2030 Project. Funds will help Tri-City partner with PUSD to engage and assess the needs and strengths of students and their families who are in grades K-middle school in Pomona.
- 2 **MHSA non-operating revenue** is \$3 thousand lower than the budget. In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

The differences in actual to budget are broken out as follows:

	Actual	Budget	Variance
CSS funds received and available to be spent	\$ 10,712,194	\$ 10,712,194	\$ -
PEI funds received and available to be spent	2,214,581	2,217,534	(2,953)
WET funds received and available to be spent	-	-	-
CAP/TECH funds received and available to be spent	-	-	-
INN funds received and available to be spent	316,438	316,438	-
Non-operating revenues recorded	<u>\$ 13,243,213</u>	<u>\$ 13,246,166</u>	<u>\$ (2,953)</u>

CSS and INN recorded revenues are in line with the budgets.

PEI recorded revenue is lower than budget by \$3 thousand. The difference is due to the amounts received and available for the PEI plan through February 2021. The additional funds received during the fiscal year 2020-21 will be recorded as revenue up to the budgeted amount.

Interest income for MHSA is lower than budget by \$119 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
EIGHT MONTHS ENDED FEBRUARY 28, 2021 AND 2020

	PERIOD ENDED 2/28/21			PERIOD ENDED 2/29/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 2,472,058	\$ 2,145,890	\$ 4,617,948	\$ 2,514,464	\$ 2,151,982	\$ 4,666,446
Medi-Cal FFP FYE Prior Year	126,765	1,894	128,659	-	-	-
Medi-Cal SGF-EPSDT	601,083	451,189	1,052,272	619,516	441,279	1,060,795
Medi-Cal SGF-EPSDT Prior Year	(29,906)	15,202	(14,704)	-	-	-
Medicare	691	1,068	1,759	2,331	1,364	3,695
Realignment	2,876,617	-	2,876,617	2,557,750	-	2,557,750
MHSA funds	-	13,243,213	13,243,213	-	11,614,029	11,614,029
Grants and contracts	376,788	19,048	395,836	13,486	19,268	32,753
Housing & Community Dev.-NPLH	(8,000)	-	(8,000)	-	-	-
Pomona Vision 2030 Project	78,000	-	78,000	-	-	-
Contributions from member cities & donations	70,236	-	70,236	55,675	-	55,675
Patient fees and insurance	808	-	808	2,054	-	2,054
Rent income - TCMH & MHSA Housing	21,593	59,635	81,228	23,131	59,669	82,800
Other income	87,414	363	87,777	936	407	1,343
Interest Income	20,860	102,063	122,923	67,101	347,271	414,372
Total Revenues	6,695,007	16,039,564	22,734,571	5,856,445	14,642,968	20,499,412
EXPENSES						
Salaries, wages and benefits	5,165,182	8,029,210	13,194,393	4,504,159	7,298,142	11,802,300
Facility and equipment operating cost	438,765	764,807	1,203,573	418,823	889,581	1,308,404
Client lodging, transportation, and supply expense	210,650	1,205,211	1,415,861	86,437	922,322	1,008,760
Depreciation	97,025	278,680	375,705	62,623	234,127	296,750
Interest expense	27,000	-	27,000	28,008	-	28,008
Other operating expenses	395,953	856,741	1,252,695	384,212	856,370	1,240,582
Total Expenses	6,334,575	11,134,650	17,469,225	5,484,262	10,200,542	15,684,804
INCREASE (DECREASE) IN NET POSITION	360,432	4,904,914	5,265,346	372,182	4,442,426	4,814,608
NET POSITION, BEGINNING OF YEAR	3,879,375	22,645,870	26,525,245	3,229,029	21,242,083	24,471,112
NET POSITION, END OF MONTH	\$ 4,239,807	\$ 27,550,784	\$ 31,790,591	\$ 3,601,211	\$ 25,684,509	\$ 29,285,720

NOTE: This presentation of the Change in Net Assets is NOT in accordance with GASB, but is presented only for a simple review of Tri-City's revenue sources and expenses.

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

Medi-Cal SGF-EPSDT=State General Funds reimbursement for Medi-Cal services provided to children under the "Early and Periodic Screening, Diagnosis and Treatment" regulations.

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: April 21, 2021

TO: Governing Board of Tri-City Mental Health Authority
Toni Navarro, LMFT, Executive Director

FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

CLIENT CENSUS DATA

Each month, information and data and will be shared about the services provided and the clients that have been supported. This month’s data set comes from our electronic health record and highlights the diagnoses most common in our adult programs. Information is from our 2019-2020 fiscal year.

Diagnoses by Program		
<p align="center">Adult Outpatient</p> <p>17% Anxiety Disorders</p> <p>11% Bipolar & Related Disorders</p> <p>46% Depressive Disorders</p> <p>1% Disruptive, Impulse Control Disorders</p> <p>14% Schizophrenia Spectrum</p> <p>6% Trauma and Stressor Related Disorders</p> <p>5% Other</p>	<p align="center">Field Capable Clinical Services</p> <p>19% Anxiety Disorders</p> <p>8% Bipolar & Related Disorders</p> <p>58% Depressive Disorders</p> <p>12% Schizophrenia Spectrum Disorders</p> <p>4% Trauma Stressor and Related Disorders</p>	<p align="center">Full-Service Partnership</p> <p>2% Anxiety Disorders</p> <p>11% Bipolar & Related Disorder</p> <p>44% Depressive Disorders</p> <p>36% Schizophrenia Spectrum</p> <p>4% Trauma Stressor and Related Disorders</p> <p>3% Other</p>

ACCESS TO CARE

Access to Care processed a total of 202 service requests for adults in the month of March. In terms of request type, 8 were walk-in service requests, 190 were called-in, there were 17 Service Request Tracking System (SRTS) referrals, there were 2 in- writing referrals and 1 Full-Service Partnership/ Field Capable Client Services (FSP/FCCS) referrals. There was a total of 20 service requests that were hospital discharges. In March 2021, 27% of individuals identified their living situation as being homeless. It should be noted that in March of 2020 there were 169 requests for services. There were 32 referrals from the Intensive Outreach and Engagement Team (IOET).The majority of service requests

were called in over the phone at 86% (174) which is now the preferred method of processing service requests due to COVID-19.

There was a total of 67 service requests received at the Royalty location for children and Transition Age Youth (TAY) in the month of March. Of the 67 service requests, 1 was a walk-in, 30 were called-in, 23 were in-writing referrals, 6 were FSP referrals and 7 were SRTS referrals and one was a referral from IOET. There was a total of 2 service requests that were from hospital discharges.

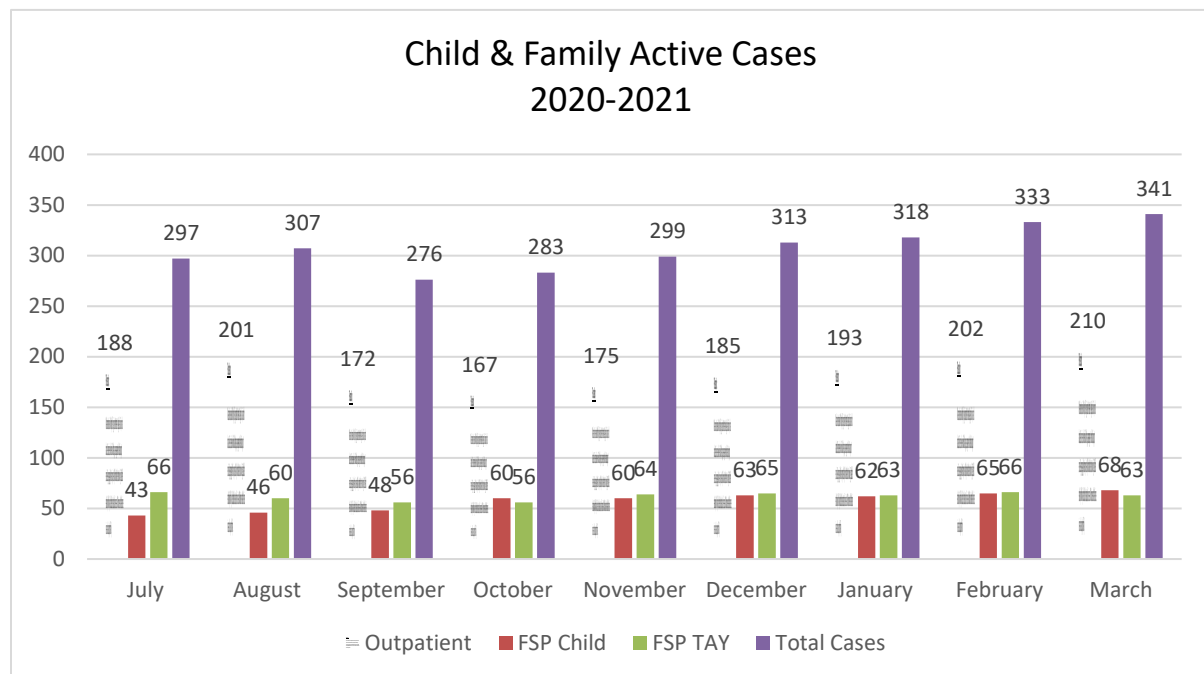
CO-OCCURRING SUPPORT TEAM

The Co-Occurring Support Team is partnering with The Pomona Valley Hospital Medical Center’s (PVHMC) Family Medicine Residency Program to provide training and consultation services to medical school residents who will be treating unhoused individuals who are experiencing co-occurring mental health issues and substance use disorders (SUD). Training will include outreach and engagement, harm reduction and specific needs of clients who are unhoused.

CLINICAL WELLNESS ADVOCATES TEAM

The Clinical Wellness Advocate Team has developed a process to engage with clients earlier on in the treatment process. Advocates can now be assigned to work with clients following intake to encourage more participation and engagement.

CHILD AND FAMILY SERVICES



**Data Provided by QA as of 4/1/2021*

Participation of cases in Children and Family Services remain consistent. The month of March 2021 had the largest census in the combined programs to date. Referrals to FSP remain robust. In March there was a total of 13 FSP referrals that included 9 TAY and 4 Child referrals. Four were internal referrals and nine external referrals from the following community partners: DMH, Prototypes, Pacific Clinics, and local school districts.

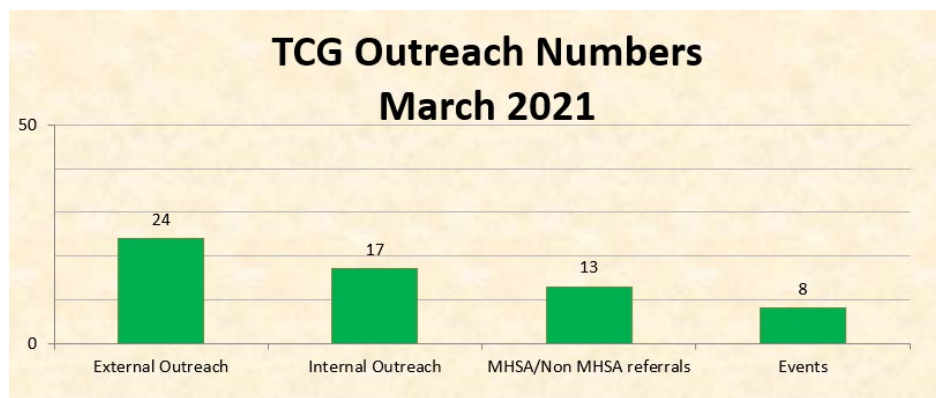
SCHOOL PARTNERSHIP TEAM (SPT)

The number of school referrals for the month continue to remain about the same as last month, with 23 referrals in February 2021 and 21 in March 2021. School partners anticipate sending more referrals to Tri-City Mental Health as they resume in-person instruction for students. The School Partnership Team has planned for accommodating an influx of referrals if needed. All three school districts are in the progress of opening with limitations, allowing students to participate in a hybrid approach of in person and virtual learning. Students and families have been given the opportunity to choose the school schedule and have been informed of the supportive services offered by Tri-City Mental Health.

EARLY PSYCHOSIS

Ongoing consultations and supervision to assist with implementation of Portland Identification and Early Referral (PIER) program continue to occur. The supported employment and education manual webinar was completed this month and plans are in place to have all clinicians to participate in the Cognitive Behavioral Treatment for Psychosis training throughout the month of April. The team continues to do community education webinars regarding the program and will present to Cal Poly Pomona in May of 2021.

THERAPEUTIC COMMUNITY GARDEN (TCG)



Above: The graph depicts internal, external outreach, referrals, and events completed in March.

Therapeutic Community Garden continues to do extensive outreach to the community through virtual platforms. An example of one of their outreach events was the “Generating

Growth” program, a virtual workshop for members of the Joslyn Senior Center in Claremont. Eight community members joined the team for a guided demonstration of seasonal planting and mental health wellness education. The team collaborated with the Joslyn Center to provide all participants a planting kit including compostable containers, seeds, and soil from the TCG garden. Tri-City staff introduced the TCG program and highlighted the benefits of nature in our overall wellness.

SUCCESS STORY

Adult Full-Service Partnership

A middle-aged male client came into services with the Full Services Partnership program with a history of being inconsistent in treatment. He was quickly assigned a multi-disciplinary team to work with him on his identified needs. His team included a master level clinician who provided both individual and family services, a mental health specialist who worked to address basic needs such as housing and income stability and clinical wellness advocate who assisted him engaging in his care. Additionally, he received medication support services and was involved in our Therapeutic Community Garden. Engagement continued to be a challenge for him but because he had a diverse multi-disciplinary team, he was always able to connect and engage with someone involved in his care. Early on the client identified a desire to get reconnected with his family who resided out of the area. The team worked with him to establish contact and engage in healthy dialogue with them. Ultimately, he reconciled with his family and his treatment team was able to help him relocate to be closer to them. The Tri-City Staff also helped him continue his care in his new community.



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: April 21, 2021

TO: Governing Board of Tri-City Mental Health Authority
Toni Navarro, LMFT, Executive Director

FROM: Seeyam Teimoori, M.D., Medical Director

SUBJECT: Medical Director's Monthly Report

MEDICATION SUPPORT SERVICES TEAM UPDATE

Tri-City's Intensive Outreach and Engagement (IOET) and Medication Support Services (MSS) teams are now trained and equipped with NARCAN Nasal Spray.

Key insights into the opioid epidemic:

- There have been about 250,000 opioid-related deaths since 1992.
- 83% of opioid-related deaths are unintended/accidental, mostly occurring outside of a medical setting.
- In 2017, healthcare providers across the U.S. wrote more than 191 million - prescriptions for opioid pain medication—a rate of 58.7 prescriptions per 100 people.
- Nearly 12 million Americans report misusing prescription opioids.
- 80% of heroin users reported misuse of prescription opioids prior to heroin.
- Dependence or abuse of prescription opioids is associated with a 40-fold increased risk of dependence on, or abuse of, heroin.
- In 2017, ~886,000 Americans used heroin, which may be laced with fentanyl (100 times more potent than morphine).

One important and dangerous consequence of this epidemic, is the life-threatening opioid overdose which can result in death. Our staff are now trained and equipped to provide emergency treatment in such cases. NARCAN (naloxone HCl) Nasal Spray is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. NARCAN Nasal Spray is intended for immediate administration as emergency therapy in settings where opioids may be present.



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: April 21, 2021

TO: Governing Board of Tri-City Mental Health Authority
Toni Navarro, LMFT, Executive Director

FROM: Rimmi Hundal, Director of MHSA & Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

ETHNIC SERVICES

Dr. Allen Lipscomb completed the last of the Intra-group dialogues in which staff were grouped according to their positions and allowed to develop skills around having difficult conversations about race, culture, etc. This was followed by facilitated conversations between staff members ranging from support staff, direct service, and leadership team members with the goal of incorporating justice, equity, diversity and inclusion fully into the Tri-City organization.

AAFWAC (African American Family Wellness Advisory Council)

AAFWAC nominated their new co-chair of the council, Clanisha Johnson, who is a staff member at Tri-City. During the meeting, council members shared their personal growth and life changes that are currently happening, for example one member shared about their recent job promotion and another member shared about being appointed as the new Southern Region Ambassador to represent the justice system and mental health for Access California. Access California is a statewide consumer-led public mental health advocacy program.

Council members shared employment opportunities at Tri-City and encouraged members to share it with individuals in the community. Members discussed the book titled, "Breaking the Chains of Psychological Slavery" which is the book the group has picked to read together. Members discussed the difference between the term "slave" and "being enslaved" and the impact it has on an individual's mental well-being.

RAINBOW Advisory Council

Employment opportunities at Tri-City were shared with the group and encouraged members to share it with individuals in the community. A representative of "Parents, Families, and Friends of Lesbian and Gays" (PFLAG) Claremont, provided information on the PFLAG Chapter and how they are currently working on obtaining local resources that are focused on LGBTQ+ support, especially for youth. Council members brainstormed various ways that PFLAG Claremont Chapter can collaborate with the advisory council to outreach and engage with those who identify as LGBTQ+ in the community.

¡Adelante! Latino & Hispanic Wellness Advisory Council

Members continued to brainstorm on a new name/slogan for the advisory council and will continue to discuss the new name during the next meeting. They also shared their experiences regarding mental health and the impact it has had on their personal lives.

MHSA COMMUNITY PLANNING PROCESS

On April 8th, stakeholders and community partners came together to review two new MHSA projects:

- Capital Facilities and Technological Needs (CFTN) Plan Update: Through this plan update Tri-City intends to expend existing MHSA funds assigned to Capital Facilities and Technological Needs in the amount of \$300,436 to cover the implementation costs of a new Electronic Health Record system; as well as a client referral management platform that will be piloted within the Community Navigators and clinical services Access to Care teams.
- Restorative Practices in Mental Health (RPIMH): The RPIMH is an Innovation (INN) Project proposing to combine three evidence-based practices, SKY Breathing, Trauma Informed Yoga, and Restorative Practice Circles into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support for Tri-City staff as well as community youth and their support staff.

Each of these project proposals were endorsed by the stakeholders and both a CFTN Plan Update and an INN Plan Update have been posted for a 30-day public review and comment period from April 9 to May 10, 2021. In addition, the Restorative Practices in Mental Health (RPIMH) Innovation project was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for concurrent technical assistance and feedback. Once the 30-day comment period is complete, both of these plans will be presented to the Mental Health Commission and Tri-City Governing Board during the joint meeting scheduled for May 19, 2021. Tri-City staff will be seeking approval and adoption for both of these plan updates. The final step for the Innovation plan, RPIMH, will be to submit the plan for final approval to the MHSOAC. The CFTN plan does not require MHSOAC approval and will be available for implementation upon Tri-City Governing Board approval and adoption.

WORKFORCE EDUCATION AND TRAINING (WET)

During the month of March, Tri-City's social media accounts focused on communication about vaccines, activities and events, (Adverse Childhood Experiences) ACEs Aware, and a statement from the Executive Team about support of the AAPI community.

The most popular event this month on Social Media was related to mental health during Covid-19 which was hosted by Jed Leano, Governing Board Vice-Chair, Mayor pro-tem of Claremont, and Chief Clinical Officer, Elizabeth Renteria, with 185 views, and 85 engagements. In total, TCMH reached 2,347 on Facebook and 407 on Instagram. TCMH made 2,273 impressions on Twitter during the month of March.

PREVENTION AND EARLY INTERVENTION (PEI)

Stigma Reduction

May Mental Health Month. Since 1949, Mental Health America and affiliates across the country have observed May as Mental Health Month by reaching out to millions of people through media, local events, and screenings. May is a time to raise awareness of individuals living with mental or behavioral health issues and to help reduce stigma. Each Mind Matters (EMM), California's statewide Stigma Reduction campaign, has put together a *May Mental Health Month Toolkit* to promote the theme: #hopeforchange. Program staff have started working on events, activities, and resources to share among staff, community members and partners throughout the month. Keeping physical/social restrictions in mind due to COVID, many of these activities will be done through email, social media, and virtually.

Wellness Center

Wellness Center continues preparation for the 11th annual summer camp, which is scheduled from June 14th until July 9th. The application deadline was extended until April to accommodate more campers. Parents were given the opportunity to complete the application via email or pick up a hard copy at the Wellness Center. Interviews are being scheduled with campers and their families so that they can familiarize themselves with staff and interns. The themes for Summer camp this year, include: "Fantastic Me" (introductions), "Shining Stars" (self-esteem), "Aspire to Be a Great Kid Genius" (building creative and imagination skills using STEM learning), and "Summer Sunset" (termination and looking forward to the school year ahead).

Community Navigators

The Measure H Community Navigators continue to assist individuals and families that are experiencing homelessness. This 18-month grant has been extended until December 2021, however, the funds for the homeless prevention program are no longer available. The homeless prevention funds included: Security deposit when housing is located, rental assistance, utility assistance, relocation assistance, and furniture assistance. The grant will continue to provide funding for the 6 beds at Hope for Home, Motel Vouchers, referrals for housing resources and case management services.



**Tri-City Mental Health Authority
MONTHLY STAFF REPORT**

DATE: March 17, 2021

TO: Governing Board of Tri-City Mental Health Center
Toni Navarro, LMFT, Executive Director

FROM: Natalie Majors-Stewart, Chief Compliance Officer

SUBJECT: Monthly Best Practices Report

QUALITY IMPROVEMENT COMMITTEE – UNIFIED COMMUNICATIONS

The Quality Improvement Committee (QIC) is a group of Tri-City workforce members who gather together to identify and address agency quality improvement needs from a comprehensive perspective.

Currently, the QIC is working collaboratively with the I.T. department, to develop and implement, the training plan and the workflow processes for our first agency unified communication system roll-out. The unified communication system will create opportunity for improved communication accessibility amongst workforce members, as well as enhanced service accessibility for our clients and participants.

As part of this roll-out, the Best Practices division has developed interim guidelines on the acceptable use of unified communications technology. This guidance is an essential part of upholding agency best practices and furthermore mitigating potential HIPAA and Security Breach Risks.

PV2030 PROJECT – DATA COLLECTION

In July 2020, the Governing Board approved Tri-City to enter into a collaboration titled the Pomona Vision 2030 Project. The project is being funded by the Ballmer Group, a philanthropic organization that, among other things, supports innovative community initiatives. Tri-City serves as lead agency in partnership with Pomona Unified School District (PUSD) partners to cover the early childhood phase of the overall PV2030 project.

The Tri-City Pomona Vision 2030 Project Team has been working diligently with our partners to develop the methodology and plan to launch the data collection for the project. Data will be gathered over the next several months, and once analyzed/reported, this data can help identify how key factors and indicators correlate with lifelong stability, higher lifetime earnings, and upward economic mobility. The current goal of the PV2030 project is for project partners to develop a 10-year collaborative plan to address the promotion of health, wellness, educational success, and long-term housing and economic stability, for residents in the City of Pomona.