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



Jed Leano (Claremont), Chair  
Robin Carder (La Verne), 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, FEBRUARY 16, 2022

5:00 P.M.

### MEETING LOCATION

There will be no in-person public meeting location. On September 16, 2021, the Legislature amended the Brown Act provisions regarding teleconferencing through Assembly Bill No. 361, codified under Government Code § 54953. Accordingly, the Governing Board will hold this public meeting via teleconference and the public seeking to observe and to address the Governing Board may participate telephonically or otherwise electronically.

Please click the link below to join the meeting:

<https://tricitymhs-org.zoom.us/j/97428227344?pwd=cEtVSXV4ZHp6OHh2WkZURzZEUHpgUT09>  
Passcode: Z0Fy%+qs

Or Telephone: 1-213-338-8477

Webinar ID: 974 2822 7344

Passcode: 04059453

*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 the meeting by using the 'raised hand' feature, or by calling in, if they wish to address a particular agenda item or to make a general comment on a matter within the subject matter jurisdiction of the Governing Board. The Chair will call on the member of the public at the appropriate time and allow the person to provide live comment. The public can also submit a comment by writing an email to [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org). All email messages received by 3:30 p.m. will be shared with the Governing Board before the meeting. 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 Leano 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 Carder; and Chair Leano.

**POSTING OF AGENDA**

The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Clinical Facility, 2008 N. Garey Avenue in Pomona; Wellness Center, 1403 N. Garey Avenue in Pomona; Royalty Offices, 1900 Royalty Drive #180/280 in Pomona; MHSA Office, 2001 N. Garey Avenue in Pomona; and on the Tri-City’s website: <http://www.tricitymhs.org>

**CONSENT CALENDAR**

**1. CONSIDERATION OF RESOLUTION NO. 635 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)**

Recommendation: “A motion to adopt Resolution No. 635 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority’s public meetings pursuant to Government Code § 54953.”

**2. APPROVAL OF MINUTES FROM THE JANUARY 19, 2022 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of January 19, 2022.”

**NEW BUSINESS**

**3. CONSIDERATION OF RESOLUTION NO. 636 APPROVING A CLINICAL AFFILIATION AGREEMENT FOR STUDENT INTERNSHIPS WITH THE SIMMONS UNIVERSITY THROUGH ITS DEPARTMENT OF SOCIAL WORK, AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER**

Recommendation: “A motion to adopt Resolution No. 636 approving a Clinical Affiliation Agreement with Simmons University, and authorizing the Interim Executive Director to execute the agreement and any amendments thereafter.”

**MONTHLY STAFF REPORTS**

4. **JESSE DUFF, INTERIM EXECUTIVE DIRECTOR REPORT**
5. **DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
6. **LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**
7. **SEYYAM TEIMOORI, MEDICAL DIRECTOR REPORT**
8. **RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
9. **NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**
10. **KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT**

Recommendation: “A motion to receive and file the month of February 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 the open meeting by using the ‘raised hand’ feature, or by calling-in, if they wish to make a general comment on a matter within the subject matter jurisdiction of the Governing Board. The public can also make a comment before the meeting by writing an email to [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org). All emails received by 3:30 p.m. will be shared with the Governing Board before the meeting. 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 next Regular Meeting of the **Governing Board** will be held on **Wednesday, March 16, 2022 at 5:00 p.m.**, via teleconference due to the COVID-19 pandemic, pursuant to Government Code § 54953.

MICAELA P. OLMOS  
JPA ADMINISTRATOR/CLERK



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority

**FROM:** Jesse H. Duff, Interim Executive Director

**BY:** Mica Olmos, JPA Administrator/Clerk

**SUBJECT:** Consideration of Resolution No. 635 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)

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Summary:

On September 16, 2021, the Legislature amended the Brown Act waiving certain provisions regarding teleconferencing through Assembly Bill No. 361 (AB 361.) Accordingly, public agencies are authorized to hold its public meetings via teleconference under a proclaimed state of emergency which makes it unsafe to meet in person, provided that it allows the public, seeking to observe and to address the legislative body, to participate in real time telephonically or an internet-based service option during a virtual meeting; and the legislative body makes additional findings every 30 days in order to continue such teleconferencing pursuant to AB 361.

Background:

The Ralph M. Brown Act requires that all meetings of a legislative body of a local agency be open and public and that any person may attend and participate in such meetings; and allows for legislative bodies to hold meetings by teleconference, but imposes the following requirements for doing so:

1. The public agency must give notice of each teleconference location from which a member will be participating in a public meeting.
2. Each teleconference location must be specifically identified in the meeting notice and agenda, including full address and room number.
3. Each teleconference location must be accessible to the public.
4. Members of the public must be able to address the body at each teleconference location.

On March 17, 2020, Governor Newsom issued Executive Order No. N-29-20, suspending the Brown Act's teleconferencing requirements (enumerated above) in order to address the need for public meetings during the present public health emergency (COVID-19) and allow legislative bodies to meet virtually as long as certain notice and accessibility requirements were met; and on June 11, 2021, Governor Newsom issued Executive Order No. N-8-21 continuing the suspension of the Brown Act's teleconferencing requirements through September 30, 2021.

**Governing Board of Tri-City Mental Health Authority**  
***Consideration of Resolution No. 635 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)***  
**February 16, 2022**  
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On September 16, 2021, the State Legislature amended the Brown Act through Assembly Bill No. 361 (AB 361), codified under Government Code § 54953, waiving certain provisions of the Brown Act in order to allow local agencies to continue to meet using teleconferencing without complying with the regular teleconferencing requirements of the Brown Act when a legislative body holds a meeting during a proclaimed state of emergency and it unsafe to meet in person.

In addition, Government Code section 54953 adds new procedures and clarifies the requirements for conducting remote (virtual) meetings, including the following:

- Public Comment Opportunities in Real Time – a legislative body that meets remotely pursuant to AB 361, must allow members of the public to access the meeting via a call-in option or an internet-based service option, and the agenda for the remote meeting must provide an opportunity for members of the public to directly address the body in real time. A legislative body cannot require public comments to be submitted in advance of the meeting.
- No Action During Disruptions – in the event of a disruption that prevents the local agency from broadcasting the remote meeting, or in the event of a disruption within the local agency’s control that prevents members of the public from offering public comments using the call-in option or internet-based service option, AB 361 prohibits the legislative body from taking any further action on items appearing on the meeting agenda until public access is restored.
- Periodic Findings – Government Code § 54953(e)(B) requires the legislative body to hold a meeting during a proclaimed state of emergency for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risk to the health or safety of attendees.

The Governing Board must make these findings no later than 30 days after the first teleconferenced meeting is held after September 30, 2021, and must also make these findings every 30 days thereafter, in order to continue to allow teleconference accessibility for conducting public meetings (Government Code § 54953(e)(3).) AB 361 will sunset on January 1, 2024.

Tri-City Mental Health Authority (TCMHA) has already implemented the above stated requirements for conducting public meetings and is in compliance with AB 361, thus there will be no change of the currently established procedures. Teleconference accessibility is available via call-in option or through via RingCentral Webinars platform (internet-based service option) and both the telephone number and meeting link are listed on the published agenda for each meeting as well as on TCMHA’s buildings and website.

**Governing Board of Tri-City Mental Health Authority**  
***Consideration of Resolution No. 635 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)***  
**February 16, 2022**  
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The JPA Administrator/Clerk monitors public comment submitted via email correspondence (as published on the agenda); and designated staff monitors comment via teleconference throughout each public meeting and provides access for public comment opportunities in real time both verbally (via call-in or by using the 'raised hand' feature) and in writing (in the 'chat' and 'Q & A' options.)

Funding:

None required.

Recommendation:

Staff recommends that the Governing Board approve and adopt Resolution No. 635 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953.

Attachments:

*Attachment 1-A: Resolution No. 635 - DRAFT*

## RESOLUTION NO. 635

### A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO IMPLEMENT TELECONFERENCING REQUIREMENTS FOR CONDUCTING PUBLIC MEETINGS DURING A PROCLAIMED STATE OF EMERGENCY PURSUANT TO GOVERNMENT CODE SECTION 54953 (AB 361)

The Governing Board of the Tri-City Mental Health Authority does resolve as follows:

1. **Findings.** The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) wishes to continue using teleconferencing to conduct public meetings as allowed under Government Code § 54953, since a state of emergency as a result of the threat of COVID-19 still exists and continues to impact the ability of members of the Governing Board, Mental Health Commission, Tri-City staff, and public to meet safely in person.

B. The State of California and the Authority continue to follow safety measures in response to COVID-19 as ordered or recommended by the Centers for Disease Control and Prevention (CDC), California Department of Public Health (DPH), California Occupational Safety and Health Administration (Cal/OSHA), and/or County of Los Angeles, as applicable, including facial coverings when required and social distancing.

C. The Authority will make these findings every 30 days in order to continue such teleconferencing pursuant to Government Code § 54953 (AB 361), which will sunset on January 1, 2024.

D. The Interim Executive Director or his designee, are authorized to continue utilizing teleconferencing accessibility to conduct public meetings, and implement teleconference requirements in compliance with AB 361 (Stats. 2021, ch. 165) and Government Code § 54953 (as amended), effective immediately.

2. **Action**

The Governing Board finds and declares that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority’s public meetings pursuant to Government Code § 54953.

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**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on February 16, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

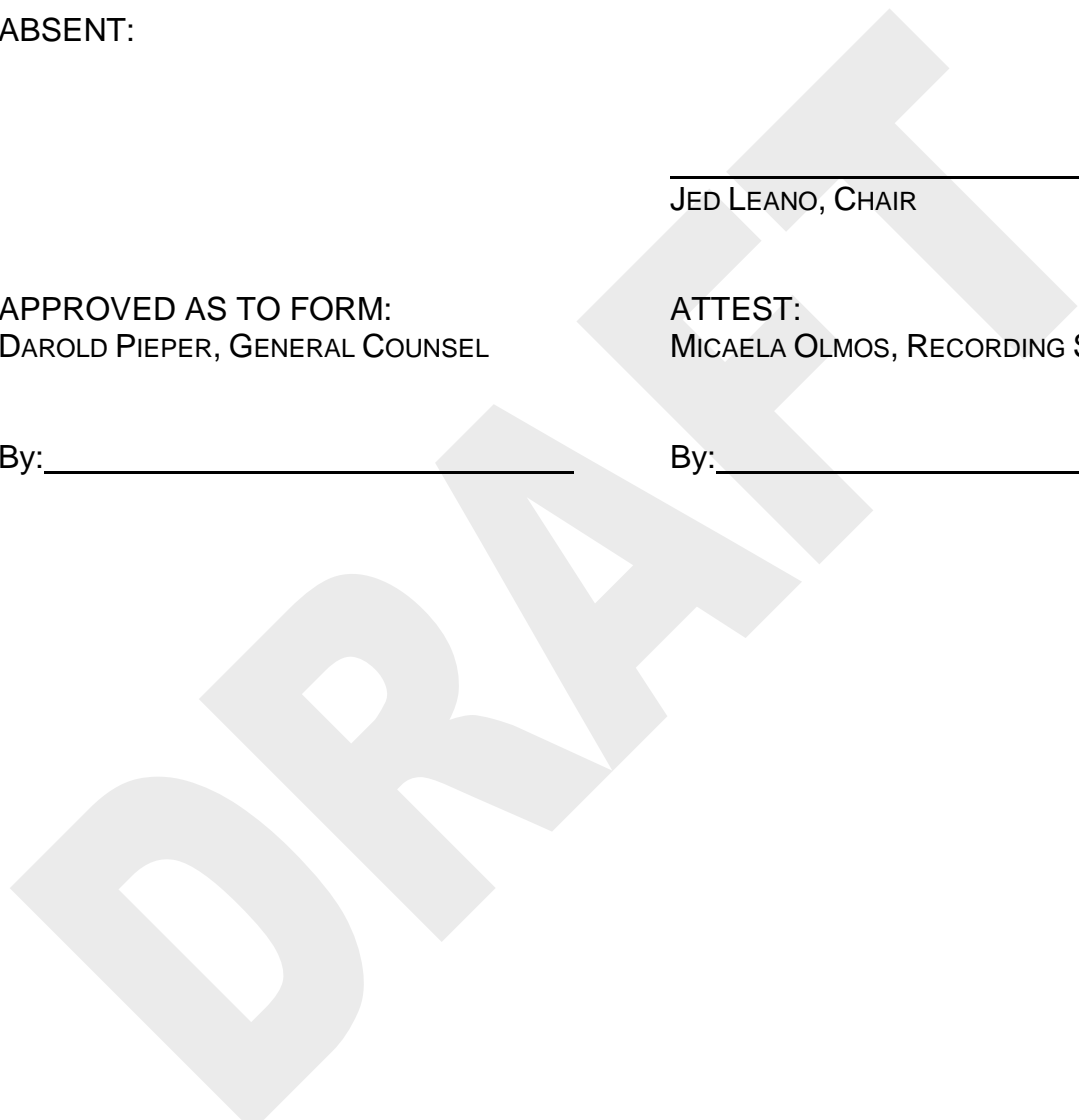
\_\_\_\_\_  
JED LEANO, CHAIR

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA OLMOS, RECORDING SECRETARY

By:\_\_\_\_\_

By:\_\_\_\_\_







## **MINUTES**

### **REGULAR MEETING OF THE GOVERNING BOARD JANUARY 19, 2022 – 5:00 P.M.**

The Governing Board held on Wednesday, January 19, 2022 at 5:00 p.m. its Regular Meeting Via Teleconference pursuant to Government Code § 54953, which allows 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  
Paula Lantz, City of Pomona, Board Member (joined at 5:12 p.m.)  
John Nolte, City of Pomona, Board Member  
Elizabeth Ontiveros-Cole, City of Pomona, Board Member  
Ronald T. Vera, City of Claremont, Board Member

**ABSENT:** None.

**STAFF:** Jesse H. Duff, Interim 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  
Ken Riomales, Chief Information Officer  
Mica Olmos, JPA Administrator/Clerk

#### **CONSENT CALENDAR**

There being no comment, Vice-Chair Leano moved, and Board Member Nolte seconded, to approve the Consent Calendar. 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.

**1. CONSIDERATION OF RESOLUTION NO. 631 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)**

Recommendation: “A motion to adopt Resolution No. 631 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority’s public meetings pursuant to Government Code § 54953.”

**2. APPROVAL OF MINUTES OF THE GOVERNING BOARD AND MENTAL HEALTH COMMISSION JOINT MEETING OF DECEMBER 15, 2022**

Recommendation: “A motion to approve the Minutes of the Governing Board and Mental Health Commission Regular Joint Meeting of December 15, 2022.”

**3. APPROVAL OF MINUTES FROM THE JANUARY 12, 2022 GOVERNING BOARD SPECIAL MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Special Meeting of January 12, 2022.”

**4. APPROVAL FOR THE DISPOSAL OF OBSOLETE OR DAMAGED I.T. EQUIPMENT**

Recommendation: “A motion to approve the disposal of the obsolete and damaged I.T. equipment as listed on the I.T. Equipment List for Disposal-January 2022.”

**NEW BUSINESS**

**5. ELECTION OF OFFICERS FOR THE 2022 CALENDAR YEAR AS REQUIRED BY THE JOINT POWERS AGREEMENT BETWEEN THE CITIES OF POMONA, CLAREMONT, AND LA VERNE**

Chair Carder thanked everybody for supporting her over the last four years that she has been the chairperson. She then moved, and Board Member Vera seconded, to nominate Vice-Chair Leano to be the next Governing Board Chairperson.

There being no other nominations, 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.

Chair Leano moved, and Board Member Ontiveros-Cole seconded, to nominate Board Member Carder as Governing Board Vice-Chairperson.

There being no other nominations, the motion was carried by the following vote: AYES: Board Members Carder, Cockrell, Nolte, Ontiveros-Cole, and Vera; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Lantz.

Chair Leano stated, on behalf of Claremont and this entire Governing Board, it has been a privilege to serve with Vice-Chair Carder, noting that she certainly has been a tremendous leader to this organization and an example for the rest in the Governing Board in this capacity; and thanked her for her leadership. He then began to chair the meeting.

## **6. EXECUTIVE DIRECTOR RECRUITMENT UPDATE**

Interim Executive Director Duff reported that after the Governing Board selected Wendy Brown Creative Partners (WBCP) as the search firm, and authorized the Interim Executive Director to negotiate and to enter into an agreement with WBCP, there were some issues that took time to resolve; however, that we are now prepared to sign the agreement and get underway. He then provided the next steps of the recruitment process which include: WBCP meeting with the Governing Board AdHoc Committee to discuss the desired qualifications and the characteristics for the new executive director; then, having individual calls with the remaining Governing Board Members to also get their input on the desired qualifications and characteristics as well. He then explained that by statute by the Welfare and Institutions Code, Tri-City's Mental Health Commission has a role to play in the recruitment of a new executive director; accordingly the Commission chose to also appoint an AdHoc Committee and WBCP will also be talking to them to get their input; that staff were going to provide WBCP with a list of community stakeholders, to provide input as well; and also provide an opportunity for Tri-City's executive team to provide their input. He pointed out that it is expected that this will take place in the next two weeks, and thereafter WBCP will develop the recruitment brochure for circulation which will be distributed to potential candidates, and also placing it in the various professional journals and websites. He then indicated that although initially there was a delay in the process, at this point we are on schedule to meet the original timeline that was discussed with the Board.

Board Member Vera inquired if there was anything material regarding the amendments to the contract with WBCP that needs to be brought to the attention of the Board by its general counsel. Agency Counsel Pieper replied in the negative on anything that the Board needs to react.

At 5:12 p.m., Board Member Lantz joined the meeting.

Vice-Chair Carder stated that she was very pleased with the conversation that she had last week with Interim Executive Director Duff, noting that she felt very comfortable in the direction the Board is going; and pointed out that during the last executive director recruitment process Mr. Duff was very actively involved and he really helped the Board through the process; therefore, she was thrilled that he is back helping the Board and guiding them through the process again; and that she looks forward to working together and that she is sure the timelines will work out just fine.

Chair Leano opened the meeting for public comment; and there was no public comment.

Chair Leano thanked Interim Executive Director Duff for the report and stated that he is looking forward to getting the process started.

## **7. CONSIDERATION OF RESOLUTION NO. 632 APPROVING A PRACTICUM SITE (AFFILIATION) AGREEMENT FOR STUDENT INTERNSHIPS WITH THE CALIFORNIA BAPTIST UNIVERSITY (CBU) THROUGH ITS DEPARTMENT OF SOCIAL WORK, AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER**

Interim Executive Director Duff reported that for a number of years Tri-City has entered into agreements with various universities to provide interns to assist Tri-City and providing enhanced services; that one such program is the work with the Bonita Unified School District schools which has been in existence approximately nine years; that the internship program gives the students excellent experience, and it also allows Tri-City to provide quality service to those schools at a minimum cost; that this agreement brings California Baptist University into the internship program for three years, and discussed the some of the services they will be performing; and stated that staff is recommending that the agreement be approved.

Chair Leano opened the meeting for public comment; and there was no public comment.

There being no discussion, Board Member Nolte moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 632 approving a Practicum Site (Affiliation) Agreement with the California Baptist University, and authorizing the Interim Executive Director to execute the agreement and any amendments thereafter. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

**8. CONSIDERATION OF RESOLUTION NO. 633 AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO NEGOTIATE AND EXECUTE A LEASE AGREEMENT WITH 1900 ROYALTY DRIVE, LLC FOR OFFICE SPACE LOCATED AT 1900 ROYALTY DRIVE, SUITE 200, IN POMONA, CALIFORNIA**

Chief Financial Officer Acosta pointed out that recently she has been overseeing the facilities department, and staff actively looked for space in the same building as Tri-City's children's clinic at the royalty building; that a 1000 square feet suite became available which can house Tri-City's IT Department; that the lease rates will be the same rates that we currently pay for all of the other suites in the same building; and that this lease will expire at the same time that the other leases are set to expire in the same building.

Chair Leano opened the meeting for public comment; and there was no public comment.

There being no further comment, Vice-Chair Carder moved, and Board Member Vera seconded, to adopt Resolution No. 633 approving the Lease Agreement for Suite 200 located at 1900 Royalty Drive in Pomona, CA; and authorizing the Interim Executive Director to negotiate and execute the Lease Agreement and any Amendments thereafter. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

**9. CONSIDERATION OF RESOLUTION NO. 634 AUTHORIZING THE AUTHORITY TO ENTER INTO A PARTICIPATION AGREEMENT WITH THE CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CaIMHSA) TO PARTICIPATE IN THE PEER SUPPORT SPECIALIST CERTIFICATION PROGRAM AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER**

Director of MHSA and Ethnic Services Hundal reported that with the passage of Senate Bill 803, a Certified Peer Support Specialist is recognized as a new medical provider and service type under medical specialty mental health services delivery system. She explained that before the

bill was introduced, Tri-City always has had peer support staff; however their services were not billable and instead, their services were sort of complimentary on top of the services that Tri-City provides. Therefore, the Department of Health Care Services identifies a Certified Peer Support Specialist as a new provider type, and peer support services as a new service type. Accordingly, the California Mental Health Authority (CalMHSA) is going to take the lead in training and certification for the Peer Support Specialist in the State of California and it will be done on behalf the various counties. She pointed out that at this time there is no financial obligation for this training and certification, which will be paid through the Department of Health Care services; therefore, staff recommends that Governing Board authorize all documents required or necessary to enter into the participation agreement with CalMHSA.

Chair Leano opened the meeting for public comment; and there was no public comment.

There being no further comment, Board Member Cockrell moved, and Vice-Chair Carder seconded, to adopt Resolution No. 634 authorizing the Authority to enter into a Participation Agreement with CalMHSA to participate in the Peer Support Specialist Certification Program; and authorizing the Interim Executive Director to execute the Agreement and any Amendments thereafter. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

## **MONTHLY STAFF REPORTS**

### **10. JESSE H. DUFF, INTERIM EXECUTIVE DIRECTOR REPORT**

Interim Executive Director Duff reported that unfortunately because of the recent COVID surge, the Executive Team and the Interim Executive Director reinstated the essential services staffing order, which applies agency wide effective Thursday, January 13, 2022 and will remain in place until February 13th, in order to protect Tri-City staff and the public that we serve. He pointed out that his written report including information of routine matters in connection with human resources.

Chair Leano asked staff to provide an estimate of how this Order will this impact Tri-City service delivery systems, noting that he understands that that that we have a number of people that require Tri-City's clinical services.

Interim Executive Director Duff stated that the executive team agree that this is not ideal; however, this has been something that Tri-City has already implemented for several months, and staff can still be effective and under these circumstances, staff is going to do the very best that they can.

Chief Clinical Officer Renteria added that clients that continue to have the need to be seen in person, are being seen in person; thus, there is no disruption to that service; and that staff is just trying to limit the amount of time they are in the office when they do not have to see people in person and can render their services through Telehealth. However, the day that they do need to see clients in person, staff will be present in the offices, pointing out that there is a rotation of leadership and supervisors and managers are going to be available at each facility every day of the week; therefore, any disruption is minimal.

Dr. Seeyam Teimoori added that there is no disruption in medication services because the nurses and the doctors are essential workers; therefore, they are available in person.

Director of MHSA and Ethnic Services Hundal added that the navigators continue to come into the office and are out in the field serving the community, and that the Wellness Center is open, and persons can go there through appointments, noting that they have in place very strict COVID guidelines and discussed those guidelines; and that everything else that was already online, will continue to be online.

#### **11. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**

Chief Financial Officer Acosta reported that the Finance Department is now turning its attention to developing the next year's operating budget, as well as the MHSA plan that Tri-City does on an annual basis. She then announced that the construction of the pharmacy is almost finalized and it is anticipated to be open before the end of this month.

Board Member Vera referred to the financial report and inquired for the reason that there is a shortage in patient revenue. Chief Financial Officer Acosta explained that is a delay through the County because our payment from the State pass through them; that typically the holdup is going sifting through all of the data that they receive, because they collect revenue on behalf of a huge amount of providers, resulting sometimes 90 to 120 days without receiving a payment.

Vice-Chair Carder inquired where the pharmacy will be located. Chief Financial Officer indicated that it will be the Adult Clinic at 2008 Garey Avenue, on the first floor.

Discussion ensued regarding perhaps having grand opening for the pharmacy and when it can be anticipated to take place; as well as how pharmaceuticals will be issued, which will be according to the preference of the client.

Board Member Vera inquired if there was going to be compliance training and also determine who is authorized to issue the pharmaceuticals, noting that being in the hospital board, their biggest concern is issuing them, and determining who can issue them.

Agency Counsel Pieper stated that the pharmacy operates effectively as an independent business, so Tri-City staff are not dispensing any medications, noting that is done by the pharmacy itself under its licenses and with its employees, so the kinds of issues being described should not exist in this case. He also noted that the State sends the County all the payments in one check and does not give them any way to break it down.

#### **12. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**

Chief Clinical Officer Renteria reported that recently Tri-City was able to hire three supervisors-in-training to meet the needs of the unfilled supervisor position, noting that these are current Tri-City staff, which will provide additional support to our clinicians. She explained that this is important because these positions have been vacant for well over a year; and that they will be helping us to roll out our new group service model across the clinic, which will be helpful for the recovery of our clients. She then said that the census remains consistent and robust and we continue to get the same level of referrals into Tri-City, and unfortunately, our staffing level is not meeting that and describe the creative ways which staff is working on meeting these services; and discussed the recent training staff received on collaborative assessment and management and suicidality.

**13. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

Medical Director Dr. Teimoori stated that, in addition to sharing the data from services, he shared in his report data from our monthly vaccination clinic, which staff have been trying to be creative to attract more clients; he noted that they had a primary care doctor from Pomona Valley Family medicine residency to provide free medical services, and provided free cell phones, and we have been having between 20 to 45 clients getting vaccinations during each clinic.

**14. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**

Director of MHSA & Ethnic Services Hundal reported that it is that time of the year again for Tri-City's Community grant process, and announced when the next grant information night, and the Bidders conferences, will take place; that more information can be found on Tri-City's website under Events. She then said that staff have also started planning for Green Ribbon Week which takes place on the third week of March every year and, since we are still in COVID, staff are being creative in their programming and there is more to come about this in next month's report.

**15. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

Chief Compliance Officer Majors-Stewart stated that she had provided a brief outline of the current projects that best practices team is working on; that of the ones that she summarized, both of the EHR implementation and also activities planning and implementation surrounding the CalAIM Initiative, are two very significant projects in terms of both agency-wide impact and time that staff will need to spend on coordinating and ensuring successful implementations. She noted that all of the projects are on target, and we are entering into the final phases on some of these EHR implementations; that the CalAIM will be ongoing throughout the next several years, but there are several checkpoints along the way of things we need to implement, so staff is going to focus more in devoting more time, emphasis, and priority on these projects in order to make sure that we meet these targets throughout the continuation of the project phase.

**16. KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT**

Chief Information Officer Riomales stated that Chief Compliance Officer Majors did touch on the EHR program, which is currently on track and under budget. He then reported on Tri-City's security assessment that was recently completed a few weeks back, pointing out that the IT Department has received a preliminary report and they began immediate remediation on any items that have been identified as a potential risk or potential exposure to the agency; that the overall remediation will take some time as it does include some information or some items that will require collaboration with some of the other executives; thus, the duration that they are estimating for remediation of security issues is three to six months; and that he will be providing a full update to the Governing Board of those once they have been completed.

Chair Leano opened the meeting for public comment; and there was no public comment.

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

**GOVERNING BOARD COMMENTS**

Chair Leano announced that he, and Board Member Vera, will hold a town hall meeting next Thursday, to get the pulse of Claremont and the let people know that the Board is doing regarding the Tri-City Executive Director search. He added that, in conjunction with the town hall, they are going to be using Claremont's social media accounts and are going live to talk about the job and let people know that it is open, and to hear what people have to say, what they are looking for in their next executive director, noting that it will be specific to Claremont. Lastly, he thanked Rimmi Hundal, Isela Moreno, and Mary Monzon, for doing an outstanding job in presenting Claremont's homeless services update during last City of Claremont Council meeting, to help educate the Community on what we are doing.

**PUBLIC COMMENT**

There was no public comment.

**ADJOURNMENT**

At 5:53 p.m., on consensus of the Governing Board its meeting of January 19, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, February 16, 2022 at 5:00 p.m., via teleconference pursuant to Government Code § 54953, due to the COVID-19 pandemic.

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Micaela P. Olmos, JPA Administrator/Clerk





**Tri-City Mental Health Authority  
AGENDA REPORT**

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority

**FROM:** Jesse H. Duff, Interim Executive Director

**BY:** Elizabeth Renteria, LCSW, Chief Clinical Officer

**SUBJECT:** Consideration of Resolution No. 636 Approving a Clinical Affiliation Agreement for Student Internships with the Simmons University through its Department of Social Work, and Authorizing the Interim Executive Director to Execute the Agreement and any Amendments Thereafter

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Summary:

Staff recommends that the Governing Board authorize Tri-City to enter into an Agreement with Simmons University to host students participating in the Master of Social Work (MSW) Program.

In exchange for training and supervision on duties and roles related to being a social worker in a public mental health system, these students provide direct service interventions in Tri-City Mental Health Authority directly operated clinics; they provide screening, clinical assessments, and therapy services within both the Adult and Child/Family Services Clinics; participate in program development and evaluation projects at the Wellness Center.

Background:

As the local mental health authority Tri-City has been a site for professional growth and development for the behavioral health workforce. It has established Memorandums of Understanding with various universities to serve as a practicum site for Master of Social work student interns. These interns assist Tri-City in fulfilling their mission to serve the public and help to develop the future workforce. We have an opportunity to provide additional intern placements and additional services by entering in an agreement with Simmons University to host Master Level Student interns. These interns will help meet the staffing shortage gap by providing additional behavioral health services in Tri-City directly operated clinics. Hosting Student Interns to provide services allows Tri-City to provide high quality services to residents of the catchment area for very low cost. Student Interns provide assessments and intervention services to clients without incurring costs for salaries and benefits.

**Governing Board of Tri-City Mental Health Authority  
Consideration of Resolution No. 636 Approving a Clinical Affiliation Agreement for Student Internships with the Simmons University through its Department of Social Work, and Authorizing the Interim Executive Director to Execute the Agreement and any Amendments Thereafter**

**February 16, 2022**

**Page 2**

Moreover, Tri-City's participation in the advancement of the profession of social work provides a source of future employee prospects— not only via students who are placed at Tri-City and may want to return following graduation, but also because of positive endorsements of Tri-City as a high-quality employer by students who participate in the MSW program and their university advisors.

Fiscal Impact:

There is no funding to be provided by Tri-City to participate in this Agreement.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 636 approving the Clinical Affiliation Agreement with Simmons University for field internships, and authorizing the Interim Executive Director to execute the Agreement and any Amendments thereafter.

Attachments:

*Attachment 3-A:* Resolution No. 636 – DRAFT

*Attachment 3-B:* TCMHA and Simmons Clinical Affiliation Agreement to Provide Clinical Learning Experience to Students in the Master of Social Work Program

## RESOLUTION NO. 636

### A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING A CLINICAL AFFILIATION AGREEMENT FOR STUDENT FIELD INTERNSHIPS WITH THE SIMMONS UNIVERSITY THROUGH ITS DEPARTMENT OF SOCIAL WORK, AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER

**The Governing Board of the Tri-City Mental Health Authority (“Authority”) does resolve as follows:**

**1. Findings.** The Governing Board hereby finds and declares the following:

A. Tri-City Mental Health Authority (“Authority or TCMHA”) desires to train Simmons University social work students for social work experience at TCMHA locations or at any place or location; at any time as deemed necessary and appropriate; and in such numbers as agreed, so long as the internship services are provided within the manner outlined in the Clinical Affiliation Agreement for Student Field Internships.

B. The Authority affirms that the Simmons University, and its Department of Social Work, are an independent contractor and not an employee, agent, joint venture or partner of Tri-City. The Agreement does not create or establish the relationship of employee and employer between Simmons University and TCMHA.

C. The Authority affirms that Simmons University students are considered learners who are fulfilling specific requirements for field experiences as part of a degree and/or credential requirement during their school calendar year, and are not employees, agents, joint venture or partners of TCMHA; and that Simmons University or Student shall neither solicit remuneration nor accept any fees or commissions from any third party in connection with the internship provided to TCMHA under the Agreement without the expressed written permission of TCMHA.

**2. Action**

The Governing Board approves the Clinical Affiliation Agreement with Simmons University for Student Field Internships, effective February 16, 2022 through January 31, 2025; and authorizes the Authority’s Interim Executive Director to enter into, and execute the Agreement and any Amendments or extensions of such Agreement.

[Continued on page 2]

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on February 16, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

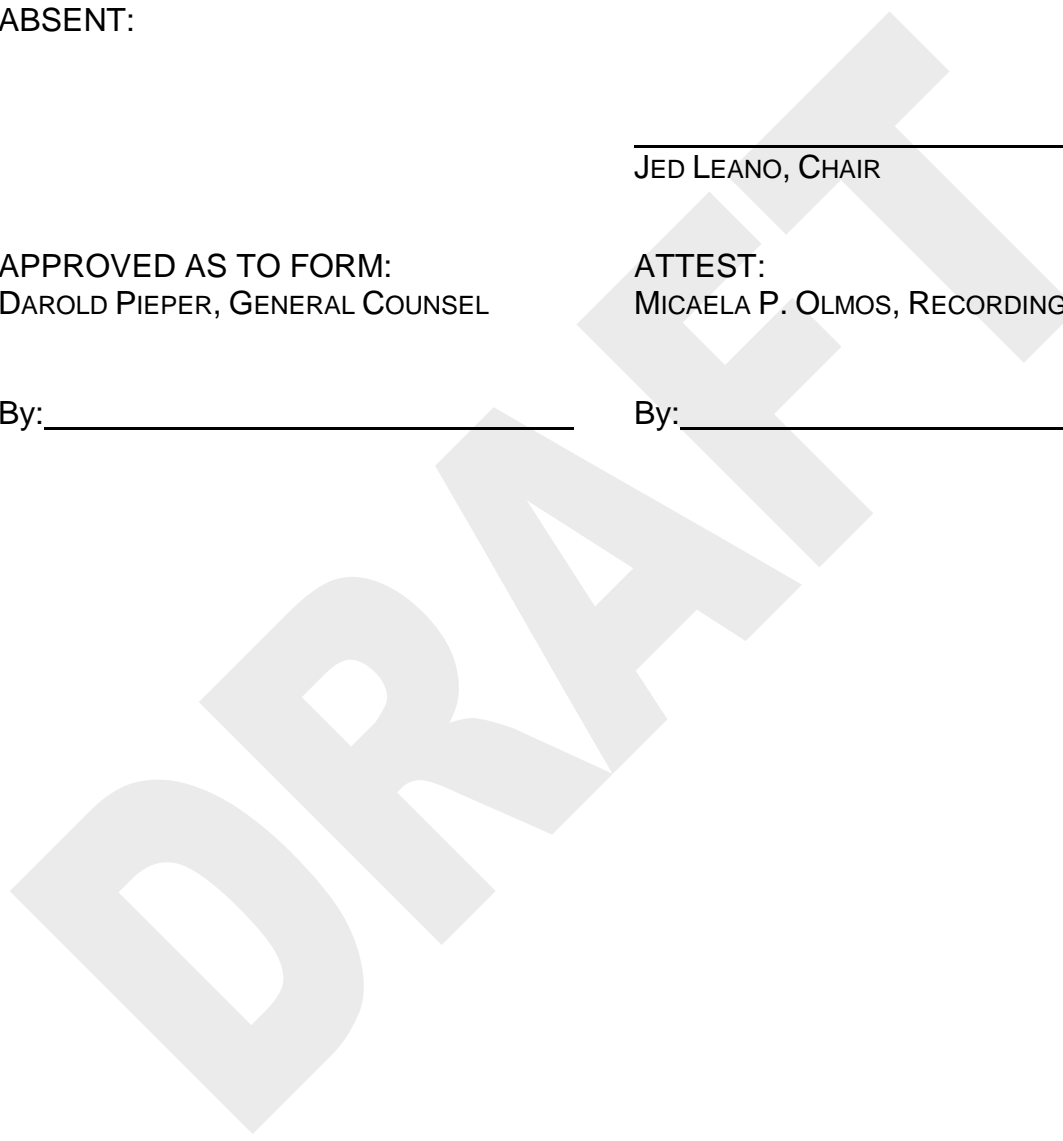
\_\_\_\_\_  
JED LEANO, CHAIR

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

By: \_\_\_\_\_

By: \_\_\_\_\_



**CLINICAL AFFILIATION AGREEMENT  
SIMMONS UNIVERSITY**

This Agreement is entered into as of **February 16, 2022** (the "Effective Date") by and between **Simmons University** (the "School") and **Tri-City Mental Health Authority**, a joint powers agency organized under the laws of the State of California, (the "Agency"), collectively (the "Parties"). Now therefore, in consideration of the mutual covenants and conditions contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

**I. Scope of Agreement**

The School desires to provide its students enrolled in an accredited educational program (the "Interns") with educational experience at the Agency, including clinical and individualized activities. The Agency desires to provide clinical and educational experience to the Interns based upon the terms and conditions of this Agreement. The Parties have entered into this Agreement to memorialize the terms by which the School and the Agency will conduct a program of supervised clinical education for the Interns at the Agency (the "Program").

**II. The Program**

1. Program Description. Prior to the beginning of each semester in which Interns will be placed with the Agency pursuant to the Program, the School shall provide to the Agency a letter confirming the details of the Program for such semester (the "Letter of Confirmation").

The Letter of Confirmation shall include a description of the Program (the "Program Description"), the curriculum, the clinical objectives for the Program, the name(s) of the Intern(s), and the specific dates and hours per week that such Intern(s) will be at the Agency for such semester. The Letter of Confirmation will also contain the names and responsibilities of faculty members and other personnel employed by the School who participate in the Program (such employees of the School will be referred to herein collectively as the "School Personnel") and the names and responsibilities of employees of the Agency who participate in the Program (such employees of the Agency will be referred to herein collectively as the "Agency Personnel"). The Program Description may be modified by mutual written agreement of the School and the Agency.

2. Acceptance and Assignment of Interns. The Agency shall have sole discretion to accept or reject any Intern referred to the Agency by the School for participation in the Program, for any reason, except as prohibited by Section VII.1 below. The Interns will be accepted for participation in the Program at stated intervals during the academic year, the specific dates to be mutually agreed upon by the parties prior to the beginning of each semester. The particular activities and assignments of the Interns shall be subject to the discretion of the Agency and may be based upon the availability of Agency Personnel or such other criteria as the Agency may determine; provided, however, that such activities shall afford the Intern the opportunity to meet the objectives contained in the Program Description. The School may from time to time request that the Interns be reassigned at the Agency, and the Agency shall consider, but is not required to accommodate, such requests.

3. Removal of Interns.

A. The Agency. The Agency may at any time require the removal of an Intern from the Program for any of the following reasons: (i) failure to substantially comply with Agency policies and procedures; (ii) failure to perform work meeting the quality standards outlined in the Program Description; or (iii) failure to provide proper patient care. The Agency shall discuss its decision with the appropriate member of School Personnel and the Intern prior to removal, if possible, and shall provide the School and the Intern with a written explanation of the reasons for removal. Reinstatement of any person so removed shall be in the sole discretion of the Agency. Notwithstanding anything herein to the contrary, the Agency may take any necessary immediate corrective action in order to ensure proper patient care, including immediate termination of any Intern's participation in the Program, but shall report such action and the circumstances thereof to the appropriate member of the School Personnel.

B. The School. The School may remove an Intern from the Program for the following reasons: (i) failure to maintain successful student status as outlined in the School's policies; (ii) violation of the School's Honor Code, or (iii) any other reason deemed sufficient cause by School Personnel. The School shall follow its policies regarding disciplinary procedures when removing an Intern from the Program.

**III. Additional School Responsibilities.**

In addition to its other responsibilities contained in this Agreement, the School shall have the following responsibilities.

1. School Personnel. The School will assume and maintain the responsibility for the planning and execution of the education program. The School agrees to make the School Personnel available for supervision of the Interns and Program evaluation in accordance with the Program Description.

2. Policies and Procedures. The School agrees to furnish to the Interns and the School Personnel a copy of any written Agency policies and procedures that the Agency provides to the School.

3. Health Documentation. Upon request of the Agency, Interns enrolled in the program and School Personnel who will have clinical responsibilities at the Agency, shall provide evidence of immunizations prior to the commencement of their activities at the Agency.

4. Insurance. All Interns shall be covered by professional liability insurance with a minimum amount of coverage of \$1 million per incident and \$3 million in the aggregate. The School will provide to the Agency evidence of such coverage upon request of the Agency. The Agency shall hold no responsibility with respect to providing such coverage.

5. Intern Qualifications. Interns enrolled in the educational program at the School shall meet the academic and other qualifications as are consistent with the objectives and requirements of the Program. The School shall run the following checks on Interns in the

Nursing program: County Criminal, Nationwide Healthcare Fraud and Abuse Scan, Nationwide Database, Nationwide Patriot Act, Social Security Alert and Residency History.

#### **IV. Additional Agency Responsibilities.**

In addition to the other responsibilities contained in this Agreement, the Agency shall have the following responsibilities.

1. General. The Agency agrees to (a) allow each Intern to participate in the Program at the Agency, subject to his/her compliance with the policies of the Agency, including the strict confidentiality of all patient information, (b) provide opportunities for practical and appropriate learning experiences for each Intern, which may include work in various areas of the Agency, attendance at appropriate meetings and use of equipment and supplies, and (c) provide to the School Personnel and the Interns on the same basis as to other similarly situated individuals reasonable use of the Agency's meeting space, cafeteria and library.

2. Patient Care. Notwithstanding anything contained herein to the contrary, the Agency and the School expressly acknowledge and agree that the Agency has and will retain sole and exclusive responsibility for the care and welfare of patients treated at the Agency or under the aegis of the Program.

3. Policies and Procedures. The Agency agrees to promptly provide the School with written copies of the Agency's relevant policies and procedures and any updates thereto.

4. Agency Personnel. The Agency agrees to make the Agency Personnel available for supervision of the Interns and Program evaluation in accordance with the Program Description.

5. Orientation. The Agency agrees to provide orientation to the Agency's facilities, key staff, recording system and other policies and procedures for the School Personnel and the Interns.

6. Evaluation of Interns. The Agency shall delegate an Agency Coordinator(s) who shall be responsible for assisting in the planning, precepting and evaluation of each Intern's performance. The Agency agrees to provide an adequate and responsible evaluation of each Intern upon such terms and conditions as the parties may agree. The School shall specify the form of such evaluation.

7. Expenses/Personal Needs. The Agency will not be responsible for arranging, providing or maintaining equipment, clothing, meals, housing, office space, parking, or transportation for the School Personnel, except that the School Personnel and Interns may use the parking facilities at the Agency available to visitors. The Agency will provide Interns the equipment and office space required to participate in the Program at the Agency.

#### **V. Joint Responsibilities.**

The School and the Agency agree to share the following responsibilities.

1. Health Services. The Agency shall have no responsibility for providing health services for the Interns, except that the Agency shall provide emergency medical care to the Interns in the event the need arises. It is agreed that the charges for any treatment provided by the Agency will be billed to the appropriate health insurance covering the Interns.

2. Confidentiality of Medical Records (HIPAA). All of Agency's medical records and charts created in connection with Clinical Training shall be and shall remain the property of Agency. For purposes of this Agreement and patient confidentiality under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), in the course of Clinical Training at Agency, Interns may have access to Protected Health Information (PHI), as defined at 45 C.F.R. §160.103, and shall be subject to Agency's HIPAA Privacy and Security policies and procedures. Accordingly, Interns must appropriately safeguard ePHI or PHI and may be required to participate in training related to Agency's HIPAA Privacy and Security policies and procedures. The Parties agree that the School is not a "business associate" of Agency under HIPAA. The School will not be performing or assisting in the performance of covered HIPAA functions on behalf of Agency; and there will be no exchange of individually identifiable PHI between the School and Agency, nor between the School and Intern.

3. Intern Attestation - Also in accordance with applicable legal requirements and Agency's policies and procedures, the Agency will not enter into contracts with individuals, or entities, or owners, officers, partners, directors, or other principals of entities, who have been convicted recently of a criminal offense related to health care or who are debarred, excluded or otherwise precluded from providing goods or services under Federal health care programs, or who are debarred, suspended, ineligible, or voluntarily suspended from securing Federally funded contracts. Agency requires that Students certify that they are not excluded from any Federal health care program, or federally funded contract and will sign the attached as 'Exhibit A', *Contractor's Attestation That Neither It Nor Any Of Its Staff Members Are Restricted, Excluded Or Suspended From Providing Goods Or Services Under Any Federal Or State Health Care Program.*

3. Research. The School and the Agency agree that neither the School nor the Agency, nor any Intern, School Personnel or Agency Personnel, will conduct any formal or informal survey, research or other study relating in any way to the patients treated under the Program at the Agency without first obtaining a written determination made by the School Personnel and the Agency Coordinator (or their designated representatives) that appropriate consent has been obtained from any patient who is the subject of or participates in such survey, research or other study.

4. Indemnification. The School shall indemnify and hold the Agency and its employees, directors, officers, and agents, harmless from and against any and all claims, demands, damages, liabilities, actions, proceedings, judgments, awards, costs and expenses (including reasonable attorney's fees) arising out of participation under this Agreement or by the School, the School Personnel or the Interns in the Program including any action brought by any School Personnel resulting from the Agency's evaluation, supervision, assignment, reassignment, removal or discharge of School Personnel participating in the Program, except for claims ultimately determined to be the result of the negligence or inappropriate conduct of the Agency. The Agency shall indemnify and hold the School and its employees, directors, officers,



and agents, harmless from and against any and all claims, demands, damages, liabilities, actions, proceedings, judgments, awards, costs and expenses (including reasonable attorneys' fees) arising out of participation under this Agreement or by the Agency or Agency Personnel in the Program, except for claims ultimately determined to be the result of the negligence or inappropriate conduct of the School. Notwithstanding anything contained herein to the contrary, in no event will the School or the Agency be liable to each other for indirect, consequential, special or exemplary damages.

## **VI. Term and Termination.**

This Agreement shall commence on the Effective Date and continue for a term of three years. This Agreement may be terminated at any time with or without cause by either party upon sixty (60) days' written notice; *provided, however*, that such notice shall not impair the activities of the Interns then at the Agency and participating in the Program. In the event of a material breach of this Agreement by either party, the other party may terminate this Agreement immediately upon written notice.

## **VII. General.**

1. Non-Discrimination. In no event shall any individual participating in the Program be discriminated against on the basis of color, race, age, national origin, gender, gender identity or expression, religion, disability or sexual orientation.

2. No Financial Arrangement. The Agency shall not compensate or reimburse the School, the Interns or any of the School's employees, agents or faculty members in connection with any School Personnel's participation in the Program. The School shall pay and administer all compensation and fringe benefits due its School Personnel, if any, and shall make any required federal or state income tax withholdings and all payments due as an employer's contribution under workers' compensation laws, or other laws, if applicable.

3. Independent Contractors. The School and the Agency shall have the status of independent contractors and neither party shall have the authority to bind the other in any matters relating to this Agreement. Neither the Interns nor the School Personnel will be entitled to receive workers' compensation benefits from the Agency.

4. Entire Agreement. This Agreement constitutes the entire agreement of the parties and may not be amended or revoked except by a written agreement signed by each party referring specifically to this Agreement. This Agreement supersedes all other prior similar agreements between the parties. No amendment or modification of this Agreement shall be made except in writing and signed by the authorized representatives of both parties.

5. Governing Law. This Agreement shall be governed by the laws of the State of California with venue in the County of Los Angeles.

6. Notice. Except as otherwise provided herein, all notices required hereunder shall be deemed to be given when mailed, by registered or certified mail, or transmitted by facsimile, and addressed as follows in accordance with this Section:

Simmons University  
Simmons Online  
300 The Fenway, P – 108  
Boston, MA, 02115  
Attention:

Simmons University  
Office of the General Counsel  
300 The Fenway, Suite A-230  
Boston, MA, 02115  
**Attention:**

**Tri-City Mental Health Authority**  
1717 N. Indian Hill Blvd., Suite B  
Claremont, CA 91711  
Attention: Executive Director

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7. Non-Use of Names. Except as required by applicable law, neither Party shall use the name of the other party in any publicity without the prior written permission of the party whose name is to be used; provided, however, that by signing this Agreement, the Agency agrees that its name may be included in the School's publications which list sites affiliated with the Program.

8. No Third Party Beneficiaries. This Agreement is entered into by and between the undersigned Parties for their own benefit. There is no intent by either Party to create or establish third Party beneficiary status or rights in any other Party, and no third Party shall have the right to enforce any right or enjoy any benefit created or established under this Agreement.

9. Executed Original Copy. To be fully executed this Agreement must be signed. A signed copy of the Agreement that has been transmitted via electronic mail, facsimile, or as a hard copy, can operate as the executed original copy.

IN WITNESS WHEREOF, each Party has caused its duly authorized representative to execute this Agreement on its behalf as of the Effective Date.

**SIMMONS UNIVERSITY**

**TRI-CITY MENTAL HEALTH AUTHORITY**

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SIGNATURE

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SIGNATURE

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NAME: STEPHANIE COSNER BERZIN

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NAME: Jesse H. Duff

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TITLE: VICE PROVOST

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TITLE: Interim Executive Director

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DATE:

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DATE:

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**Simmons University**

**Addendum to Affiliation Agreements  
Covid-19 Health and Safety Protocols**

- 1) Affiliate confirms that the in-person activities in which students will be participating are lawful in Affiliate's jurisdiction.
- 2) Affiliate confirms that it is in compliance with all then in effect local, state, and federal health and safety guidelines regarding Covid-19.
- 3) Affiliate confirms that it will provide Personal Protective Equipment (PPE) to students in the same manner and form that such is provided to employees of the Affiliate.
- 4) Affiliate will provide training regarding Covid-19 health and safety to students, to the extent the Affiliate deems such training necessary to keep students safe.
- 5) Affiliate will provide students with all policies and procedures regarding Covid-19 safety in advance of students starting a placement at the Affiliate.
- 6) If at any point in time the Affiliate determines that it is no longer safe or appropriate for students to participate in an internship at the Affiliate's site, the Affiliate will immediately notify Simmons University of this decision. Specifically, Affiliate should contact the Simmons University N@S Clinical Director at 617-521-2242.
- 7) Affiliate will also notify the contact person at Simmons University if a student fails to comply with Affiliate's policies and procedures regarding Covid-19.

\_\_\_\_\_  
Affiliate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site/Affiliate Name

**EXHIBIT A**



**CONTRACTOR'S ATTESTATION THAT NEITHER IT NOR ANY OF ITS STAFF MEMBERS ARE RESTRICTED, EXCLUDED OR SUSPENDED FROM PROVIDING GOODS OR SERVICES UNDER ANY FEDERAL OR STATE HEALTH CARE PROGRAM**

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Contractor's Name	Last	First
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Contractor hereby warrants that neither it nor any of its staff members is restricted, excluded, or suspended from providing goods or services under any health care program funded by the Federal or State Government, directly or indirectly, in whole or in part, and the Contractor will notify the Tri-City Mental Health Authority (TCMHA) within thirty (30) days in writing of: 1) any event that would require Contractor or a staff member's mandatory exclusion or suspension from participation in a Federal or State funded health care program; and 2) any exclusionary action taken by any agency of the Federal or State Government against Contractor or one or more staff members barring it or the staff members from participation in a Federal or State funded health care program, whether such bar is direct or indirect, or whether such bar is in whole or in part.

Contractor shall indemnify and hold TCMHA harmless against any and all loss or damage Contractor may suffer arising from the Federal or State exclusion or suspension of Contractor or its staff members from such participation in a Federal or State funded health care program.

Failure by Contractor to meet the requirements of this paragraph shall constitute a material breach of contract upon which TCMHA may immediately terminate or suspend this Agreement.

**Is Contractor/Proposer/Vendor or any of its staff members currently barred from participation in any Federal or State funded health care program?**

\_\_\_\_\_ **NO**, Contractor or any of its staff members is not currently barred from participation in any Federal or State funded health care program.

\_\_\_\_\_ **YES**, Contractor or any of its staff members is currently barred from participation in any Federal or State funded health care program. Describe the particulars on a separate page.

---

Date	Contractor or Vendor's Name	Contractor or Vendor's Signature
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Date	TCMHA Executive Official's Name	TCMHA Executive Official's Signature
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DISTRIBUTION:

ORIGINAL	Contract File
COPIES:	HR Representative
	Contractor
	Finance



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

**DATE:** February 16, 2022  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Jesse H. Duff, Interim Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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**EXECUTIVE DIRECTOR RECRUITMENT UPDATE**

The Executive Director Recruitment process is on track; the following has already taken place:

- The entire Governing Board AdHoc Committee has already been interviewed, along with the rest of the Governing Board.
- On Wednesday, February 2, 2022, the JPA Administrator/Clerk distributed a brief employee survey, prepared by the Executive Search Firm WBCP with the responses to remain anonymous, to hear their thoughts regarding desirable qualities/characteristics the recruitment firm should be looking for. The survey remained open until 7:00 pm Wednesday, February 9th.
- Interviews with four of the five members the Mental Health Commission AdHoc Committee took place during the week of February 7th; unfortunately, 1 member has not responded to WBCP's outreach at the time this report was written.
- On the week of February 7th, WBCP interviewed the Executive Team, and three additional key staff members, to help identify key competencies for the next Executive Director.

The best option for success based on Board Member availability is going to be the following recruitment schedule:

- Open Recruitment: February 24th
- Close Recruitment: March 24th
- Shortlist Meeting: April 7th
- Day 1 Interviews: April 26th
- Day 2 Interviews: May 3rd

**COVID-19 OPERATIONS UPDATE**

Since the approval of Tri-City's Mandatory Vaccination Policy on August 27, 2021, Tri-City's employees have been actively working to slow the spread of COVID-19 by complying with the policy by being fully vaccinated or testing twice weekly via an approved exemption.

**Governing Board of Tri-City Mental Health Authority**  
**Monthly Staff Report of Jesse H. Duff**  
**February 16, 2022**  
**Page 2**

To date, Tri-City's staff have a vaccination compliancy rate of 87.76% with a booster vaccination compliancy rate of 30.30% with a deadline of March 1, 2022 for full booster compliance.

**HUMAN RESOURCES UPDATE**

Staffing – Month Ending January 2022

- Total Staff is 174 full-time and 14 part-time plus 48 full time vacancies 4 part time vacancies, for a total of 231 positions.
- There were 2 new hires in January.
- There were 3 separations in January.

Workforce Demographics in January 2022

- American Indian or Alaska Native = 0.53%
- Asian = 9.04%
- Black or African American = 5.85%
- Hispanic or Latino = 57.45%
- Native Hawaiian or Other Pacific Islander = 0.53%
- Other = 8.51%
- Two or more races = 1.60%
- White or Caucasian = 16.49%

Posted Positions in January 2022:

- Clinical Supervisor I - Adult FSP (1 FTE)
- Clinical Supervisor I - COP (1 FTE) *1 hire pending*
- Clinical Therapist I/II Access to Care (1 FTE)
- Clinical Therapist I/II - Adult (8 FTEs) *1 hire pending*
- Clinical Therapist I/II – Child & Family (4 FTEs)
- Clinical Therapist I/II – TCG (1 FTE)
- Compliance Administrator (1 FTE)
- Community Navigator (1 FTE)
- Executive Director (1 FTE)
- Housing Supervisor (1 FTE)
- Housing Wellness Advocate (.5 FTE)
- Human Resources Analyst (1 FTE)
- Information Technology Specialist II (1 FTE) *1 hire pending*
- Mental Health Specialist (2 FTEs) *2 hires pending*
- Psychiatric Technician I/II/III – Adult FSP (1 FTE)
- Program Support Assistant IV – Program Support (1 FTE)



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority  
Jesse H. Duff, Interim Executive Director

**FROM:** Diana Acosta, CPA, Chief Financial Officer

**SUBJECT:** Monthly Finance and Facilities Report

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**UNAUDITED FINANCIAL STATEMENTS FOR THE SIX MONTHS ENDED  
DECEMBER 31, 2021 (2022 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the six months ended December 31, 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 \$4.9 million. MHSA operations accounted for approximately \$5.7 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 2021, Tri-City received MHSA funding of approximately \$15.4 million, of which \$8.4 million were for approved programs for fiscal 2021-22 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2021. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2021-22. In addition, during this current fiscal year 2021-22 approximately \$9.1 million in MHSA funding has been received of which \$3.5 million was identified and approved for use in the current fiscal year 2021-22 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$11.9 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 decrease in net position of approximately \$744 thousand is from Clinic outpatient operations, which is the result of operations for the six months ended December 31, 2021 which includes one-time payments made at the beginning of the year.

The total cash balance at December 31, 2021 was approximately \$35.7 million, which represents an increase of approximately \$822 thousand from the June 30, 2021 balance of approximately \$34.9 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately \$160 thousand. MHSA operations reflected an increase in cash of approximately \$662 thousand, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$9.1 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$4.2 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the six months ended December 31, 2021. Additionally, \$853 thousand has been received through January 2022.

## **UPCOMING, CURRENT EVENTS & UPDATES**

### Overall Financial Update:

We continue to closely monitor for any new developments and updated revenue projections from CBHDA. 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.

The Finance Department will be turning their attention over to developing the fiscal year 2022-23 Operating Budget and the fiscal year 2022-23 MHSA Plan Update over the next few months.

### CalAIM:

Tri-City management is currently working with CBHDA and LA DMH to prepare for the transition away from a cost reimbursement model to a fee for service model that will be resulting from the CalAIM initiatives. This month, we have submitted a cost survey to CBHDA and LA DMH. As DHCS starts its rate setting process for payment reform, the survey, along with past cost report data will be utilized by CBHDA to advocate on behalf of the Counties for rates that are not only able to meet our current cost needs but that are also sustainable. The timeline for the rate setting process is expected to take us into January of 2023, at which time we expect to have rates established from DHCS. As always, Management will continue to keep the Board informed of progress or any changes we may see along the way.

### MHSA Funding Updates

***Estimated Current Cash Position*** – The following table represents a brief summary of the estimated (unaudited) current MHSA cash position as of the six months ended December 31, 2021.



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	<b>MHSA</b>
Cash at December 31, 2021	\$ 27,999,515
Receivables net of Reserve for Cost Report Settlements	(490,158)
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2021-22	(5,918,256) **
Reserved for future CFTN Projects including approved TCG Project	(1,247,389)
Total Estimated Adjustments to Cash	<u>(9,855,803)</u>
Estimated Available at June 30, 2022	<u>\$ 18,143,712</u>
Estimated remaining MHSA funds to be received in FY 2021-22	\$ 3,427,757

\* Per SB 192, Prudent Reserves are 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 2021-22, net of estimated revenue, including actual and estimated amounts to year end 06/30/2022.

**FACILITIES DEPARTMENT**

Status of Governing Board Approved Upcoming, Current or Ongoing projects:

- **The Pharmacy**-The construction phase is now complete. Final steps and other administrative processes are currently under way by Genoa in preparation for opening the pharmacy.
- **Electrical/Power Upgrade Project at 2001 N. Garey Ave. (MHSA Administrative Building)**: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. A vendor was selected in October of 2021 and the project is currently under way with a target completion projected for April or May of 2022.
- **The Community Garden Upgrades**: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently in the planning phase and the next step will involve soliciting contractors through an RFP process. Target date of completion will be closer to calendar year end 2022.
- **Office Space Remodel at the MHSA Administrative Building**: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently in the planning phase and the next step will involve soliciting contractors through an RFP process. Target date of completion will be closer to calendar year end 2022.

Attachments

*Attachment 5-A: December 31, 2021 Unaudited Monthly Financial Statements*

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

	AT DECEMBER 31, 2021			AT JUNE 30, 2021		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>Current Assets</b>						
Cash	\$ 7,721,186	\$ 27,999,515	\$ 35,720,700	\$ 8,578,296	\$ 26,320,242	\$ 34,898,537
Accounts receivable, net of reserve for uncollectible accounts \$478,961 at December 31, 2021 and \$482,113 at June 30, 2021	3,773,304	2,215,915	5,989,218	3,656,192	2,344,087	6,000,279
Total Current Assets	<u>11,494,490</u>	<u>30,215,429</u>	<u>41,709,919</u>	<u>12,234,488</u>	<u>28,664,329</u>	<u>40,898,816</u>
<b>Property and Equipment</b>						
Land, building, furniture and equipment	3,834,279	9,745,422	13,579,701	3,778,377	9,595,862	13,374,238
Accumulated depreciation	(2,598,711)	(4,017,578)	(6,616,289)	(2,519,499)	(3,809,586)	(6,329,086)
Total Property and Equipment	<u>1,235,568</u>	<u>5,727,844</u>	<u>6,963,412</u>	<u>1,258,877</u>	<u>5,786,276</u>	<u>7,045,153</u>
<b>Other Assets</b>						
Deposits and prepaid assets	169,055	565,475	734,530	66,611	572,212	638,823
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	<u>1,404,623</u>	<u>9,093,319</u>	<u>10,497,942</u>	<u>1,325,488</u>	<u>9,158,488</u>	<u>10,483,976</u>
<b>Total Assests</b>	<u>\$ 12,899,112</u>	<u>\$ 39,308,749</u>	<u>\$ 52,207,861</u>	<u>\$ 13,559,976</u>	<u>\$ 37,822,816</u>	<u>\$ 51,382,792</u>
<b>Deferred Outflows of Resources</b>						
Deferred outflows related to the net pension liability	2,893,978	-	2,893,978	2,893,978	-	2,893,978
Total Deferred Outflows of Resources	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>
<b>Total Assets and Deferred Outflows of Resouces</b>	<u>\$ 15,793,090</u>	<u>\$ 39,308,749</u>	<u>\$ 55,101,839</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</u>
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
Accounts payable	251,589	-	251,589	554,813	1,144	555,956
Accrued payroll liabilities	116,657	171,332	287,989	587,125	115,353	702,478
Accrued vacation and sick leave	440,499	1,020,204	1,460,703	633,584	1,078,193	1,711,777
Reserve for Medi-Cal settlements	3,238,477	2,706,073	5,944,550	3,062,368	2,537,262	5,599,630
Current portion of mortgage debt	-	-	-	771,676	-	771,676
Total Current Liabilities	<u>4,047,222</u>	<u>3,897,609</u>	<u>7,944,831</u>	<u>5,609,565</u>	<u>3,731,951</u>	<u>9,341,517</u>
<b>Intercompany Acct-MHSA &amp; TCMH</b>	<u>1,331,126</u>	<u>(1,331,126)</u>	<u>-</u>	<u>(314,268)</u>	<u>314,268</u>	<u>-</u>
<b>Long-Term Liabilities</b>						
Mortgages and home loan	-	58,872	58,872	-	58,872	58,872
Net pension liability	6,325,906	-	6,325,906	6,325,906	-	6,325,906
Unearned MHSA revenue	-	6,126,222	6,126,222	-	435,392	435,392
Total Long-Term Liabilities	<u>6,325,906</u>	<u>6,185,094</u>	<u>12,511,000</u>	<u>6,325,906</u>	<u>494,264</u>	<u>6,820,170</u>
<b>Liabilities Subject to Compromise</b>						
Class 2 General Unsecured Claims	-	-	-	-	-	-
Class 3 Unsecured Claim of CAL DMH	-	-	-	-	-	-
Class 4 Unsecured Claim of LAC DMH	-	-	-	-	-	-
Total Liabilities Subject to Compromise	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Total Liabilities</b>	<u>11,704,253</u>	<u>8,751,578</u>	<u>20,455,831</u>	<u>11,621,203</u>	<u>4,540,483</u>	<u>16,161,686</u>
<b>Deferred Inflow of Resources</b>						
MHSA revenues restricted for future period	-	-	-	-	8,413,847	8,413,847
Deferred inflows related to the net pension liability	45,120	-	45,120	45,120	-	45,120
Total Deferred Inflow of Resources	<u>45,120</u>	<u>-</u>	<u>45,120</u>	<u>45,120</u>	<u>8,413,847</u>	<u>8,458,967</u>
<b>NET POSITION</b>						
Invested in capital assets net of related debt	1,235,568	5,727,844	6,963,412	487,201	5,786,276	6,273,477
Restricted for MHSA programs	-	24,829,327	24,829,327	-	19,082,210	19,082,210
Unrestricted	2,808,149	-	2,808,149	4,300,430	-	4,300,430
Total Net Position	<u>4,043,717</u>	<u>30,557,171</u>	<u>34,600,887</u>	<u>4,787,631</u>	<u>24,868,486</u>	<u>29,656,117</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 15,793,090</u>	<u>\$ 39,308,749</u>	<u>\$ 55,101,839</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</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**  
**SIX MONTHS ENDED DECEMBER 31, 2021 AND 2020**

	PERIOD ENDED 12/31/21			PERIOD ENDED 12/31/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>OPERATING REVENUES</b>						
Medi-Cal FFP	\$ 1,645,022	\$ 1,426,902	\$ 3,071,923	\$ 1,814,888	\$ 1,586,388	\$ 3,401,276
Medi-Cal FFP FYE Prior Year	-	-	-	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	389,730	314,264	703,994	434,070	320,471	754,540
Medi-Cal SGF-EPSDT Prior Year	-	-	-	(29,906)	15,202	(14,704)
Medicare	6,918	3,670	10,587	640	1,018	1,658
Contracts	7,500	14,533	22,033	285,271	14,533	299,805
Patient fees and insurance	511	58	569	340	-	340
Rent income - TCMH & MHSA Housing	7,072	36,956	44,028	14,737	44,358	59,094
Other income	541	176	716	87,198	324	87,522
<b>Net Operating Revenues</b>	<b>2,057,293</b>	<b>1,796,558</b>	<b>3,853,851</b>	<b>2,734,002</b>	<b>1,984,188</b>	<b>4,718,191</b>
<b>OPERATING EXPENSES</b>						
Salaries, wages and benefits	4,093,339	5,982,120	10,075,459	3,927,797	6,153,308	10,081,105
Facility and equipment operating cost	391,481	657,649	1,049,131	325,360	570,566	895,926
Client lodging, transportation, and supply expense	146,611	562,907	709,518	160,853	1,014,413	1,175,266
Depreciation	79,212	207,991	287,203	72,124	208,522	280,647
Other operating expenses	305,666	597,184	902,850	300,902	655,375	956,278
<b>Total Operating Expenses</b>	<b>5,016,309</b>	<b>8,007,852</b>	<b>13,024,161</b>	<b>4,787,036</b>	<b>8,602,185</b>	<b>13,389,221</b>
<b>OPERATING (LOSS) (Note 1)</b>	<b>(2,959,016)</b>	<b>(6,211,294)</b>	<b>(9,170,309)</b>	<b>(2,053,034)</b>	<b>(6,617,997)</b>	<b>(8,671,031)</b>
<b>Non-Operating Revenues (Expenses)</b>						
Realignment	1,919,353	-	1,919,353	2,267,392	-	2,267,392
MHSA funds	-	11,870,954	11,870,954	-	12,622,717	12,622,717
Grants and Contracts	301,507	-	301,507	70,000	-	70,000
Interest Income	6,081	29,025	35,106	17,456	85,246	102,702
Interest expense	(11,840)	-	(11,840)	(20,233)	-	(20,233)
Total Non-Operating Revenues (Expense)	2,215,101	11,899,979	14,115,080	2,334,616	12,707,963	15,042,578
<b>INCOME (LOSS)</b>	<b>(743,914)</b>	<b>5,688,685</b>	<b>4,944,770</b>	<b>281,582</b>	<b>6,089,966</b>	<b>6,371,548</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>(743,914)</b>	<b>5,688,685</b>	<b>4,944,770</b>	<b>281,582</b>	<b>6,089,966</b>	<b>6,371,548</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	<b>4,787,631</b>	<b>24,868,486</b>	<b>29,656,117</b>	<b>3,879,375</b>	<b>22,645,870</b>	<b>26,525,245</b>
<b>NET POSITION, END OF MONTH</b>	<b>\$ 4,043,717</b>	<b>\$ 30,557,171</b>	<b>\$ 34,600,887</b>	<b>\$ 4,160,957</b>	<b>\$ 28,735,836</b>	<b>\$ 32,896,793</b>

(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  
SIX MONTHS ENDED DECEMBER 31, 2021 AND 2020**

	PERIOD ENDED 12/31/21			PERIOD ENDED 12/31/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>Cash Flows from Operating Activities</b>						
Cash received from and on behalf of patients	\$ 2,147,220	\$ 2,089,596	\$ 4,236,816	\$ 3,223,185	\$ 2,173,902	\$ 5,397,087
Cash payments to suppliers and contractors	(1,249,426)	(1,812,147)	(3,061,572)	(858,342)	(2,392,143)	(3,250,486)
Payments to employees	(4,756,892)	(5,984,130)	(10,741,021)	(4,357,137)	(5,926,156)	(10,283,293)
	(3,859,098)	(5,706,680)	(9,565,778)	(1,992,295)	(6,144,397)	(8,136,692)
<b>Cash Flows from Noncapital Financing Activities</b>						
MHSA Funding	-	9,147,827	9,147,827	-	8,290,332	8,290,332
CalHFA-State Administered Projects	-	110	110	-	35,690	35,690
Realignment	1,919,353	-	1,919,353	2,267,392	-	2,267,392
Grants and Contracts	269,498	-	269,498	70,000	-	70,000
	2,188,851	9,147,938	11,336,789	2,337,392	8,326,022	10,663,414
<b>Cash Flows from Capital and Related Financing Activities</b>						
Purchase of capital assets	(55,903)	(149,560)	(205,463)	(143,296)	(129,361)	(272,657)
Principal paid on capital debt	(771,676)	-	(771,676)	(15,098)	-	(15,098)
Interest paid on capital debt	(11,840)	-	(11,840)	(20,233)	-	(20,233)
Intercompany-MHSA & TCMH	1,645,394	(1,645,394)	-	(129,988)	129,988	-
	805,976	(1,794,954)	(988,978)	(308,614)	627	(307,987)
<b>Cash Flows from Investing Activities</b>						
Interest received	7,161	32,970	40,131	26,122	129,528	155,650
	7,161	32,970	40,131	26,122	129,528	155,650
<b>Cash Flows from Reorganization Items</b>						
Cash payments to Bankruptcy Class 3 and 4 Unsecured	-	-	-	(325,000)	-	(325,000)
	-	-	-	(325,000)	-	(325,000)
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	(857,110)	1,679,273	822,163	(262,395)	2,311,780	2,049,385
<b>Cash Equivalents at Beginning of Year</b>	8,578,296	26,320,242	34,898,537	7,395,355	23,736,461	31,131,816
<b>Cash Equivalents at End of Month</b>	<b>\$ 7,721,186</b>	<b>\$ 27,999,515</b>	<b>\$ 35,720,701</b>	<b>\$ 7,132,961</b>	<b>\$ 26,048,241</b>	<b>\$ 33,181,202</b>

**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**  
**SIX MONTHS ENDING DECEMBER 10, 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
<b>OPERATING REVENUES</b>									
Medi-Cal FFP	\$ 1,793,917	\$ 2,328,254	\$ (534,337)	\$ 1,556,054	\$ 1,952,038	\$ (395,983)	\$ 3,349,971	\$ 4,280,291	\$ (930,320)
Medi-Cal SGF-EPSDT	425,006	765,831	(340,825)	342,709	559,316	(216,607)	767,715	1,325,147	(557,432)
Medicare	6,918	1,000	5,918	3,670	1,000	2,670	10,587	2,000	8,587
Patient fees and insurance	511	1,050	(539)	58	-	58	569	1,050	(481)
Contracts	7,500	10,000	(2,500)	14,533	-	14,533	22,033	10,000	12,033
Rent income - TCMH & MHSA Housing	7,072	2,675	4,397	36,956	52,750	(15,794)	44,028	55,425	(11,397)
Other income	541	-	541	176	-	176	716	-	716
Provision for contractual disallowances	(184,171)	(154,704)	(29,467)	(157,597)	(99,102)	(58,496)	(341,768)	(253,806)	(87,962)
<b>Net Operating Revenues</b>	<b>2,057,293</b>	<b>2,954,105</b>	<b>(896,812)</b>	<b>1,796,558</b>	<b>2,466,002</b>	<b>(669,444)</b>	<b>3,853,851</b>	<b>5,420,107</b>	<b>(1,566,256)</b>
<b>OPERATING EXPENSES</b>									
Salaries, wages and benefits	4,093,339	4,603,567	(510,228)	5,982,120	6,755,935	(773,814)	10,075,459	11,359,501	(1,284,042)
Facility and equipment operating cost	393,150	426,467	(33,317)	659,409	650,384	9,025	1,052,559	1,076,851	(24,292)
Client program costs	141,557	126,492	15,066	542,846	586,759	(43,913)	684,404	713,251	(28,847)
Grants	-	-	-	55,650	42,500	13,150	55,650	42,500	13,150
MHSA training/learning costs	-	-	-	52,299	57,083	(4,784)	52,299	57,083	(4,784)
Depreciation	79,212	75,131	4,081	207,991	215,450	(7,458)	287,203	290,581	(3,377)
Other operating expenses	309,051	318,927	(9,876)	507,536	556,731	(49,195)	816,587	875,658	(59,071)
<b>Total Operating Expenses</b>	<b>5,016,309</b>	<b>5,550,583</b>	<b>(534,274)</b>	<b>8,007,852</b>	<b>8,864,841</b>	<b>(856,989)</b>	<b>13,024,161</b>	<b>14,415,423</b>	<b>(1,391,262)</b>
<b>OPERATING (LOSS)</b>	<b>(2,959,016)</b>	<b>(2,596,478)</b>	<b>(362,538)</b>	<b>(6,211,294)</b>	<b>(6,398,839)</b>	<b>187,545</b>	<b>(9,170,309)</b>	<b>(8,995,316)</b>	<b>(174,993)</b>
<b>Non-Operating Revenues (Expenses)</b>									
Realignment	1,919,353	1,977,672	(58,319)	-	-	-	1,919,353	1,977,672	(58,319)
MHSA Funding	-	-	-	11,870,954	12,222,954	(352,000)	11,870,954	12,222,954	(352,000)
Grants and contracts	301,507	172,653	128,854	-	-	-	301,507	172,653	128,854
Interest (expense) income, net	(5,759)	(12,304)	6,545	29,025	35,210	(6,185)	23,266	22,907	359
<b>Total Non-Operating Revenues (Expense)</b>	<b>2,215,101</b>	<b>2,138,022</b>	<b>77,080</b>	<b>11,899,979</b>	<b>12,258,164</b>	<b>(358,185)</b>	<b>14,115,080</b>	<b>14,396,186</b>	<b>(281,106)</b>
<b>INCREASE(DECREASE) IN NET POSITION</b>	<b>\$ (743,914)</b>	<b>\$ (458,456)</b>	<b>\$ (285,458)</b>	<b>\$ 5,688,685</b>	<b>\$ 5,859,326</b>	<b>\$ (170,641)</b>	<b>\$ 4,944,770</b>	<b>\$ 5,400,870</b>	<b>\$ (456,099)</b>

**Definitions:**

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**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  
SIX MONTHS ENDING DECEMBER 31, 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 CFTN PROGRAMS)

**Net Operating Revenues**

***Net operating revenues are lower than budget by approximately \$1.6 million for the following reasons:***

- 1 Medi-Cal FFP revenues for FY 2021-22** were \$930 thousand lower than the budget. Medi-Cal FFP revenues were approximately \$534 thousand lower for TCMH and \$396 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$264 thousand and the children program revenues were lower by \$270 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$209 thousand and the Children and TAY FSP programs were lower by \$187 thousand.
- 2 Medi-Cal SGF-EPSDT revenues for fiscal year 2021-22** were lower than budget by \$557 thousand of which \$341 thousand lower were from TCMH and \$216 thousand lower were from MHSA. SGF-EPSDT relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) 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-EPSDT 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 approximately \$9 thousand higher than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 Contract revenues** are higher than the budget by approximately \$12 thousand mainly from MHSA. The contract amount at MHSA 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 \$11 thousand. The rental income represents the payments collected from the tenants staying at the Tri-City apartments on Pasadena and at the MHSA house on Park Avenue.
- 6 Provision for contractual disallowances** for fiscal year 2021-22 is \$88 thousand higher than budget.

**Operating Expenses**

***Operating expenses were lower than budget by \$1.4 million for the following reasons:***

- 1 Salaries and benefits** are approximately \$1.3 million lower than budget and of that amount, salaries and benefits are \$510 thousand lower for TCMH operations and are \$774 thousand lower for MHSA operations. These variances are due to the following:  
  
TCMH salaries were lower than budget by \$259 thousand due to vacant positions and benefits are lower than budget by \$251 thousand.  
  
MHSA salaries are lower than budget by \$510 thousand. The direct program salary costs are lower by \$482 thousand and the administrative salary costs are lower than budget by \$28 thousand. Benefits are lower than the budget by \$264 thousand. Of that, health insurance is lower than budget by \$209 thousand, state unemployment insurance is lower by \$48 thousand, workers compensation is lower by \$30 thousand. These lower costs are offset by higher retirement contribution cost due to the annual payment of the CalPERS unfunded accrued liability in July.
- 2 Facility and equipment operating costs** were lower than the budget by \$24 thousand. Facility and equipment operating costs were \$33 thousand lower for TCMH but were \$9 thousand higher for MHSA due to the startup cost for a new Electronic Health Record system.
- 3 Client program costs** are lower than the budget by \$29 thousand mainly from MHSA partly due to lower FSP client costs.
- 4 Grants for fiscal year 2021-22** awarded under the Community Wellbeing project are \$13 thousand higher than the budget due to timing.
- 5 MHSA learning and training costs** are lower than the budget by \$5 thousand.
- 6 Depreciation** is \$3 thousand lower than the budget.
- 7 Other operating expenses** were lower than the budget by \$59 thousand of which \$10 thousand lower were from TCMH and \$49 thousand lower were from MHSA. At TCMH, professional fees were lower than budget by approximately \$69 thousand and the security expense was lower by \$8 thousand. These lower costs were somewhat offset by higher personnel recruiting fees, dues and subscriptions, conference and mileage expenses. At MHSA, the lower costs were mainly from the professional fees and security expense.

**TRI-CITY MENTAL HEALTH AUTHORITY  
ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
SIX MONTHS ENDING DECEMBER 31, 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 CFTN PROGRAMS)**

**Non-Operating Revenues (Expenses)**

*Non-operating revenues, net, are lower than budget by approximately \$281 thousand as follows:*

**1 TCMH non-operating revenues** are \$77 thousand higher than the budget. Of that, realignment fund is lower than the budget by \$58 thousand. Interest income netted with interest expense is lower than the budget by \$7 thousand. Grants and contracts are higher than the budget by \$129 thousand including the City of Pomona Measure H program, Los Angeles County Covid-19 Community Equity Fund and Adverse Childhood Experiences grant.

**2 MHSA non-operating revenue** is \$352 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:

	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
<b>CSS funds received and available to be spent</b>	\$ 9,210,946	\$ 9,210,946	\$ -
<b>PEI funds received and available to be spent</b>	2,355,742	2,355,742	-
<b>WET funds received and available to be spent</b>	-	-	-
<b>CFTN funds received and available to be spent</b>	-	-	-
<b>INN funds received and available to be spent</b>	304,266	656,266	(352,000)
<b>Non-operating revenues recorded</b>	<u>\$ 11,870,954</u>	<u>\$ 12,222,954</u>	<u>\$ (352,000)</u>

**CSS and PEI recorded revenues are in line with the budgets.**

**INN recorded revenue is lower than the budget by \$352 thousand.** This amount was included in the FY2021-22 budget in anticipation that a new Tri-City proposed INN program would be approved for operations by the MHSA Oversight and Accountability Commission. Unfortunately, it was not approved and therefore, the amount will not be recognized into revenue.

**Interest income for MHSA** is lower than budget by \$6 thousand.

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**SIX MONTHS ENDED DECEMBER 31, 2021 AND 2020**

	PERIOD ENDED 12/31/21			PERIOD ENDED 12/31/20		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>REVENUES</b>						
Medi-Cal FFP, net of reserves	\$ 1,645,022	\$ 1,426,902	\$ 3,071,923	\$ 1,814,888	\$ 1,586,388	\$ 3,401,276
Medi-Cal FFP FYE Prior Year	-	-	-	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	389,730	314,264	703,994	434,070	320,471	754,540
Medi-Cal SGF-EPSDT Prior Year	-	-	-	(29,906)	15,202	(14,704)
Medicare	6,918	3,670	10,587	640	1,018	1,658
Realignment	1,919,353	-	1,919,353	2,267,392	-	2,267,392
MHSA funds	-	11,870,954	11,870,954	-	12,622,717	12,622,717
Grants and contracts	309,007	14,533	323,541	355,271	14,533	369,805
Patient fees and insurance	511	58	569	340	-	340
Rent income - TCMH & MHSA Housing	7,072	36,956	44,028	14,737	44,358	59,094
Other income	541	176	716	87,198	324	87,522
Interest Income	6,081	29,025	35,106	17,456	85,246	102,702
<b>Total Revenues</b>	<b>4,284,234</b>	<b>13,696,537</b>	<b>17,980,771</b>	<b>5,088,851</b>	<b>14,692,151</b>	<b>19,781,001</b>
<b>EXPENSES</b>						
Salaries, wages and benefits	4,093,339	5,982,120	10,075,459	3,927,797	6,153,308	10,081,105
Facility and equipment operating cost	391,481	657,649	1,049,131	325,360	570,566	895,926
Client lodging, transportation, and supply expense	146,611	562,907	709,518	160,853	1,014,413	1,175,266
Depreciation	79,212	207,991	287,203	72,124	208,522	280,647
Interest expense	11,840	-	11,840	20,233	-	20,233
Other operating expenses	305,666	597,184	902,850	300,902	655,375	956,278
<b>Total Expenses</b>	<b>5,028,149</b>	<b>8,007,852</b>	<b>13,036,000</b>	<b>4,807,269</b>	<b>8,602,185</b>	<b>13,409,454</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>(743,914)</b>	<b>5,688,685</b>	<b>4,944,770</b>	<b>281,582</b>	<b>6,089,966</b>	<b>6,371,548</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
<b>NET POSITION, END OF MONTH</b>	<b>\$ 4,043,717</b>	<b>\$ 30,557,171</b>	<b>\$ 34,600,887</b>	<b>\$ 4,160,957</b>	<b>\$ 28,735,836</b>	<b>\$ 32,896,793</b>

**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

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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority  
Jesse H. Duff, Interim Executive Director

**FROM:** Elizabeth Renteria, LCSW, Chief Clinical Officer

**SUBJECT:** Monthly Clinical Services Report

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**STAFFING SHORTAGE UPDATE**

Tri-City like many other mental health organizations is experiencing severe staffing shortages that impact ability to meet the demand for services. In a June 2020 survey of state mental health commissioners, 71% of those responding reported workforce shortages because of the pandemic, 73% reported that community providers had reduced staff or services, and 20% reported closures of community providers. (Lutterman T. 2020) Across the nation and locally, community mental health agencies are reporting significant workforce shortages, increasing demand for services and higher level of clinical acuity in the presentation of clients.

The largest number of vacancies in Tri-City are found in the critical role of clinical therapist, followed by mental health specialists. These vacancies directly affect how quickly staff can respond to client need and the frequency of services that can be provided. To address client care needs with the current staffing available, the following shifts in mental health service delivery are being implemented:

- Clients will be offered group therapy as a primary form of therapeutic intervention. Several new group offerings are slated to begin this month, to address a variety of needs and presentations. Groups offer an effective and efficient way to support mental health recovery.
- The Access to Care team is working on streamlining the intake process that will enable them to assess clients in a timelier manner.
- The Best Practices team has developed documentation workflow efficiencies to allow clinicians to have more time for client care.
- The centralized scheduling pilot is underway in the Adult Outpatient team. By having centralized schedulers set up client appointments, clinical team members can spend more time providing care.
- Individual treatment sessions will be offered to clients as staffing allows.

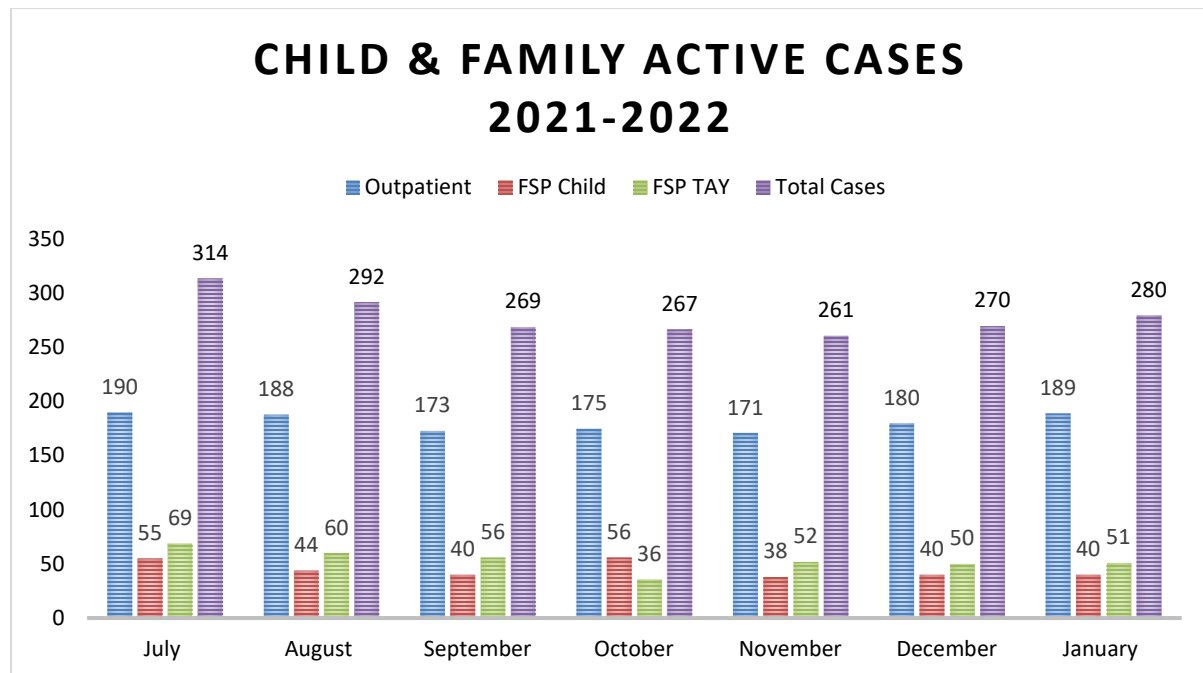
**Governing Board of Tri-City Mental Health Authority**  
**Jesse H. Duff, Interim Executive Director**  
**Monthly Staff Report of Elizabeth Renteria, LCSW Chief Clinical Officer**  
**February 16, 2022**

- An increased emphasis will be on team-based approach to care and coordination with entire service array offered through Tri-City MHA. (Wellness Center, Housing Co-Occurring Support Team, Navigators, Clinical Wellness Advocates, and Peer Mentors).
- Tri-City will continue to offer telehealth as it a preferred form of service for many clients. Telehealth service also has the added benefit of increasing efficiencies for staff and access to care for clients.
- A comprehensive employee recruitment and retention plan is under development by the Executive Team to address the staffing shortfall in the next two months.

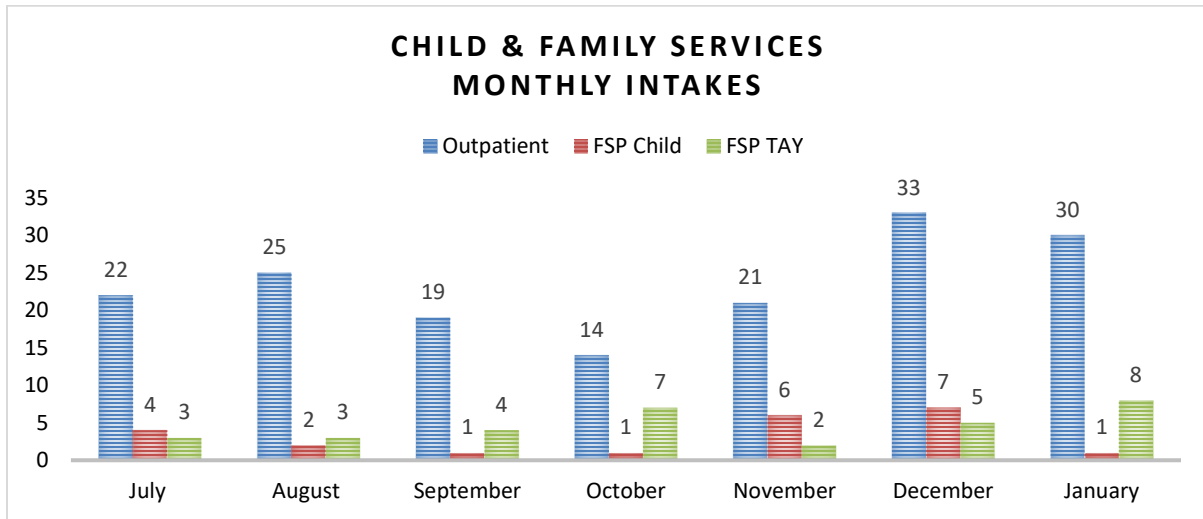
**ACCESS TO CARE**

There was a total of 178 service requests made for adults in the month of January. In terms of request type, 39 were walk-in service requests, 103 were called-in, there were 8 SRTS referrals/SRTS hospital discharge referrals, there were 0 in- writing referrals and 0 FSP/FCCS. There was a total of 16 service requests that were hospital discharges (5 called in, 11 SRTS hospital d/c). There were 12 referrals received from IOET for adults.

**CHILD AND FAMILY SERVICES**



**Governing Board of Tri-City Mental Health Authority**  
**Jesse H. Duff, Interim Executive Director**  
**Monthly Staff Report of Elizabeth Renteria, LCSW Chief Clinical Officer**  
**February 16, 2022**



This month one outpatient clinician resigned which resulted in 4 fewer intakes for the month of January. A new clinician has started in February will be ready to do intakes by March. The shortage in clinicians continues to impact the intake slots that are available for families.

School Partnership Team

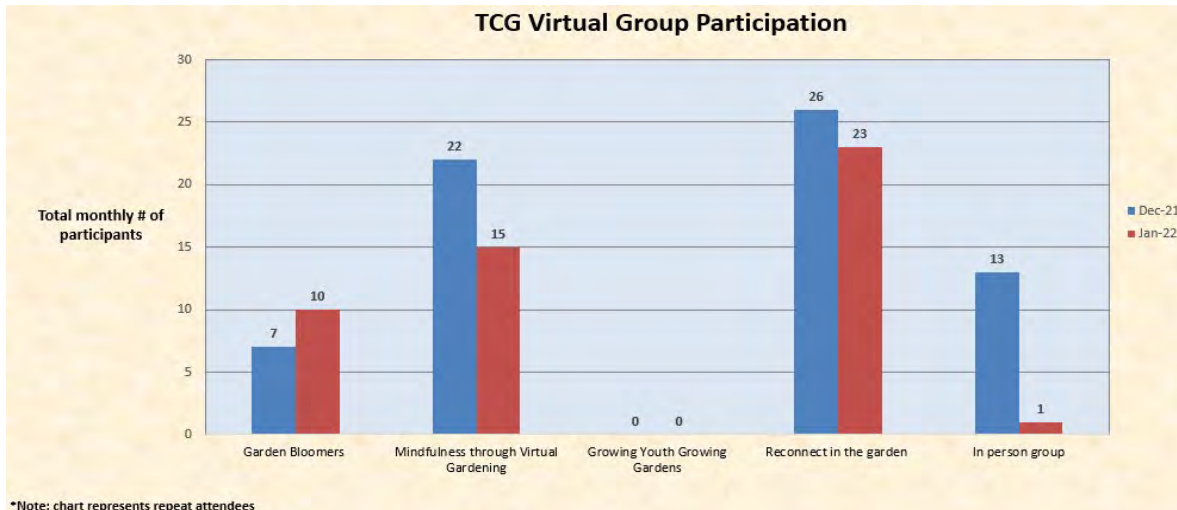
The SPT staff is moving forward with providing on site services at schools. At least 1x a week from the hours of 8:30-2:30pm TCMHA staff will be at local schools providing assessment and intervention. The new SPT supervisor continues to integrate himself into the program and take lead with program needs. Currently, he completed the LCSW supervisor training with the plan to start providing clinical supervision to all SPT team by the end of February. In addition, he will be facilitating the group supervision which will help our current MSW staff. The SPT supervisor is working on enhancing the school referral process by training SPT clinicians to complete service request to expedite process.

**THERAPEUTIC COMMUNITY GARDEN (TCG)**

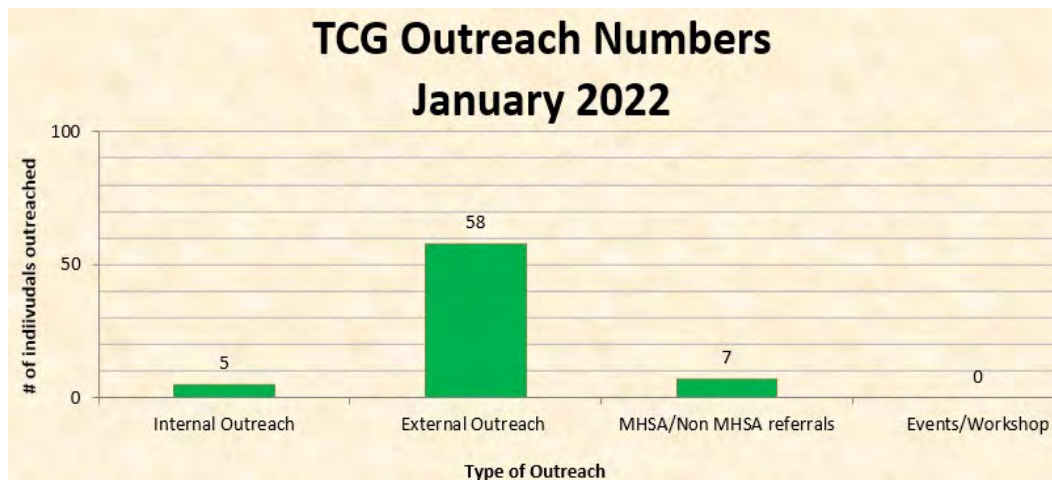
The team has focused on making new connections with agencies that support youth and families. Children and youth aged 0-25 have been identified as one of the most underserved and unrepresented populations, outreach efforts continue to be a crucial aspect of our duties.

Due to the rise in the COVID-19 OMICRON crisis, TCG had to pause the *Peace of Green in-person group* this month. To minimize exposure Tri-City ordered for only essential service staff to provide on-site and in-person support. The team will resume this in-person group when the order is lifted.

**Governing Board of Tri-City Mental Health Authority**  
**Jesse H. Duff, Interim Executive Director**  
**Monthly Staff Report of Elizabeth Renteria, LCSW Chief Clinical Officer**  
**February 16, 2022**



**Above:** This graph depicts group attendance for the month of January 2022 and December 2021



**Above:** The graph pictured shows the outreach efforts of TCG staff

**HOUSING**

Between July of 2021 and the end January of 2022, the Housing Division scheduled 195 appointments through the California Rent Relief (CA RR) program to help households and landlords apply for financial assistance to cover unpaid rents. The application process is one where applicants complete their information through their own portal which TCMHA does not have the ability to track. The City of Pomona, contractor for the program, has been able to provide general updates to us and the other agencies in Pomona working on this project. This past month we learned that the CA Rent Relief program has been tracking how many households have been at high risk for becoming evicted due to nonpayment of rent and compared it to how many households have applied for rent relief assistance through the program.

**Governing Board of Tri-City Mental Health Authority**  
**Jesse H. Duff, Interim Executive Director**  
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**February 16, 2022**

City	Households at risk of eviction	Households that have applied for CA RR	Application Gap %
Pomona	3,358	3,522	0
Claremont	529	392	25.898
La Verne	433	389	10.162

Though this does not confirm that the households who applied for the rental assistance are the same ones at risk of eviction, it shows that our three cities have a high rate of accessing support through the program. The program has been extended through March of this year. TCMHA's goal is to increase the awareness in Claremont and La Verne to make sure those that need that assistance have access and can close the application gap.

**SUCCESS STORY**

This month's success story comes from the Co-Occurring Support Team and a 16-year-old Hispanic male with a diagnosis of major depressive disorder and substance abuse disorder. He came into services with Tri-City after a DCFS referral. Client had a hospitalization for cutting on their forearms. Prior to his hospitalization he possessed a passion for soccer and played on a team. However, after sustaining an injury that left his leg severely damaged, he was forced to sit on the sidelines and unable to play in the finals with his team. Client began to withdraw socially and at home. Shortly after his injury, his girlfriend broke up with him leaving him heartbroken, it was at this time client began to seek alternative remedies to numb his hurt and sadness. Initially client was guarded with staff members, and he shared only minimally in sessions. He often missed appointments or blocked calls from TCMHA staff. However, through continued efforts from his team at Tri-City and encouragement from his mother he began to slowly let down his walls. Client began to share about his pain from the end of his romantic relationship and the grief he experienced because he was no longer able to participate in soccer. Client began to regularly attend each of his scheduled sessions and shared about his challenges. Client however had a relapse after another failed relationship. He attempted to escape the pain artificially with substances and he found himself in the hospital from an overdose with pills that had been laced with fentanyl. Client at this time became aware that his current method of coping could potentially kill him and devastate his family. Client is now actively engaged in healthier lifestyle choices and utilizes a variety of recovery oriented coping skills. Client has begun playing basketball, is going to the gym regularly and is currently maintaining his sobriety. He has created a relapse prevention plan for when situations arise that put his recovery at risk and actively uses his strategies. The client and his family have begun to work together to repair broken trust that exists between them and to rebuild their relationship.

Sources: Lutterman T. Impact of COVID-19 on State Mental Health Systems. Alexandria, VA, National Association of State Mental Health Program Directors Research Institute, 2020



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority  
Jesse H. Duff, Interim Executive Director

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

**SUBJECT:** Medical Director's Monthly Report

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**SERVICES PROVIDED BY TRI-CITY INTENSIVE OUTREACH AND ENGAGEMENT TEAM (IOET), PACT, AND SUPPLEMENTAL CRISIS TEAMS IN JANUARY 2022**

IOET Program

- Number of all new outreach= 44
- Number client given intake appointments= 30
- Number of clients opened= 7
- Total number of ALL clients outreached= 140
- Total number of homeless served= 84
- Percentage of clients outreached that are homeless= 60%
- Percentage of clients enrolled this month in formal services that are homeless= 49%
- Total number clients outreached since inception= 4210
- Total number clients enrolled since inception= 1378

**Service area:**

- Pomona= 130
- Laverne= 10
- Claremont= 10
- Total= 140

**Enrollments:**

- FSP (Full-Service Partnership)-Older Adult= 0
- FSP-adult= 2
- FSP-TAY (Transition Age Youth) = 2
- AOP (Adult Outpatient Program) = 3
- COP (Children Outpatient Program) = 0
- FCCS (Field Capable Clinical Services) = 0
- FSP Children= 0

**Health Issues:**

- Number of initial health assessments completed= 11
- Number of clients linked to PCP appointments with IOET LPT= 5

Supplemental Crisis Calls

- Number of calls received= 13

**Service Area:**

- Pomona= 9
- Laverne= 0
- Claremont=0
- Outside service area= 4

P.A.C.T.

- Number of new individuals added for the month= 15
- Number of closed individuals for the month= 25
- Number of holds written for the month= 5 holds
- Number enrolled in formal services for the month= 1
- Number pending intake appointment for the month= 0
- Number referred to IOET this month= 3

**THE HIGHLIGHTS OF SOME SERVICES PROVIDED IN JANUARY 2022**

- IOET-Vaccination clinic on 1/4/2022. In coordination with The Los Angeles Department of Health Services-32 vaccinations were given.
- IOET- has been outreaching an individual who is intractably ill and has been homeless for several years. Individual has multiple comorbidities, which are largely untreated. Individual has stated feeling stigmatized regarding seeking medical attention, which has been a barrier. Individual was encountered in the community in acute medical distress by the IOE team in Mid-January. After consultation, 911 was called. Individual was transported to PVH, overnight and diagnosed with pneumonia. After his discharge, the team helped him with the refill of his discharge prescription and tracked down his family to reconnect with each other.
- PACT Team responded to call for service in the community. They encountered an individual with symptoms of psychiatric distress and audio and visual hallucinations, which resulted in the individual being hospitalized psychiatrically. The events leading up to the individual being hospitalized, caused some grief and sense of loss for particularly younger family members. PACT Therapist provided psycho education to the family on being able to identify post-acute stressors to mitigate the effects of the event. Children were allowed to vent and share their feelings and ongoing support was offered to the family.



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority  
Jesse H. Duff, Interim Executive Director

**FROM:** Rimmi Hundal, Director of MHSA And Ethnic Services

**SUBJECT:** Monthly MHSA and Ethnic Services Report

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## **ETHNIC SERVICES**

Tri-City is celebrating February as Black History Month. Black History Month is an annual celebration of achievements by African Americans and a time for recognizing their central role in U.S. history. Since 1976, every U.S. president has officially designated the month of February as Black History Month. Focusing on the overall wellness of Black communities is particularly important now because of the high risk for COVID-19 infections, hospitalizations and death faced by this community and the impact COVID-19 has on people with underlying medical conditions. The African American Family Wellness Advisory Council (AAFWAC) will be highlighting Black authors and Black businesses through email blasts and social media.

Here are some facts about Black/African American mental health from the CDC. In 2019, suicide was the second leading cause of death for blacks or African Americans, ages 15 to 24.

- The death rate from suicide for black or African American men was four times greater than for African American women, in 2018.
- The overall suicide rate for black or African Americans was 60 percent lower than that of the non-Hispanic white population, in 2018.
- Black females, grades 9-12, were 60 percent more likely to attempt suicide in 2019, as compared to non-Hispanic white females of the same age.
- Poverty level affects mental health status. Black or African Americans living below the poverty level, as compared to those over twice the poverty level, are twice as likely to report serious psychological distress.
- A report from the U.S. Surgeon General found that from 1980 - 1995, the suicide rate among African Americans ages 10 to 14 increased 233 percentage, as compared to 120 percent of non-Hispanic whites.



## **COMMUNITY PLANNING PROCESS**

Three new stakeholder events are scheduled for the month of February. The first two events are the annual MHSA workgroups which will focus on reviewing the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) programs from FY 2020-21. This review will include the successes, challenges, and outcomes for each program as well as the effort on cultural competence and inclusion.

The third event will be Tri-City's mid-year stakeholder meeting where community members will learn about the outcomes of the MHSA workgroups, an update for the current Innovation project, Help@Hand, and an overview of our new Innovation project proposal, Psychiatric Advance Directives (PADs).

The stakeholder workgroups and meetings schedule for February are as follows and a link to each event is posted on Tri-City's website and social media platforms. In response to the continuing COVID-19 environment, these meetings will be held virtually via Zoom.

CSS Workgroup  
Thursday February 17  
10:00 am to 11:00 am

PEI Workgroup  
Thursday February 17  
4:00 pm to 5:00 pm

Stakeholder Meeting  
Thursday, February 24  
5:30 pm to 7:30 pm

## **WORKFORCE EDUCATION AND TRAINING (WET)**

During the month of January, WET Program staff continued to meet the training and education needs of Tri-City staff. One of the highlights over the past month is the launching of a Loan Repayment Program (LRP) that Tri-City is offering to staff. Staff that work with Tri-City and agree to maintain their employment for at least one year from when they receive their loan repayment, will be eligible to receive \$7,500 toward paying their educational loans. This program is offered in partnership with the Southern California Regional Partnership, a team of WET staff for 10 counties across Southern California, and is being administered by California Mental Health Authority (CalMHSA). This LRP is specifically for staff that hold a clinical role and a hard to fill position at Tri-City Mental Health, however an additional program will be available to all staff and funded through Tri-City Mental Health WET funds.

Tri-City's social media outreach was as below:

- On Facebook, Tri-City reached 354 people
- On LinkedIn, Tri-City reached 48 views
- On Instagram, Tri-City reached 320 people and
- On Twitter, Tri-City made 477 impressions.

## **PREVENTION AND EARLY INTERVENTION – PEI**

### Community Wellbeing

Information night for the next round of community wellbeing grants took place on February 1st, from 6pm-7pm via Zoom. There were 29 community members in attendance representing 26 different communities. Program staff will be hosting two Bidders' Conferences on February 15th from 6pm-7:30pm and on February 17th from 10am-11:30am via zoom. Spanish translation will be available for both meetings. Registration information for the Bidders' Conferences can be found on Tri-City's website. If you have any questions regarding the Community Wellbeing Grant please contact Daisy Martinez at [dmartinez@tricitymhs.org](mailto:dmartinez@tricitymhs.org)

### Stigma Reduction

For the month of January, program staff created a social media posting to raise awareness about Mental Wellness Month. The social media posting focused on different ways of taking care of one's mental wellbeing such as practicing gratitude, practicing self-care, eating well, and taking a break from stress. Additionally, there was another social media posting to recognize National Mentoring Month. The social media post highlighted Tri-City's Peer Mentor Program and talked about the positive impact the peer mentors provide within the community of Claremont, La Verne, and Pomona.

This year's Green Ribbon Week will take place from March 14th-18th with the theme of #TalkToHeal. Green Ribbon Week (GRW) is an annual recognition that aligns with our stigma reduction campaign, Room4Everyone, that encourages the community to end mental health stigma. GRW is a week-long series of workshops and events that educates community members, clients, and participants about stigma, the impact it has on our mental health, and how to take action to fight against the stigma. There will be a virtual activation tool kit available for the public to utilize to help promote Green Ribbon Week and get involved in various ways to help reduce stigma (i.e., zoom backgrounds, e-mail blast templates, posters, etc).

Creative Minds Art Gallery at 2001 North Garey Ave at the MHSA Administrative building is a program to showcase art that reflects mental health, wellness, and recovery. The Creative Minds Art Gallery is now accepting artwork until April 15th. Due to Covid restrictions this year a virtual art gallery will take place in May for Mental Health Awareness Month. Artists can find the link to submit here:

<https://forms.office.com/r/TjYLtAzSJx>

## **INNOVATION**

During the month of January, the Innovation Coordinator continued to facilitate several workgroups to finalize a list of viable options for the next Innovation project. After careful consideration and discussion, the workgroups voted to move forward with a multi-county collaborative project, Psychiatric Advance Directives (PADs). Psychiatric Advance Directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment. Psychiatric Advance Directives are created in a voluntary setting with full consent of the participant. This plan will be presented during the next Stakeholder meeting on February 24 and then posted for a 30-day public comment period.

Additional Innovation projects are still in the planning stages and will be presented in the future once they have been fully evaluated by the Innovation workgroup.



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Center  
Jesse H. Duff, Interim Executive Director

**FROM:** Natalie Majors-Stewart, Chief Compliance Officer

**SUBJECT:** Monthly Best Practices Report

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## **COMPLIANCE & BEST PRACTICES**

### Evaluation Workplace Safety Priorities

The Quality Improvement Team developed a survey instrument, in collaboration with the Executive Team, to evaluate agency perceptions and needs surrounding workplace safety. The survey will be disseminated to agency workforce members in the month of February 2022. At the close of the data collection period, responses will be gathered, analyzed and reported to agency leadership for further discussion and planning on addressing safety priorities.

### Annual QA Process

The Quality Assurance team submitted the agency's Quality Assurance Process to the Los Angeles Department of Mental Health (LACDMH). LACDMH requires that legal entities submit their QA processes annually, to ensure that the Quality Assurance standards of legal entities meet minimum requirements. The submitted QA Process included the following information: 1) Overview of the QA Guidelines, 2) Information on the Quality Improvement Process, 3) Clinical Record Review Protocol, 4) QA Training Plan and Procedure, and 5) The Procedures for Addressing Deficiencies & Improving Quality.

### Workflow Processes

Best Practices Division staff continue to work with the Clinical Department to streamline as many workflow processes as possible. The goal is to maximize the time that service providers have available to provide client care.

### California Advancing and Innovating Medi-Cal (CalAIM)

Best Practices Division staff continue to monitor and prepare for CalAIM implementation activities and requirements. Relevant updates will be provided to the Governing Board as needed. The next CalAIM initiatives that we are scheduled to implement in July 2022 are: 1) Documentation Redesign for Specialty Mental Health Services and 2) No Wrong Door for Mental Health Services Policy.



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

**DATE:** February 16, 2022

**TO:** Governing Board of Tri-City Mental Health Authority  
Jesse H. Duff, Interim Executive Director

**FROM:** Ken Riomales, Chief Information Officer

**SUBJECT:** Monthly Information Technology Report

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### **I.T. OPERATIONS UPDATE**

- For the month of January 2022, the I.T. department received 253 support requests. The three month rolling average is 244 tickets.
- I.T. recruitment is on-going. On offer has been extended to a candidate and we are awaiting word on acceptance.

The following are updates to the high priority projects (but not exclusive) under the purview of I.T.:

- Cerner Implementation – Project is currently on track and on budget. Go-Live is tentatively scheduled for end of late June/early July 2022.
  - Major Milestone: Tri-City is approaching the midway point of the project. Future state workflow review (FSWR) sessions are currently scheduled for the week of 2/14. The FSWR's are designed to give us the first real look of the Tri-City instance of Cerner Millennium. In addition to the Tri-City Core Team, several members from various functional departments of the agency will be in attendance.
  - Next Steps
    - Continue build work for Tri-City Cerner instance
    - Coordinate Super User Training
      - After super users have been trained, plan and coordinate end-user training using Train-the-Trainer approach. Tri-City super users will be responsible for training the rest of the agency.
- I.T. Security Remediation and Optimization – Based on the results of the recently complete I.T. security assessment, the department is currently working on remediation and optimization. The project will be addressed in three (3) phases:
  - Immediate remediation – These are items that can be addressed through end-user education, current system configuration changes, process improvement, and workflow adjustments.

- System adoption – This involves the review and implementation of new systems/processes to address items that cannot be remediated with current state systems.
- Optimization – Optimization can be a combination of new system adoption and initial remediation. This phase addresses items that are not classified as an immediate security risk, but rather items that can be addressed that will further improve the overall footprint of Tri-City I.T. Security.

### **CALAIM UPDATE – DATA EXCHANGE**

- DHCS recently published guidance surround data exchange as it relates to CalAIM. The goal of this specific measure is to promote bi-directional data exchange between county behavioral health and Medi-Cal managed care plans (MCPs) in order to improve health outcomes and health equity through enhanced care coordination.
- The Tri-City Executive Team is currently in the process of meeting with LA DMH to get clarity on our expectations as it relates to CalAIM. Part of this conversation is to determine the required level of interoperability needed in order to satisfy the specific Tri-City responsibilities under this program.

### **UPCOMING PROJECTS**

- Network Implementation – Project is currently in planning phase with formal project kick-off tentatively scheduled for February. The I.T. team is currently in discussions with Airespring to finalize outstanding logistical items and schedule the kick-off. Implementation is anticipated to last 90-120 days.