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Tri-City Mental Health Authority
Administration Office
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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

AGENDA

GOVERNING BOARD / MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

WEDNESDAY, MAY 18, 2022
AT 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.

To join the meeting click on the following link:

<https://tricitymhs-org.zoom.us/j/89861919702?pwd=cnhNTkNtQkN6R3pTbUtrRSnlQamkxZz09>

Passcode: 0X#gXqgL

Or Telephone: 1-213-338-8477

Webinar ID: 898 6191 9702

Passcode: 09290177

Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board and/or Mental Health Commission 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 or Mental Health Commission. 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. 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 and Mental Health Commission 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.

GOVERNING BOARD ROLL CALL

Board Members Carolyn Cockrell, Paula Lantz, John Nolte, Elizabeth Ontiveros-Cole, and Ron Vera; Vice-Chair Robin Carder; and Chair Jed Leano.

MENTAL HEALTH COMMISSION ROLL CALL

GB Liaison Carolyn Cockrell; Commissioners Clarence D. Cernal, Isabella A. Chavez, Nichole Perry, Joan M. Reyes, Twila L. Stephens, Alfonso Villanueva, Toni L. Watson, and David Weldon; Vice-Chair Wray Ryback; and Chair Anne Henderson.

POSTING OF AGENDA

The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Administration, 1717 N. Indian Hill Blvd. #B in Claremont; 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>

PRESENTATION

FILM PRODUCED BY STUDENTS OF MOUNTAIN VIEW ELEMENTARY IN THE CLAREMONT UNIFIED SCHOOL DISTRICT; TITLE: “*MONSTERS OF MENTAL HEALTH*”; FILMMAKERS: EMMA PINEDA, ELLA CASTRO, MADISON MENDEZ, AVERY KURERA, CIANNA SANCHEZ; UNDER THE CATEGORY ‘WALK IN OUR SHOES’

MENTAL HEALTH COMMISSION**1. APPROVAL OF MINUTES – MENTAL HEALTH COMMISSION REGULAR MEETING OF APRIL 12, 2022**

Recommendation: “A motion to approve the Mental Health Commission Minutes of its Regular Meeting of April 12, 2022.”

CONSENT CALENDAR – GOVERNING BOARD

- 2. CONSIDERATION OF RESOLUTION NO. 653 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. 653 finding and declaring that it 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.”

- 3. APPROVAL OF MINUTES FROM THE APRIL 20, 2022 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of April 20, 2022.”

- 4. APPROVAL OF MINUTES FROM THE APRIL 26, 2022 GOVERNING BOARD SPECIAL MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Special Meeting of April 26, 2022.”

- 5. APPROVAL OF MINUTES FROM THE MAY 3, 2022 GOVERNING BOARD SPECIAL MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Special Meeting of May 3, 2022.”

- 6. APPROVAL FOR THE E-RECYCLING OF OBSOLETE OR DAMAGED I.T. EQUIPMENT**

Recommendation: “A motion to approve the e-recycling of the obsolete or damaged I.T. equipment as listed on the I.T. Equipment List for Disposal-May 2022.”

CONTINUED BUSINESS - GOVERNING BOARD

- 7. CONSIDERATION OF RESOLUTION NO. 654 AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE FIRST AMENDMENT TO THE AUDITING SERVICES AGREEMENT WITH EIDE BAILLY THROUGH FISCAL YEARS ENDING JUNE 30, 2022, AND 2023, IN THE AMOUNT OF \$36,428 PER YEAR, RESPECTIVELY**

Recommendation: “A motion to adopt Resolution No. 654 authorizing the Interim Executive Director to execute the First Amendment to the Agreement with Eide Bailly, LLP through Fiscal Year ending June 30, 2023.

NEW BUSINESS - GOVERNING BOARD

- 8. CONSIDERATION OF RESOLUTION NO. 655 AUTHORIZING AN EMPLOYMENT AGREEMENT WITH RIMMI HUNDAL FOR EXECUTIVE DIRECTOR POSITION WITH AN ANNUAL BASE SALARY OF \$243,895.69 EFFECTIVE MAY 30, 2022**

Recommendation: “A motion to adopt Resolution No. 655 authorizing the Employment Agreement with Rimmi Hundal for Executive Director position with a base salary of \$243,895.69 beginning May 30, 2022.”

- 9. CONSIDERATION OF RESOLUTION NO. 656 AUTHORIZING CONSULTANT AGREEMENT WITH JESSE H. DUFF FOR TEMPORARY, LIMITED TERM MANAGEMENT SERVICES IN AN AMOUNT OF \$22,144**

Recommendation: “A motion to adopt Resolution No. 656 authorizing the First Amendment to the Agreement with Jesse H. Duff for temporary, limited term management services in the approximate amount of \$22,144.”

- 10. CONSIDERATION OF RESOLUTION NO. 657 AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE AN ADDENDUM TO THE SOFTWARE SERVICES AGREEMENT WITH WELLIGENT FOR ONE-YEAR FOR AN AMOUNT NOT TO EXCEED OF \$115,266 EFFECTIVE JUNE 18, 2022**

Recommendation: “A motion to adopt Resolution No. 657 authorizing the Interim Executive Director to execute an Addendum to the Software Services Agreement with Welligent in the approximate amount of \$115,266 for one year effective June 18, 2021.”

MONTHLY STAFF REPORTS

- 11. JESSE DUFF, INTERIM EXECUTIVE DIRECTOR REPORT**
- 12. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
- 13. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**
- 14. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

15. **RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
16. **NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**
17. **KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT**

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

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

Members of the Governing Board or Mental Health Commission 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 or Mental Health Commission Agenda.

PUBLIC COMMENT

The public can make a comment during the open meeting by using the ‘raised hand’ feature; or by calling-in. The public can also make a comment before the meeting by writing an email to 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 **Mental Health Commission** will be held on **Tuesday, June 14, 2022 at 3:30 p.m.** via teleconference pursuant to Government Code § 54953.

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, June 15, 2022 at 5:00 p.m.**, via teleconference pursuant to Government Code § 54953.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

REGULAR MEETING OF THE MENTAL HEALTH COMMISSION AND PUBLIC HEARING FOR THE MENTAL HEALTH SERVICES ACT (MHSA)

APRIL 12, 2022 – 3:30 P.M.

The Mental Health Commission met in a Regular Meeting on Tuesday, April 12, 2022 at 3:32 p.m. 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 Henderson called the meeting to order at 3:32 p.m.

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

PRESENT: Anne Henderson, Chair
Wray Ryback, Vice-Chair (joined the meeting at 4:04 p.m.)
Carolyn Cockrell, GB Member Liaison
Clarence D. Cernal (joined the meeting at 4:10 p.m.)
Twila L. Stephens
Nichole Perry
Joan M. Reyes
Toni L. Watson
David J. Weldon

ABSENT: Isabella A. Chavez
Alfonso "Al" Villanueva

STAFF: Jesse H. Duff, Interim Executive Director
Diana Acosta, Chief Financial Officer
Elizabeth (Liz) Renteria, Chief Clinical Officer
Rimmi Hundal, Director of MHSA and Ethnic Services
Ken Riomales, Chief Information Officer
Dana Barford, MHSA Projects Manager
Amanda Colt, MHSA Program Coordinator-INN
Mica Olmos, JPA Administrator/Clerk

Chair Henderson, on behalf of the Mental Health Commission, thanked everyone for attending the meeting; and indicated that the Mental Health Commission is an advisory body to Tri-City Governing Board; that the Mental Health Commission meet monthly to help advise the Governing Board, Executive Director, Staff, and Stakeholders of Tri-City Mental Health Authority about how to ensure high quality mental health services in our area.

AGENDA ITEM NO. 1

REGULAR BUSINESS

I. APPROVAL TO IMPLEMENT TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER AB 361 (GOVERNMENT CODE SECTION 54953)

Commissioner Stephens moved, and Commissioner Watson seconded, to ask the interim executive director, or designee, to perform all actions necessary to implement the Brown Act provisions regarding teleconferencing in compliance with Government Code § 54953.

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

There being no comment, the motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Perry, Reyes, Stephens, Watson, and Weldon; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Cernal, Chavez, and Villanueva; and Vice-Chair Ryback.

II. APPROVAL OF MINUTES FROM THE MARCH 8, 2022 MENTAL HEALTH COMMISSION REGULAR MEETING

Commissioner Reyes moved, and Commissioner Stephens seconded, to approve the Minutes of the March 8, 2022 Regular Meeting of the Mental Health Commission.

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

There being no comment, the motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Perry, Reyes, Stephens, Watson, and Weldon; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Cernal, Chavez, and Villanueva; and Vice-Chair Ryback.

III. EXECUTIVE DIRECTOR MONTHLY REPORT

Interim Executive Director Duff reported that the executive director recruitment process is on track; that March 24th was the deadline to receive applications for the position, and 39 applications were received by Wendy Brown Creative Partners; that at its Special Meeting in April 7th, the Governing Board held a Closed Session to consider the applications and had chosen a number of applicants to be interviewed by the Governing Board on April 26th; thereafter, on May 3rd, the Governing Board will have final interviews of the top applicants and possible will select the next Executive Director at that time. He then announced that per CalOSHA regulations all of Medical Facilities, Tri-City must continue to comply with the masking and distancing mandate; therefore, the masking order issued in January remains in effect.

COMMISSION ITEMS AND REPORTS

Commissioner Reyes inquired about the status of the Innovation Grant process. Director of MHSA and Ethnic Services Hundal replied that the Psychiatric Advanced Directives (PADs) Innovation project, which has been already endorsed by stakeholders, will be discussed today during the MHSA Public Hearing; and that applications received for other innovation projects will be reviewed with the stakeholders in July, noting that Tri-City continues to receive and collect ideas.

Commissioner Reyes announced that a new mental health clinic opened on skid row downtown LA and noted that it was good that it is available in the area for the homeless and the mentally ill.

PUBLIC COMMENT

There was no public comment.

PUBLIC HEARING - MENTAL HEALTH SERVICES ACT (MHSA)

Chair Henderson announced that under state law, this Public Hearing occurs as part of a regular Mental Health Commission meeting; that the proposed Tri-City MHSA Annual Update for Fiscal Year 2022-23 has emerged from almost a year of extensive work and conversations with individuals and organizations throughout our three cities; and that today some of the details of the plan will be shared and the public will be asked for their feedback; and that Tri-City's MHSA Projects Manager Dana Barford, will facilitate the public hearing.

A. OPEN THE PUBLIC HEARING

At 3:44 p.m., Chair Henderson officially declared the public hearing open.

MHSA Projects Manager Barford shared her screen, and expressed excitement over the opportunity to share what has been going on throughout the year via Tri-City's Annual Update and so forth; and announced that there are available an Spanish Language Interpreter and an American Sign Language Interpreter.

Director of MHSA and Ethnic Services Hundal welcomed all attendees and reported that Tri-City MHSA Annual Update is a large document which was distributed more than 30 days ago, and was also was posted on Tri-City's website, and hard copies were delivered at the various public locations, noting that this document is a reflection of all the hard work that Tri-City staff did during the pandemic, noting that while doors were closing at other locations, Tri-City remained open due to the dedication of Tri-City's hard working staff, which continue to go out in the field serving the Community that we are charged to serve.

MHSA Projects Manager Barford discussed the agenda for the public hearing which include the MHSA Annual Update, the new PADs innovation project, and two guest speakers.

B. MENTAL HEALTH SERVICES ACT (Proposition 63)

MHSA Projects Manager Barford explained that the Mental Health Services Act, a voter initiative and known as proposition 63, was passed in November of 2004 and approved a 1% tax on personal incomes that exceed \$1 billion, which has become an important source of funding for all behavioral counties; and that this funding allows for the expansion of Community mental health services.

➤ Description of Plans under the Mental Health Services Act

MHSA Projects Manager Barford explained the five components of the Mental Health Services Act (MHSA) and the plans that Tri-City has, which are the 1) Community Services and Supports (CSS) plan that includes programming such as Full Service Partnerships, Supplemental Crisis, Wellness Center, Community Navigators; 2) the Prevention and Early Intervention (PEI) Plan

which was developed to prevent having to go to a higher level of care and include programming such as the Community Wellbeing Grants, Peer Mentors, Therapeutic Community Garden, Mental Health First Aid, ACEs; 3) Workforce, Education and Training (WET) Plan which promotes and supports a strong workforce in order to implement all of these projects, the ability to recruit, and to be able to continuously provide the most up to date training for all of Tri-City staff, so that they in turn, can provide the most up to date services and supports to all of our clients; 4) Innovation (INN) Plan which allows a certain amount of money for Tri-City to put together some plans that are new, different, that has not been done before, and that can be adapted to a mental health setting, with the guidance and input of its own Community stakeholders; and 5) Capital Facilities and Technological Needs (CFTN) Plan which provides funding for building renovation allowing to create a warm and welcoming environment for clients and Community Members visiting Tri-City, and for the purchase and maintenance of technology which plays a critical part in the delivery of services; and pointed out that all of these five components of Tri-City's MHSA are included in the Annual Update.

➤ **Community Planning Process**

MHSA Projects Manager Barford stated that in order for counties to access the funding, stakeholder involvement is required, noting that Community members are engaged at all different points throughout the process in order to constantly obtain feedback and be aware of where we are going and if we are on the right track; and indicated that Tri-City's Community Planning Process started back in September 2021 with a stakeholder orientation, pointing out that part of this process includes an annual Community Planning Survey.

➤ **MHSA Community Planning Survey**

MHSA Projects Manager Barford said that an annual Community Planning Survey is distributed to all of Tri-City's stakeholders through emails, by posting it on the website, and by circulating it during meetings, which provides an opportunity to share their thoughts and ideas about gaps in services, where our programs are currently at and find out what is working, and collect ideas throughout the year and be ready as soon as funding becomes available for innovations programs. She then provided some of the feedback that staff has received to date regarding the populations the community feels are the most unserved and underserved in our communities, which were Transitional Aged Youth (16-25), homeless or at-risk of homelessness, and foster youth; and about what are barriers to individuals who are seeking mental health support, which are not knowing where to go for help and stigma.

C. TRI-CITY'S MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

MHSA Projects Manager Barford provided an overview of the MHSA Annual Update, pointing out that its components include the description of Tri-City and the communities that it serves; detailed information about the Community Planning process; current MHSA program updates; how many people we served, what went very well that year, what have been some challenges, who are some of our Community partners, and what our cultural connection or cultural component is for each of those programs; new MHSA projects; outcomes and lessons learned after each one of our programs summaries; and some financial updates.

➤ **Current MHSA Program Updates**

MHSA Projects Manager Barford provided some highlights of the annual update, noting that stakeholders voted on allocating \$152,000 in CSS Plan funds to create three additional Community Navigator positions, allowing for faster response to assist client clients who are struggling with obstacles when trying to connect to resources, and to assist with additional resources when events, health, and medical screenings take place in the community; to transfer \$1,000,000 from the CSS Plan to the WET Plan to increase the loan repayment program incentive and offer comprehensive training and internship programs that are a direct pipeline to our positions; and transfer \$1,700,000 from the CSS Plan to the CFTN Plan for property acquisition, construction, or building expansion, and for computer turnover, network and security refresh and software implementation. She then shared a public comment about the annual update regarding community outreach:

'I really approve of and support outreach programs. To me, this is consistent with what Bishop Desmond Tutu once said, "at some point, we need to stop pulling people out of the river and go upstream and see why they are falling in." This program seems to be an indicator that we are going upstream, taking psychology and its components to the people in need.'

At 4:10 p.m., Commissioner Clarence Cernal joined the meeting.

➤ **New MHSA Project – Psychiatric Advance Directives (PADs)**

MHSA Programs Coordinator Colt talked about Psychiatric Advance Directives (PADs) which 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; that allow the individual's wishes and priorities to inform mental health treatment; and are created in a voluntary setting with full consent of the participant. She explained that this PADs program project was the result of feedback received from our Community planning surveys which discussed the need for reduction of police calls when people are in mental health crisis, and for mitigating these situations by allowing police officers to see how they want to be treated, where to be taken, and what they want to be done to them. She added that this project is a multi-county collaborative that Tri-City is joining; that the main goal is to create a cloud based technology platform and a shared system that operates in real time and allows for healthcare providers and first responders to access the PAD when someone in a mental health crisis; that there are PADs already in place, however, there is no easy way for people to access them; that by creating a dynamic technology platform with a single point of access and real time capabilities which does not currently exist, and by creating a standardized PADs template for utilization across California, makes this project innovative; that the project is for three years, beginning in July 1st through June 30, 2025, at a cost of \$789,360 for this project; and discussed the training and implementation process. She then shared Stakeholders comments:

"I like Advanced Psychiatric Directives (PADS). As a retired police officer, I can potentially see PADS as being an important de-escalation tool for police and mental health staff. It's an essential piece of communication when someone may not be communicating so well. Police included. I wish you the best of luck. Looking forward to following this program."

“I’d just appreciate clarification about whether an individual would already have to have a mental health diagnosis before submitting a PAD on their own.” Although our primary focus for this project is on individuals with mental illness, we anticipate making PADs available to all community members who request this resource.

Chief Information Officer Riomales read a comment from Kimberly Kittson Morris who wrote in the chat room that ‘it sounded great that PADs system will be available across all counties in California,’ and asked where will people sign for the PADs.

Discussion ensued regarding how the program will be evaluated, the training, the creation of the PADs template, advertisement and outreach through community presentations and Community partners.

Vice-Chair Ryback stated that she works at Pomona Valley Hospital; that she has a lot of experience with medical advanced directives; that she would be happy to join the team involved in this project; and noted that this is excellent, and that we need to make sure all of our hospitals are aware of this. She also inquired if the form will require witnesses or a notary, and if not, how will it verified that the patient completed the form. Director of MHSA & Ethnic Services Hundal replied that PADs forms will be exactly like the medical advanced directives which will have to be filled out in front of a witness such as social worker or navigator; and if somebody is doing it on their own, then, it would have to be notarized. Chief Clinical Director Renteria explained that the PAD will be similar to a power of attorney process and spoke in support of this project.

Discussion ensued regarding the counties participating in this project; and about innovations projects being a pilot program for a practice that is not readily available to the Community and that if it is successful, then it can be implemented into the regular programming.

Commissioner Watson inquired if this project will be different for all the participating counties. MHSA Projects Coordinator Colt replied in the affirmative since each county has different priority populations. Commissioner Watson further inquired if the PADs will be integrated with the advanced medical directives. MHSA Projects Coordinator Colt stated that a PAD will be shared with medical doctors; however, for now it is a separate document from a medical directive.

Commissioner Reyes commented that under the section for those that are unserved and underserved, she did not see the Native American population included. Director of MHSA & Ethnic Services Hundal stated that the Native American data is not included because Tri-City does not have a Native American Council; however, since a new DEI Coordinator has been hired, she has already made contact with some individuals in the Community and Pomona College who identify as Native Americans and we are very encouraged about having son a Native American group council.

JPA Administrator/Clerk Olmos read comment of Commissioner Stephens who wrote in the chat room that she also would like to assist with the PADs project.

MHSA Programs Coordinator Colt read a question: “where would Community Members receive the PAD documents.” She answered that it is anticipated that the documents will be digital and tablets will be utilized by Community navigators who will be trained to assist people in filling them.

Chief Information Officer Riomales stated that there is a follow-up question to Commissioner Reyes comment about the Native American Community from Jan Chase: “Do you need contacts in the Native American Community.” Director of MHSA & Ethnic Services Hundal replied in the affirmative and indicated she or Andrea Espinosa would contact Jan Chase.

➤ **Guest Speakers**

MHSA Projects Manager Barford announced that guest speakers were in attendance from the Courageous Minds Speakers Bureau, part of Tri-City’s stigma reduction program, which falls under PEI; and explained that it enables speakers to tell their story in a very safe and effective way; allows them to share their story in a variety of settings including high schools, colleges, parent groups, community forums, and more; helps to reduce the stigma surrounding mental health; it shows others that they are not alone in their struggles and that support is available; it empowers people to reach out for help when needed; and brings the community together to engage in positive conversations about mental health.

Jared Diehl stated that he has been a part of Tri-City since 2014, and shared his story of recovery. He stated that his mental health illness began when he was young, noting that he had a lot of symptoms of being bipolar, having anxiety and depression; however, he had attributes that made him seem like he ‘got it together’ on the outside and never saw a doctor; that during his third year of college he had a really bad panic attack, saw a doctor and was not very accepting of the bipolar diagnosis. He then talked about the next 10 years battling with suicidal thoughts which resulted in trying to overdose with all of the medication he had and ended up in a coma for a few days; that a church in Pomona prayed for him and came out of the coma the same day that this church prayed. Thereafter, he ended up moving to Pomona and got involved with Tri-City and has been here for eight years; he also discussed his spiritual walk; and stated that for the last three years he has been a speaker with National Alliance on Mental Illness; and that Courageous Minds has become a huge part of his journey; and that he feels really honored and humbled to get to share his story.

MHSA Projects Manager Barford commented that Jared Diehl is a great example of perseverance and that faith also plays an important part in many of our clients’ lives, and thanked him for being in attendance today to share his story.

Commissioner Watson shared her story of recovery; and said that she was in the second cohort that went through Courageous Minds; that she is a writer and wrote down her story which helped her to process things in her life since her mental health issues began probably when she was very young, noting that she remembers being about six years old and wanting to die; that she was never treated because there was so much stigma; that she had throughout her life several suicide attempts and she did not get any help until she was almost 40 years old; that she found out about Tri-City when she reached a crisis point and ended up in the hospital with an overdose and a couple friends encouraged her to contact Tri-City, noting that she learned coping skills and when the opportunity came to join Courageous Minds, sharing her story was one of the most impactful part because it helped her to share her mental health illness and struggles with her mom, noting that because she had a lot of self-stigma she could not tell her mom about her failed attempts nor that she was in therapy until she shared her story through Courageous Minds. She also suggested having more cohorts and more places where people can share their story because it not only helps the community, it helps the ourselves; that it has been a blessing and expressed being thankful to be part of Courageous Minds and serve in the Mental Health Commission.

Director of MHSA and Ethnic Services Hundal thanked Commissioner Watson and Jared Diehl for sharing such powerful stories, and pointed out that they both are an inspiration for us, and are also Tri-City's true success stories; and that these stories are so helpful for Tri-City staff to hear because it encourages all of us to keep doing the work we are doing.

Commissioner Cernal inquired about Courageous Minds Speaker Series. Director of MHSA and Ethnic Services Hundal indicated that it is part of a stigma reduction campaign; that when cohorts first join we teach our cohorts to tell the story in a meaningful way to them and for the person listening; that Tri-City also share these stories with Community members, encouraging them to seek help if they need it, whether here at Tri-City or where they prefer; that these individuals serve also as a role model and other persons can feel more comfortable talking to the speakers; that the name of the program being Courageous Minds has power in itself and that this whole program is really about having the courage to share your story.

Commissioner Watson added that it is also very encouraging to hear the stories of others; and that Tri-City has the Room4Everyone website (Tri-City's stigma reduction campaign) where some of Courageous Minds members have shared their stories and they can be found on the website.

Commissioner Stephens commented that Courageous Minds has a very supportive environment, noting that when someone goes speaks for the first time, the other speakers are there with them supporting them, lifting each other up, and it is a Community of itself.

Commissioner Cernal thanked everyone for the information and also Commissioner Watson and Jared Diehl for sharing their powerful stories.

➤ **Financial Update**

MHSA Barford presented a financial summary where all of Tri-City's different plans are listed; and discussed the estimate of unspent fund balance, the prudent reserve balance, the estimated funding for Fiscal Year of 2022-23, and explained that the majority of unspent funds are encumbered for the next fiscal year.

D. PUBLIC COMMENT

JPA Administrator/Clerk Olmos stated that public comment has been received and shared throughout the public hearing, and that currently there is one from Amanda Colt, Tri-City's MHSA Projects Coordinator, sharing the link for the survey form.

Chief Information Officer Riomales also stated that we do not have anybody calling exclusively, nor do we have anybody with their hands raised at this time.

MHSA Projects Manager Barford explained that the link posted is to a survey where feedback about the plan can be shared.

E. NEXT STEPS

MHSA Projects Manager Barford indicated that the public hearing has come to an end and that the MHSA Annual update and the PADs Innovation Project will be next presented to the Tri-City Governing Board on April 20th for its approval and adoption; and that only the PADS Innovation

Project will also be presented to the Mental Health Services Oversight and Accountability Commission and the Innovation Plan for approval.

F. CLOSE THE PUBLIC HEARING

At 5:10 p.m., there being no further comment or discussion, Commissioner Reyes moved, and Commissioner Watson seconded, to close the Public Hearing. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Reyes, Stephens, Watson, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez, Perry, and Villanueva.

IV. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23

There being no comment, Commissioner Cernal moved, and Vice-Chair Ryback seconded, to recommend to the TCMHA Governing Board to approve the MHSA Annual Update For Fiscal Year 2022-23. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Stephens, Watson, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez and Villanueva.

V. DECIDE ON A RECOMMENDATION TO THE TCMHA GOVERNING BOARD ABOUT THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PROJECT UNDER THE MHSA INNOVATION PLAN

There being no comment, Commissioner Watson moved, and Commissioner Stephens seconded, to recommend to the TCMHA Governing Board to approve the Multi-County Psychiatric Advance Directives (PADs) Project under the MHSA Innovation Plan. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Cernal, Perry, Reyes, Stephens, Watson, and Weldon; Vice-Chair Ryback; and Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioners Chavez and Villanueva.

ADJOURNMENT

At 5:15 p.m., on consensus of the Mental Health Commission its Regular Meeting of April 12, 2022 was adjourned. The Mental Health Commission will meet next in a Regular Joint Meeting with the Governing Board to be held on Wednesday, May 18, 2022 at 5:00 p.m. via teleconference due to the COVID-19 pandemic, pursuant to Government Code § 54953.



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

DATE: May 18, 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. 653 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)

Summary:

On Tuesday, March 1, 2022, the California Department of Public Health (CDPH) relaxed the masking requirement for unvaccinated individuals; however, it did not lift the state of emergency. The following day, Cal-OSHA announced its intent to mirror CDPH's recommendations except in certain industries, such as healthcare settings. Per Cal-OSHA regulations, masking and 6-foot physical distancing will continue to be required in healthcare settings until further notice. Accordingly, Tri-City Mental Health Authority must follow Cal-OSHA requirements.

Therefore, TCMHA will continue to hold virtual meetings per Assembly Bill No. 361 (AB 361) enacted on September 16, 2021, which amended the Brown Act by waiving certain provisions regarding teleconferencing; and effectively authorizing public agencies 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.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 653 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)
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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.

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.

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Consideration of Resolution No. 653 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)
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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.

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. 653 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 2-A: Resolution No. 653 - DRAFT

RESOLUTION NO. 653

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE 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.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 18, 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: _____

DRAFT



**1. APPROVAL OF THE MINUTES FROM THE APRIL 20, 2022
GOVERNING BOARD REGULAR MEETING**

This Agenda Item will be distributed on Tuesday, May 17, 2022.



MINUTES

SPECIAL MEETING OF THE GOVERNING BOARD APRIL 26, 2022 – 8:00 A.M.

The Governing Board held on Tuesday, April 26, 2022 at 8:02 a.m. a Special 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 Leano called the meeting to order at 8:02 a.m.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
Robin Carder, City of La Verne, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
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 Duff, Interim Executive Director
Mica Olmos, JPA Administrator/Clerk

PUBLIC COMMENT

There was no public comment.

CLOSED SESSION

At 8:05 a.m., the Governing Board recessed to a Closed Session Pursuant to Government Code § 54957, Public Employment, Executive Director.

RECONVENE TO OPEN SESSION

At 3:55 p.m., the Governing Board reconvened in open session.

Chair Leano announced there was no reportable action.

ADJOURNMENT

At 3:57 p.m., on consensus of the Governing Board its Special Meeting of April 26, 2022 was adjourned. The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on Wednesday, May 18, 2022 at 5:00 p.m. via teleconference pursuant to Government Code §54953.

Micaela P. Olmos, JPA Administrator/Clerk

DRAFT



MINUTES

SPECIAL MEETING OF THE GOVERNING BOARD MAY 3, 2022 – 9:00 A.M.

The Governing Board held on Tuesday, May 3, 2022 at 9:15 a.m. a Special Meeting in the Citrus Room at Claremont City Hall located at 207 Harvard Avenue, Claremont, California.

CALL TO ORDER Chair Leano called the meeting to order at 9:15 a.m.

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

GOVERNING BOARD

PRESENT: Jed Leano, City of Claremont, Chair
Robin Carder, City of La Verne, Vice-Chair
Carolyn Cockrell, City of La Verne, Board Member
Paula Lantz, City of Pomona, Board Member
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 Duff, Interim Executive Director
Mica Olmos, JPA Administrator/Clerk

PUBLIC COMMENT

There was no public comment.

CLOSED SESSION

At 9:17 a.m., the Governing Board recessed to a Closed Session Pursuant to Government Code § 54957, Public Employment, Executive Director.

RECONVENE TO OPEN SESSION

At 1:28 p.m., the Governing Board reconvened in open session.

Chair Leano reported that the Governing Board directed Interim Executive Director to prepare a Conditional Offer of Employment, and authorize him to negotiate an employment contract for the Executive Director position.

ADJOURNMENT

At 1:30 p.m., on consensus of the Governing Board its Special Meeting of May 3, 2022 was adjourned. The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on Wednesday, May 18, 2022 at 5:00 p.m. via teleconference pursuant to Government Code §54953.

Micaela P. Olmos, JPA Administrator/Clerk

DRAFT



Tri-City Mental Health Authority
AGENDA REPORT

DATE: May 18, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Jesse H. Duff, Interim Executive Director

BY: Ken Riomales, Chief Information Officer

SUBJECT: Approval for the e-RECYCLING of Obsolete or Damaged I.T. Equipment

Summary:

I.T. is seeking approval from the Government Board to authorize the e-Recycling of decommissioned Tri-City I.T. hardware. Please reference the attached document for a list of devices in question.

Background:

The list is comprised of end of life hardware, damaged or unusable devices, as well as items that are no longer supported by their respective manufacturers. The recycling of these devices is needed to create more storage space for current I.T. inventory.

NOTE: All PC's e-recycling follow proper security protocol, with I.T. pulling the hard drives from the units and contacting the Tri-City partner, Iron Mountain for proper disposal of sensitive data.

Fiscal Impact:

No fiscal impact for this request.

Recommendation:

Staff recommends that the Governing Board authorize the Executive Director to approve the e-Recycling of the devices listed on the attached spreadsheet.

Attachments:

Attachment 6-A: I.T. Equipment List for Disposal – May 2022.xlsx

I.T. Equipment List for Disposal

May 2022

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
1	Royalty	02263	5CG54768Z5	HP	Elitebook 840 G2	LAPTOP	N	BROKEN	Y		6	Bad Battery
2	Royalty	02876	CNU350DQQ5	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		9	Obsolete, Replaced
3	Royalty	01750	5CG538668G	HP	Zbook 14 G2	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
4	Royalty	02878	CNU350DKWH	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		9	Obsolete, Replaced
5	Royalty	02158	CNU432CFCX	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
6	Royalty	03011	CNU419BLS4	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
7	Royalty	03143	5CG5103HWH	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
8	Royalty	01352	CNU43490NW	HP	EliteBook Folio 9470m	LAPTOP	N	BROKEN	Y		8	Bad Battery, Bad wifi adapter
9	Royalty	02266	5CG61321XQ	HP	Elitebook 840 G2	LAPTOP	N	Obsolete, Replaced	Y		6	Obsolete, Replaced
10	Royalty	02107	5CG7153YMK	HP	EliteBook 840 G3	LAPTOP	N	Obsolete, Replaced	Y		5	Obsolete, Replaced
11	Royalty	01315	CNU4169NRX	HP	EliteBook Folio 9470m	LAPTOP	N	BROKEN	Y		8	Bad Battery
12	Royalty	N/A	CNU435BBY5	HP	Elitebook 840 G2	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
13	Royalty	01286	CNU411CF22	HP	EliteBook Folio 9470m	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
14	Royalty	02958	CNU350DPYZ	HP	EliteBook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
15	Royalty	01389	CNU434B4J7	HP	Zbook 14 G2	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
16	Royalty	02070	5CG6425BN8	HP	EliteBook 840 G3	LAPTOP	N	Obsolete, Replaced	Y		6	Obsolete, Replaced
17	Royalty	01457	CNU21630BR	HP	Elitebook 8460w	LAPTOP	N	Obsolete, Replaced	Y		10	Obsolete, Replaced
18	Royalty	01456	CNU21630X1	HP	Elitebook 8460w	LAPTOP	N	Obsolete, Replaced	Y		10	Obsolete, Replaced
19	Royalty	02916	5CG5210VNC	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
20	Royalty	02959	CNU350DMXQ	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
21	Royalty	02253	5CG5050ZV5	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
22	Royalty	02337	CNU405B3CG	HP	Elitebook 840 G1	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
23	Royalty	01397	CND514430R	HP	ProBook 430 G2	LAPTOP	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
24	Royalty	02380	5CG9255G9G	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad motherboard, Bad Power Supply Uni
25	Royalty	02346	5CG9255G8T	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad Power Supply Unit
26	Royalty	02390	5CG9255WBN	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad motherboard, Bad Power Supply Uni
27	Royalty	02257	5CG85281B7	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad keyboard
28	Royalty	02460	5CG94910C2	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken webcam
29	Royalty	02541	5CG9254PR6	HP	Elitebook x360 830 G6	LAPTOP	N	Obsolete, Replaced	Y		3	Not compatible with docking stations
30	Royalty	02859	5CG0360357	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken chassis
31	Royalty	01931	5CG01771FC	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad keyboard
32	Royalty	02723	5CG9255GTC	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad keyboard
33	Royalty	02371	5CG92558VC	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad motherboard
34	Royalty	02421	5CG92555JC	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad battery
35	Royalty	02553	5CG0225GGP	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken webcam
36	Royalty	02373	5CG9255H85	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken chassis
37	Royalty	01930	5CG0177127	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken screen
38	Royalty	01918	5CG9203JTF	HP	Elitebook 840 G6	LAPTOP	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
39	Royalty	02356	5CG9255XX4	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Bad speakers
40	Royalty	02469	5CG9255JVS	HP	Elitebook 840 G6	LAPTOP	N	BROKEN	Y		3	Broken screen
41	Royalty	01156	CNU411CDD6	HP	EliteBook Folio 9470m	LAPTOP	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
42	Royalty	01337	MXL4130B79	HP	EliteDesk 800 G1 SFF	COMPUTER	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
43	Royalty	01336	MXL4130B9G	HP	EliteDesk 800 G1 SFF	COMPUTER	N	Obsolete, Replaced	Y		8	Obsolete, Replaced
44	Royalty	02284	MXL9261YHW	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
45	Royalty	02286	MXL9261YK7	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
46	Royalty	02285	MXL9322MH2	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
47	Royalty	02287	MXL9322MHC	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
48	Royalty	02485	MXL94330L6	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
49	Royalty	02491	MXL94330M0	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
50	Royalty	03058	2UA7233522	HP	EliteDesk 800 G3 SFF	COMPUTER	N	Obsolete, Replaced	Y		5	Obsolete, Replaced
51	Royalty	03077	MXL9153XP7	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
52	Royalty	03078	MXL9153G85	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
53	Royalty	02003	MXL94330JK	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
54	Royalty	02005	MXL94330JQ	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
55	Royalty	01723	MXL3160SX0	HP	Compaq Elite 8300 AIO	COMPUTER	N	Obsolete, Replaced	Y		9	Obsolete, Replaced
56	Royalty	00627	0004F23335A1	POLYCOM	IP560	PBX PHONE	N	Obsolete, Replaced	Y		10	Obsolete, Replaced
57	Royalty	00470	RH5095000019	VIEWSONIC	VA2223WWM	MONITOR	N	Obsolete, Replaced	Y		12	Obsolete, Replaced
58	Royalty	00810	CNC119PKH0	HP	S1933	MONITOR	N	Obsolete, Replaced	Y		11	Obsolete, Replaced
59	Royalty	01435	CNC119PKH2	HP	S1933	MONITOR	N	Obsolete, Replaced	Y		11	Obsolete, Replaced

I.T. Equipment List for Disposal

May 2022

	Location	AssetTag	Serial Number	Brand	Model	Description	Functional	Notes	Dispose	Donate	Age(yrs)	Explanation
60	Royalty	00906	CNT021DG28	HP	LE2001w	MONITOR	N	Obsolete, Replaced	Y		12	Obsolete, Replaced
61	Royalty	00850	RH5103301964	VIEWSONIC	VA2223WWM	MONITOR	N	Obsolete, Replaced	Y		12	Obsolete, Replaced
62	Royalty	00902	CNT021DG1X	HP	LE2001w	MONITOR	N	Obsolete, Replaced	Y		12	Obsolete, Replaced
63	Royalty	00626	CNT021DG1V	HP	LE2001w	MONITOR	N	Obsolete, Replaced	Y		12	Obsolete, Replaced
64	Royalty	01265	6CM442353W	HP	Elitedisplay S240ml	MONITOR	N	Obsolete, Replaced	Y		7	Obsolete, Replaced
65	Garey	01561	MXL2350B3S	HP	Compaq 4000 Pro SFF	COMPUTER	N	Obsolete, Replaced	Y		10	Obsolete, Replaced
66	Garey	02540	MXL94330L1	HP	EliteDesk 800 G4 SFF	COMPUTER	N	Obsolete, Replaced	Y		3	Obsolete, Replaced
67	Garey	01132	0004F2B46D43	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		6	Will not provision
68	Garey	01190	0004F2B4A1BB	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		6	Will not provision
69	Garey	00354	7669079112	VIEWSONIC	PJ550	VIDEO DEVICE	N	Obsolete, Replaced	Y		10	Obsolete, Replaced
70	Garey	02825	UMAY443035	EPSON	WF-2630	PRINTER	N	BROKEN	Y		7	Scanner no longer scans
71	Royalty	01029	Z1J141901062	ZEBRA	Zebra ZXP Series 1	PRINTER	N	Obsolete, Replaced	Y		9	Obsolete, Replaced
72	Royalty	03376	ADGF01622	CANON	IP8720	PRINTER	N	Obsolete, Replaced	Y		9	Obsolete, Replaced
73	Royalty	00623	CNU120W53C	HP	Advanced Docking Station	NOTEBOOK COMPONENT	N	BROKEN	Y		10	Broken Latch
74	Royalty	01193	0004F2B47F67	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		10	Broken LCD
75	Royalty	01495	0004F2AC01BA	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		10	Will not provision
76	Royalty	01187	0004F2B4A228	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		10	Will not provision
77	Royalty	01168	0004F2AA31E1	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		10	Will not provision
78	Royalty	00702	0004F2A90701	POLYCOM	IP331	PBX PHONE	N	BROKEN	Y		10	Will not provision
79	Royalty	01192	AA0A132219021	POLYCOM	SOUNDSTATION 2W	PBX PHONE	N	BROKEN	Y		10	Will not provision
		Total for Destruction	79		Total for Donation		79	Average Age of Devices (yrs)				
		Network Device	0		Network Device			6.6				
		PBX Phone	9		PBX Phone							
		Printer	3		Printer							
		Notebook PC/LAPTOP	41		Notebook PC/LAPTOP							
		Computer	16		Computer							
		Monitor	8		Monitor							
		Video Device	1		Video Device							
		Signature Pad	0		Signature Pad							
		Audio Device	0		Audio Device							
		Standing Desk	0		Standing Desk							
		Notebook Component	1		Notebook Component							



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

DATE: May 18, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Jesse Duff, LMFT, Interim Executive Director

BY: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Consideration of Resolution No. 654 Authorizing the Interim Executive Director to Execute the First Amendment to the Auditing Services Agreement with Eide Bailly for Fiscal Years Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively

Summary:

At its April 20, 2022 meeting, the Governing Board authorized extending the Agreement with Eide Bailly (formerly Vavrinek, Trine & Day, & Co., LLP) for Auditing Services for Fiscal Years Ending June 30, 2022, and 2023, with a cost increase of 8% under the same existing terms and conditions. Staff has prepared the First Amendment to the Agreement and is recommending that the Governing Board authorize the Interim Executive Director to execute said contract Amendment.

Background:

In accordance with the provision of California Government Code §6505(b), Tri-City is required to have an annual independent financial statement audit performed. Additionally, California Government Code §12410.6(b) indicates that commencing with Fiscal Year 2013-14, a local agency shall not employ a public accounting firm to provide audit services to a local agency if the lead audit partner or coordinating audit partner having primary responsibility for the audit, or the audit partner responsible for reviewing the audit, has performed audit services for that local agency for six consecutive fiscal years. For purposes of calculating the six consecutive years, the local agency shall not take into account any time that a public firm was employed by that local agency prior to the 2013-14 Fiscal Year. Although Tri-City was in compliance with the above noted code, as a matter of best practice, at its meeting of May 18, 2016 the Governing Board directed staff to engage in a competitive bid process for the selection of independent auditors in the following year (2017).

Tri-City had contracted with Vavrinek, Trine & Day, & Co., LLP (VTD) for auditing services of its Financial Statements since 2004. In 2017, a competitive bid process for the selection of independent auditors was completed; and at its June 21, 2017 Meeting, the Governing Board adopted Resolution No. 437 approving and awarding a five-year contract to VTD for auditing services.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 654 Authorizing the Interim Executive Director to Execute
the First Amendment to the Auditing Services Agreement with Eide Bailly for Fiscal Years
Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively
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In 2019, VTD announced that effective July 22, 2019, they had combined its practice with Eide Bailly, a national CPA firm. Eide Bailly has been in practice for over 100 year and has over 40 offices across 14 states and employs over 2,500 staff members specializing in various industries including government and health care. The firm employs a much larger pool of professionals and because of the merger; Tri-City has and would continue to receive services from a new firm and under new quality assurance practices.

At the Governing Board Meeting of April 20, 2022, staff sought the Governing Board's authorization to postpone going to market during this time of significant and critical staff-shortages; and the Board authorized extending the Agreement with Eide Bailly for Fiscal Years Ending June 30, 2022, and 2023, with a cost increase of 8% under the same existing terms and conditions. Accordingly, staff has prepared a draft of the First Amendment to the auditing services Agreement and it is being presented for the Governing Board's approval.

Fiscal Impact:

The cost for the auditing services will be \$36,428 for Fiscal Year 2022 and \$36,428 for Fiscal Year 2023 and will be funded from a combination of 1991 Realignment and MHSA Funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 654 authorizing the Interim Executive Director to execute the First Amendment to the Agreement with Eide Bailly for Audit Services for Fiscal Years Ending June 30, 2022 and 2023, in the amount of \$36,428 per year, respectively.

Attachments:

Attachment 7-A: Resolution No. 654 – DRAFT

Attachment 7-B: First Amendment to Agreement with Eide Bailly, LLP - DRAFT

RESOLUTION NO. 654

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE FIRST AMENDMENT TO THE PROFESSIONAL AGREEMENT WITH EIDE BAILLY, LLP FOR AUDITING SERVICES FOR FISCAL YEARS ENDING JUNE 30, 2022, AND 2023, FOR \$36,428 PER YEAR, RESPECTIVELY

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”) desires to amend the Agreement with Eide Bailly, LLP (formerly VTD) to extend auditing services for Fiscal Years ending June 30, 2022, and 2023. The cost to continue to provide these services will increase 8%; however, the same terms and conditions will remain.

B. At its June 21, 2017 meeting, the Governing Board adopted Resolution No. 437 authorizing and awarding a five-year contract to Vavrinek, Trine, Day & Co., LLP (VTD) for auditing services. In July 22, 2019, VTD combined its practice with Eide Bailly, LLP, a national CPA firm.

2. Action

The Governing Board approves the First Amendment to the Agreement with Eide Bailly for Auditing Services for Fiscal Years Ending June 30, 2022, and 2023, for \$36,428 per year, respectively; and authorizes the Executive Director to sign the Amendment.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 18, 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: _____



FIRST AMENDMENT

TO

INDEPENDENT CONTRACTOR AGREEMENT

BETWEEN

TRI-CITY MENTAL HEALTH AUTHORITY

AND

EIDE BAILLY LLP

DATED

JUNE 21, 2017

ATTACHMENT 7-B

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DRAFT

FIRST AMENDMENT
AGREEMENT
BY AND BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY
AND EIDE BAILLY LLC
FOR PROFESSIONAL AUDITING SERVICES

1. PARTIES AND DATE

This First Amendment (“First Amendment”) is made and entered into as of May 18, 2022 (“First Amendment Date”), by and between Tri-City Mental Health Authority, a California joint powers authority (“TCMHA”) and Eide Bailly LLC, Formerly Vavrinek, Trine, Day & Co., LLP, (the “Contractor”). TCMHA and Contractor are sometimes individually referred to as a “Party” and collectively as “Parties.”

2. RECITALS

2.1. TCMHA and Contractor entered into an independent contractor Agreement effective June 21, 2017, (“Agreement”) for professional auditing services for Fiscal Years ending June 30, 2017, 2018, 2019, 2020 and 2021.

2.2. The Parties desire to amend the Agreement by extending it for two additional years to audit Fiscal Years Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively.

2.3. In consideration of these Recitals and the performance by the Parties of the promises, covenants, and conditions herein contained, the Parties agree as provided in this First Amendment.

3. AMENDMENT

Article 7 (Term) and Article 10 (Compensation) are amended to read as follows:

“7. TERM.

The services and/or materials furnished under this Agreement shall commence June 22, 2017, and shall be and remain in full force and effect until amended or terminated with the completion of audit services for Fiscal Year ending June 30, 2023, unless terminated in accordance with the provisions of Section 8 below.

10. COMPENSATION. For the full performance of this Agreement:

a. TCMHA shall pay Contractor an additional amount \$36,428 per year, and professional hourly rates, as proposed in Exhibit 1; all other services remain the same as stated in Contractor Proposal, incorporated herein as ‘Exhibit C’, within thirty (30) days following receipt of invoice and completion/delivery of services/goods as detailed in Sections 3 of this Agreement and only upon satisfactory delivery/completion of goods/services in a manner consistent with professional/industry standards for the area in which Contractor operates. Tri-City is not responsible for paying for any work done by Contractor or any subcontractor above and beyond the not to exceed amount.

b. Contractor is responsible for monitoring its own forces/employees/agents/subcontractors to ensure delivery of goods/services within the terms of this Agreement. Tri-City will not accept or compensate Contractor for incomplete goods/services.

c. Contractor acknowledges and agrees that, as an independent contractor, the Contractor will be responsible for paying all required state and federal income taxes, social security contributions, and other mandatory taxes and contributions. Tri-City shall neither withhold any amounts from the Compensation for such taxes, nor pay such taxes on Contractor's behalf, nor reimburse for any of Contractor's costs or expenses to deliver any services/goods including, without limitation, all fees, fines, licenses, bonds, or taxes required of or imposed upon Contractor. Tri-City shall not be responsible for any interest or late charges on any payments from Tri-City to Contractor.”

4. REAFFIRMATION OF OTHER TERMS

Except as modified or changed herein, all of the terms and provisions of the Agreement shall remain in full force and effect.

5. EXECUTION

The Parties have executed this Agreement as of the First Amendment Date.

TRI-CITY MENTAL HEALTH AUTHORITY

EIDE BAILLY LLC

By: _____
Jesse H. Duff, Interim Executive Director

By: _____

Attest:

By: _____
Micaela P. Olmos, JPA Administrator/Clerk

Approved as to Form and Content:
DAROLD D. PIEPER, ATTORNEY AT LAW

By: _____
Darold D. Pieper, General Counsel



April 15, 2022

Trevor Bogle
 Tri-City Mental Health Authority
 Claremont, California

Dear Mr. Bogle,

We appreciate the opportunity to continue to serve the Tri-City Mental Health Authority (Tri-City) as the independent auditors.

At the request of Tri-City, we have prepared a fee quotation for auditing services for the fiscal years ending June 30, 2022 and June 30, 2023. Our scope of work, which is further delineated in Exhibit A of our current agreement includes the audit/engagement of the financial statements.

Our proposed fees for the 2022 and 2023 fiscal years are documented below, which reflect an 8% increase from the 2016-2021 contract amount.

Schedule of Professional Fees and Expenses		
Description of Services	2021-2022	2022-2023
Audit of Tri-City Financial Statements	\$ 36,428	\$ 36,428

Quoted Hourly Rates of the Firm's Professionals		
Description of Services	2021-2022	2022-2023
Partner	\$ 240	\$ 240
Senior Manager/Manager	200	200
Senior Associate	145	145
Associate	115	115
Paraprofessional	70	70

We feel that Eide Bailly LLP is the best selection for the City. As one of the leading firms in governmental auditing in California, we have invested significant time and resources to proactively address changes affecting governmental entities and provide efficient and timely audits.

We value serving as Tri-City's independent auditors. Should you have any questions, please feel free to call me at 909.466.4410.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil White", written in a cursive style.

Phil White, CPA
Partner



Tri-City Mental Health Authority
AGENDA REPORT

DATE: May 18, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Jesse Duff, Interim Executive Director

BY: Mica Olmos, JPA Administrator/Clerk

SUBJECT: Consideration of Resolution No. 655 Authorizing Employment Agreement with Rimmi Hundal for Executive Director Position with an Annual Base Salary of \$243,895.69 Effective May 30, 2022

Summary:

The Governing Board desires to hire Ms. Rimmi Hundal to serve as the Executive Director of Tri-City Mental Health Authority (TCMHA) effective May 30, 2022. TCMHA has employed Ms. Hundal as its Director of MHSA and Ethnic Services since August 2008.

Background:

On October 29, 2021, TCMHA's former Executive Director Toni Navarro informed the Governing Board that she accepted a position as the Director of Behavioral Wellness for Santa Barbara County and was resigning her position effective December 10, 2021. In order to maintain continuity of operations, the Governing Board appointed Mr. Jesse H. Duff as the Interim Executive Director, and immediately began a national recruitment for TCMHA's next permanent Executive Director.

At its Meeting of November 17, 2021, the Governing Board formed an AdHoc Committee made up of Board Members Jed Leano, Carolyn Cockrell, and Paula Lantz to evaluate recruiting firms and make a recommendation to the Board, with the assistance of Mr. Duff and TCMHA staff. At its meeting of December 15, 2021, the Governing Board authorized the Interim Executive Director to enter into a contract with Wendi Brown Creative Partners, LLP for Executive Director Recruitment services. The Executive Director Recruitment began on March 24, 2022 and concluded with the final applicant interviews on May 3, 2022.

Thereafter, Ms. Hundal was offered the TCMHA Executive Director position and she is willing to assume said position and perform such functions and duties on a full-time basis, under the terms and conditions as set forth in the proposed employment contract attached herein as *Attachment 9-A*, and in compliance with all applicable local, state and federal laws and regulations, to the sole satisfaction of the Governing Board.

Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 655 Authorizing Employment Agreement with Rimmi
Hundal for Executive Director Position with an Annual Base Salary of \$243,895.69
Effective May 30, 2022
May 18, 2022
Page 2

Fiscal Impact:

A combination of MHSA and Realignment funds will be used to pay Ms. Hundal an annual base salary of \$243,895.69, payable in equal installments at the same time and in the same manner that other TCMHA employees are paid.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 655 authorizing the Employment Agreement with Rimmi Hundal for Executive Director position with a base salary of \$243,895.69 beginning May 30, 2022.

Attachments:

Attachment 8-A: Resolution No. 655 – DRAFT

Attachment 8-B: Employment Agreement with Rimmi Hundal -DRAFT

RESOLUTION NO. 655

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING AN EMPLOYMENT AGREEMENT FOR EXECUTIVE DIRECTOR POSITION WITH RIMMI HUNDAL

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”) desires to hire Ms. Rimmi Hundal to serve as the Executive Director of TCMHA effective May 30, 2022, to perform such functions and duties on a full-time basis, under the terms and conditions as set forth in the Employment Agreement for Executive Director, and in compliance with all applicable local, state and federal laws and regulations, to the sole satisfaction of the Governing Board.

B. Former Executive Director Antonette (“Toni”) Navarro resigned as of December 10, 2021; and on November 17, 2021, TCMHA initiated actions for the search of a permanent replacement for its Executive Director position, which concluded on May 3, 2022.

C. Ms. Rimmi Hundal has the skills necessary to perform the role of Executive Director. TCMHA has employed Ms. Hundal as its Director of MHSA and Ethnic Services since August 2008.

D. The Authority will use a combination of MHSA and Realignment funds to pay Ms. Hundal an annual base salary of \$243,895.69, payable in equal installments at the same time and in the same manner that other TCMHA employees are paid.

2. Action

A. The Governing Board hereby approves the Employment Agreement with Rimmi Hundal for Executive Director Position with an annual base salary of \$243,895.69 effective May 30, 2022.

[Continued on page 2]

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 18, 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: _____

DRAFT



Employment Agreement

with

RIMMI HUNDAL

dated

May 18, 2022

ATTACHMENT 8-B

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Employment Agreement with RIMMI HUNDAL

1. Parties and Date

This Employment Agreement (hereinafter “Agreement” or “Contract”) is made and entered into as of May 18, 2022 (“Agreement Date”), by and between **Tri-City Mental Health Center**, a joint powers agency organized under the laws of the State of California (“Tri-City”) and **Rimmi Hundal** (“Hundal”). Tri-City and Hundal are sometimes individually referred to as a “Party” and collectively as “Parties.”

2. Recitals

2.1. Tri-City Mental Health Center is a public agency formed pursuant to a Joint Exercise of Powers Agreement.

2.2. Tri-City has heretofore employed Ms. Hundal as its Director of MHSA and Ethnic Services.

2.3. Tri-City now desires to hire Ms. Hundal to serve as the Executive Director of Tri-City.

2.4. Ms. Hundal is willing to assume the position of Executive Director of Tri-City under the terms and conditions of this contract.

2.5. In consideration of these Recitals and the performance by the Parties of the promises, covenants, and conditions herein contained, the Parties agree as provided in this Agreement.

3. Employment

3.1. Tri-City hereby offers and Hundal hereby accepts the position of Executive Director of Tri-City, to perform the functions and duties as currently set forth in the classification specifications set forth in Exhibit A. The provisions of Tri-City’s Personnel Handbook shall also govern Hundal except as otherwise provided in this Agreement and only insofar as those provisions can reasonably be interpreted to apply to the position of Executive Director.

3.2. Hundal shall perform such functions and duties on a full-time basis, to the best of Hundal’s ability, in an efficient and competent manner consistent with the standards of the profession and the terms of this Agreement and in compliance with all applicable local, state and federal laws and regulations, to the sole satisfaction of the Governing Board.

3.3. Hundal is an exempt employee but shall engage in those hours of work that are necessary to fulfill the obligations of Hundal’s position. Hundal does not have set hours of work as Hundal is expected to be available at all times.

3.4. Hundal must devote substantial time to the business of Tri-City outside of Tri-City's customary office hours, and to that end Hundal's schedule of work each day and week shall vary in accordance with the work required to be performed. Hundal shall spend sufficient hours on site to perform the Hundal's duties; however, Hundal has discretion over Hundal's work schedule and work location.

3.5. Except for the purpose of inquiry, the Governing Board and its members shall deal with all subordinate Tri-City employees, officers, contractors, and consultants solely through Hundal or Hundal's designee, and neither the Governing Board nor any member thereof shall give orders to any subordinate of Hundal, either publicly or privately. Neither the Governing Board nor any of its members shall interfere with the execution of the powers and duties of Hundal, and Hundal shall take orders and instructions from the Governing Board only when it is sitting as a body in a lawfully held meeting.

3.6. Hundal shall devote all of Hundal's time, energy and efforts to the Tri-City, and shall accept no outside employment except with the prior approval of the Governing Board.

4. Compensation

4.1. Base Salary

In consideration of the Services set out here, commencing on the Effective Date, Tri-City shall pay Hundal an annual base salary of \$243,895.69, payable in equal installments at the same time and in the same manner that other Tri-City employees are paid. Hundal shall also receive any cost-of-living increases provided to all employees.

4.2. Annual Evaluation, Merit Increase or Performance Bonus

4.2.1. The Governing Board shall review and evaluate Hundal's performance and compensation annually. The review and evaluation generally shall be conducted based upon criteria jointly developed by Hundal and the Governing Board and shall be private and confidential to the extent allowed by law. In addition to the annual evaluation, the Governing Board may evaluate the Hundal at any time for any reason.

4.2.2. Manager shall also be eligible for a merit increase and/or performance bonus in an amount, and at such time or times, if any, as determined in the sole discretion of the Governing Board. Any performance bonus earned under this section shall be included as compensation earnable by Hundal in reporting to the California Public Employees Retirement System (PERS) for annual pension credit, but only to the extent, if any, that PERS will consider it to be earnable compensation.

5. Other Benefits

5.1. Hundal shall receive all benefits provided for employees in the executive management service as set forth in Resolution No. 466, attached as Exhibit B, as it may be amended from time to time by Tri-City. The provisions of section 4.2 above shall supersede the provisions of section 2.24.3 of Exhibit B, however.

5.2. Bonds. Tri-City shall pay for the cost of any fidelity or other bonds required by law for Hundal for any Tri-City-related position held by Hundal.

6. Term

6.1. This Agreement shall become effective on May 30, 2022 (“Effective Date”). No probationary period is applicable to Hundal.

6.2. The term of this Agreement shall commence on the Effective Date and terminate on May 31, 2024 (the initial “Termination Date”), unless sooner terminated as provided for in this Agreement. This Agreement shall automatically renew as provided below unless Tri-City gives Hundal timely notice of non-renewal. Tri-City must give Hundal written notice of non-renewal at least 12 calendar months prior to the initial Termination Date or any succeeding Termination Date. Unless such notice of non-renewal is timely given, this Agreement shall automatically renew for an additional one-year Term, and a new Termination Date shall be accordingly established.

6.3. Hundal shall give the Executive Board written notice of this renewal provision at least 18 but not more than 24 calendar months prior to any Termination Date, and in the event that notice is not timely given, Tri-City’s obligation to provide notice of non-renewal shall be tolled on a day-for-day basis until such notice is given by Hundal.

7. Termination and Entitlement to Severance Pay

7.1. Termination at Will.

Notwithstanding Section 6.3 above, Hundal is a statutory at-will employee who serves at the pleasure of the Governing Board. The Governing Board may terminate Hundal’s employment at any time during the term of this Agreement, with or without cause. Such termination shall be effective immediately upon notice of that termination. In the event of termination, Hundal’s right to receive severance pay shall be governed by Exhibit B except that the maximum amount of severance authorized in section 2.23.3 shall be nine months instead of six months.

7.2. Statutory Mandates

7.2.1 This Agreement is subject to the provisions of Article 2.6 of the California Government Code relating to abuse of office, and those provisions are incorporated herein. In the event of any conflict between the provisions of Article 2.6 and other provisions of this Agreement, the provisions of Article 2.6 shall control.

7.2.2 All payments required under Section 7.3 are subject to and shall be interpreted to comply with the limitations set forth in Government Code Section 53260.

8. Indemnification

8.1. By Tri-City

Tri-City shall defend, hold harmless and indemnify Hundal against any tort, professional liability, claim, or demand, or other legal action arising out an alleged act or omission occurring in the performance of Hundal’s services under this Agreement. This section shall not apply to any intentional tort or crime committed by Hundal, to any actions outside the course and scope of the services provided by Hundal under this Agreement, or to any other intentional or malicious or gross negligence of Hundal.

8.2. By Hundal

Hundal shall defend, hold harmless and indemnify Tri-City against any claim, demand, penalty or other legal action arising out an alleged act or omission occurring in the performance of Hundal's services under this Agreement and which is related to social security taxes, income tax withholding, unemployment insurance, disability insurance, Public Employee Retirement System contributions or benefits, or workers' compensation insurance.

9. Representatives and Notice

9.1. Tri-City's Representative

Tri-City hereby designates its Chair or the Chair's designee, to act as its representative for the performance of this Agreement ("Tri-City's Representative"). Tri-City's Representative shall have the power to act on behalf of Tri-City for all purposes under this Contract.

9.2. Delivery of Notices

All notices permitted or required under this Agreement shall be given to the respective parties at the following address, or at such other address as the respective parties may provide in writing for this purpose:

Hundal:	Rimmi Hundal At the then-current home address shown in Tri-City's personnel files
Tri-City:	Governing Board Chair Tri-City Mental Health Center 1717 North Indian Hill Boulevard, Suite B Claremont, CA 91711-2788

with a copy to:

Chief Financial Officer
Tri-City Mental Health Center
1717 North Indian Hill Boulevard, Suite B
Claremont, CA 91711-2788

Any notices required by this Agreement shall be deemed received on (a) the day of delivery if delivered by hand (including overnight courier service) during receiving Party's regular business hours; (b) the day of delivery if delivered by email or facsimile before or during receiving Party's regular business hours; or (c) on the second business day following deposit in the United States mail, postage prepaid, to the addresses set forth below, or to such other addresses as the Parties may, from time to time, designate in writing pursuant to the provisions of this Section 9.2. Actual notice shall be deemed adequate notice on the date actual notice occurred, regardless of the method of service.

[Continued on page 5.]

10. General Provisions

10.1. Governing Law

California law shall govern this Agreement and venue shall be in Los Angeles County.

10.2. Amendment; Modification

No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties.

10.3. Waiver

No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a Party shall give the other Party any contractual rights by custom, estoppel, or otherwise. In no event shall the making by Tri-City of any payment to Hundal constitute or be construed as a waiver by Tri-City of any breach of covenant, or any default which may then exist on the part of Hundal, and the making of any such payment by Tri-City shall in no way impair or prejudice any right or remedy available to Tri-City with regard to such breach or default.

10.4. No Third Party Beneficiaries

There are no intended third party beneficiaries of any right or obligation assumed by the Parties.

10.5. Counterparts

This Agreement may be signed in counterparts, each of which shall constitute an original.

10.6. Exhibits; Precedence

All documents referenced as exhibits in this Agreement are hereby incorporated in this Agreement.

[Continued on page 6]

10.7. Entire Agreement

This Agreement contains the entire Agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. This Agreement may not be amended, nor any provision or breach hereof waived, except in a writing signed by the parties which expressly refers to this Agreement.

11. Execution

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Agreement Date.

TRI-CITY MENTAL HEALTH CENTER

RIMMI HUNDAL

By: _____
Robin Carder, Chair, Governing Board

By: _____
Rimmi Hundal

Attest:

By: _____
Micaela P. Olmos, Executive Assistant

Approved as to Form:
DAROLD D. PIEPER, ATTORNEY AT LAW

By: _____
Darold Pieper
General Counsel

EXHIBIT A

Tri~City Mental Health Center

EXECUTIVE DIRECTOR

Classification specifications are only intended to present a descriptive summary of the range of duties and responsibilities associated with specified positions. Therefore, specifications *may not include all* duties performed by individuals within a classification. In addition, specifications are intended to outline the *minimum* qualifications necessary for entry into the class and do not necessarily convey the qualifications of incumbents within the position.

FLSA STATUS: Exempt

DEFINITION:

Under the governance of the local Governing Board and the State Department of Mental Health, to plan, direct, coordinate, manage and implement comprehensive local community mental health services for Tri-City Mental Health Center's system of care and community involvement, exercising significant independent judgment and initiative. Perform other duties as required.

DISTINGUISHING CHARACTERISTICS:

The incumbent of this position receives appointment from the local Governing Board and the State Board of Mental Health; is the executive and administrative head of Tri-City Mental Health Center and the related system of care including outpatient services and services provided under the Mental Health Services Act programs. The position has full responsibility for planning, organizing, and directing the operations of all departments.

As the advisor to the Governing Board, the incumbent makes recommendations on all matters pertaining to Tri-City's system of care; assures Board orders and requests are implemented; cooperates with and acts as liaison between boards, the staff, governmental departments and agencies, the Legislature, and the public; and directs the administrative support and secretarial services to the boards.

As the Executive Officer, the incumbent has overall responsibility for the direction and supervision of all Tri-City employees and services including, but not limited to, establishing and accomplishing goals, formulating policy, ensuring accurate service to Tri-City's consumers, ensuring the best caliber staff are employed to manage Tri-City's investments and programs, directing the preparation of Tri-City's budget, ensuring the integrity of the Agency's policies and practices, and ensuring the accounting, financial and actuarial programs are sound. The Executive Director's administrative authority may be delegated to department heads and unit coordinators, in such a manner as may be required for effective organization and delivery of mental health services. Responsibilities also include direct and indirect supervision of executive management staff, department heads and other employees of the Agency.

EXAMPLES OF ESSENTIAL DUTIES: Essential duties include, but are not limited to, the following:

- Accept full responsibility for all Agency activities, programs, and services including directing the development and implementation of goals, objectives, policies and procedures; ensure that established goals and priorities are achieved.

- Direct all activities relating to various administrative management functions for the Agency including finance, human resources, information technology, HIPAA privacy and security compliance, facilities management, risk management, quality assurance, housing management and development, materials management, and other administrative support functions; preparation of the annual plan and budget for the Governing Board and the State Department of Mental Health; development, administration, and management of all contracts, grants and policies and procedures.

- Administer the budget and keep the Governing Board advised of financial conditions, program progress, and present and future needs of the Agency; make recommendations to and consult with the Governing Board on general policies and procedures, short and long-range goals and objectives and proposals for the establishment of new programs, discontinuance of existing programs, or major changes in programs or methods of service delivery.

- Assure availability of and act on the critical system information required to maintain cost-effective mental health services.

- Organize, direct, and supervise the management team to provide an effective administrative process.

- Participate in or lead interagency and community groups towards effective coordination of community mental health resources.

- Identify and interpret local mental health needs and mental health center needs to the community, the local Advisory Board, to the local Governing Board, the local Mental Health Commission, the State Department of Mental Health, and to Los Angeles County Department of Mental Health.

- Act as chief staff liaison to the local Advisory Board, to the local Governing Board, the local Mental Health Commission, the State Department of Mental Health, and to Los Angeles County Department of Mental Health.

- Direct the analysis and development of responses to proposed legislation; formulate strategies to achieve the Agency's goals; represent Agency at the federal, State, and local level in order to secure necessary fiscal and program support; address committees and other groups on subjects relating to the programs, services, and operations of the Agency, and positions taken by the boards on proposed laws and other issues.

- Actualize policies of the State Department of Mental Health, the local Advisory Board, the local Mental Health Commission and the local Governing Board.

- Develop and administer established administration policies and procedures for the Agency in compliance with federal and State regulations including Medicaid, Medicare, Health Insurance Portability and Accountability Act (HIPAA), and the Mental Health Services Act.

- Coordinate the Agency's activities with other public and private entities.

- Select, supervise, train and evaluate staff.

QUALIFICATIONS:

A repertoire of education, training, and experience that has provided the high level of knowledge, skills, and abilities necessary for an Executive Director.

Education, Training, and Experience:

The California Mental Health Services Act establishes six categories of education, training, and experience that qualify applicants for the position. They are as follows:

1. A physician and surgeon licensed in the State of California, showing evidence of having completed three years of graduate training in psychiatry as defined in Section 623 to be supplemented by an additional period of two years of training or practice limited to the field of psychiatry, one year of which shall have been administrative experience with a governmental mental health agency; or
2. A psychologist who shall be licensed in the State of California and shall possess a doctorate degree in psychology from an institution of higher education. In addition, the psychologist shall have had at least three years of acceptable clinical psychology experience, two years of which shall be governmental health agency administrative experience; or
3. A clinical social worker who shall possess a master's degree in social work, or higher, and shall be a licensed clinical social worker under provisions of the California Business and Professions Code, and shall have had at least five years mental health experience, two years of which shall have been in governmental health agency administration; or
4. A marriage, family, and child counselor who shall possess a master's degree in an approved behavioral science course of study, and who shall be a licensed marriage, family, and child counselor and have received specific instruction, or it's equivalent, as required for licensure on January 1, 1981. In addition, the marriage, family, and child counselor shall have had at least five years of mental health experience, two years of which shall have been administrative experience.
5. A nurse who shall possess a master's degree in psychiatric or public health nursing and shall be licensed as a Registered Nurse by the Board of Registered Nursing in the State of California, and shall have had at least five years mental health experience, two of which shall have been administrative experience. Additional post-baccalaureate experience in a mental health setting may be substituted on a year-for-year basis for the educational requirements.
6. An administrator who shall have a master's degree in hospital administration, public health care administration, public administration from an accredited college or university, and who shall have at least three years experience in hospital or health care administration, two of which shall have been in the mental health field. Additional qualifying experience may be substituted for the required education on a year-to-year basis with the approval of the Department of Mental Health.

Licensure/Registration/Certification:

- Current professional license, if applicable, as stated under the section titled Education, Training, and Experience.

Knowledge of:

- Governmental mental health service delivery and mental health personnel.
- Effective budgeting and fiscal management skills.
- California rules and regulations pertaining to mental health including, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA), Federal Health Care Financing Administration, Cal-OSHA, Welfare and Institutions Code, Title 9 of the California Code of Regulations and the Mental Health Services Act.
- Principles of management and organization necessary to plan, develop, implement, coordinate and evaluate Agency programs, activities, services, and operations
- Effective personnel management practices including techniques of selecting, directing, supervising, training and evaluating a diversified multidisciplinary clinical, administrative and clerical staff through subordinate managers.
- Principles and practices of effective fiscal management and budget administration necessary to determine budget requirements, prepare and justify budget requests, and establish internal monitoring and control systems.
- Current trends in sociological and economic factors relating to planning and development.
- Current social, political, and economic trends and issues affecting public agencies.
- Data processing systems/applications.

Skill to:

- Actualize a coordinated mental health delivery system in the local community.
- Operate a personal computer to utilize a variety of software programs.
- Coordinate the integration and participation of the cities, counties and municipalities in the provision of Tri-City's mental health system of care.
- Effective outreach skills to ensure public and stakeholder participation in program development under the Mental Health Services Act.

Ability to:

- Serve effectively as the chief executive of the Agency and advisor to the local Governing Board.
- Exercise effective leadership and judgment in policy, personnel, and budgetary matters for the Agency which have an impact on programs and objectives, and adopt effective course of action.
- Develop, implement, and monitor policies, procedures and standards for the Agency.
- Actualize a coordinated mental health delivery system in the local community.
- Coordinate all Agency activities.
- Represent the Agency in a variety of meetings and interpret mental health services to the community at-large.
- Effectively maintain and promote mental health services.
- Prepare and present written reports and make formal presentations.
- Communicate clearly and effectively.
- Establish and maintain effective leadership and management of mental health personnel.

Special Requirements:

- Possess and maintain a current valid California Driver License, a satisfactory driving record, and a properly registered and insured vehicle.
- Receive satisfactory results from a background investigation, which includes fingerprinting; a pre-employment physical examination, which includes a drug/alcohol test; and an administrative review.

ESSENTIAL JOB FUNCTIONS:

The position requires prolonged sitting, reaching, twisting, turning, bending, stooping, lifting, and carrying paper and documents weighing up to 15 pounds in the performance of daily activities; grasping, repetitive hand movement and fine coordination in preparing reports using a computer keyboard; near and far vision in observing work performed, reading correspondence, reports, statistical data, and using a computer; and communicating with others, both on the phone and in person.

EXHIBIT B

RESOLUTION NO. 466

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY UPDATING THE EXECUTIVE MANAGEMENT SERVICE CLASSIFICATION BY REVISING THE JOB DESCRIPTIONS AND SCHEDULE OF SALARIES FOR MEDICAL DIRECTOR AND EXECUTIVE DIRECTOR POSITIONS; REVISING THE BENEFITS FOR MEDICAL DIRECTOR POSITION; ADDING THE TITLE OF CHIEF COMPLIANCE OFFICER POSITION; AND ADOPTING NEW SALARY RANGES FOR PAY GRADES S13 AND S14 OF THE EXEMPT PAY STRUCTURE

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 ("TCMHA"), also known as the Tri-City Mental Health Center, desires to update Resolution No. 417 to update the job descriptions and salary range for the Medical Director and Executive Director positions; to revise the benefits for the Medical Director position to reflect those benefits of the Psychiatrist Series Classification established by Resolution No. 465 (incorporated herein by reference); to include the title of the Chief Compliance Officer position, which was adopted by the Governing Board by Resolution No. 430 as part of Tri-City Executive Management service and classification; and to adopt new Salary Ranges for Pay Grades S13 and S14.

B. Resolution No. 417 is superseded by this Resolution No. 466.

C. The classifications in the executive management service of Tri-City Mental Health Center listed on *Exhibit A* are designated as Deputy Executive Director and are exempt from the competitive service as listed in Rule II, Section I, of the Personnel Rules and Regulations.

D. Individuals serving in these executive management employee classifications are "at will" employees who serve at the discretion of the appointing authority.

E. Executive management employees in these classifications are exempt under the provision of the Fair Labor Standards Act.

F. The Tri-City Governing Board has previously approved job descriptions, salary ranges and benefits for executive management employees by the adoption of Resolutions.

2. Action

2.1 SALARY RANGES

Refer to the Salary Schedule, attached hereto as Exhibit A.

2.2 SICK LEAVE

2.2.1 Accrual of Sick Leave. Executive management employees shall accrue sick leave at the rate of eighty-eight (88) hours per year.

Sick leave shall accrue on a monthly basis beginning with the first month of employment, and shall be prorated when an executive management employee begins or terminates his/her employment in the middle of a month. Sick leave is not a leave that an executive management employee may use at his/her discretion, but shall be allowed only in cases of actual sickness or disability. Up to 100 hours of unpaid sick leave may be transferred from the previous employer at the time of initial hire.

- 2.2.2** Accumulation. Sick leave may be accumulated indefinitely without limitation during the executive management employee's full-time employment with the Center.
- 2.2.3** Use for Personal Illness or Disability. Sick leave shall be used only in cases of actual illness or disability. An executive management employee who has contracted or incurred a sickness or disability which renders him/her unable to perform the duties of his/her position shall be eligible to receive paid sick leave provided that the executive management employee complies with the utilization procedures specified in sub-section 2.2.6 below.
- 2.2.4** Proof of Illness. In order to be paid for time while absent from duty on sick leave, the executive management employee must notify the Executive Director prior to the time set for the beginning of his/her regular duties. In the event that an executive management employee has applied for the sick leave use for three (3) or more consecutive scheduled work days, the Center may require a physician's certificate stating the beginning and ending dates of such leave. The Center may, however, require such certification regarding sick leave use at any time.
- 2.2.5** Use For Family Illness or Disability. An executive management employee may use accumulated sick leave when there is an illness or disability involving members of the immediate family, which requires the executive management employee's personal care and attendance. (For purposes of this section, immediate family shall be defined as spouse, domestic partner, mother, father, children, including foster care children.) Paid sick leave will be granted in such instances provided that the executive management employee complies with utilization procedures specified in sub-section 2.2.6 below.
- 2.2.6** Utilization Procedure. An executive management employee requesting paid sick leave in accordance with sub-sections 2.2.3 or 2.2.5 above, shall comply with the following:
- a. Call-in Procedure. The executive management employee shall personally make contact with the Executive Director, or designee, prior to or within thirty (30) minutes of the beginning of the work shift of his/her absence from duty. Calls to reception and/or the answering service shall not be deemed as acceptable notification.

- b. Basis for Absence. The executive management employee, or other individual providing notification to the Executive Director of the executive management employee's absence, shall provide the Executive Director with the specific reason for the absence if the absence is for illness, or disability of the executive management employee or a family member.
- c. Accessibility. An executive management employee who is granted sick leave for personal or family illness/disability shall be required to be available for telephone or personal contact from the Center during the executive management employee's assigned shift. Exceptions to this requirement shall be authorized for seeking medical treatment. If management has reasonable grounds to believe that sick leave is being abused, evidence in the form of a physician's certificate may be required upon return to duty to substantiate the reason for the executive management employee's absence.

2.2.7 Payment Upon Separation. Upon separation of employment from the Center, a terminated executive management employee shall receive payment for accumulated sick leave up to a maximum of thirty (30) days or 240 hours. In addition, an executive management employee who is separating from employment for the purpose of retirement under the California Public Employee's Retirement System (CalPERS) may request that accrued and unused sick leave be converted to CalPERS service credit in accordance with applicable state laws and regulations.

2.3 HOLIDAYS

2.3.1 Authorized Holidays. Every executive management employee shall be entitled to the following paid holidays, and/or other days as designated by action of the Governing Board.

New Year's Day (January 1)	Thanksgiving Day
Martin Luther King's Birthday	Day after Thanksgiving
President's Day (Third Monday in February)	Christmas Eve
Memorial Day (Last Monday in May)	Christmas Day
Independence Day (July 4)	2 Floating Holidays
Labor Day (First Monday in September)	

The Executive Director is empowered to determine whether the Center shall observe special days of declaration by the President or Governor as a day of public fast, thanksgiving, mourning, or holiday, as well as, determine if any other day shall be a holiday.

2.3.2 Use of Floating Holidays. A floating holiday shall be scheduled in the same manner as vacations. The executive management employee shall submit a written request in advance of the day he/she is requesting off (use form entitled "Request For Time Off"). Approval of the requested day off shall be contingent upon determination that the executive management employee's absence shall not adversely affect the operations of the Center.

A floating holiday not used during a calendar year shall be forfeited and cannot be carried over into the next calendar year.

2.3.3 Weekends. If a holiday falls on a Sunday, the following Monday shall be observed as the holiday; or, if the holiday falls on a Saturday, the Friday preceding shall be observed as the holiday. Additionally, if the holiday falls on the executive management employee's flex day, the executive management employee shall take off another working day immediately preceding or following the holiday, with the supervisor's approval, preferably within the same week but may be within the same pay period.

2.3.4 During Unpaid Leaves. Holiday pay will not be provided during a period in which an executive management employee is on unpaid leave or other absence in which regular compensation is not provided.

2.4 VACATION

2.4.1 Vacation Accrual. All executive management employees shall accrue vacation at the rate of five (5) weeks or 200 hours per year. Accrued vacation hours earned shall be limited to a maximum of two (2) years of accrual. Under no circumstances shall an executive management employee accrue vacation hours beyond the two (2) years accrual cap.

2.4.2 Schedule Vacations. An executive management employee may request his/her annual vacation leave at any time during the year, contingent upon determination by the Executive Director that such absence shall not adversely affect the Center. Each executive management employee must consider the needs of the service when requesting annual vacation leave. An executive management employee shall provide a written request in advance of the day(s) he or she is requesting vacation time off.

2.4.3 Payment Upon Separation. An executive management employee separated from Center service shall receive full compensation for accumulated vacation hours on the books at the executive management employee's then current salary rate.

2.5 EXECUTIVE LEAVE

In recognition of the fact that executive management employees are not entitled to receive overtime compensation, executive management employees shall be allowed to take executive leave of up to two weeks or 80 hours per calendar year at the discretion of the Executive Director. These days cannot be accrued or carried over, and no payoff shall occur for unused hours at termination.

2.6 BEREAVEMENT LEAVE

Bereavement leave may be granted for death involving members of the immediate family. Any accrued vacation, sick, or floating holiday pay can be used but must be approved by the Executive Director. Evidence of family relationship may be required before such bereavement leave is granted.

For purposes of this Section, immediate family member includes spouse, domestic partner, mother, father, children, including foster care or step children, brother, sister, mother-in-law, father-in-law, sister-in-law, brother-in-law, or the same relatives of a domestic partner, and grandparents.

2.7 EXECUTIVE MANAGEMENT EMPLOYEE TIME OFF FOR VOTING

California Elections Code Section 14001 requires agencies to post a notice to all employees advising them of provisions for taking paid leave for the purpose of voting in statewide elections. The notice must be posted ten (10) days before a state wide election. In general, a statewide election is defined as one in which all voters in the state have an opportunity to vote on at least one common race or issue.

Executive management employees are eligible for paid time off for the purpose of voting only if they do not have sufficient time outside of working hours to vote. The intent of the law is to provide an opportunity to vote to workers who would not be able to do so because of their jobs. Voting hours are from 7:00 a.m. to 8:00 p.m. Executive management employees can be given as much time as they need in order to vote, but only a maximum of two hours is paid.

Executive management employees must give notice to the Executive Director at least two (2) working days prior to the statewide election that they will need additional time off for voting. Executive management employees will be required to take the time off only at the beginning or end of the executive management employee's shift.

2.8 FAMILY SCHOOL PARTNERSHIP ACT/PARENTAL LEAVE

An executive management employee who is a parent, guardian, or grandparent having custody, of one or more children in kindergarten or grades 1 to 12, inclusive, or attending a licensed child day care facility, can take off up to 40 hours each year, not exceeding eight hours in any calendar month of the year, to participate in activities of the school or licensed child day care facility of any of his or her children, if the executive management employee, prior to taking the time off, gives reasonable notice to Tri-City of the planned absence. The executive management employee shall utilize existing vacation, or personal leave for purposes of the planned absence authorized by this section. An executive management employee may also utilize time off without pay for this purpose if approved by the Executive Director. The Executive Director may request the executive management employee provide documentation from the school or licensed child day care facility as proof that he or she participated in school or licensed child day care facility activities on a specific date at a particular time.

2.9 MATERNITY LEAVE/PREGNANCY DISABILITY LEAVE

The Center will allow maternity leave in accordance with the California Fair Employment and Housing Act (FEHA), if you are disabled by pregnancy, childbirth or related medical conditions. (Refer to Family Medical Leave Policy and Procedure)

2.10 FAMILY AND MEDICAL LEAVE/FAMILY RIGHTS ACT

The Center will allow family medical leave for eligible employees in compliance with the federal Family and Medical Leave Act of 1993 and the California Family Rights Act ("CFRA"). California law shall prevail unless preempted by federal law. (Refer to Family Medical Leave Policy and Procedure.)

2.11 BABY BONDING LEAVE

New-child bonding is part of CFRA and allows eligible employees to take up to 12 weeks of leave to bond with a newborn child, a newly adopted child or a child newly placed in foster care. There is no requirement that either the employee or child have a serious health condition, nor must the employee be disabled by pregnancy, childbirth or a related medical condition before taking CFRA leave for reason of birth of the child.

2.12 WITNESS LEAVE

2.12.1 Subpoena. An executive management employee who is subpoenaed to appear in court in a matter regarding an event or transaction which he or she perceived, witnessed or investigated in the course of his or her Tri-City job duties will do so without loss of compensation. The time spent will be considered work time.

2.12.2 Exception for Executive management employee-Initiated or Non-Center Related Lawsuits. An executive management employee subpoenaed to appear in court in a matter unrelated to his or her Center job duties or because of civil or administrative proceedings that he or she initiated does not receive compensation for time spent related to those proceedings. An executive management employee may request to receive time off without pay, or may use accrued vacation for time spent related to those proceedings. The time spent in these proceedings is not considered work time.

2.13 TIME OFF FOR VICTIMS OF VIOLENT CRIMES OR DOMESTIC ABUSE

2.13.1 An executive management employee who has been a victim of a violent crime or domestic violence may take time off to:

- a. Appear in court to comply with a subpoena or other court order as a witness in any judicial proceeding;
- b. Seek medical or psychological assistance; or
- c. Participate in safety planning to protect against further assaults.

2.13.2 An affected executive management employee must give Tri-City reasonable notice that he or she is required to be absent for a purpose stated above in sub-section 2.13.1. In cases of unscheduled or emergency court appearances or other emergency circumstances, the affected executive management employee must, within a reasonable time after the appearance provide Tri-City written proof that the absence was required for any of the above reasons. Leave under this section is unpaid unless the executive management employee uses vacation or accrued time off.

2.14 MILITARY LEAVE

Military leave shall be granted in accordance with provisions of the Military and Veterans Code of the State and applicable Federal law. An executive management employee entitled to military leave shall give the Executive Director an opportunity within the limits of military regulations to determine when such leave shall be taken. Prior to taking such leave, an employee shall present to the Executive Director a copy of his/her military orders specifying the dates, site and purpose of the activity or mission. The Executive Director shall advise Human Resources of such military orders immediately. Sick leave and annual vacation leave will accrue to the employee during the period he/she is on military leave in accordance with the Military and Veterans Code of the State.

This provision shall not be construed to grant any other benefits, other than those provided in the Military and Veterans Code, to employees who voluntarily join the armed services or who are called to full-time active duty in the armed services.

2.15 JURY DUTY

It shall be the general rule to excuse employees of the Center from regular responsibilities of their positions when called for jury duty for a period not exceeding 15 working days. No executive management employee shall be disciplined or separated as a result of jury duty service. An executive management employee who is summoned to serve on a jury must notify the Executive Director as soon as possible after receiving notice of both possible and actual jury service in order to receive time off for the period of actual service required on such jury.

The time spent off the job by the executive management employee while actually serving on jury duty under the supervision of the court shall be compensated on a straight time basis, limited to the executive management employee's normal workday schedule. The time spent on jury duty is not work time for purposes of calculating overtime compensation. An executive management employee excused from jury duty prior to the completion of his/her normal workday must return to work. All per diem reimbursement paid the executive management employee by the court shall be endorsed to the Center.

It shall be the duty of the executive management employee requesting compensation under this provision to present court verification of time and dates of such executive management employee's jury duty. Failure to provide court verification of jury duty attendance for each day and any reimbursement of the court per diem to the Center shall be cause for the Center not to compensate the executive management employee for jury duty.

2.16 INSURANCE

The Center will make available group insurance benefits to full-time executive management employees in accordance with resolutions adopted by the Governing Board. The Center pays a percentage of the premiums with the executive management employee paying the remaining percentage. Executive management employees who decline medical insurance plan coverage shall receive an in lieu payment per month. All declining employees must provide proof of alternative insurance coverage to be eligible for this payment.

An open enrollment period will occur each year prior to the effective date of each policy. Only during this time may the executive management employee change insurance plans. An exception occurs if the executive management employee claims a qualifying event affecting his/her family, then enrollment will be the first of the next month.

Tri-City provides term life insurance and accidental death and dismemberment policies, including short-term and long-term disability insurance. Additional voluntary (executive management employee-paid) group rate supplemental plans are available through American Fidelity. American Fidelity also provides a Medical Expense and Dependent Care Flexible Spending Account, an IRS Code Section 125 benefit plan. Benefits for new hires, and their dependents, are effective the first of the month following 30 calendar days of employment.

Pursuant to the Patient Protection and Affordable Care Act ("ACA"), the Center shall not retaliate against any executive management employee who receives health insurance premium tax credits or a subsidy in the health benefits exchange; reports potential violations of protections afforded under Title I of the ACA; testifies, assists or participates in a proceeding concerning such violation; or objects to, or refuses to participate in, any activity, policy, practice, or assigned task that the executive management employee reasonably believes to be a violation of any provision of Title I of the ACA.

2.17 LIFE INSURANCE

Tri-City shall pay the full cost of a life insurance policy for the executive management employee with a policy value equal to the executive management employee's annual salary to a maximum of \$200,000.

2.18 DISABILITY INSURANCE

Tri-City shall pay the full cost of a short-term disability, long-term disability, and cancer insurance policy for the employee.

2.19 RETIREMENT

Regular full-time executive management employees of the Center or part-time executive management employees employed over 1000 hours in a fiscal year, as a condition of employment shall become members of the California Public Employee's Retirement System (CalPERS), in accordance with the existing legislation governing retirement. The Center participates in the two percent (2%) at 62 Plan for those hired on or after January 1, 2013. Executive management employees hired prior to January 1, 2013 participate in the 2% at 55 Plan. Executive management employees contemplating retirement should contact Human Resources at least 90 days prior to their anticipated retirement date.

2.20 EXCEPTIONAL PERFORMANCE AWARD

Consistently exceptional performance may be recognized in the form of an Exceptional Performance Award. The provision of such a bonus shall be a discretionary action requiring approval of the Executive Director. An Exceptional Performance Award may be made on a one-time, lump sum basis of up to eight percent (8%) of the executive management employee's annual salary.

2.21 ASSOCIATION DUES/FEES

The Center shall pay professional association dues or fees on behalf of the executive management employee in an amount not to exceed \$1,000 per calendar year.

2.22 AUTOMOBILE ALLOWANCE

Executive management employees shall be provided with an allowance of \$500 per month.

2.23 WORKERS' COMPENSATION

All injuries sustained in the course of employment shall be reported at once to the Executive Director, who shall in turn immediately report the same to Human Resources or the Chief Operations Officer. In the event that the executive management employee is physically incapacitated in such a manner as to prevent submission of a report, the Executive Director shall complete and forward the required form to Human Resources within twenty-four (24) hours following the injury. Medical care and payments for temporary and permanent disabilities incurred in the course of employment shall be paid as prescribed by State law.

Any regular executive management employee shall continue to earn eligibility for consideration for merit salary increases during an absence resulting from an on-the-job injury providing he/she receives compensation payments under the provisions of the California Workers' Compensation Law. A probationary executive management employee shall be entitled to the same benefits as a regular executive management employee.

2.24 TERMINATION AND ENTITLEMENT TO SEVERANCE PAY

2.24.1 Termination at Will. Executive management employees are statutory at-will employees who serve at the pleasure of the Executive Director. The Executive Director may terminate any executive management employee's employment at any time without cause. Such termination shall be effective immediately upon notice of that termination. In the event of such termination without cause, Tri-City shall pay the executive management employee the severance pay set out in sub-section 2.23.3 below. No severance shall be owed if the executive management employee has not completed the annual probationary period or if the executive management employee resigns of his/her own volition, or if the executive management employee is terminated for cause.

- a. If, the Executive Director requests the resignation of the executive management employee, and then the executive management employee resigns pursuant to that request, no notice shall be required and Tri-City shall pay the executive management employee the severance pay set out in subsection 2.23.3 below.

- b. The executive management employee may resign from his employment at Tri-City at any time upon submitting thirty (30) days prior written notice to the Executive Director; provided, however, no severance of any kind shall be owed or paid by Tri-City in the event of such voluntary resignation.

2.24.2 Termination for Cause. Notwithstanding any other provisions of this Agreement, Tri-City may terminate the executive management employee's employment without notice or payment of severance under the following circumstances: (a) conviction of a felony; (b) continued abuse of non-prescription drugs or alcohol that materially affects the performance of their assigned duties; (c) or repeated and protracted unexcused neglect of their assigned duties.

2.24.3 Severance. An executive management employee entitled to severance pay under this Section, shall receive severance compensation in an amount equivalent to (1) one-month salary for every (1) one-year employed by Tri-City, up to a maximum of (6) six-month's salary, at the salary rate in effect at the time of separation.

Any executive management employee who receives severance compensation shall also sign a Compromise and Release Agreement, which, in part, precludes the executive management employee from pursuing any and all alternative legal remedies. No additional amounts are included in severance except as set forth in this Section. All severance pay shall be a lump sum payment unless otherwise agreed between the parties in writing. The executive management employee shall be responsible for any and all tax consequences of such payment.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on November 14, 2018, by the following vote:

- AYES: Board Members Rubio R. Gonzalez, Joseph M. Lyons, Elizabeth Ontiveros-Cole, and Mona Sparks Johnson; Vice-Chair Ronald T. Vera; and Chair Robin Carder.
- NOES: None.
- ABSTAIN: None.
- ABSENT: Board Member Carolyn Cockrell.


ROBIN CARDER, CHAIR

APPROVED AS TO FORM:
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:
MICAELA P. OLMOS, RECORDING SECRETARY

By: 


By: 

EXHIBIT A
SALARY SCHEDULE
EFFECTIVE NOVEMBER 14, 2018

EXECUTIVE MANAGEMENT CLASSIFICATIONS

CLASSIFICATION	FLSA EXEMPT	MINIMUM			MIDPOINT			MAXIMUM		
		HOUR	MONTH	YEAR	HOUR	MONTH	YEAR	HOUR	MONTH	YEAR
Medical Director	X	\$ 108.4212	\$ 18,793.01	\$ 225,516.13	\$ 138.2371	\$ 23,961.09	\$ 287,533.07	\$ 168.0529	\$ 29,129.17	\$ 349,550.00
Chief Financial Officer	X	\$ 60.3665	\$ 10,463.53	\$ 125,562.31	\$ 78.4765	\$ 13,602.59	\$ 163,231.11	\$ 96.5865	\$ 16,741.66	\$ 200,899.91
Chief Operations Officer	X	\$ 60.3665	\$ 10,463.53	\$ 125,562.31	\$ 78.4765	\$ 13,602.59	\$ 163,231.11	\$ 96.5865	\$ 16,741.66	\$ 200,899.91
Director of Clinical Program Services	X	\$ 60.3665	\$ 10,463.53	\$ 125,562.31	\$ 78.4765	\$ 13,602.59	\$ 163,231.11	\$ 96.5865	\$ 16,741.66	\$ 200,899.91
Director of Mental Health Services Act (MHSA) & Ethnic Services	X	\$ 52.4925	\$ 9,098.70	\$ 109,184.39	\$ 68.2402	\$ 11,828.31	\$ 141,939.71	\$ 83.9880	\$ 14,557.92	\$ 174,695.02
Chief Compliance Officer	X	\$ 52.4925	\$ 9,098.70	\$ 109,184.39	\$ 68.2402	\$ 11,828.31	\$ 141,939.71	\$ 83.9880	\$ 14,557.92	\$ 174,695.02



Tri-City Mental Health Authority
AGENDA REPORT

DATE: May 18, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Jesse Duff, Interim Executive Director

BY: Mica Olmos, JPA Administrator/Clerk

SUBJECT: Consideration of Resolution No. 656 Authorizing First Amendment to Agreement with Jesse H. Duff for Temporary, Limited Term Management Services in an Amount not to exceed \$22,144

Summary:

The Governing Board desires to continue to engage Mr. Jesse H. Duff to provide transitional management guidance to new Executive Director on a temporary, limited term basis between May 30, 2022, and July 31, 2022.

Background:

Mr. Duff has been serving as the Interim Executive Director of Tri-City Mental Health Authority (TCMHA) since November 17, 2021, after the resignation of former Executive Director Toni Navarro, to maintain continuity of TCMHA operations. Effective May 30, 2022, Ms. Rimmi Hundal will be appointed as the Executive Director of TCMHA. Therefore, in order to assist Ms. Hundal as she begins her service as Executive Director, Mr. Duff will continue to provide management services, twice weekly under the same terms and conditions of the Management Agreement, effective May 30, 2022 through July 31, 2022, and subject to the applicable provisions of Government Code § 21221.

Fiscal Impact:

A combination of MHSA and Realignment funds in the approximate amount of \$22,144.

Recommendation:

Tri-City staff recommends that the Governing Board adopt Resolution No. 656 authorizing the First Amendment to the Agreement with Jesse H. Duff for temporary, limited term management services in the approximate amount of \$22,144.

Attachments:

Attachment 9-A: Resolution No. 656 – DRAFT

Attachment 9-B: First Amendment to Agreement with Jesse H. Duff -DRAFT

RESOLUTION NO. 656

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE FIRST AMENDMENT TO THE AGREEMENT FOR TEMPORARY, LIMITED TERM MANAGEMENT SERVICES WITH JESSE H. DUFF

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”) desires to amend the Agreement for temporary, limited term management services with Mr. Jesse H. Duff to provide transitional management guidance to new Executive Director.

A. On November 17, 2021, the Governing Board adopted Resolution No. 623 authorizing an Agreement with Mr. Jesse H. Duff for temporary, limited term management services to serve in the position of Interim-Executive Director of TCMHA effective December 8, 2021, during the recruitment for a permanent Executive Director.

B. Ms. Rimmi Hundal will be the Executive Director of TCMHA effective May 30, 2022, and TCMHA desires to continue to engage Mr. Duff to provide management guidance to Ms. Hundal, twice weekly under the same terms and conditions of the Management Agreement, effective May 30, 2022 through July 31, 2022, and subject to the applicable provisions of Government Code § 21221.

2. Action

The Governing Board approves the First Amendment to the Agreement with Mr. Jesse H. Duff for temporary, limited term management services in the approximate amount of \$22,144.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 18, 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: _____



First Amendment

to

Contract For

**TEMPORARY, LIMITED TERM
MANAGEMENT SERVICES**

with

JESSE H. DUFF

dated

November 17.2021

First Amendment Date: May 18, 2022

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First Amendment

Contract For
TEMPORARY, LIMITED TERM
MANAGEMENT SERVICES
with
JESSE H. DUFF

1. Parties and Date

This First Amendment (“First Amendment”) to the Contract or Temporary, Limited Term Management Services dated November 17, 2021 (“Management Agreement”) is made and entered into as of May 18, 2022, by and between **TRI-CITY MENTAL HEALTH CENTER**, a joint powers agency (hereinafter “Tri-City Mental Health Center” or “Tri-City”) and **JESSE H. DUFF**, (hereinafter “Consultant” or “Mr. Duff”). Tri-City Mental Health Center and Consultant are sometimes individually referred to as a “Party” and collectively as “Parties.”

2. Recitals

2.1. Mr. Duff has been serving as the Interim Executive Director of Tri-City since November 17, 2021.

2.2. Rimmi Hundal is being appointed as the Executive Director of Tri-City effective May 30, 2022.

2.3. Tri-City desires to continue to engage Mr. Duff to provide temporary, limited term management services between May 30, 2022, and July 31, 2022, to provide transitional guidance as Ms. Hundal begins her service as Executive Director.

2.4. Mr. Duff is willing to provide these management services twice weekly under the terms and conditions of the Management Agreement effective May 30, 2022, and subject to the applicable provisions of Government Code § 21221.

2.5. In consideration of these Recitals and the performance by the Parties of the promises, covenants, and conditions herein contained, the Parties agree as provided in this First Amendment.

3. Scope of Services and Term

3.1. General Scope of Services

The Scope of Services shall be to assist Ms. Hundal as she begins her service as Executive Director. The Services shall require Mr. Duff’s presence at the Tri-City offices no more than two days per week.

[Continued on page 2.]

3.2. Term

The term of Management Agreement shall be from November 17, 2021, until July 31, 2022, unless amended or earlier terminated as provided in Section 1.16.

4. Reaffirmation of Other Terms

Except as modified or changed herein, all of the terms and provisions of the Management Agreement shall remain in full force and effect.

5. Execution

IN WITNESS WHEREOF, the Parties have executed this Agreement as of May 18, 2022.

TRI-CITY MENTAL HEALTH CENTER

JESSE H. DUFF

By: _____
Robin Carder, Chair, Governing Board

By: _____
Jesse H. Duff

Attest:

By: _____
Micaela P. Olmos, Executive Assistant

Approved as to Form:

DAROLD D. PIEPER, ATTORNEY AT LAW

By: _____
Darold Pieper
General Counsel



Tri-City Mental Health Authority
AGENDA REPORT

DATE: May 18, 2022

TO: Governing Board of Tri-City Mental Health Authority

FROM: Jesse Duff, Interim Executive Director

BY: Ken Riomales, Chief Information Officer

SUBJECT: Consideration of Resolution No. 657 Authorizing the Interim Executive Director to Execute an Addendum to the Software Services Agreement with ContinuumCloud (Parent Company of Welligent) for One-Year for an Amount Not To Exceed \$115,266 Effective June 18, 2022

Summary:

Staff is seeking Governing Board approval to proceed with a 12-month contract extension with ContinuumCloud (Parent company for Welligent) Tri-City's current Electronic Health Record vendor) in the amount of \$115,266 and authorize the Interim Executive Director to execute the agreement.

Background:

Tri-City is currently in the process of implementing our new Electronic Health Record (EHR) system, Cerner. In order to ensure proper availability of historical data as well as accommodate specific department workflows that cannot be immediately performed in our new system, the project team is highly recommending that Welligent be used to address any gaps in documentation during this transition.

ContinuumCloud has agreed to a step down approach beginning with the proposed 12-month extension. Although the initial order is for a full 12-month, and 150 user count extension, ContinuumCloud has agreed (in writing) to reduce that amount to just 50 users at the six (6) month mark of said extension. Per ContinuumCloud, they are only allowed to execute 12-month renewals, but an amendment at the six (6) month mark will satisfy the agreed upon terms. As noted below, although the contract is for an amount up to \$115,266, the costs are estimated to only reach \$75,876 as we wind down the number of users/licenses required. The following are the details of the extension:

- First six (6) months
 - o ePrescribing Fees = \$4,200
 - o Welligent Licenses = \$52,785
 - o Clearinghouse = \$648
 - Total = \$57,633

**Governing Board of Tri-City Mental Health Authority
Consideration of Resolution No. 657 Authorizing the Interim Executive Director to Execute
an Addendum to the Software Services Agreement with ContinuumCloud (Parent
Company of Welligent) for One-Year for an Amount Not To Exceed \$115,266 Effective June
18, 2022**

May 18, 2022

Page 2

- Last six (6) months
 - o ePrescribing Fees = 0
 - o Welligent Licenses = \$17,595
 - o Clearinghouse = \$648
 - Total = \$18,243

Grand Total = \$75,876

The Tri-City Executive Team is highly recommending the execution of the proposed extension to allow for the following reasons:

- Minimize disruption in EHR documentation accessibility and utilization for all functional departments
- Mitigation of data capturing needs
- Allow for a smoother transition between EHR systems.

Fiscal Impact:

Tri-City will be signing an extension for no more than \$115,266, with an agreement that we will be allowed to reduce to 50 licenses, which can reduce the remaining six months of the financial commitment to \$18,243, for a potential grand total of \$75,876. The funding will come from a combination of MHSA and realignment dollars.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 657 authorizing the Interim Executive Director to execute an Addendum to the Software Services Agreement with ContinuumCloud (Parent company for Welligent) in the approximate amount of \$115,266 for one year effective June 18, 2021.

Attachments:

Attachment 10-A: Resolution No. 657 - DRAFT

Attachment 10-B: TCMHA ContinuumCloud Extension - May 2022

RESOLUTION NO. 657

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE AN ADDENDUM TO THE SOFTWARE SERVICES AGREEMENT WITH WELLIGENT FOR ONE-YEAR IN AN AMOUNT NOT TO EXCEED \$115,266 EFFECTIVE JUNE 18, 2022

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 (“TCMHA” or “Authority”) desires to sign an Amendment to the existing software services agreement with the Authority’s current EHR platform provider ContinuumCloud (Parent company for Welligent).

B. It will cost the approximate amount of \$115,266 to extend the software services agreement for one-year as TCMHA continues to transition to a new electronic health record software platform.

2. Action

The Governing Board approves the Addendum to the Software Services Agreement with ContinuumCloud (Parent company for Welligent) in the approximate amount of \$115,266 for one year effective June 18, 2021; and authorizes the Interim Executive Director to execute it.

3. Adoption

PASSED AND ADOPTED at a Regular Joint Meeting of the Governing Board and the Mental Health Commission held on May 18, 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: _____



Order Form

Customer Details

Sold-to
Tri-City Mental Health Center
Attn: Jesse Duff

Bill-to
1900 Royalty Drive
Pomona, CA 91767

Subscription Details

Start Date: 6/18/2022
Term (Months): 12
Billing Frequency: Monthly

Payment Terms: Net 30
Renewal Uplift: 7.000%

ContinuumCloud and Third-Party Recurring Subscription Fees

In the table below, ContinuumCloud has included all recurring subscription fees for the Contract Term, with invoicing detailed in 1. Payment Schedule below.

Recurring Deliverables	Description	Units	Monthly Unit Price	Total Annual Cost
Change Healthcare ePrescribing Monthly Fees	Monthly per-Prescriber fees for ePrescribing and EPCS through Welligent's Integrated Clearinghouse Partner, Change Healthcare	7.00	\$100.00	\$8,400.00
Welligent Named User Licenses		150.00	\$58.65	\$105,570.00
Change Healthcare Clearinghouse Monthly Fees	Monthly fees for Claims submission through Welligent's Integrated Clearinghouse Partner, Change Healthcare. Welligent will invoice on a per-NPI basis for actual claims processed through Welligent's Integrated Clearinghouse Partner. These fees are billed in arrears based on actual usage in a given month.	6.00	\$18.00	\$1,296.00

Total Cost of Ownership

	Year 1	Year 2	Year 3	Total
Professional Services / Setup Costs	\$0.00	-	-	\$0.00
Recurring Software License Fees	\$115,266.00	\$0.00	\$0.00	\$115,266.00
Annual Totals	\$115,266.00	\$0.00	\$0.00	\$115,266.00

1. Payment Schedule: At contract signing, the Customer agrees to pre-pay ContinuumCloud for the one-time fees listed in the Order form, and any costs listed for implementation. The Customer understands that all fees are non-refundable. Thereafter, Customer will receive monthly invoices for the recurring fees listed in the Order Form, plus any listed fees related to phased work. Any additional services performed by ContinuumCloud not included in a change order shall be charged on an hourly basis.

2. Estimates: The Customer understands that in this Section ContinuumCloud has provided time and effort estimates, based on current understanding of Customer requirements, and actual Technical Services and Deliverable fees may differ based on actual time and performance, additional information and/or requirements, or other aspects beyond ContinuumCloud's control. In the event that actual time and effort exceeds ContinuumCloud's estimates, the Customer shall be billed based upon actual time and performance at ContinuumCloud's hourly rate.

3. Additional Requirements: The Customer may identify additional technical deliverables, system enhancements, and/or customizations during the Subscription Term which may be required to meet Customer's requirements. The Fees for these additional services shall be mutually agreed upon by the parties and billed at ContinuumCloud's hourly rate.

ADDENDUM TO WELLIGENT SOFTWARE SERVICE AGREEMENT FOR WELLIGENT SUBSCRIPTION RENEWAL

This Addendum to Software Service Agreement ("Addendum") is made as of 6/18/2022 (the "Effective Date") by and between Welligent, LLC ("Welligent") and Tri-City Mental Health Center, as an amendment to the original Software Service Agreement ("Agreement") entered into by both parties on original contract execution date. The purpose of this Addendum is to serve as a renewal of Customer's contract term and user-based subscription fees.

Welligent and Customer hereby agree as follows:

1. The Agreement is hereby amended as set forth in this Addendum;
2. Customer wishes to renew the term specified in the original Agreement or requests an expansion of its user license and related fees due to Customer's actual usage which exceeds the contracted user license specified in the Agreement;
3. All capitalized terms not otherwise defined in this Addendum have the meanings ascribed to them in the Agreement;
4. Except as specifically amended by this Addendum, the definitions, terms and conditions of the Agreement remain in full force and effect. This Addendum, the Agreement and the related exhibits contain the entire Agreement of the parties with respect to the subject matter hereof and there are no other agreements modifying the same;
5. This Addendum may be executed in one or more counterparts, each of which will be deemed an original, and all of which taken together shall constitute one and the same instrument.

WELLIGENT ADDENDUM PROVISIONS

The purpose of this Addendum is to serve as a renewal of Customer's contract term, user license and related fees.

1. Modification to Existing Welligent Agreement or Renewal Contract. Welligent and Customer jointly agree to modify or replace the following Welligent provisions detailed in the original Welligent agreement or renewal contract with the accompanying new language:

A. Welligent Recurring Software Fees. Welligent and Customer agree to replace the pricing and rate tables included in the original Welligent Agreement or renewal contract with the attached order sheet. This order sheet shall detail the Welligent or Third Party subscription fees and other software or service options Customer shall pay during the term.

B. Agreement Section 14(a), Term. Welligent and Customer agree to replace the listed sections of the Agreement with the following language: This Agreement shall become effective when executed by both parties as of the date set forth on the signature page hereto, and unless sooner terminated as provided herein, shall remain in force for a period of 12 months from the effective date ("Renewal Term"). Following the Renewal Term, Customer and Welligent shall have the right to negotiate additional contract terms.

2. Survival. All provisions of this Addendum or the original Agreement that pertain to protection of the Welligent Intellectual Property, non-disclosure of Confidential Information, and payment of fees shall survive termination of this Agreement.


3. Modifications. Modifications and amendments to this Addendum or the original Agreement, including modifications and amendments to any schedule or other attachment hereto, shall be enforceable only if in writing and signed by authorized representatives of both parties.

4. Severability. If any provision of this Agreement is held to be invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect in accordance with its terms, disregarding such unenforceable or invalid provision(s).

Quote Acceptance and Customer Signature

This Quote Document and Agreement will become effective on the date it has been executed by both parties below (the "Effective Date").

Customer Signature: _____

ContinuumCloud Signature:  _____
5777B4ECCAA1422...

Customer Name: _____

Name: Jeff Logan _____

Customer Title: _____

Title: CSO _____

Date: _____

Date: 5/4/2022 _____

Customer Information:

Sales Rep Information:

AP Contact Name: _____

Name: Hope S. Lovato _____

AP Contact Title: _____

Title: Account Manager _____

Street: _____

Street: 100 South Ashley Drive, Suite 1500 _____

City/State/ Zip: _____

City/State/ Zip: Tampa, Florida 33602 _____

AP Contact Phone: _____

Phone: (626) 482-7546 _____

**AP Billing
Email (For
Invoicing):** _____

Email: hlovato@continuumcloud.com

**Customer
FEIN:** _____

**PO Number
(if required):** _____

Standard ContinuumCloud payment method is ACH Direct Deposit. Alternatively, check, credit card, or wire transfer are available if necessary.



Tri-City Mental Health Authority
MONTHLY STAFF REPORT

DATE: May 18, 2022
TO: Governing Board of Tri-City Mental Health Authority
FROM: Jesse H. Duff, Interim Executive Director
SUBJECT: Executive Director's Monthly Report

COVID-19 OPERATIONS UPDATE

March 1, 2022 was the State required vaccination booster deadline for all healthcare workers who are booster eligible. As of April 12, 2022, Tri-City staff have a vaccination compliancy rate of 88.30% with a vaccination booster compliancy rate of 99.35%.

HUMAN RESOURCES UPDATE

Staffing – Month Ending April 2022

- Total Staff is 175 full-time and 13 part-time plus 48 full time vacancies 3 part time vacancies for a total of 231 positions.
- There were 7 new hires in April.
- There were 3 separations in April.

Workforce Demographics in April 2022

- American Indian or Alaska Native = 0.53%
- Asian = 10.11%
- Black or African American = 7.45%
- Hispanic or Latino = 57.98%
- Native Hawaiian or Other Pacific Islander = 0.53%
- Other = 7.45%
- Two or more races = 1.06%
- White or Caucasian = 14.89%

Posted Positions in April 2022

Clinical Supervisor I - Adult FSP	(1 FTE) 1 hire pending
Clinical Supervisor I - COP	(1 FTE)
Clinical Therapist I/II Access to Care	(4 FTEs)
Clinical Therapist I/II - Adult	(9 FTEs) 4 hires pending
Clinical Therapist I/II – Child & Family	(4 FTEs) 1 hires pending
Clinical Wellness Advocate I/II/III	(1 FTE)
Community Navigator	(1 FTE) 1 hire pending

Governing Board of Tri-City Mental Health Authority
Monthly Staff Report of Jesse H. Duff
May 18, 2022
Page 2

Housing Wellness Advocate	(.5 FTE)
Human Resources Analyst	(1 FTE)
Mental Health Specialist – TCG	(1 FTE)
Mental Health Specialist – Adult	(2 FTEs) <i>2 hires pending</i>
Mental Health Worker – Wellness Center	(1 FTE) <i>1 hire pending</i>
MHSA Program Supervisor – Wellness Center	(1 FTE) <i>1 hire pending</i>
Program Support Assistant II	(2 FTEs) <i>1 hire pending</i>
Program Support Assistant IV	(1 FTE) <i>1 hire pending</i>



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

DATE: May 18, 2022

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

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Finance and Facilities Report

UNAUDITED FINANCIAL STATEMENTS FOR THE NINE MONTHS ENDED MARCH 31, 2021 (2022 FISCAL YEAR-TO-DATE):

The financials presented herein are the PRELIMINARY and unaudited financial statements for the nine months ended March 31, 2022. 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 \$2.9 million. MHSA operations accounted for approximately \$3.1 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 \$13.7 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 \$209 thousand is from Clinic outpatient operations, which is the result of operations for the nine months ended March 31, 2022 which includes one-time payments made at the beginning of the year.

**Governing Board of Tri-City Mental Health
Jesse h. Duff, Interim Executive Director
Monthly Staff Report of Diana Acosta
May 18, 2022
Page 2**

The total cash balance at March 31, 2022 was approximately \$39.9 million, which represents an increase of approximately \$5.0 million 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 a decrease in cash of approximately \$967 thousand primarily as a result of the paid off mortgage. MHSA operations reflected an increase in cash of approximately \$6.0 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$13.7 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$7.3 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the nine months ended March 31, 2022. Additionally, \$303 thousand has been received through May 10, 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 continues to turn their attention over to various projects including the development and completing the fiscal year 2022-23 Operating Budget, implementing Cerner, the new grants and the compensation study.

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. Last month, we 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 nine months ended March 31, 2022.

	MHSA
Cash at March 31, 2022	\$ 31,661,640
Receivables net of Reserve for Cost Report Settlements	(973,492)
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2021-22	(2,679,543) **
Reserved for future CFTN Projects including approved TCG Project	(1,247,389)
Total Estimated Adjustments to Cash	<u>(7,100,424)</u>
Estimated Available at June 30, 2022	<u>\$ 24,561,216</u>

MHSA funds received in FY 2021-22 in excess of budget estimate \$ 1,128,829

* 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, including awaiting final certifications, are currently under way by Genoa in preparation for opening the pharmacy which is currently expected to take place some time during the summer.
- 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. As previously reported, a contractor was selected back in October of 2021 and the project is now considered substantially complete and currently pending final review.
- The Community Garden Upgrades: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently still in the planning phase however progress continues to be made. The most recent update includes resubmitting plans to the City on April 20th after having received and responded to all comments on the prior plans. Once the plans have a final approval from the City, the next phase will involve soliciting contractors through an RFP process. Target date of project completion continues to 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 however had been temporarily on hold until the Electrical/Power Upgrade Project noted above, is complete as this project is also being performed in the same building, however conceptual plans have been prepared. The next phase will involve submitting formal construction plans to the City for approval and once approved, soliciting contractors through an RFP process. Target date of project completion will be closer to calendar year end 2022.

Attachments:

Attachment 12-A: March 31, 2022 Unaudited Monthly Financial Statements

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

	AT MARCH 31, 2022			AT JUNE 30, 2021		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
Current Assets						
Cash	\$ 8,235,755	\$ 31,661,640	\$ 39,897,395	\$ 8,578,296	\$ 26,320,242	\$ 34,898,537
Accounts receivable, net of reserve for uncollectible accounts \$411,916 at March 31, 2022 and \$482,113 at June 30, 2021	3,314,336	1,853,412	5,167,748	3,656,192	2,344,087	6,000,279
Total Current Assets	<u>11,550,090</u>	<u>33,515,053</u>	<u>45,065,143</u>	<u>12,234,488</u>	<u>28,664,329</u>	<u>40,898,816</u>
Property and Equipment						
Land, building, furniture and equipment	3,845,897	9,745,939	13,591,835	3,778,377	9,595,862	13,374,238
Accumulated depreciation	(2,624,380)	(4,053,172)	(6,677,552)	(2,519,499)	(3,809,586)	(6,329,086)
Total Property and Equipment	<u>1,221,516</u>	<u>5,692,767</u>	<u>6,914,283</u>	<u>1,258,877</u>	<u>5,786,276</u>	<u>7,045,153</u>
Other Assets						
Deposits and prepaid assets	134,480	565,475	699,955	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>1,355,996</u>	<u>9,058,242</u>	<u>10,414,238</u>	<u>1,325,488</u>	<u>9,158,488</u>	<u>10,483,976</u>
Total Assets	<u>\$ 12,906,086</u>	<u>\$ 42,573,295</u>	<u>\$ 55,479,381</u>	<u>\$ 13,559,976</u>	<u>\$ 37,822,816</u>	<u>\$ 51,382,792</u>
Deferred Outflows of Resources						
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>
Total Assets and Deferred Outflows of Resources	<u>\$ 15,800,064</u>	<u>\$ 42,573,295</u>	<u>\$ 58,373,359</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</u>
LIABILITIES						
Current Liabilities						
Accounts payable	351,019	-	351,019	554,813	1,144	555,956
Accrued payroll liabilities	233,410	346,827	580,237	587,125	115,353	702,478
Accrued vacation and sick leave	581,624	998,737	1,580,361	633,584	1,078,193	1,711,777
Reserve for Medi-Cal settlements	3,374,718	2,826,904	6,201,622	3,062,368	2,537,262	5,599,630
Current portion of mortgage debt	-	-	-	771,676	-	771,676
Total Current Liabilities	<u>4,540,771</u>	<u>4,172,468</u>	<u>8,713,239</u>	<u>5,609,565</u>	<u>3,731,951</u>	<u>9,341,517</u>
Intercompany Acct-MHSA & TCMH	<u>309,812</u>	<u>(309,812)</u>	<u>-</u>	<u>(314,268)</u>	<u>314,268</u>	<u>-</u>
Long-Term Liabilities						
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	-	10,682,808	10,682,808	-	435,392	435,392
Total Long-Term Liabilities	<u>6,325,906</u>	<u>10,741,680</u>	<u>17,067,586</u>	<u>6,325,906</u>	<u>494,264</u>	<u>6,820,170</u>
Liabilities Subject to Compromise						
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>
Total Liabilities	<u>11,176,489</u>	<u>14,604,335</u>	<u>25,780,825</u>	<u>11,621,203</u>	<u>4,540,483</u>	<u>16,161,686</u>
Deferred Inflow of Resources						
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>
NET POSITION						
Invested in capital assets net of related debt	1,221,516	5,692,767	6,914,283	487,201	5,786,276	6,273,477
Restricted for MHSA programs	-	22,276,192	22,276,192	-	19,082,210	19,082,210
Unrestricted	3,356,938	-	3,356,939	4,300,430	-	4,300,430
Total Net Position	<u>4,578,455</u>	<u>27,968,959</u>	<u>32,547,414</u>	<u>4,787,631</u>	<u>24,868,486</u>	<u>29,656,117</u>
Total Liabilities, Deferred Inflows of Resources and Net Position	<u>\$ 15,800,064</u>	<u>\$ 42,573,295</u>	<u>\$ 58,373,359</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
NINE MONTHS ENDED MARCH 31, 2022 AND 2021

	PERIOD ENDED 3/31/22			PERIOD ENDED 3/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
OPERATING REVENUES						
Medi-Cal FFP	\$ 2,535,904	\$ 2,147,275	\$ 4,683,179	\$ 2,836,778	\$ 2,506,876	\$ 5,343,654
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	581,207	494,759	1,075,967	710,593	543,689	1,254,283
Medi-Cal SGF-EPSDT Prior Year	35,501	19,746	55,246	(29,906)	15,202	(14,704)
Medicare	9,133	4,272	13,404	741	1,169	1,910
Contracts	15,000	21,580	36,580	445,531	21,580	467,111
Patient fees and insurance	664	167	832	1,244	-	1,244
Rent income - TCMH & MHSA Housing	10,052	54,526	64,578	23,943	68,518	92,461
Other income	683	260	943	1,638	376	2,014
Net Operating Revenues	3,203,350	2,788,364	5,991,713	4,117,327	3,159,304	7,276,632
OPERATING EXPENSES						
Salaries, wages and benefits	5,943,112	8,790,216	14,733,328	5,834,644	9,051,028	14,885,672
Facility and equipment operating cost	638,603	1,050,717	1,689,320	500,436	860,613	1,361,049
Client lodging, transportation, and supply expense	160,932	585,988	746,920	232,931	1,292,780	1,525,711
Depreciation	125,315	320,643	445,959	109,411	313,759	423,170
Other operating expenses	428,250	861,941	1,290,191	444,501	946,604	1,391,106
Total Operating Expenses	7,296,213	11,609,504	18,905,717	7,121,923	12,464,784	19,586,708
OPERATING (LOSS) (Note 1)	(4,092,863)	(8,821,141)	(12,914,004)	(3,004,596)	(9,305,480)	(12,310,076)
Non-Operating Revenues (Expenses)						
Realignment	3,536,643	-	3,536,643	3,181,230	-	3,181,230
Contributions from member cities & donations	12,000	-	12,000	70,236	-	70,236
MHSA funds	-	11,870,954	11,870,954	-	13,246,166	13,246,166
Grants and Contracts	337,523	-	337,523	70,000	-	70,000
Cares Act Stimulus & Telehealth	-	-	-	185,943	-	-
Interest Income	10,825	50,660	61,485	22,806	111,493	134,299
Interest expense	(11,840)	-	(11,840)	(30,041)	-	(30,041)
Gain/(Loss) on disposal of assets	(1,464)	-	(1,464)	-	8,750	8,750
Total Non-Operating Revenues (Expense)	3,883,687	11,921,614	15,805,301	3,500,174	13,366,409	16,680,639
INCOME (LOSS)	(209,176)	3,100,473	2,891,297	495,577	4,060,929	4,370,563
INCREASE (DECREASE) IN NET POSITION	(209,176)	3,100,473	2,891,297	495,577	4,060,929	4,370,563
NET POSITION, BEGINNING OF YEAR	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
NET POSITION, END OF MONTH	\$ 4,578,455	\$ 27,968,959	\$ 32,547,414	\$ 4,374,952	\$ 26,706,799	\$ 30,895,808

(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
NINE MONTHS ENDED MARCH 31, 2022 AND 2021**

	PERIOD ENDED 3/31/22			PERIOD ENDED 3/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
Cash Flows from Operating Activities						
Cash received from and on behalf of patients	\$ 3,801,409	\$ 3,570,875	\$ 7,372,285	\$ 5,250,044	\$ 4,034,732	\$ 9,284,776
Cash payments to suppliers and contractors	(1,499,447)	(2,493,052)	(3,992,499)	(1,255,229)	(3,402,655)	(4,657,884)
Payments to employees	(6,348,787)	(8,638,198)	(14,986,985)	(6,157,209)	(8,615,175)	(14,772,384)
	<u>(4,046,825)</u>	<u>(7,560,374)</u>	<u>(11,607,200)</u>	<u>(2,162,395)</u>	<u>(7,983,097)</u>	<u>(10,145,491)</u>
Cash Flows from Noncapital Financing Activities						
MHSA Funding	-	13,704,413	13,704,413	-	12,137,457	12,137,457
CalHFA-State Administered Projects	-	110	110	-	35,690	35,690
Realignment	3,536,643	-	3,536,643	3,181,230	-	3,181,230
Contributions from member cities	12,000	-	12,000	70,236	-	70,236
Grants and Contracts	393,524	-	393,524	70,000	-	70,000
Cares Act Stimulus & Sierra Telehealth Funds	-	-	-	185,943	-	185,943
	<u>3,942,166</u>	<u>13,704,523</u>	<u>17,646,689</u>	<u>3,507,409</u>	<u>12,173,148</u>	<u>15,680,557</u>
Cash Flows from Capital and Related Financing Activities						
Purchase of capital assets	(89,419)	(227,135)	(316,554)	(143,296)	(212,720)	(356,016)
Principal paid on capital debt	(771,676)	-	(771,676)	(22,954)	-	(22,954)
Interest paid on capital debt	(11,840)	-	(11,840)	(30,041)	-	(30,041)
Intercompany-MHSA & TCMH	624,081	(624,081)	-	(106,621)	106,621	-
	<u>(248,853)</u>	<u>(851,216)</u>	<u>(1,100,069)</u>	<u>(302,912)</u>	<u>(106,099)</u>	<u>(409,011)</u>
Cash Flows from Investing Activities						
Interest received	10,971	48,465	59,436	33,869	166,844	200,713
	<u>10,971</u>	<u>48,465</u>	<u>59,436</u>	<u>33,869</u>	<u>175,594</u>	<u>209,463</u>
Cash Flows from Reorganization Items						
Cash payments to Bankruptcy Class 3 and 4 Unsecured	-	-	-	(325,000)	-	(325,000)
	<u>-</u>	<u>-</u>	<u>-</u>	<u>(325,000)</u>	<u>-</u>	<u>(325,000)</u>
Net Increase (Decrease) in Cash and Cash Equivalents	(342,541)	5,341,398	4,998,857	750,972	4,259,546	5,010,517
Cash Equivalents at Beginning of Year	8,578,296	26,320,242	34,898,537	7,395,355	23,736,461	31,131,816
Cash Equivalents at End of Month	<u>\$ 8,235,755</u>	<u>\$ 31,661,640</u>	<u>\$ 39,897,395</u>	<u>\$ 8,146,327</u>	<u>\$ 27,996,006</u>	<u>\$ 36,142,334</u>

Definitions:

TCMH=Tri-City's Outpatient Clinic

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TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
ACTUAL TO BUDGET COMPARISON
NINE MONTHS ENDING MARCH 31, 2022
(UNAUDITED)

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
OPERATING REVENUES									
Medi-Cal FFP	\$ 2,765,435	\$ 3,492,380	\$ (726,945)	\$ 2,341,630	\$ 2,928,056	\$ (586,426)	\$ 5,107,065	\$ 6,420,437	\$ (1,313,371)
Medi-Cal FFP Prior Year	16,581	-	16,581	49,923	-	49,923	66,504	-	66,504
Medi-Cal SGF-EPSDT	633,814	1,148,746	(514,932)	539,541	838,974	(299,433)	1,173,355	1,987,720	(814,365)
Medi-Cal SGF-EPSDT Prior Year	38,714	-	38,714	21,533	-	21,533	60,247	-	60,247
Medicare	9,133	1,500	7,633	4,272	1,500	2,772	13,404	3,000	10,404
Patient fees and insurance	664	1,575	(911)	167	-	167	832	1,575	(743)
Contracts	15,000	15,000	-	21,580	-	21,580	36,580	15,000	21,580
Rent income - TCMH & MHSA Housing	10,052	4,013	6,040	54,526	79,125	(24,599)	64,578	83,138	(18,559)
Other income	683	-	683	260	-	260	943	-	943
Provision for contractual disallowances	(286,727)	(232,056)	(54,671)	(245,068)	(148,652)	(96,416)	(531,795)	(380,708)	(151,087)
Net Operating Revenues	3,203,350	4,431,158	(1,227,808)	2,788,364	3,699,003	(910,639)	5,991,713	8,130,161	(2,138,447)
OPERATING EXPENSES									
Salaries, wages and benefits	5,943,112	6,905,350	(962,237)	8,790,216	10,133,902	(1,343,686)	14,733,328	17,039,252	(2,305,923)
Facility and equipment operating cost	640,389	639,700	690	1,053,353	975,576	77,777	1,693,743	1,615,276	78,467
Client program costs	153,990	189,737	(35,748)	555,599	880,139	(324,540)	709,588	1,069,876	(360,287)
Grants	-	-	-	64,694	63,750	944	64,694	63,750	944
MHSA training/learning costs	-	-	-	53,580	85,625	(32,045)	53,580	85,625	(32,045)
Depreciation	125,315	112,697	12,619	320,643	323,174	(2,531)	445,959	435,871	10,088
Other operating expenses	433,406	493,641	(60,234)	771,420	835,096	(63,676)	1,204,826	1,328,736	(123,911)
Total Operating Expenses	7,296,213	8,341,124	(1,044,911)	11,609,504	13,297,261	(1,687,756)	18,905,717	21,638,385	(2,732,667)
OPERATING (LOSS)	(4,092,863)	(3,909,966)	(182,897)	(8,821,141)	(9,598,258)	777,117	(12,914,004)	(13,508,224)	594,220
Non-Operating Revenues (Expenses)									
Realignment	3,536,643	2,966,508	570,135	-	-	-	3,536,643	2,966,508	570,135
Contributions from member cities & donations	12,000	70,236	(58,236)	-	-	-	12,000	70,236	(58,236)
MHSA Funding	-	-	-	11,870,954	12,222,954	(352,000)	11,870,954	12,222,954	(352,000)
Grants and contracts	337,523	258,980	78,543	-	-	-	337,523	258,980	78,543
Interest (expense) income, net	(1,015)	(18,455)	17,441	50,660	52,815	(2,155)	49,645	34,360	15,286
Other income-loss on disposal of assets	(1,464)	-	(1,464)	-	-	-	(1,464)	-	(1,464)
Total Non-Operating Revenues (Expense)	3,883,687	3,277,268	606,419	11,921,614	12,275,769	(354,155)	15,805,301	15,553,037	252,264
INCREASE(DECREASE) IN NET POSITION	\$ (209,176)	\$ (632,698)	\$ 423,522	\$ 3,100,473	\$ 2,677,511	\$ 422,962	\$ 2,891,297	\$ 2,044,813	\$ 846,484

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
NINE MONTHS ENDING MARCH 31, 2022**

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 \$2.1 million for the following reasons:

- 1 **Medi-Cal FFP revenues for FY 2021-22** were approximately \$1.3 million lower than the budget. Medi-Cal FFP revenues were \$727 thousand lower for TCMH and \$586 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$368 thousand and the children program revenues were lower by \$359 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$408 thousand and the Children and TAY FSP programs were lower by \$178 thousand. Additionally, as a result of the fiscal year 2018-19 interim cost report settlement, a total of approximately \$67 thousand in prior year Medi-Cal FFP revenues were recorded to the current year operations.
- 2 **Medi-Cal SGF-EPSTD revenues for fiscal year 2021-22** were lower than budget by \$814 thousand of which \$515 thousand lower were from TCMH and \$299 thousand lower were from MHSA. As was mentioned above, an additional \$60 thousand in prior year Medi-Cal SGF-EPSTD revenues were recorded to the current year operations. SGF-EPSTD relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSTD) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.

> *Medi-Cal and Medi-Cal SGF-EPSTD revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled.*
- 3 **Medicare revenues** are \$10 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 \$22 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 \$19 thousand. The rental income represents the payments collected from Genoa Pharmacy space leasing at the 2008 Garey, and from the tenants staying at the Tri-City apartments on Pasadena and MHSA house on Park Avenue.
- 6 **Provision for contractual disallowances** for fiscal year 2021-22 is \$151 thousand higher than budget.

Operating Expenses

Operating expenses were lower than budget by \$2.7 million for the following reasons:

- 1 **Salaries and benefits** are approximately \$2.3 million lower than budget and of that amount, salaries and benefits are \$962 thousand lower for TCMH operations and are \$1.3 million lower for MHSA operations. These variances are due to the following:

TCMH salaries are lower than budget by \$550 thousand due to vacant positions and benefits are lower than budget by \$412 thousand.

MHSA salaries are lower than budget by \$812 thousand. The direct program salary costs are lower by \$749 thousand due to vacant positions and the administrative salary costs are lower than budget by \$63 thousand. Benefits are lower than the budget by \$531 thousand. Of that, health insurance is lower than budget by \$315 thousand, state unemployment insurance is lower by \$54 thousand, workers compensation is lower by \$46 thousand and retirement insurance is lower by \$69 thousand. Other insurances are lower by \$47 thousand.
- 2 **Facility and equipment operating costs** were higher than the budget by \$78 thousand due to the start up costs for a new Electronic Health Record system.
- 3 **Client program costs** are lower than the budget by \$360 thousand mainly from MHSA due to lower FSP client costs.
- 4 **Grants for fiscal year 2021-22** awarded under the Community Wellbeing project are \$1 thousand higher than the budget.
- 5 **MHSA learning and training costs** are lower than the budget by approximately \$32 thousand.
- 6 **Depreciation** is \$10 thousand lower than the budget.
- 7 **Other operating expenses** were lower than the budget by \$124 thousand of which \$60 thousand lower were from TCMH and \$64 thousand lower were from MHSA. At TCMH, professional fees were lower than budget by approximately \$137 thousand and the security expense was lower by \$12 thousand. These lower costs were offset by higher attorney fees, personnel recruiting fees, 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
NINE MONTHS ENDING MARCH 31, 2022**

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 higher than budget by \$252 thousand as follows:

- 1 **TCMH non-operating revenues** are \$606 thousand higher than the budget. Of that, realignment fund is higher than the budget by \$570 thousand due to the higher than normal receipts of the FY2020-21 Sales Tax General Growth and VLF General Growth. Contributions from member cities were lower by \$58 thousand due to timing. Interest income netted with interest expense is lower than the budget by \$17 thousand. Grants and contracts are higher than the budget by \$79 thousand including the City of Pomona Measure H program, Los Angeles County Covid-19 Community Equity Fund, Pomona Rental Assistance Program, Adverse Childhood Experiences grant and Continuum of Care Permanent Support Housing program.

- 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:

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

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
NINE MONTHS ENDED MARCH 31, 2022 AND 2021

	PERIOD ENDED 3/31/22			PERIOD ENDED 3/31/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
REVENUES						
Medi-Cal FFP, net of reserves	\$ 2,535,904	\$ 2,147,275	\$ 4,683,179	\$ 2,836,778	\$ 2,506,876	\$ 5,343,654
Medi-Cal FFP FYE Prior Year	15,205	45,779	60,984	126,765	1,894	128,659
Medi-Cal SGF-EPSTD	581,207	494,759	1,075,967	710,593	543,689	1,254,283
Medi-Cal SGF-EPSTD Prior Year	35,501	19,746	55,246	(29,906)	15,202	(14,704)
Medicare	9,133	4,272	13,404	741	1,169	1,910
Realignment	3,536,643	-	3,536,643	3,181,230	-	3,181,230
MHSA funds	-	11,870,954	11,870,954	-	13,246,166	13,246,166
Grants and contracts	352,523	21,580	374,103	515,531	21,580	537,111
Contributions from member cities & donations	12,000	-	12,000	70,236	-	70,236
Patient fees and insurance	664	167	832	1,244	-	1,244
Rent income - TCMH & MHSA Housing	10,052	54,526	64,578	23,943	68,518	92,461
Other income	683	260	943	1,638	376	2,014
Interest Income	10,825	50,660	61,485	22,806	111,493	134,299
Gain on disposal of assets	(1,464)	-	(1,464)	-	8,750	8,750
Total Revenues	7,098,876	14,709,978	21,808,854	7,647,542	16,525,713	24,173,256
EXPENSES						
Salaries, wages and benefits	5,943,112	8,790,216	14,733,328	5,834,644	9,051,028	14,885,672
Facility and equipment operating cost	638,603	1,050,717	1,689,320	500,436	860,613	1,361,049
Client lodging, transportation, and supply expense	160,932	585,988	746,920	232,931	1,292,780	1,525,711
Depreciation	125,315	320,643	445,959	109,411	313,759	423,170
Interest expense	11,840	-	11,840	30,041	-	30,041
Other operating expenses	428,250	861,941	1,290,191	444,501	946,604	1,391,106
Total Expenses	7,308,053	11,609,504	18,917,557	7,151,965	12,464,784	19,616,749
INCREASE (DECREASE) IN NET POSITION	(209,176)	3,100,473	2,891,297	495,577	4,060,929	4,556,506
NET POSITION, BEGINNING OF YEAR	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
NET POSITION, END OF MONTH	\$ 4,578,455	\$ 27,968,959	\$ 32,547,414	\$ 4,374,952	\$ 26,706,799	\$ 31,081,751

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

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)



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

DATE: May 18, 2021

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

FROM: Elizabeth Renteria, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

UPDATES

Grants

Consultant and Tri-City staff members have been meeting with community members including youth and parents, schools, universities and partners agencies to elicit feedback for the Crisis Care and Mobile Unit and the Mental Health Student Services Act Grants. Participation and attendance is robust and enthusiastic. Next month meetings will be held with law enforcement agencies and other community partners to gain their perspective on needed resources and services.

Staff Development

Over 50 youth and young adult serving Tri-City staff members were trained in the first portion of Transition to Independence Process (TIP) model an evidenced supported practice for engaging youth in treatment and preparing them for healthy and successful transition to adulthood. Staff will receive the second part of training in June and ongoing implementation support will be provided by the clinical leadership team.

ACCESS TO CARE

There was a total of 120 service requests made for adults in the month of April. In terms of request type, 35 were walk-in service requests, 66 were called-in, there were 18 SRTS referrals/SRTS *hospital discharge* referrals, there was 1 in- writing referrals and 0 FSP/FCCS. There was a total of 8 service requests that were hospital discharges. There were 16 referrals received from IOET for adults. As of 2/1/2022 18–20-year-old service requests were moved to be processed and serviced at our Royalty site under COP and now as of 04/05/2022, individuals 18-25 years in age will be processed through our Royalty site under COP. Therefore, our numbers for adults at our Garey site will be much lower than previous months as evidenced by the large decrease in service requests for the month of April 2022 (see below).

Governing Board of Tri-City Mental Health Authority
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May 18, 2022
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Below is a breakdown of dispositions based on the 120 service requests received for April 2022:

- 1.66% (2) Pending disposition
- 83.33% (100) Initial Appointment Given
- 0% (0) Crisis 5150/5585 put on hold at service request
- 1.66% (2) Individual/collateral declined services
- 1.66% (2) Referred back to private insurance
- 4.16% (5) Referred to another MH agency
- .83% (1) Referred to medi-cal managed care plan
- 6.66% (8) Unable to contact.

Service Requests:

There was a total of 91 service requests received at the Royalty location for children and TAY in the month of April. Of the 91 service requests, 11 were walk-ins, 35 were called-in, 22 were in-writing referrals, 7 were FSP referrals, 11 were SRTS referrals and 5 were pending. There was 6 hospital discharge and 1 referral from IOET.

Intakes:

There was a total of 81 intakes initiated by staff during the month of April for both adults and children by the following departments: ATC, AOP, COP, FSP, SPT, and IOET.

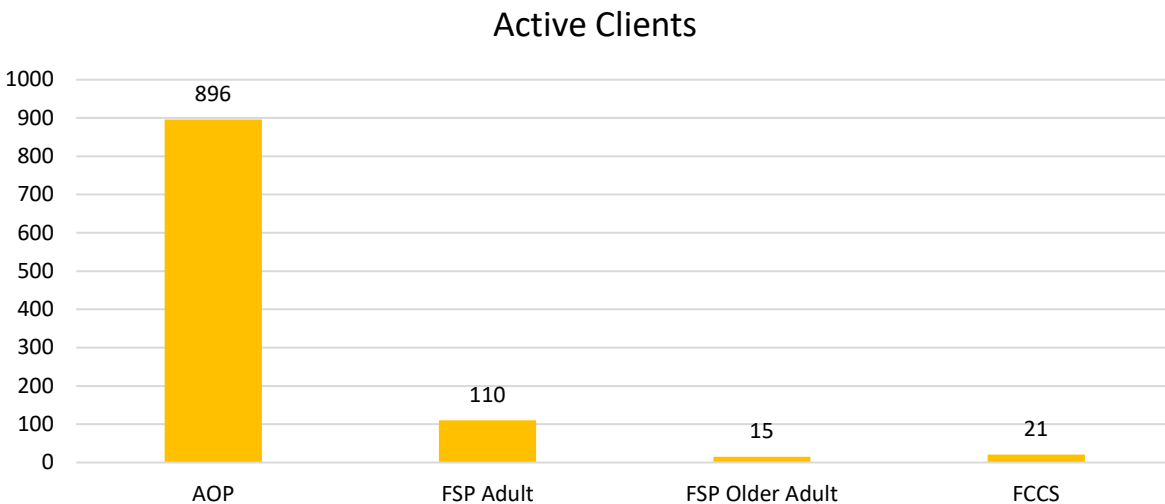
Individuals assessed were assigned to the following clinical programs:

- 43 AOP (53.08%)
- 27 COP (33.33%)
- 2 FSP Adult (2.46%)
- 2 FCCS (2.46%)
- 4 FSP Children (4.93%)
- 3 FSP TAY (3.70%)

(Total: 81)

The Access to Care clinician initiated a total of 24 intakes which is 29.62% of the total number of intakes initiated for the month of April for the entire agency. Access to Care department when staffed appropriately previously completed approximately 50% of the intakes-initiated agency wide. Recruitment for additional Access to Care staff is underway.

ADULT SERVICES



Intakes:

The last 3 months the number of intakes for AOP are 79, 69 to 56 this month. The number of FSP intakes are 8, 6 to 3 this month. The FSP Older Adult intakes are similar in numbers at 0 intakes the last 3 months. FCCS intakes are 3, 3 to 2 this month. Overall, the total number of intakes provided are similar in numbers despite ongoing challenges with cancellations, no shows and staff retention.

Due to limited staffing of AOP and FSP Clinical Therapists it impacts our intake calendar (reducing # of intake slots). The shortage in Clinical Therapists continues to impact the intake slots available leading to intakes being scheduled several weeks in advance, which in turn leads to some clients no longer showing for intakes.

Discharges:

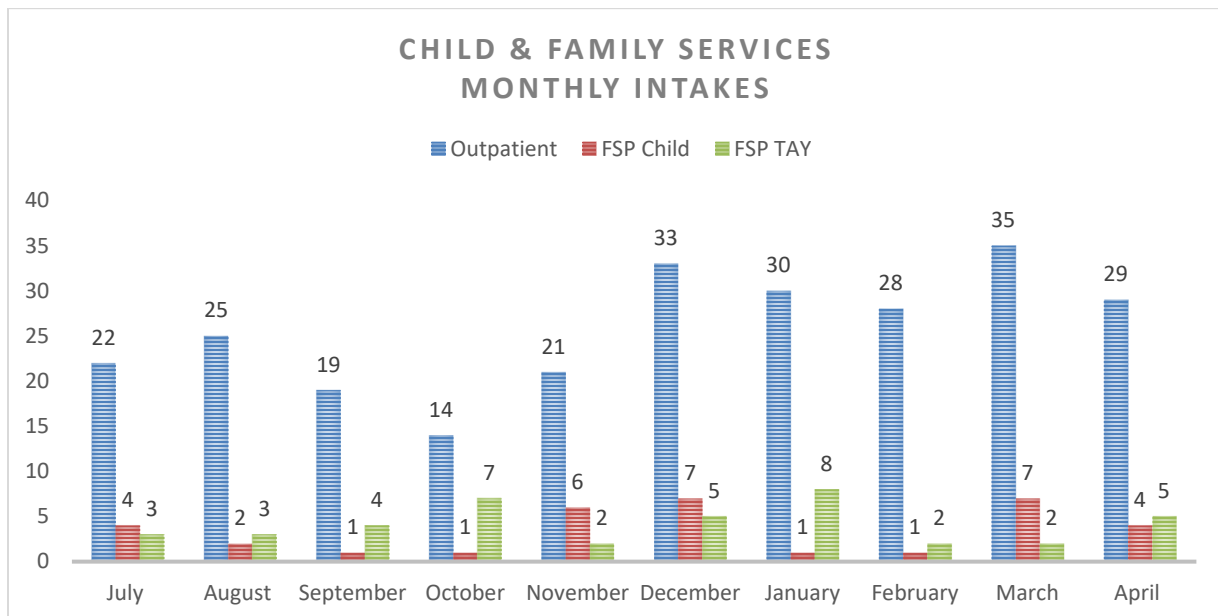
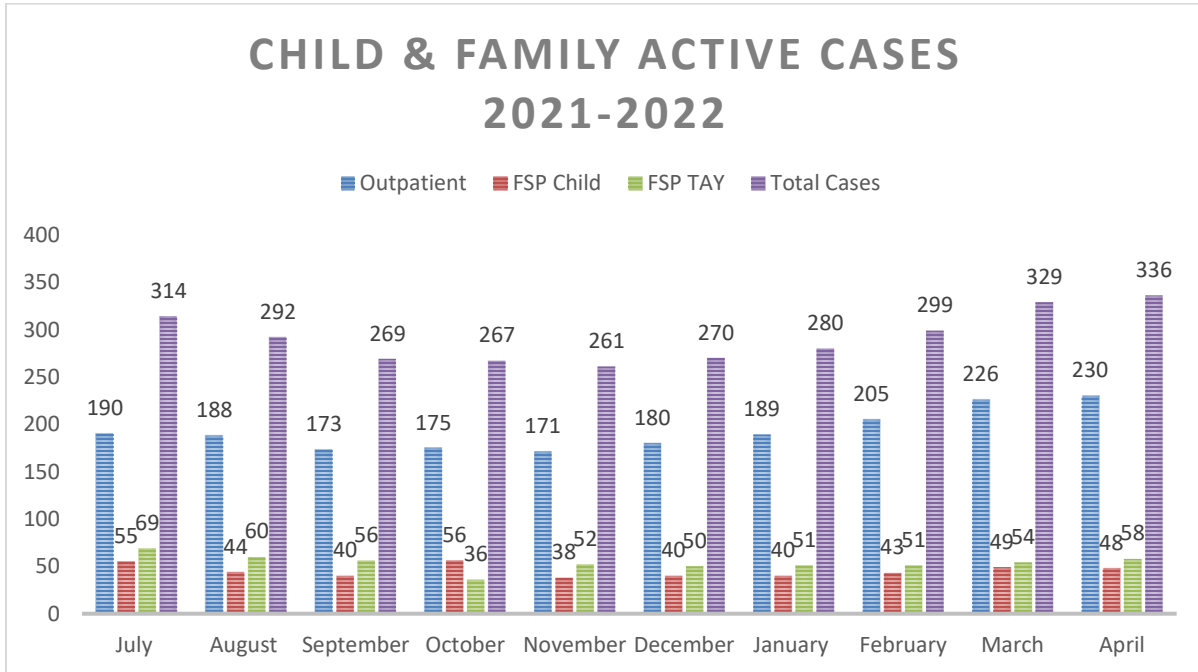
There was a total number of 17 cases that were closed for this month and there are several in process to be closed. With outreach and discharge steps, staff are expediting closings and re-engaging clients.

Active Clients:

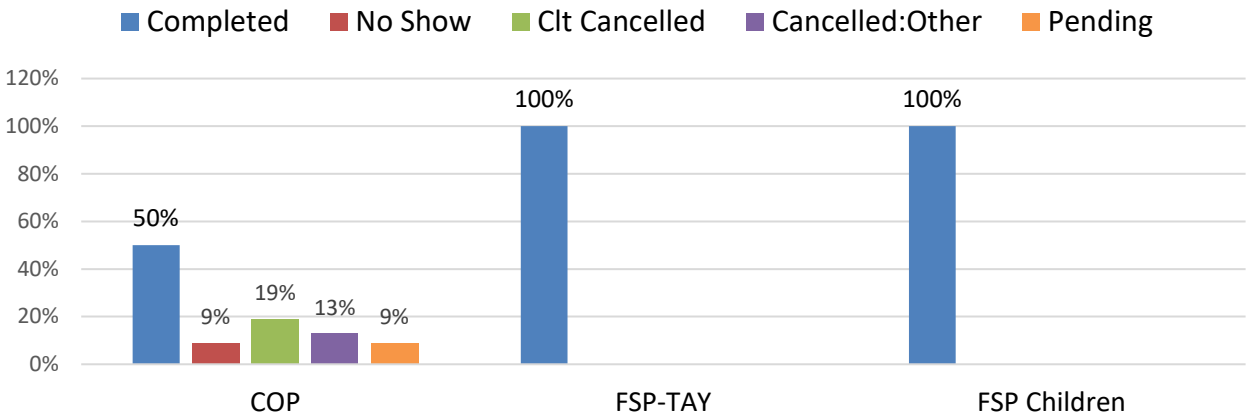
The last 3 months the number of active clients for AOP are 925, 915 to 896 this month. The number of FSP active clients are 126, 115 to 110 this month. The FSP Older Adult active cases are 21, 19 to 15 this month. FCCS's active cases are 18, 20 to 21 this month. Overall, the total number of active clients the last three months are 1090, 1069 to 1042 this month. Please note, adult department staffing shortages impacts frequency of client sessions and as a result, groups as well as Clinical Wellness Advocates (CWA) and Co-Occurring Support Teams (COST) assistance is being provided to clients at this time.

CHILD AND FAMILY SERVICES

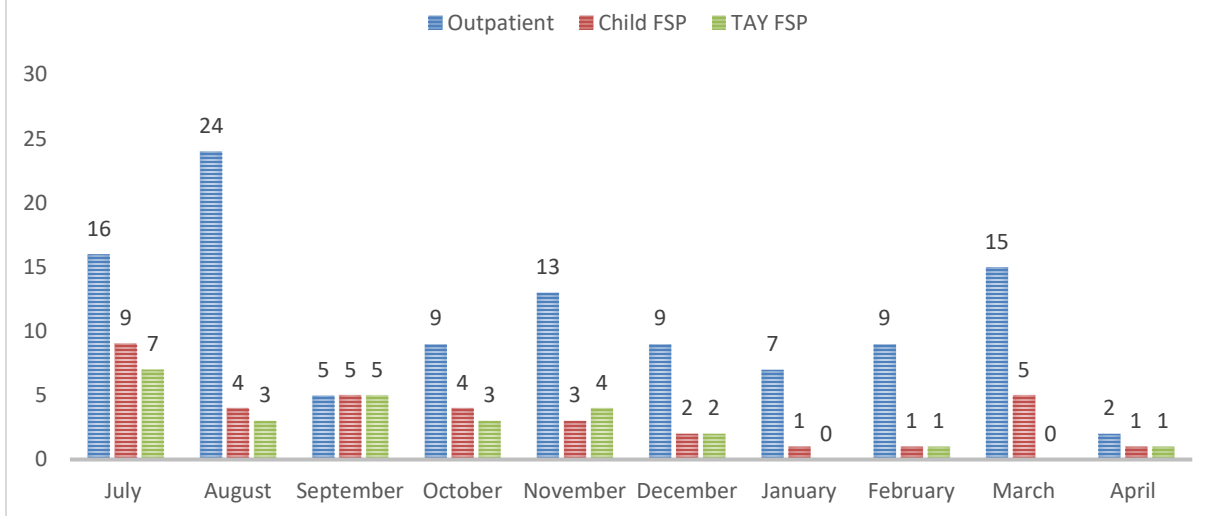
Cases and Intakes



Outcome for April Intake Appointments



CLOSED CASES PER MONTH



Data overview:

This month in addition to number of intakes, QA was able to provide data regarding scheduled appointments, cancellations/no shows and pending intakes. Currently, there was 91 service requests for the month of April which is the second highest number of requests for the Royalty clinic in the last year.

With the new staff coming into the department and being trained on assessment this will increase capacity and reduce wait times. The department continues to work hard on creating spaces and time for emergency intakes, internal program transfers and providing crisis support when needed.

Currently, the team continues to have over 10 active groups for ages 6-25 that to help expand the service menu options for clients. Currently, the outpatient team is the one expressing the staff shortage with only 4 clinicians one of which is in the process of being promoted to supervisor. This internal promotion was a huge celebration and success for the department even though it will temporarily decrease intake capacity.

CLINICAL WELLNESS ADVOCATES (Peer Support Specialists)

The CWA team continues to provide support to Adult Outpatient clients . Currently the census for that program is 125. Staff members are reaching out to clients regularly to determine need and offer support.

THERAPEUTIC COMMUNITY GARDEN (TCG)

TCG groups that were previously put on hiatus due to staffing shortages have resumed. Our Friday Re-Connect in the garden group continues to take place twice monthly (1st and 3rd Friday of the month). Our Wednesday Mindfulness through Virtual Gardening will resume on May 11th, 2022. All past Mindfulness through Virtual Gardening participants will be contacted and invited back to attend. In June, our plans are to restart one to two more groups.

The TCG team met with Facilities Manager, Alex Ramirez on April 27, 2022, to discuss recent updates on the garden rejuvenation/beautification project. The city of Pomona has reviewed the garden rejuvenation plans and has made recommendations for changes including a new type of fence and requested changes to the placement of the trash containers among a few other things. Per Alex, the requested changes and updated plans were sent back to the city on April 20, 2022. We will await the city's response and further recommendations. Luckily, there is movement with these plans, and we look forward to the garden rejuvenation project getting underway.

Outreach

This month TCG continued our gardening collaboration with Casa Colina's TAY with autism group. The TCG Farmer coordinated the event and lead the activities The group had recently built some small raised beds to grow, harvest and then prepare meals from their own crops. Parents, teens, staff and the TCG team all had fun getting their hands dirty and learning about the needs of seeds to grow into the healthy, happy and nutritious plants that feed us. TAY participants got to engage in fun, hands-on skill building such as; reading plant labels, preparing planting beds – adding compost & fertilizer, filling out their seed labels (incredibly important!), measuring with a ruler proper seed spacing and seed depth in the soil then planting and watering their seeds. The activity ended with messy hands, big smiles and participants encouraging their newly planted seeds to "GROW!".



Above : Casa Colina TAY Seed Planting Party

HOUSING

The CA COVID-19 Rent Relief program that went live on March 15, 2021, officially stopped accepting new applications after March 31, 2022. Eligible applicants that submitted their application before the deadline, will still be funded up until the end of March 2022 and are protected from being evicted until their application is processed. Unfortunately, the program set a limit and will not provide rental assistance for April 2022 and onward. Meaning that tenants are subject to eviction if they are unable to pay their rent for any month starting with April of this year. With the California assistance program closed, the Housing Division will be referring clients, who are in this situation, to the Los Angeles Homeless Services Authority's (LAHSA) Homeless Prevention Program to apply for rental assistance. Eviction protections will continue to remain in place through December 31, 2022 for the following reasons: most no-fault evictions, unauthorized occupants, pets, or nuisance, and refusal to allow landlord entry due to COVID -19.

CO-OCCURRING SUPPORT TEAM (COST)

The COST team has been assisting the AOP an FSP with conducting daily wellness calls that are waiting for an assigned therapist . Additionally, they have been providing co-occurring support groups to individuals experiencing co-occurring mental health issues. Groups includes Women's recovery, Transition Age Youth, and a 12 – Step Big Book Study Group.



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

DATE: May 18, 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

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

IOET Program

- Number of all new outreach= 84
- Number client given intake appointments= 50
- Number of clients opened= 15
- Total number of ALL clients outreached= 268
- Total number of homeless served= 160
- Percentage of clients outreached that are homeless= 60%
- Percentage of clients enrolled this month in formal services that are homeless= 27%
- Total number clients outreached since inception= 4514
- Total number clients enrolled since inception= 1429

Service area:

- Pomona= 258
- Laverne= 6
- Claremont= 4
- Total= 268

Enrollments:

- FSP (Full-Service Partnership)-Older Adult= 0
- FSP-adult= 3
- FSP-TAY (Transition Age Youth) = 0
- AOP (Adult Outpatient Program) = 9
- COP (Children Outpatient Program) = 3
- FCCS (Field Capable Clinical Services) = 0
- FSP Children= 0

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Health Issues:

- Number of initial health assessments completed= 46
- Number of clients linked to PCP appointments with IOET LPT= 39

P.A.C.T. (Psychiatric Assessment Care Team)

- Number of new individuals added for the month= 20
- Number of closed individuals for the month= 21
- Number of holds written for the month= 7 holds
- Number enrolled in formal services for the month= 1
- Number pending intake appointment for the month= 0
- Number referred to IOET this month= 0



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

DATE: May 18, 2022

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

FROM: Rimmi Hundal, Director of MHSA and Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

CARE COURT

Care Court will provide essential care to persons with Schizophrenia/Psychotic Disorders, who may be otherwise resistant or incapable of caring for themselves, but not yet Gravely Disabled/eligible for Lanterman-Petris-Short (LPS) Conservatorship per statute. Care Court framework provides individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. Care Court is not for everyone experiencing homelessness or mental illness: rather it focuses on people with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capacity before they get arrested and committed to a State hospital or becomes so impaired that they ended up in a LPS mental health conservatorship. Engagement begins with a petition to the Court from a wider range of individuals, including care providers, family members, first responders or counties, among others.

Impact on Tri-City:

- Sustainable funding
- Staffing shortage
- Sanctions
- Lack of Housing Availability

ETHNIC SERVICES

Happy Asian American Pacific Islander (AAPI) Heritage Month! AAPI Heritage Month originated with Congress. In 1977 Reps. Frank Horton of New York Introduced House Joint Resolution 540 to proclaim the first ten days of May as AAPI Heritage Week. During the next decades, presidents passed annual proclamations which expanded the observance to a month. The month of May was chosen to commemorate the immigration of the first Japanese to the United States on May 7, 1843, and to mark the anniversary of the completion of the transcontinental railroad on May 10, 1869. The majority of the workers who laid the tracks were Chinese immigrants. Over 20 million people of Asian and Pacific Islander descent live in the United States totaling about 6% of the U.S. population representing a wealth and diversity of cultures and experiences within United States. The Covid-19 pandemic has caused much fear, frustration, heartache and panic in our communities.

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Multiple news outlets have reported a rise in anti-Asian racism since last year. In celebration of Asian American Pacific Islander Heritage Month, the Holistic Asian American Pacific Islander Wellness Advisory Committee (HAAPI) developed an informative newsletter this month. The newsletter highlighted an individual who identifies as AAPI and their experience around Mental Health, stigma, and under-representation. This newsletter will be available on our social media platforms to continue to bring awareness to the many challenges faced by the AAPI community. Links to helpful resources and book recommendations are also included. Additionally, to thank all Tri-City staff and celebrate AAPI heritage month small offerings of sweet treats from various Asian countries were shared at all Tri-City breakrooms for staff to enjoy.

The African American Family Wellness Advisory Council (AAFWAC) highlighted Black Maternal Health Week on April 11- 17th. This week is dedicated to bringing awareness to the disparities black women face during pregnancy. Local resources and events were shared with Tri-City staff to continue to spread awareness and support African American mothers in the community. Additionally, the council had open discussions during their monthly meeting for members to share personal experiences, and continued challenges and offer support to one another.

On April 16th recruitment for the new chairs of the RAINBOW: LGBTQ+ Wellness Advisory Council began. This council has been on hiatus for a few months due to staff shortages but is expected to resume soon. The DEI coordinator has been working diligently, outreaching community agencies to rebuild this committee and offer a safe space for collaboration.

The Native American Wellness Advisory Council continues to be under development. The DEI coordinator has been working with a community member to develop a culturally sensitive flyer to begin outreaching local agencies and community members in the months to come.

ADELANTE: Latino/Hispanic Wellness Advisory Council hosted “Rompiendo Barreras” on May 4th. A presentation targeting monolingual Spanish speakers to support reducing stigma in the Latino/Hispanic community for Mental Health Awareness Month. This was the first time ADELANTE partnered with the Mental Health Promoters “Promotores y Promotoras de Salud Mental”, individuals who empower peers through education and connections to mental health and resources in Spanish. The council had a great outcome and received positive feedback from the community about hosting more presentations around mental health in Spanish. We look forward to bridging gates in the Latinx community by collaborating again with trusted community partners like the Mental Health Promoters in the future.

WORKFORCE EDUCATION AND TRAINING (WET)

During the month of April, the Workforce Education and Training Program continued efforts to ensure a sufficiently diverse and trained staff to meet the needs of the communities that we serve. Staff members completed 180 courses over 132 hours using our online learning platform, Relias. Additional courses with a medical focus will be made available to particular staff members, for whom this additional content will be helpful. A 6-hour suicide training that meets the Board of Behavioral Science Licensing requirement was offered to clinical staff on April 18th, and eleven staff members attended.

Social Media continues to be an important method of communicating with the communities that we serve. Tri-City's social media outreach was as below:

- On Facebook, Tri-City reached 621 people
- On LinkedIn, Tri-City reached 205 views
- On Instagram, Tri-City reached 260 people and
- On Twitter, Tri-City made 707 impressions.

PREVENTION AND EARLY INTERVENTION – PEI

Community Wellbeing

Community Wellbeing Program received a total of 36 applications for the Fiscal Year 2022-2023. Applications were reviewed on April 20th and 21st by a panel of 2 Tri-City staff and 1 Community Partner. 21 communities, representing Pomona, La Verne, and Claremont, will be invited for an interview on May 11th or May 12th. Communities selected to receive a CWB Grant will be notified by the end of this month.

Stigma Reduction

For the month of April, program staff conducted outreach and engagement with K-12 public/private schools, colleges, non-profit organizations, and Tri-City staff to help promote May Mental Health Awareness activities and events. Program staff published a La Nueva Noz Advertorial to promote May Mental Health Awareness Month and why it is important to take care of your well-being.

On April 6th a mental health stigma reduction presentation was provided to Hope for Housing who serves and supports veterans with housing needs. On April 15th and 22nd, program staff attended Scripps College's and Pomona College's Fresh Check Day. Fresh Check Day is an uplifting mental health promotion and suicide prevention event for colleges that includes interactive expo booths, peer-to-peer messaging, and support of multiple campus departments and groups. Program staff participated by having an expressive arts activity to discuss how art can reduce stress and be a positive coping skill.

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There are virtual and in-person activities, webinars, virtual toolkit, and social media content incorporated with California Mental Health Services Authority's (CalMHSA) new statewide mental health campaign: [Take Action 4 Mental Health](#). Formally known as Each Mind Matters, Take Action 4 Mental Health is part of California's ongoing mental health movement, the campaign is designed to help one check in, learn more, and get support for one's own mental health or the mental health of someone they care about. The virtual toolkit includes video conferencing backgrounds, a calendar of events, poster, and pledge cards. All events and activities are posted on [Tri-City's website](#) and shared on social media @tricitymhs.

On May 2nd program staff hosted an online webinar on Know the Signs, a suicide prevention training, for Just Us 4 Youth, a local non-profit that serves transitional age youth (age 16-25).

Throughout the month, program staff hosted a table during lunch for K-12 schools located in Claremont, Pomona, and La Verne. Program staff also facilitated art workshops for K-12 public/private schools and college campuses to encourage participants to submit their artwork to Creative Minds. [Creative Minds](#), is Tri-city's art gallery where local artists of every skill level can showcase their art to help promote mental health and wellness. The next Creative Minds event is happening on **Wednesday, May 25 from 5:30-6:30pm** via Zoom.

WELLNESS CENTER

The employment team at the Wellness Center partnered with Visiting Angels, an in-home healthcare agency to host a virtual hiring event for individuals looking to work with home healthcare services. The event was held Tuesday April 26th with 11 job seekers joining the event; 8 of which were likely candidates to get hired. The Wellness Center will host 3 more hiring events in the next few weeks with the US Postal Service, FedEx and Motherly Comfort. Flyers and more information will be disseminated as each event draws closer.



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

DATE: May 18, 2022

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

FROM: Natalie Majors-Stewart, Chief Compliance Officer

SUBJECT: Monthly Best Practices Report

COMPLIANCE & BEST PRACTICES

As we prepare to start the process of transitioning from our current electronic health record and into our new electronic health record, the Best Practice division has been diligently working towards ensuring that Best Practices are upheld throughout every facet of the transition. Not only is the best practices team upholding quality monitoring and oversight for our current service activities, but the team is also working towards building a strong foundation of quality and compliance in new system. Outlined below are some details on a few vital Best Practice activities.

Workflow Transaction Scripts

Workflow transaction scripts are the specific steps that each Tri-City staff will engage in when performing and documenting client care services and/or clinic operations activities. The development of workflow transaction scripts has been a large project undertaking, which has been in progress over the last several months. This part of the project is planned to wrap up within in the next month and the final workflow testing will occur by mid-June. The workflows that are currently being refined are:

1. Service Request – List of every action performed with a client from their initial request for services, through the day of admission into services.
2. Registration – List of every action performed to register a client for services.
3. Admission – List of every action performed with in order to admit (or enroll) a client into a program.
4. Service Provision – List of every action performed with a client (from admission through discharge) to provide a treatment service (Assessment, Therapy, Group, Wellness Support, Case Management, Medications, Labs, etc.)
5. Scheduling – List of every action performed to schedule, reschedule, update scheduling, and manage appointment calendars.
6. Support – Actions related to referring, assigning, and tracking a client as they flow throughout the system of care.

7. Records, Data, Quality – Actions related ensuring medical record compliance, as well as tasks related to quality monitoring/auditing and data reporting.

The above workflows are undergoing evaluation through the following Best Practice systems to ensure that they pass internal quality checks:

Compliance	Quality Assurance	Quality Improvement	Data & Outcomes
X	X	X	X

Best Practice division involvement is vital to the workflow design process. Our goal is to ensure that all of the essential pathways have been developed for staff to perform and document their work in a way that upholds quality client care and compliance with regulatory requirements.

Data: Accuracy, Comprehensiveness, Reporting, Transfers

Closely related to workflow processes is the development of how data will be entered, used, managed and reported. Most aspects of client care are transformed into trackable data that must be accurately entered and stored into the electronic health record system. Examples of data consist of (but is not limited to) client demographics, financial information, medications prescribed, dates of service, diagnoses, etc. Data that is entered into and extracted from the electronic health record system is used for:

1. <u>Claiming</u> – Staff enter data about services provided and this data is transmitting out via claims so that we can get reimbursed for services provided.
2. <u>Clinical Decision Support</u> – Staff enter data about client histories, assessments, and interventions and that data is used to document services provision and also to help staff make clinical decisions for ongoing treatment.
3. <u>Clinical Operations</u> – Data entered into the system is used to support daily clinic operations and medical record archiving. Data that is entered about the client shapes the complete medical record for each client.
4. <u>Auditing/Monitoring</u> – Data in the system will be used to review and monitor quality and compliance with requirements and regulations. Some data will also be reported for external auditing and monitoring.
5. <u>Performance Monitoring</u> – Data in the system will be used to report on client progress, staff performance, program functioning, etc.

With this project, the need for monitoring data integrity is significant we will be transferring vital data from one system to another. The best practices team will continue to monitor data, provide tools, and help develop strategies for staff to ensure that data in the current electronic health record system and the new system maintains data accuracy, completeness, and integrity throughout the process.



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

DATE: May 18, 2022

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

FROM: Ken Riomales, Chief Information Officer

SUBJECT: Monthly Information Technology Report

I.T. OPERATIONS UPDATE

- For the month of April 2022, the I.T. department received 198 support requests. The three month rolling average is 235 tickets.

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

Cerner Implementation

- Major Milestone
 - VPN Connection between Tri-City and Cerner complete
- Next Steps
 - Continue build work for Tri-City Cerner instance
 - Coordinate End User Training
 - Finalize workflows
 - Complete Technical Requirements for Implementation

Interoperability/Data Exchange

- Efforts are on-going to meet and coordinate with LA DMH to clarify and solidify Tri-City requirements in relation to CalAIM. Part of this is determining the level of required interoperability.

Generally speaking, Interoperability partners are required to meet exchange requirements under the guise of three functional roles:

- Payer – If an organization operates in a Payer capacity, they must implement a “Payer Portal” for accessibility to relevant information. As a special district, this is not applicable to Tri-City.
- Cal-AIM Data Exchange Requirements – Final requirements and aspects of program are still being developed. The Tri-City team is active in available sessions will work towards full compliance once final rulings have been developed.

- BHQIP Interoperability – Similar to Cal-AIM, the final requirements and aspects of the program have yet to be finalized. The Tri-City team is active in available sessions will work towards full compliance once final rulings have been developed.

Additionally, in attending interoperability workshops sponsored by DHCS, it was confirmed that although DHCS is the entity responsible for ensuring all participating agency are interoperable, they themselves are not yet compliant.

- o NOTE: Once Tri-City goes live on Cerner, the Agency will have interoperability capabilities to exchange data. Anecdotally, it's been stated via BHQIP meetings that this "could/should" meet requirements. However, the overall ruling for CalAIM required interoperability is still being formed. Tri-City will continue to participate in discussions and will await final ruling.

Additional Projects

- Network Implementation (ISP Services) – Project has kicked off and is underway