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



Robin Carder (La Verne), Chair  
Vacant, Vice-Chair  
Carolyn Cockrell (La Verne), Board Member  
Rubio R. Gonzalez (Pomona), Board Member  
Jed Leano (Claremont), Board Member  
Elizabeth Ontiveros-Cole (Pomona), Board Member  
Ronald T. Vera (Claremont), Board Member

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## **GOVERNING BOARD AGENDA**

**WEDNESDAY, APRIL 15, 2020**

**5:00 P.M.**

### **MEETING LOCATION**

Pursuant to California Governor's Executive Order N-29-20 (Paragraph 3), adopted as a response to mitigating the spread of Coronavirus (COVID-19), the Governing Board is authorized to hold its public meetings via teleconference and the public seeking to observe and to address the Governing Board may participate telephonically or otherwise electronically.

Therefore, this meeting will be held via teleconference. The locations from where the Board Members are participating are not listed on the agenda and are not accessible to the public.

**To join the Governing Board meeting from PC, Mac, Linux, iOS or Android:**  
<https://meetings.ringcentral.com/j/3015034559>

**To join via telephone, dial: (623) 404-9000**

**Meeting ID: 301 503 4559**

*Public Participation. Section 54954.3 of the Brown Act provides an opportunity for members of the public to address the Governing Board and or the 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 and/or Mental Health Commission. Therefore, members of the public are invited to speak on any matter on or off the agenda. If the matter is an agenda item, you will be given the opportunity to address the legislative body when the matter is considered. If you wish to speak on a matter which is not on the agenda, you will be given the opportunity to do so at the Public Comment section.*

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by Tri-City Mental Health Center 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 1717 N. Indian Hill Blvd., Suite B, in Claremont during normal business hours.*

*In compliance with the American Disabilities Act, any person with a disability who requires an accommodation in order to participate in a meeting should contact JPA Administrator/Clerk Mica Olmos at (909) 451-6421 at least 48 hours prior to the meeting.*

**CALL TO ORDER****ROLL CALL**

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

**POSTING OF AGENDA**

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

**CONSENT CALENDAR****1. APPROVAL OF THE MINUTES FROM THE MARCH 18, 2020 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of March 18, 2020.”

**2. APPROVAL OF THE MINUTES FROM THE MARCH 19, 2020 GOVERNING BOARD ADJOURNED MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Adjourned Meeting of March 19, 2020.”

**NEW BUSINESS****3. APPROVAL OF RESOLUTION NO. 528 ESTABLISHING POLICY AND PROCEDURE NO. I.15 – TEMPORARY EMERGENCY PAID SICK LEAVE (EPSL) AND EMERGENCY FAMILY MEDICAL LEAVE ACT (EFMLA) UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) – EFFECTIVE APRIL 1, 2020**

Recommendation: “Staff recommends that the Governing Board adopt Resolution No. 528 establishing Policy and Procedure No. I.15 – Temporary Emergency Paid Sick Leave and Emergency Family Medical Leave, under the Families First Coronavirus Response Act, Effective April 1, 2020.”

**4. ELECTION OF VICE CHAIRPERSON AFTER A VACANCY EXISTS**

Recommendation: “That the Governing Board considers the election of a vice chairperson.”

**MONTHLY STAFF REPORTS**

5. **TONI NAVARRO, EXECUTIVE DIRECTOR REPORT**
6. **DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
7. **NANCY GILL, CHIEF OPERATIONS OFFICER REPORT**
8. **ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT**
9. **SEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**
10. **RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
11. **NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

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

**GOVERNING BOARD COMMENTS**

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

**PUBLIC COMMENT**

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

**ADJOURNMENT**

The Governing Board will meet next in a Regular Joint Meeting with the Mental Health Commission to be held on **Wednesday, May 20, 2020 at 5:00 p.m.** in the MHSA Office, 2001 N. Garey Avenue in Pomona, California.

MICAELA P. OLMOS  
JPA ADMINISTRATOR/CLERK



## **MINUTES**

### **REGULAR MEETING OF THE GOVERNING BOARD MARCH 18, 2020 – 5:00 P.M.**

The Governing Board held on Wednesday, March 18, 2020 at 5:11 p.m. its Regular Meeting Via Teleconference pursuant to California Governor Newsom Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

**CALL TO ORDER** Governing Board Chair Carder called the meeting to order at 5:11 p.m.

**ROLL CALL** Roll call was taken.

#### **GOVERNING BOARD**

**PRESENT:** Robin Carder, City of La Verne, Chair  
Carolyn Cockrell, City of La Verne, Board Member  
Rubio R. Gonzalez, City of Pomona, Board Member  
Jed Leano, City of Claremont, Board Member  
Ronald T. Vera, City of Claremont, Board Member

**ABSENT:** Mona Sparks Johnson, City of Pomona, Vice-Chair  
Elizabeth Ontiveros-Cole, City of Pomona, Board Member

**STAFF:** Toni Navarro, Executive Director  
Darold Pieper, General Counsel  
Diana Acosta, Chief Financial Officer  
Nancy Gill, Chief Operations Officer  
Mary Monzon, Housing Manager  
Mica Olmos, JPA Administrator/Clerk

#### **CONSENT CALENDAR**

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

#### **1. APPROVAL OF THE MINUTES FROM THE FEBRUARY 19, 2020 GOVERNING BOARD MEETING**

**Recommendation:** “A motion to approve the Minutes of the Governing Board Regular Meeting of February 19, 2020.”

**AGENDA ITEM NO. 1**

## **NEW BUSINESS**

### **2. APPROVAL OF RESOLUTION NO. 524 AUTHORIZING THE EXPENDITURE OF \$970,968.00 FROM ITS CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PLAN FUNDS FOR ELECTRICAL UPGRADES, OFFICE SPACE REMODEL AND CAPITAL IMPROVEMENTS**

Executive Director Navarro reported that there is already funding available in the CFTN Plan which had been allocated by the stakeholders over the last couple of years; that the project proposal outlines how to spend the funds; and indicated that that these funds can only be spent for the purposes of capital facilities and technology.

Board Member Cockrell stated that the Board had already approved funding for the Therapeutic Community Garden and inquired if this was simply of a re-affirmation for approval to spend the funds. Executive Director Navarro replied in the affirmative noting that there was no specific project plan and that the funds were only allocated for when ready to make improvements; and that this is the specific project development and staff was seeking Board approval.

There being no further discussion, Board Member Gonzalez moved, and Board Member Leano seconded, to adopt Resolution No. 524 authorizing the Expenditure of \$970,968.00 from its CFTN Plan Funds for the proposed electrical upgrades, office space remodel and capital improvements. The motion was carried by the following vote: AYES: Board Members Cockrell, Gonzalez, Leano, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole and Vice-Chair Sparks Johnson.

### **3. APPROVAL OF RESOLUTION NO. 525 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A PERFORMANCE AGREEMENT WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (CDHCS) FOR MENTAL HEALTH SERVICES ACT (MHSA) FUNDS**

Executive Director Navarro reported that Tri-City has been receiving and spending its Mental Health Services Act funding since 2007/08, similar to the City of Berkley; however, it was not until last year in 2019 when the State began to audit counties on their MHSA Plan spending; noting that Tri-City was added to the list this year to be audited; that at this time Tri-City and the City of Berkeley looked at the requirements and noticed that they were never informed to collect data in a particular way; that the State sent Tri-City an email notifying staff that they discovered that the State had never signed a Performance Agreement with Tri-City. She then discussed the reporting requirements under the agreement which do not involve money and only stipulates how Tri-City should report data; noted that there was one item that Tri-City was reporting on semiannual basis and it should have been submitted quarterly; that the agreement is to bring Tri-City in alignment with the other Counties; that the agreement is retroactive to year 2017/18; and that in year 2021, Tri-City will present another agreement for the next three years.

Board Member Vera referred to the agreement, under the program specifications, wherein states that “the County shall prepare and submit a three-year program and expenditure plan, and annual updates”, noting that it was his understanding that Tri-City does this already. Executive Director Navarro replied in the affirmative, indicating that Tri-City has been doing all the requirements under the agreement; however, there was only one report that staff was submitting semi-annually and it should have been submitted on a quarterly basis because staff was not aware of this requirement.

Board Member Vera then inquired if there was anything in the Agreement that can be identified that Tri-City has to do by signing this agreement. Executive Director Navarro replied in the negative and reported that the executive team had reviewed the agreement and confirmed that Tri-City was already in compliance with all of the requirements under HIPAA, documentation, outcome reporting, and that Tri-City had been doing everything with the exception of one report that was being submitted semiannually, as Tri-City had been told; however, it should have been submitted quarterly and that the State was fine with that.

There being no further discussion, Board Member Cockrell moved, and Board Member Leano seconded, to adopt Resolution No. 525 authorizing the Executive Director to execute a Performance Agreement with the California Department of Health Care Services for the provision of MHSA services. The motion was carried by the following vote: AYES: Board Members Cockrell, Gonzalez, Leano, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Ontiveros-Cole and Vice-Chair Sparks Johnson.

## **MONTHLY STAFF REPORTS**

### **4. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT**

Executive Director Navarro reported that there is nothing new from what is reported in the staff reports; however, she has maintained in daily contact with other behavioral directors via a daily update that is distributed by the CBHDA Director; that she is hearing that more and more counties are issuing “sheltering in place” orders; that she had been in communication with Jonathan Sherin (Director of the Los Angeles County Department of Mental Health) and sent him information about what Tri-City has been doing; that he had expressed appreciation for all of our efforts. She added that behavioral health services are considered essential services and Tri-City will have staff that will have to continue to show up to work with clients and of course practicing social distancing and with appropriate protective gear; that staff had been trained on how to properly use the N-95 masks; that several staff who have children had to stay home because all the schools are closed; that Tri-City has already provided all the necessary equipment to allow staff to continue their duties from home and that most of the staff has been set up to work from home; that Tri-City has already in place its Rules and Regulations to provide a two-week administration paid leave those that cannot work from work; that Tri-City signed a contract with a local taxi company to provide transportation vouchers to Tri-City clients so that they can get to/from Tri-City without using public transportation; that finance is coding all COVID-19 expenses uniquely so that Tri-City can have the amounts ready for when the State and Federal Government get ready to reimburse counties for extra funding expended in providing essential services during the pandemic; and pointed out that staff had been wonderful.

Board Member Vera stated that some of the staff reports indicated that we are taking precautions to deal with the exposure by our employees and inquired if the Executive Director was okay with the present measures that we are taking; stated that the Pomona Valley Hospital had set up a special screening unit for anyone that may be exhibiting signs of the virus whom will then be placed in a special room where the hospital employees are wearing protective gear; and that there is a regulation for employers to ensure that employees have sufficient protective wear to deal with the virus.

Executive Director stated that Tri-City received today the N-95 masks supply; that Tri-City did have a protocol in place for the last 2-1/2 weeks in which the front desk was screening everybody; that only a couple of clients exhibited symptoms and were immediately routed to a room where they were seen by psychiatrists and licensed medical staff; that staff is moving to provide only essential services and most our sessions this week have been conducted by phone as allowed by health care services; that only essential staff will have interaction with clients and they have the supplies they need; that staff is practicing social distancing and is not holding meetings in person nor group meetings are being held.

**5. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**

There was no comment.

**6. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT**

There was no comment.

**7. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT**

There was no comment.

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

There was no comment.

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

There was no comment.

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

There was no comment.

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

**GOVERNING BOARD COMMENTS**

Executive Director Navarro announced that Vice-Chair Mona Sparks Johnson had submitted, to Council Member Torres of the City of Pomona, a Letter of Resignation as member of Tri-City's Governing Board to be effective immediately citing personal health crisis and that she had expressed that it had been a privilege to work with all of us.

The Board expressed gratitude for her services and asked staff to send her a card with get well wishes.

## **PUBLIC COMMENT**

There was no public comment.

Tri-City Counsel Darold Pieper stated that staff had prepared a couple of policies, telecommuting and hazardous pay for staff onsite to provide essential healthcare duties, which would like to introduced as urgency items; he noted however, that this was not necessary as he suggested that the Executive Director had the authority under the circumstances of the emergency to implement these policies on emergency basis; however, if staff wanted the approval of the Governing Board, then the Board can convene a Special Meeting to discuss these two urgency policy items; pointing out that it would be difficult to discuss them right now since the meeting is being held via teleconference with no opportunity to read them.

Discussion ensued regarding the need to hold the meeting at the earliest opportunity to keep up with the rapid changes and protocols to be able to continue to provide services and get thing ready in anticipation that the county will shut down sooner than later.

There was Governing Board consensus to continue this meeting to tomorrow Thursday, April 19, 2020 at 5:00 p.m. to discuss the two urgency items.

Board Member Vera asked that staff include the expected financial projection of the hazardous pay for the next three to four months.

Chair Carder stated that staff also indicate which funding will be used to pay for the hazardous pay. Executive Director Navarro stated that the funding will come from the department from which staff is working in.

Board Member Vera expressed appreciation for the concern that Executive Director Navarro has for staff and wanting to provide hazardous pay; and that he just wanted to know if we can do this legally and what other counties are paying for hazardous pay. Executive Director Navarro stated that staff had looked at the surrounding counties and cities that pay hazardous pay; however, nobody has implemented hazardous pay for COVID-19; that everyone is establishing it at the same time; and pointed out that this hazardous pay is temporary and only for the COVID-19 crisis.

Board Member Vera inquired if this hazardous pay will affect Tri-City's contribution to CalPERS. Counsel Pieper replied in the affirmative noting that this pay is PERSable.

Tri-City Counsel Darold Pieper announced that subsequent to the posting of the agenda, it came to the attention of the agency that the COVID-19 pandemic emergency and related federal, state, and local emergency orders require the agency to continue providing essential mental health services, and that is accordingly necessary to adopt a telecommuting policy, and a hazardous pay policy to compensate employees who are required to expose themselves to potentially hazardous circumstances caused by the COVID-19 virus; that there is a need for the agency to take immediate action; and to add the matter of Approval of Resolution No. 526 Establishing Policy and Procedure No. I.13 -Temporary Telecommuting in Response to COVID-19 Crisis, and Approval of Resolution No. 527 Establishing Policy and Procedure No. I.14 -Temporary Hazard Pay in Response to COVID-19 Crisis, to the agenda as authorized by Section 54954.2(b)(2) of the Brown Act; and that these urgency items will be continued for discussion at tomorrow's Governing Board meeting.



**ADJOURNMENT**

At 5:46 p.m., on consensus of the Governing Board its meeting of March 18, 2020 was continued to Thursday, March 19, 2020 at 5:00 p.m. to be held via teleconference, to discuss the approval of Resolutions Nos. 226 and 227, respectively. The next Regular Meeting of the Governing Board will be held on Wednesday, April 15, 2020 at 5:00 p.m.

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Micaela P. Olmos, JPA Administrator/Clerk

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## **MINUTES**

### **ADJOURNED REGULAR MEETING OF THE GOVERNING BOARD MARCH 19, 2020 – 5:00 P.M.**

The Governing Board held on Thursday, March 19, 2020 at 5:01 p.m. its Adjourned Regular Meeting Via Teleconference pursuant to California Governor Newsom Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

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

**ROLL CALL** Roll call was taken.

#### **GOVERNING BOARD**

**PRESENT:** Robin Carder, City of La Verne, Chair  
Carolyn Cockrell, City of La Verne, Board Member  
Jed Leano, City of Claremont, Board Member  
Ronald T. Vera, City of Claremont, Board Member  
Elizabeth Ontiveros-Cole, City of Pomona, Board Member

**ABSENT:** Rubio R. Gonzalez, City of Pomona, Board Member  
Vacant, Vice-Chair

**STAFF:** Toni Navarro, Executive Director  
Darold Pieper, General Counsel  
Diana Acosta, Chief Financial Officer  
Angela Igrisan, Chief Clinical Officer  
Rimmi Hundal, Director of MHSA & Ethnic Services  
Mary Monzon, Housing Manager  
Mica Olmos, JPA Administrator/Clerk

#### **NEW BUSINESS**

##### **CONSIDERATION OF URGENCY ITEMS TO BE ADDED TO THE AGENDA**

1. Motion to add Urgency Business Item 1, Telecommuting Policy, to the agenda.
2. Motion to add Urgency Business Item 2, Temporary Hazard Pay, to the agenda.
3. Motion to add Urgency Business Item 3, Election of Vice Chairperson, to the agenda.

Counsel Pieper explained that the purpose of motion will be required to add these items to the Agenda for discussion under the Urgency Business and all three can be done together.

Board Member Vera inquired which were the resolutions that the Board needed to adopt.

**AGENDA ITEM NO. 2**

Chair Carder stated that there were two urgency items, and the third item was the selection of the vice-chairperson.

Board Member Vera further inquired if the Board had to select a vice-chair during this meeting.

Counsel Pieper stated that the Board does not have to select a vice-chair at this meeting; however, that the Joint Powers Agreement says that the vacancy should be filled at the next regular meeting of the Board which this is meeting after the vacancy occurred.

Board Member Vera stated that today's meeting is a continuation of yesterday's meeting; therefore, the vacancy occurred at this meeting and the vacancy should be filled at the next regular meeting. Counsel Pieper state that he could impart either way.

Chair Carder asked Board Member Vera to state his concern.

Board Member Vera stated that he did not have a concern; he simply wanted to give due consideration to whoever might want to serve as vice-chair, noting that there was nothing pressing to delay or continue this matter on his mind.

Chair Carder asked for the rest of the Board Members' opinion. There was consensus to defer the selection of the vice-chair to the next Board Meeting.

There being no further discussion, Board Member Leano moved, and Board Member Ontiveros-Cole seconded to add the matter of Approval of Urgency Business Item 1 -Telecommuting Policy, Urgency Business Item 2 -Temporary Hazard Pay, to the agenda as authorized by Section 54954.2(b)(2) of the Brown Act. The motion was carried by the following vote: AYES: Board Members Cockrell, Leano, Ontiveros-Cole, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Gonzalez.

### **URGENCY BUSINESS**

#### **1. APPROVAL OF RESOLUTION NO. 526 ESTABLISHING TEMPORARY TELECOMMUTING IN RESPONSE TO COVID-19 CRISIS POLICY AND PROCEDURE NO. I.13 EFFECTIVE MARCH 16, 2020**

Chair Carder inquired if the policy should be effective March 20th. Executive Director Navarro stated that it will be best to make it effective retroactive to Monday, March 16th because there is staff that have not been able to come to work because their children are out of school and also have been providing telecommuting duties as allowed by the Department of Health Care Services since March 16th.

Board Member Vera inquired if the telecommuting is in part because the executive director wished to have employees avoid being exposed to the virus, or because of the school situation and they need to stay home to take care of their children, or both. Executive Director Navarro replied that is for both reasons, pointing out that beginning on Monday March 23rd, staff will begin mandatory essential services only operations, which means that the majority of the work force will remain at home and clinical staff will be continuing to do telecommuting services as allowed by the Department of Health Care Services, noting that staff had received significant guidelines and guidance from them over the past two weeks.

Board Member Vera inquired how many employees Tri-City currently employs, and how many would be asking for telecommuting privileges if the policy was to be adopted. Executive Director Navarro replied there are 214 positions and currently 200 employed, and approximately 80% of the workforce (160 to 170 employees) will be required to telecommute; that employees do not get to ask; and that she is implementing essential staff services staff orders beginning Monday, March 23rd.

Chair Carder inquired if all employees will be able to work from home. Executive Director Navarro replied in the negative because their duties do not allow them to telecommute or to provide essential duties; therefore, they will receive paid administrative leave for two weeks beginning Monday so that they do not have to dip into their own leave bank until they exhaust the 80 hours that Tri-City will provide, noting that 40 hours of paid administrative leave will be given to part time employees.

Board Member Vera sought clarification regarding some employees will be going on paid administrative leave and be asked to stay home, and others will be working from home. Executive Director stated that for any clinical staff whose 40 weekly hours are not met, they will be able to receive paid administrative leave until the end of the year, until it is exhausted.

Chair Carder inquired if the funds are coming out of the general fund or from the emergency reserves. Chief Financial Officer Acosta stated that the coding of their time will be as they would normally code their time; therefore, funds come from whatever department/program they are assigned to.

Chair Carder stated that this is extra money that will be paid out. Executive Director said that this is separate from the paid administrative leave; and pointed out that this policy would implement an essential orders staff in anticipation that the Los Angeles County is going to go on essential services staff order at any time; therefore, Tri-City is trying to get ahead of that and have a telecommuting policy and other policies in place that will ensure staff that they do not have to worry about their health and safety because they will not be allowed to come to work. She also stated that that the telecommuting policy was prepared because everything that staff read this week clarifies for them, that when there is a "shelter in place" order, and people are not going to be allowed to come to work, you can find yourself with headaches on the back end unless you have a policy in place; therefore, staff was asking for Board approval so that staff can have a clear direction on what telecommuting means and what will be accepted as work time and what is not work time.

Board Member Vera stated that he understands what "shelter in place" orders may come; however, he also recognizes that exceptions were carved out for agencies like Tri-City because we need to be providing services. Executive Director Navarro stated that Tri-City is required to provide essential services and not all of Tri-City staff provide essential services. Board Member Vera stated that 80% of employees will be staying home under the telecommuting policy. Executive Director Navarro stated that staying home and telecommuting are two different things; and explained that telecommuting means that staff will be working from home and pointed out that not all the therapists have to come in and put themselves at risk by having in-person encounters with clients; however, Tri-City has to have a skeleton crew available in the field and onsite to provide essential services by our mandate as public servants; that there are also staff who do not have duties that need to be performed while we are shutdown.

She stated that also part of the reason is that the CDC, and the California Governor, are asking all business to send home employees and do not allow them to come to work if they do not have to; that this also honors the safety and wellbeing of many of our staff, who are extremely anxious about the fact that they still have to come to work and staff who cannot come to work because they are taking care of kids; pointing out that the San Bernardino County School District is shuttered until May 4th, and many staff will be out of the office because they do not have childcare options and will be running out of their personal leave time at any minute, which is a separate issue; however, the telecommuting policy works because we have clients that need to be seen and taken care of; that the CMS (Center for Medicaid Services) and Department of Health Care Services allows Tri-City, through its Waiver, to make telephonic and telehealth services for the staff that does not have to be exposed to danger by coming to work; and then explained the staff rotations needed on a daily basis to provide essential services.

Chief Clinical Officer Igrisan stated that this is not only for the safety of Tri-City staff, but also for the safety of our clients and of the community in order to limit exposure and keep people out of the hospitals and emergency rooms; that it is also our duty as citizens to help prevent the spread; and we anticipate that as this crisis continues, there will be evolving staffing concerns because if one staff member gets sick, we want to be able to have the ability to rotate in and out; that all the staff has the equipment and they can perform duties from home; that many are community based and they are already in the field doing their work in their cars, in their laptops, and in their phones, and telecommuting is not that far from what they are doing right now; and it is definitely in response to the virus.

Board Member Vera stated that he certainly recognizes that this is really an extraordinary emergency and does not want to put any of our employees in harm's way; however, he also recognizes just coming from a hospital board meeting, that we are asking people to provide health care and they might be exposed to this virus, but we are going to take every precaution to protect them; and expressed concern that Tri-City will be turning away persons that need help and will be showing up at Pomona Valley Hospital, or that they are just not getting the care that we supposed to provide.

Executive Director Navarro replied that Tri-City will not be turning away people. She explained that this will not happen; that staff is fully aware that regardless of being on telecommuting or paid administrative leave, that they need to be available when needed, and clients will not go unseen; and discussed the protocols in place including providing cell phones for clients to be able to call us and vice versa, and any one that needs our help will get the help they need including Pomona Valley Hospital, noting staff is in close contact with them and that we are offering the same service.

Board Member Vera asked if the Executive Director had contemplated that this can stretch out to three to four months. Executive Director Navarro replied in the affirmative and noted that unfortunately, Tri-City cannot provide paid administrative leave indefinitely; however, telecommuting can continue to be offered; that she has been also in contact with the three City Managers to let them know what Tri-City is doing; that the LADMH Director is happy with our plan and the level of services that we have been providing this week, and that we continue to provide essential services.

Board Member Ontiveros-Cole talked about the length of time that schools will be out and, predicting that schools will not be back in service until August or September, inquired what will happen in that scenario.

Executive Director Navarro stated that in this scenario, once the COVID-19 crisis is abated, and people are able to gather and not have such rigid social distancing guidelines in May or June, Tri-City will go back to regular operations and staff will not be telecommuting; pointing out that the telecommuting policy is temporary and is only in response to the COVID-19 crisis; understanding that the schools will be closed well beyond COVID crisis due to timing, but staff will be back.

Board Member Vera referred to page 2, under section 2.2.4 of the Policy wherein it states that *"no employee engaged in telecommuting will be allowed to conduct face-to-face business in their homes"* and inquired if this meant that any client meetings will be done outside, and if they have to have meetings they have to do it somewhere else other than their home. Executive Director Navarro stated that this language means that staff is not allowed to have in-person encounters at home, pointing out that this is an example of the importance of having a policy in place.

Board Member Vera then referred to page 3, section 2.4.4, and expressed concern in dealing with HIPAA compliance, stating that we have to make sure that those employees that are working from home will have information encrypted or is not left out so that somebody else can see it. Executive Director Navarro stated that Tri-City has guidance from the Federal government that made it very clear they are going to be very lenient with MediCal providers and county behavioral health providers throughout the country with HIPAA regulations, knowing that everyone is doing their best to make sure that people's emergent mental health and physical health are met, while at the same time they are doing HIPAA; and that Tri-City has implemented a new email encryption system so that everything that we send out in Tri-City email is fully encrypted; and that Tri-City's Electronic Health Records is a web-based application which is fully HIPAA compliant; and clinical staff have been provided a one-page instructions about how to keep information safe and comply with HIPAA regulations.

Chair Carder stated that the Board supports staff and was asking questions that are important to them because the Board wants to make sure that we never to go back to the problems that led to bankruptcy, because business will be hurting after this settles; and that the Board does respect the employees.

There being no further discussion, Board Member Leano moved, and Board Member Cockrell seconded, to adopt Resolution No. 526 establishing Policy and Procedure No. I.13 – Temporary Telecommuting in Response to COVID-19 Crisis effective March 16, 2020. The motion was carried by the following vote: AYES: Board Members Cockrell, Leano, Ontiveros-Cole, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Gonzalez.

Executive Director Navarro thanked the Governing Board for adopting this telecommuting policy because it not only allows staff to continue to provide services, nor because of the staff morale, their loyalty and commitment to Tri-City will be high because they will see that we care about them; but because we will be asking our staff to do a lot of work.

**2. APPROVAL OF RESOLUTION NO. 527 ESTABLISHING TEMPORARY HAZARD PAY IN RESPONSE TO COVID-19 CRISIS POLICY AND PROCEDURE NO. I.14 EFFECTIVE MARCH 16, 2020**

Chief Financial Officer Acosta stated that she, the rest of the finance team, and the rest of the executive team, are very cognizant and conscientious specially during this hard times, and that they are pacing themselves in making sure that they are approaching this with a lot of caution, with the employees in mind and the welfare of the agency overall.

She then talked about the temporary hazardous pay and explained that staff thought that this was appropriate to offer as a benefit to employees that are required to be onsite working directly with the public or having to be in the office for essential processes that need to be taken care of during this period; that the policy is temporary and it will be \$3 dollars hourly pay; that she roughly estimated that 40 employees will be required to be onsite, some full time and some only intermittently, and approximately \$38,000 will cover approximately four weeks.

Chair Carder sought clarification regarding the effective date of the resolution. Chief Financial Officer Acosta asked if the Resolution can be made effective on March 23, 2020.

Board Member Vera asked if a person is telecommuting, and is asked to be called in to do an in-person encounter, will be eligible for hazardous pay. Chief Financial Officer Acosta replied in the affirmative, noting that all employees assigned telecommuting are on-call.

Board Member Vera inquired how exempt employees will they be compensated if they are eligible for hazardous pay. Executive Director Navarro stated that there will be a special code assigned hazardous pay for the hours worked. Board Member Vera further inquired how will those employees that do not get paid hourly, meaning are paid a straight salary, be paid. Chief Financial Officer Acosta replied that they will also get paid hourly.

Board Member Vera further stated that he had no idea whether staff will not get paid enough or paid too much, and inquired if \$3 is something that we determined.

Chair Carder inquired how staff came out with the \$3 hourly pay. Chief Financial Officer Acosta stated that HR Manager conducted the research through several governmental local agencies; that the range varied from \$2 to higher than \$3 dollars; that staff also took into consideration the time and one-half pay; however, staff decide that \$3 was more appropriate because it was right in the middle.

Board Member Vera told Chair Carder that we should make this part of the Minutes so that it does not appear that this is an arbitrary decision; that it is something that staff has looked into; and that it is reasonable and appropriate for the circumstances.

There being no further discussion, Board Member Vera moved, and Board Member Leano seconded, to adopt Resolution No. 527 establishing Policy and Procedure No. I.14 – Temporary Hazard Pay in Response to COVID-19 Crisis effective March 23, 2020. The motion was carried by the following vote: AYES: Board Members Cockrell, Leano, Ontiveros-Cole, and Vera; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: Board Member Gonzalez.

### **GOVERNING BOARD COMMENTS**

Chair Carder indicated that the Board will select a vice-chair at its next meeting.

### **PUBLIC COMMENT**

James Curtis, of NAMI Pomona, thanked the Governing Board for its continued support; stated that he will be having some conversations with staff starting tomorrow about some work around their PEI and CSS contracts; that staff has been great in working with them in trying to accommodate things that happened with him; and he reiterated how much he appreciates their partnership with Tri-City.

**ADJOURNMENT**

At 5:45 p.m., on consensus of the Governing Board its Adjourned Meeting of March 19, 2020 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, April 15, 2020 at 5:00 p.m. at a location to be determined due to COVID-19.

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Micaela P. Olmos, JPA Administrator/Clerk

DRAFT





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

**DATE:** April 15, 2020

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

**FROM:** Toni Navarro, LMFT, Executive Director

**BY:** Kitha Torregano, Human Resources Manager

**SUBJECT:** Approval of Resolution No. 528 Establishing Policy and Procedure No. I.15 - Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA) under the Families First Coronavirus Response Act (FFCRA) – Effective April 1, 2020

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Summary:

The Families First Corona Virus Response Act (FFCRA) became law on April 1, 2020. Specifically, employers of fewer than 500 workers must provide up to 12 weeks paid leave for an employee who cannot work because the school or child-care provider of that employee's child is closed as a result of a public-health emergency. Tri-City Mental Health Authority is a covered employer and thereby must adopt these temporary policies in order for staff to access the leave as needed.

Background:

In response to the COVID-19 pandemic and its impact on the American workforce, including loss of wages due to illness, quarantine, caring for an ill family member and the sudden and sustained closure of all schools in the country leaving minors potentially without adult supervision, legislators at the federal level enacted the Families First Corona Virus Response Act which allows for employees, in certain situations and under specific conditions to be provided Emergency Paid Sick Leave (EPSL) and/or Emergency Family and Medical Leave (EFMLA), an expansion of the Federal Family and Medical Leave Act. These emergency benefits are extended to workers until December 31, 2020.

An employee using Emergency Paid Sick Leave must certify the reason for the leave either by completing the Emergency FMLA and/or Emergency Paid Sick Leave (Exhibit A of the Policy) and presenting written documentation from a healthcare provider or other acceptable documentation. Tri-City may deny this leave to any employee who is a health care provider or emergency responder.

Fiscal Impact:

Employees are entitled to Emergency Paid Sick Leave (EPSL) at their regular rate of pay or at two-thirds of the employee's regular rate of pay depending on the reason for the emergency sick leave.

**Governing Board of Tri-City Mental Health Authority**  
***Approval of Resolution No. 528 Establishing Policy and Procedure No. I.15 - Temporary***  
***Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA)***  
***under the Families First Coronavirus Response Act (FFCRA) – Effective April 1, 2020***  
**April 15, 2020**  
**Page 2**

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 528 establishing Policy and Procedure No. I.15 – Temporary Emergency Paid Sick Leave and Emergency Family Medical Leave, under the Families First Coronavirus Response Act, Effective April 1, 2020.

Attachments

*Attachment 3-A:* Resolution No. 528 - DRAFT

*Attachment 3-B:* Policy and Procedure No. I.15 – Temporary Emergency Paid Sick Leave and Emergency Family Medical Leave, under the Families First Coronavirus Response Act, Effective April 1, 2020 - DRAFT

**RESOLUTION NO. 528**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ESTABLISHING POLICY AND PROCEDURE NO. I.15 – TEMPORARY EMERGENCY PAID SICK LEAVE (EPSL) AND EMERGENCY FAMILY MEDICAL LEAVE ACT (EFMLA) UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) – EFFECTIVE APRIL 1, 2020**

**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”) desires to establish Policy and Procedure No. I.15 – Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA) to comply with H.R. 6201 – Families First Corona Virus Response Act (FFCRA) that became law on April 1, 2020.

B. EPSL requires employers of fewer than 500 workers to provide up to 12 weeks paid leave for an employee who cannot work because the school or child-care provider of that employee's child is closed as a result of COVID-19 (Coronavirus disease 2019).

C. EFMLA requires employers to provide paid sick time to employees who are unable to work due to the effects of COVID-19 (Coronavirus disease 2019) as specified by the Department of Health and Human Services and the Department of Labor.

A. This policy is temporary and will remain in effect until December 31, 2020. Participation does not change the terms and conditions of employment with Tri-City Mental Health Authority (“Tri-City”). The employee must certify the need for use of the Emergency Family and Medical Leave and/or Emergency Paid Sick Leave in writing at the time of the request.

**2. Action**

The Governing Board approves Policy and Procedure No. I.15, Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA), effective retroactively April 1, 2020, when the FFCRA became law.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 15, 2020 by the following vote:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

\_\_\_\_\_  
ROBIN CARDER, CHAIR

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

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

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



# POLICY & PROCEDURE

<b>SUBJECT:</b>  <b>Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA) under the Families First Coronavirus Response Act (FFCRA)</b>	<b>POLICY NO.:</b>  <b>I.15</b>	<b>EFFECTIVE DATE:</b>  <b>04/01/2020</b>	<b>PAGE:</b>  <b>1 of 8</b>
<b>APPROVED BY:</b>  <b>Executive Director Governing Boar</b>	<b>SUPERCEDES:</b>	<b>ORIGINAL ISSUE DATE:</b>  <b>04/01/2020</b>	<b>RESPONSIBLE PARTIES:</b>  <b>Executive Team HR Department</b>

## 1. PURPOSE

**1.1** To establish and comply with H.R. 6201 – Families First Corona Virus Response Act (FFCRA) that became law on April 1, 2020. There are two parts to the FFCRA: (1) Emergency Paid Sick Leave (EPSL) and (2) the expansion of FMLA called Emergency Family and Medical Leave Act (EFMLA).

**1.1.1** Division C, Sec. 3102 -Emergency Family and Medical Leave Expansion Act permits employees to take public health emergency leave through December 31, 2020, to care for the employee's child during a COVID-19 (i.e., coronavirus disease 2019) public-health emergency. Specifically, employers of fewer than 500 workers must provide up to 12 weeks paid leave for an employee who cannot work because the school or child-care provider of that employee's child is closed as a result of a public-health emergency.

**1.1.2** Division E, Sec. 5102 -Emergency Paid Sick Leave Act requires employers to provide paid sick time to employees who are unable to work due to the effects of COVID-19 (i.e., coronavirus disease 2019) as specified by the Department of Health and Human Services, in consultation with the Department of Labor.

**1.2** This policy is temporary and will remain in effect until December 31, 2020. Participation does not change the terms and conditions of employment with Tri-City Mental Health Authority (“Tri-City”). The employee must certify the need for use of the Emergency Family and Medical Leave and/or Emergency Paid Sick Leave in writing at the time of the request.

## 2. POLICY

### 2.1 Emergency Paid Sick Leave Act

**2.1.1** Employees are entitled to Emergency Paid Sick Leave at their regular rate of pay if they are unable to work or telework for the following reasons:





## POLICY & PROCEDURE

<b>SUBJECT:</b> <b>Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA) under the Families First Coronavirus Response Act (FFCRA)</b>	<b>POLICY NO.:</b> <b>1.15</b>	<b>EFFECTIVE DATE:</b> <b>04/01/2020</b>	<b>PAGE:</b> <b>3 of 8</b>
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**2.1.6 Certification.** An employee using Emergency Paid Sick Leave must certify the reason for the leave either by completing the *Emergency FMLA and/or Emergency Paid Sick Leave (Exhibit A)* and presenting written documentation from a healthcare provider or other acceptable documentation. All documentation must include the name of the healthcare provider, the patient's name/employee name, the relationship to the patient, the name of the government entity.

**2.1.7 Emergency Paid Sick Leave Reinstatement.** Unused Emergency Paid Sick Leave will not be reinstated after December 31, 2020.

### **2.2 Emergency Family and Medical Leave Expansion Act**

**2.2.1 Eligibility.** Employees are eligible for up to 12 weeks of job-protected Public Health Emergency Leave ("Emergency FMLA" or "Emergency Family and Medical Leave") if the following requirements are met:

**2.2.1.1** The employee has worked for Tri-City for at least 30 calendar days;

**2.2.1.2** The employee is unable to work (or telework) due to a need to care for the son or daughter (under 18 years of age) who's school or place of care has been closed, or who's child care provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority; and

**2.2.1.3** The employee provided reasonable notice of the need for the leave.

**2.2.1.4** Protected Public Health Emergency Leave is a form of FMLA leave and is not in addition to any other FMLA leave.

**2.2.2 Paid Leave.** The first 10 days of Emergency Family and Medical Leave may consist of unpaid leave unless the employee elects to utilize accumulated leaves, including Emergency Paid Sick Leave in section 1 above. For the remaining 10 weeks, an employee is entitled to paid leave at two-thirds of the employee's regular rate of pay. However, paid leave is subject to a cap of \$200 per day and \$10,000 total.

### **2.2.3 Restoration to Prior Position.**

**2.2.3.1** Employees out on Emergency Family and Medical Leave are entitled to reinstatement to their prior position unless the position held by the employee does not exist due to economic conditions or other changes in operating conditions caused by a public health emergency during the period of leave.



## POLICY & PROCEDURE

<b>SUBJECT:</b> <b>Temporary Emergency Paid Sick Leave (EPSL) and Emergency Family Medical Leave Act (EFMLA) under the Families First Coronavirus Response Act (FFCRA)</b>	<b>POLICY NO.:</b> <b>I.15</b>	<b>EFFECTIVE DATE:</b> <b>04/01/2020</b>	<b>PAGE:</b> <b>4 of 8</b>
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**2.2.3.2** If Tri-City is unable to restore the employee to an equivalent position to the employee's prior position, Tri-City will notify the employee if an equivalent position becomes available within 1-year of either, the date the public health emergency concludes or date which is 12 weeks after the employee started their Emergency Family and Medical Leave, (which ever date is earlier). Notification shall be by regular mail to the employees address on file.

**2.2.4 Expiration.** The provision of this section shall expire on December 31, 2020 or when the Emergency Family and Medical Leave Expansion Act is no longer effective.

### 3. PROCEDURES

- 3.1** Employees shall request leave as soon as practicable and shall certify the need for leave in writing at the time of the request by completing the Emergency FMLA and/or Emergency Paid Sick Leave (Exhibit A) and presenting written documentation from a healthcare provider or other acceptable documentation. All documentation must include the name of the healthcare provider, the patient's name/employee name, the relationship to the patient, the name of the government entity.
- 3.2** Tri-City may deny this leave to any employee who is a health care provider or emergency responder.

### 4. FORMS

- 4.1 Exhibit A** – Emergency FMLA and/or Emergency Paid Sick Leave
- 4.2 Exhibit B** – Requirements Under FFCRA Table



**EXHIBIT A**

**Request For Emergency FMLA Leave and/or Emergency Paid Sick Leave**

Employee Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Department \_\_\_\_\_ Position Title \_\_\_\_\_

Hire Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

I am requesting (check one or both):

\_\_\_\_\_ Family and Medical Leave Act Public Health Emergency Leave (“EFMLA”)

\_\_\_\_\_ Emergency Paid Sick Leave (“EPSL”)

If approved for EFMLA, the first 10 days of this leave are unpaid but you have the option to substitute your pay during those 10 days with any available accrued vacation personal, sick, or EPSL.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with EPSL, check both options above and complete both Sections of this form.

If you are requesting EFMLA and want to substitute your pay for the first 10 days with leave other than EPSL, complete Section One of this form and request the vacation, personal, or sick leave as you would normally.

**SECTION ONE: REQUEST FOR EFMLA**

I am requesting EFMLA for the following reason (check one):

\_\_\_\_\_ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter’s school or place of care has been closed due to a public health emergency.

\_\_\_\_\_ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because the child care provider of my son or daughter is unavailable due to a public health emergency.

[continued on page 2.]





I am requesting EFMLA begin on \_\_\_\_\_, 2020.

I expect to use EFMLA until \_\_\_\_\_, 2020.

I am requesting to take EFMLA on an intermittent basis:  Yes  No

I am requesting to take EFMLA on an intermittent basis as follows: \_\_\_\_\_.

I am requesting to take EFMLA on an intermittent basis for the following reason(s): \_\_\_\_\_.

I acknowledge that I may be denied EFMLA or may be not granted the entirety of EFMLA requested if I have already previously used all or a portion of FMLA leave.

\_\_\_\_\_  
Employee Signature

I acknowledge that if approved for EFMLA that the first 10 days of EFMLA are unpaid but that I have the option to substitute my pay during those 10 days with any available accrued vacation personal, sick, or EPSL I may have.

\_\_\_\_\_  
Employee Signature

I acknowledge that I will not be approved for EFMLA without a submitting documentation supporting the need to take EFMLA. I am submitting with this request a true and correct copy of documentation in support of my need to take EFMLA. I also acknowledge that I may also have to submit certifications related to my need to take EFMLA

\_\_\_\_\_  
Employee Signature

**NOTE:** Examples of acceptable supporting documentation include the following: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

**SECTION TWO: REQUEST FOR EPSL**

I am requesting EPSL because I am unable to work or telework because of the following reason:

\_\_\_\_\_ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.



\_\_\_\_\_ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

\_\_\_\_\_ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

\_\_\_\_\_ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

\_\_\_\_\_ I am caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.

\_\_\_\_\_ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I am requesting EPSL begin on \_\_\_\_\_, 2020.

I expect to use EPSL until \_\_\_\_\_, 2020.

I am requesting to take EPSL on an intermittent basis:  Yes  No

I am requesting to take EPSL on an intermittent basis as follows: \_\_\_\_\_.

I am requesting to take EPSL on an intermittent basis for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_.

I acknowledge that I will not be approved for EPSL without a submitting documentation supporting the need to take EPSLA. I am submitting with this request a true and correct copy of documentation in support of my need to take EPSL. I also acknowledge that I may also have to submit certifications related to my need to take EPSL.

\_\_\_\_\_  
Employee Signature

**NOTE:** Examples of acceptable supporting documentation will vary depending on the reason for EPSL. A reference to the applicable Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 are examples of acceptable documentation. If EPSL is related to the need to care for a son or daughter, acceptable documentation includes a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.



## EXHIBIT B

<b>REQUIREMENTS UNDER FFCRA</b>		
<b>Qualifying Reasons for Leave</b>	<b>Paid Entitlements for Full Time Employees</b>	<b>Paid Entitlement for Part Time Employees</b>
<p>1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.</p> <p>2. Employee has been advised by a health care provider to self-quarantine related to COVID-19.</p>	<ul style="list-style-type: none"> <li>• FT employees are eligible for up to two weeks of paid sick leave at 100% of pay, up to \$511 daily, for a total of \$5,110.</li> <li>• FT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> </ul>	<ul style="list-style-type: none"> <li>• PT employees are eligible for up to two weeks of paid sick leave at 100% of pay, based on the number of hours that the employee is normally scheduled to work over the two-week period.</li> <li>• PT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> </ul>
<p>3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.</p>	<ul style="list-style-type: none"> <li>• FT employees are eligible for up to two weeks of paid sick leave at 100% of pay, up to \$511 daily, for a total of \$5,110.</li> <li>• FT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> <li>• FT employees may be eligible for FMLA under the normal FMLA requirements (employed 12 months, worked 1250 hours, has not exhausted 12 weeks of FMLA previously).</li> </ul>	<ul style="list-style-type: none"> <li>• PT employees are eligible for up to two weeks of paid sick leave at 100% of pay, based on the number of hours that the employee is normally scheduled to work over the two-week period.</li> <li>• PT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> <li>• PT employees may be eligible for FMLA under the normal FMLA requirements (employed 12 months, worked 1250 hours, has not exhausted 12 weeks of FMLA previously).</li> </ul>
<p>4. Employee is caring for an individual subject to an order of a Federal, State or local quarantine or isolation related to COVID-19, or is caring for an individual advised by a health care provider to self-quarantine related to COVID-19.</p> <p>5. Employee is experiencing any other substantially-similar condition specified by the US Department of Health and Human Services.</p>	<ul style="list-style-type: none"> <li>• FT employees are eligible for up to two weeks of paid sick leave at 2/3 of pay, up to \$200 daily, for a total of \$2,000.</li> <li>• FT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> </ul>	<ul style="list-style-type: none"> <li>• PT employees are eligible for up to two weeks of paid sick leave at 2/3 of pay, based on the number of hours that the employee is normally scheduled to work over the two-week period.</li> <li>• PT employees may supplement this two-week period with accrued leave to bring the employee to their full regular pay.</li> </ul>
<p>6. Employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.</p>	<ul style="list-style-type: none"> <li>• FT employees are eligible for up to an additional ten (10) weeks of expanded family and medical leave at 2/3 of pay, up to \$200 daily, for a total of \$10,000.</li> <li>• FT employees may not supplement this ten-week period with any accruals.</li> </ul>	<ul style="list-style-type: none"> <li>• PT employees are eligible for up to an additional ten (10) weeks of expanded family and medical leave at 2/3 of pay, based on the number of hours that the employee is normally scheduled to work over that period.</li> <li>• PT employees may not supplement this ten-week period with any accruals.</li> </ul>



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

**DATE:** April 15, 2020  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Toni Navarro, LMFT, Executive Director  
**BY:** Mica Olmos, JPA Administrator/Clerk  
**SUBJECT:** Election of Vice Chairperson After a Vacancy Exists

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Summary:

The Joint Powers Agreement between the Cities of Pomona, Claremont, and La Verne, requires that in the event that the vice chairperson ceases to be a member, the resulting vacancy shall be filled at the next regular meeting of the Board held after such vacancy occurs.

Background:

On March 18, 2020, Tri-City received notification from the City of Pomona that Mrs. Mona Sparks Johnson, community representative for the City of Pomona, had submitted her resignation as member of Tri-City's Governing Board to be effective immediately, resulting in a vacancy. Accordingly, the Governing Board shall fill this vacancy.

This matter was presented to the Governing Board at its Adjourned Meeting of March 19, 2020, and at said meeting, there was Board consensus to discuss this matter at its Regular Meeting of April 15, 2020.

Pursuant to the Joint Powers Agreement, Tri-City is governed by a Governing Board composed of seven members, four of which are council members of his/her respective City, and three members are community members appointed by the three Cities; each serving in his/her individual capacity and without compensation. The chairperson presides at and conducts all meetings of the Governing Board. In the absence or inability of the chairperson to act, the vice chairperson shall act as chairperson.

Funding:

None required.

Recommendation:

Staff recommends the Governing Board consider the election of a vice chairperson.



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

**DATE:** April 15, 2020  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Toni Navarro, LMFT, Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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**COVID-19 FISCAL IMPACTS AND UPDATES PERTAINING TO COUNTY BEHAVIORAL HEALTH**

California's county behavioral health system, which includes Tri-City, is funded by various tax revenues including local jurisdiction sales tax, vehicle license registration fees, "the Millionaires tax" (MHSA), and matching service delivery dollars from the Center for Medi-Caid Services, known as Federal Financial Participation funds (FFP). The statewide "Safer at Home" order that began on Friday March 20th and the delay of the annual tax filing deadline have, of course, significant impacts and negative implications for these funding streams. On a national scale, the impact on the stock market will no doubt further add to fiscal challenges in MHSA for a few years to come. Moreover, as local area residents adjust to the COVID-19 crisis and Tri-City pivots to majority telehealth services, impacts on client service delivery will expectedly occur and result in a drop in anticipated annual FFP revenue. As of the writing of this report, various county behavioral health departments across the State are reporting declines in client service delivery revenues of 30-80% in the first 3 weeks of COVID-19 adjustments. However, the Executive Director is very proud to inform the Governing Board that Tri-City's data shows Tri-City's service delivery revenue only dipped 27%-but a dip nonetheless.

Overall, county behavioral health is bracing itself not only for decreases in funding, but also for a surge in service need as this crisis continues, and will no doubt last for quite some time. As of now, Los Angeles County is continuing its 'Safer at Home' order for another 4 weeks which will expand and deepen the hurt (economic, social, emotional, psychological) residents will experience as a result of COVID-19.

In response, CBHDA has been tremendously proactive in seeking State and Federal support to assist county behavioral health in recouping funds that are arising directly, (and completely unexpectedly) as a result of caring for its most vulnerable populations during this crisis, as well as to fill the gaps that will occur for some time ongoing. Specifically, CBHDA is advocating for counties/two cities to receive \$100 million of the \$1 billion in emergency funds for the health care system assistance the Legislature approved early on in the crisis response; as well as is working with the California Department of Health Care Services (DHCS) to propose amendments to California's contract with the Center for Medi-Caid Services in order for the counties/two cities to receive additional FFP for COVID-19 crisis response services.

Finally, CBHDA is working with the MHSOAC and legislators to see if there are real-time and minor modifications that can be made to MHSA spending and reporting regulations that will allow for more flexibility in the use of MHSA funds to accommodate the increase and unique needs arising as a result of the impact of COVID-19 on California's residents.

In order to stay connected and keep all proposals in motion, CBHDA and all behavioral health directors have twice weekly hour long calls; and DHCS hosts county behavioral health and CBHDA in a call once a week. To date, there is nothing yet definitive to report on these proposals and requests. The Executive Director will keep the Governing Board fully abreast of any developments.

### **MENTAL HEALTH SERVICES ACT 3-YEAR PLAN UPDATE AS A RESULT OF COVID-19**

As noted earlier in this report, CBHDA has been unceasingly advocating on behalf of county behavioral health to seek funding support from both the state and federal levels to assist in filling the already emerging revenue gaps that are occurring as a result of the COVID-19 Crisis.

Tri-City's 3-Year MHSA Plan was formulated in January and February well before COVID-19 and in the absence of any concern about financial downturns. Currently, Tri-City's Executive Director, MHSA Director and Chief Financial Officer are in consultation with CBHDA and other statewide partners and are attempting to evaluate the fiscal impact to county behavioral health over the next month to next few years. Consequently, Tri-City's administration has made the decision to pause the approval of the proposed MHSA 3-Year Plan as originally conceived. Over the next week, Tri-City (and all of county behavioral health in the State) hopes to get clarity that can then more accurately guide the MHSA planning process moving forward. Tri-City is planning to announce an MHSA Stakeholder's meeting in late April during which time these fiscal updates will be presented and any needed adjustments to the 3-Year plan will be proposed.

Following any update to the 3-Year Plan, a draft will again be posted for the mandatory 30-day public comment period before being brought to the Mental Health Commission during the convening of a public hearing for consideration of recommendation of approval to the Governing Board in June. The Tri-City Administration plans to bring details of any newly posted draft to the Governing Board and Mental Health Commission for its review at their joint meeting in May 2020. The Mental Health Services Oversight and Accountability Commission (MHSOAC) has already allowed that given the unprecedented circumstances counties may miss the regularly required June 30<sup>th</sup> deadline for MHSA Annual Updates and 3-Year Plan Board approvals as needed and not have any penalty nor interruption of funding.

**FIRST ANNUAL CALIFORNIA BEHAVIORAL HEALTH DIRECTORS' ASSOCIATION (CBHDA) LOBBY DAY CANCELED—COVID-19 RESPONSE UPDATES TO REPLACE**

It was reported last month that with the unprecedented amount of attention being paid to the work provided by public behavioral health agencies, CBHDA staff had arranged for each of the California behavioral health directors to meet with their counties'/cities' State elected officials at the State Capitol on Wednesday, April 15th. The intention was for Directors and their relevant legislators the opportunity to meet face-to-face and share information, ask questions, and to discuss the specific needs of each county/city agency prior to legislator's taking their final actions on proposed new bills and proposed budget actions.

In light of the COVID-19 pandemic, Lobby Day has been canceled. However, many senators and assembly members are making themselves available on the same day, April 15, for phone conferencing with Directors to hear about/get updates as to the behavioral health needs and public agencies' response to the Coronavirus crisis. CBHDA staff has thus far scheduled calls for Tri-City's Executive Director with Senator Anthony Portantino (La Verne and Claremont) and Assembly Member Freddie Rodriguez (Pomona). In light of not getting calls scheduled with Senator Connie Leyva (Pomona) and Assembly Member Chris Holden (La Verne), the Executive Director emailed their local staff representatives information as to how Tri-City has adjusted and expanded operations during this time.



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

**DATE:** April 15, 2020

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

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

**SUBJECT:** Monthly Finance Report

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**UNAUDITED FINANCIAL STATEMENTS FOR THE EIGHT MONTHS ENDED  
FEBRUARY 29, 2020 (2020 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the eight months ended February 29, 2020. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$4.8 million. MHSA operations accounted for approximately \$4.4 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 2019, Tri-City received MHSA funding of approximately \$11.0 million, of which \$8.4 million were for approved programs for fiscal 2019-20 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2019. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2019-20. In addition, during fiscal 2019-20 approximately \$8.5 million in MHSA funding has been received for which \$3.2 million was identified and approved for use in the current fiscal year 2019-20 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$11.6 million. Unlike the requirement to reflect all available and **approved** MHSA funding when received as non-operating revenues, MHSA operating costs are reflected when incurred. Therefore, the matching of revenue to expense is not consistent as the timing of expenditures will lag behind the timing of revenue recognition.

The remaining increase in net position of approximately \$372 thousand is from Clinic outpatient operations, which is the result of operations for the eight months ended February 29, 2020.



**Governing Board of Tri-City Mental Health**  
**Toni Navarro, LMFT, Executive Director**  
**Monthly Staff Report of Diana Acosta**  
**April 15, 2020**  
**Page 2**

The total cash balance at February 29, 2020 was approximately \$25.7 million which represents a decrease of approximately \$657 thousand from the June 30, 2019 balance of approximately \$31.9 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had a decrease in cash of approximately \$1.3 million. This was as a result of various normal operating activities including the payments of payroll and payments to vendors. MHSA operations reflected increase in cash of approximately \$615 thousand, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$8.5 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$5.5 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eight months ended February 29, 2020 of which approximately \$800 thousand related to interim cost report settlements covering fiscal years 2007-08, 2008-09, and 2014-15.

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

### FY 2019-20 Bankruptcy Payments

The total bankruptcy liability balance as of the date of this report is currently \$656,064. Management is continually reviewing the ability to make additional payments throughout the year.

### Costs In Response to COVID-19:

Since the Shelter in Place order in the State of California, and given the current circumstances, management is continually assessing the needs of the agency in order to be able to meet the needs of our clients and continue as best we can, current programs. As necessary, and to ensure appropriate social distancing, minimal staffing and staff rotation practices have been adopted and as such, additional computers and teleconferencing equipment have been purchased to provide adequate resources for Tri-City staff. As of April 10, 2020, the total estimated costs incurred for equipment to facilitate teleconferencing, is \$61,500. Additionally, as authorized at the previous Governing Board meeting, Hazard Pay at the rate of \$3.00 per hour for hours worked on location, have been paid beginning March 23, 2020 and as of pay period ending April, 5, 2020, a total of \$10,844 has been paid to Tri-City staff.

We are continuing to participate in CBHDA Finance Committee conference calls and staying abreast of information being provided at the state level, specifically regarding potential funding and reimbursements for COVID-19 related costs.

MHSA Funding Updates

**Estimated Current Cash Position** – The following table represents a brief summary of the estimated current MHSA cash position as of the eight months ended February 29, 2020 which includes estimates to project the ending cash balance at June 30, 2020.

	<b>MHSA</b>
Cash at February 29, 2020	\$ 25,748,874
Receivables net of Reserve for Cost Report Settlements	510,632
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2019-20	(4,009,186) **
Reserved for future CFTN Projects including TCG	(1,247,389)
Reserved for Future Housing Projects	<u>(2,800,000) ****</u>
Total Estimated Adjustments to Cash	(9,745,943)
Estimated Available at June 30, 2020	<u>\$ 16,002,932</u>
Remaining estimated funds to be received in FY 2019-20	\$ 2,579,598 **

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

\*\* Estimated based on adopted operating budget for Fiscal Year 2019-20, actual and estimated amounts to year end (06/30/2020).

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

Attachments

*Attachment 6-A: February 29, 2020 Unaudited Financial Statements*

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

	AT FEBRUARY 29, 2020			AT JUNE 30, 2019		
	TCMH	MHSA	Consolidated	TCMH	MHSA	Consolidated
	Unaudited	Unaudited	Unaudited	Audited	Audited	Audited
<b>Current Assets</b>						
Cash	\$ 5,526,629	\$ 25,748,874	\$ 31,275,503	\$ 7,483,365	\$ 24,449,208	\$ 31,932,573
Accounts receivable, net of reserve for uncollectible accounts \$545,997 at February 29, 2020 and \$386,854 at June 30, 2019	3,980,415	2,707,753	6,688,169	3,818,738	2,097,217	5,915,955
Total Current Assets	9,507,044	28,456,628	37,963,672	11,302,103	26,546,425	37,848,528
<b>Property and Equipment</b>						
Land, building, furniture and equipment	3,719,113	9,293,619	13,012,733	3,539,339	9,204,892	12,744,231
Accumulated depreciation	(2,358,544)	(3,296,493)	(5,655,038)	(2,313,600)	(3,152,115)	(5,465,716)
Total Property and Equipment	1,360,569	5,997,126	7,357,695	1,225,738	6,052,777	7,278,515
<b>Other Assets</b>						
Deposits and prepaid assets	167,814	597,844	765,658	76,095	69,783	145,878
Total Noncurrent Assets	1,528,384	6,594,970	8,123,353	1,301,834	6,122,560	7,424,393
<b>Total Assests</b>	\$ 11,035,427	\$ 35,051,598	\$ 46,087,025	\$ 12,603,937	\$ 32,668,985	\$ 45,272,922
<b>Deferred Outflows of Resources</b>						
Deferred outflows related to the net pension liability	2,671,142	-	2,671,142	2,671,142	-	2,671,142
Total Deferred Outflows of Resources	2,671,142	-	2,671,142	2,671,142	-	2,671,142
<b>Total Assets and Deferred Outflows of Resouces</b>	\$ 13,706,570	\$ 35,051,598	\$ 48,758,167	\$ 15,275,079	\$ 32,668,985	\$ 47,944,064
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
Accounts payable	263,465	94,375	357,840	280,243	199,066	479,309
Accrued payroll liabilities	99,613	178,388	278,000	475,696	-	475,696
Accrued vacation and sick leave	538,407	693,025	1,231,432	536,988	611,175	1,148,163
Reserve for Medi-Cal settlements	3,165,935	2,197,121	5,363,056	2,981,318	2,022,504	5,003,821
Current portion of mortgage debt	29,066	-	29,066	29,066	-	29,066
Total Current Liabilities	4,096,487	3,162,909	7,259,395	4,303,311	2,832,745	7,136,056
<b>Intercompany Acct-MHSA &amp; TCMH</b>	(280,030)	280,030	-	404,738	(404,738)	-
<b>Long-Term Liabilities</b>						
Mortgages and home loan	783,274	147,183	930,457	802,374	147,183	949,557
Net pension liability	4,658,577	-	4,658,577	4,658,577	-	4,658,577
Unearned MHSA revenue	-	5,776,967	5,776,967	-	500,000	500,000
Total Long-Term Liabilities	5,441,851	5,924,150	11,366,002	5,460,951	647,183	6,108,134
<b>Liabilities Subject to Compromise</b>						
Class 2 General Unsecured Claims	-	-	-	-	-	-
Class 3 Unsecured Claim of CAL DMH	397,351	-	397,351	1,021,179	-	1,021,179
Class 4 Unsecured Claim of LAC DMH	258,713	-	258,713	664,885	-	664,885
Total Liabilities Subject to Compromise	656,064	-	656,064	1,686,064	-	1,686,064
<b>Total Liabilities</b>	9,914,372	9,367,089	19,281,461	11,855,064	3,075,190	14,930,254
<b>Deferred Inflow of Resources</b>						
MHSA revenues restricted for future period	-	-	-	-	8,351,712	8,351,712
Deferred inflows related to the net pension liability	190,986	-	190,986	190,986	-	190,986
Total Deferred Inflow of Resources	190,986	-	190,986	190,986	8,351,712	8,542,698
<b>NET POSITION</b>						
Invested in capital assets net of related debt	548,229	5,997,126	6,545,355	394,299	6,052,777	6,447,075
Restricted for MHSA programs	-	19,089,539	19,089,539	-	15,119,523	15,119,523
Unrestricted	3,052,982	597,844	3,650,826	2,834,730	69,783	2,904,513
Total Net Position	3,601,211	25,684,509	29,285,720	3,229,029	21,242,083	24,471,112
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	\$ 13,706,569	\$ 35,051,598	\$ 48,758,167	\$ 15,275,079	\$ 32,668,985	\$ 47,944,064

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 29, 2020 AND 2019**

	PERIOD ENDED 2/29/20			PERIOD ENDED 2/28/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>OPERATING REVENUES</b>						
Medi-Cal FFP	\$ 2,514,464	\$ 2,151,982	\$ 4,666,446	\$ 2,005,492	\$ 2,023,838	\$ 4,029,330
Medi-Cal SGF-EPSDT	619,516	441,279	1,060,795	497,304	551,060	1,048,363
Medicare	2,331	1,364	3,695	4,196	2,034	6,230
Grants and contracts	13,486	19,268	32,753	13,486	18,021	31,507
Patient fees and insurance	2,054	-	2,054	1,992	-	1,992
Rent income - TCMH & MHSA Housing	23,131	59,669	82,800	23,367	69,462	92,829
Other income	936	407	1,343	6,980	1,283	8,263
<b>Net Operating Revenues</b>	<b>3,175,918</b>	<b>2,673,968</b>	<b>5,849,886</b>	<b>2,552,816</b>	<b>2,665,698</b>	<b>5,218,513</b>
<b>OPERATING EXPENSES</b>						
Salaries, wages and benefits	4,504,159	7,298,142	11,802,300	3,662,318	6,896,534	10,558,852
Facility and equipment operating cost	418,823	889,581	1,308,404	289,935	779,443	1,069,378
Client lodging, transportation, and supply expense	86,437	922,322	1,008,760	78,677	603,396	682,073
Depreciation	62,623	234,127	296,750	39,741	246,397	286,138
Other operating expenses	384,212	856,370	1,240,582	304,122	558,225	862,347
<b>Total Operating Expenses</b>	<b>5,456,254</b>	<b>10,200,542</b>	<b>15,656,796</b>	<b>4,374,792</b>	<b>9,083,995</b>	<b>13,458,788</b>
<b>OPERATING (LOSS) (Note 1)</b>	<b>(2,280,336)</b>	<b>(7,526,574)</b>	<b>(9,806,910)</b>	<b>(1,821,977)</b>	<b>(6,418,298)</b>	<b>(8,240,274)</b>
<b>Non-Operating Revenues (Expenses)</b>						
Realignment	2,557,750	-	2,557,750	2,583,857	-	2,583,857
Contributions from member cities & donations	55,675	-	55,675	26,561	-	26,561
MHSA funds	-	11,614,029	11,614,029	-	10,754,917	10,754,917
Homeless Mentally III Outreach and Treatment	-	-	-	100,000	-	100,000
Interest Income	67,101	347,271	414,372	67,554	304,039	371,593
Interest expense	(28,008)	-	(28,008)	(28,967)	-	(28,967)
Gain on disposal of assets	-	7,700	7,700	-	-	-
Total Non-Operating Revenues (Expense)	2,652,518	11,969,000	14,621,518	2,749,004	11,058,956	13,807,961
<b>INCOME (LOSS)</b>	<b>372,182</b>	<b>4,442,426</b>	<b>4,814,608</b>	<b>927,028</b>	<b>4,640,659</b>	<b>5,567,686</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>372,182</b>	<b>4,442,426</b>	<b>4,814,608</b>	<b>927,028</b>	<b>4,640,659</b>	<b>5,567,686</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	3,229,029	21,242,083	24,471,112	1,442,997	19,029,829	20,472,826
<b>NET POSITION, END OF MONTH</b>	<b>\$ 3,601,211</b>	<b>\$ 25,684,509</b>	<b>\$ 29,285,720</b>	<b>\$ 2,370,025</b>	<b>\$ 23,670,488</b>	<b>\$ 26,040,512</b>

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

**Definitions:**

**Medi-Cal FFP**= Federal Financial Participation Reimbursement

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

**TCMH**=Tri-City's Outpatient Clinic

**MHSA**=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY  
CONSOLIDATING STATEMENTS OF CASH FLOWS  
EIGHT MONTHS ENDED FEBRUARY 29, 2020 AND 2019**

	PERIOD ENDED 2/29/20			PERIOD ENDED 2/28/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>Cash Flows from Operating Activities</b>						
Cash received from and on behalf of patients	\$ 2,580,398	\$ 2,182,171	\$ 4,762,569	\$ 3,912,749	\$ 3,397,983	\$ 7,310,732
Cash payments to suppliers and contractors	(997,970)	(3,301,025)	(4,298,995)	(658,903)	(1,977,461)	(2,636,364)
Payments to employees	(4,878,823)	(7,037,904)	(11,916,727)	(3,823,996)	(6,985,313)	(10,809,309)
	<u>(3,296,395)</u>	<u>(8,156,758)</u>	<u>(11,453,153)</u>	<u>(570,150)</u>	<u>(5,564,790)</u>	<u>(6,134,940)</u>
<b>Cash Flows from Noncapital Financing Activities</b>						
MHSA Funding	-	8,539,284	8,539,284	-	7,784,869	7,784,869
Realignment	3,162,463	-	3,162,463	3,069,937	-	3,069,937
Contributions from member cities	55,675	-	55,675	26,561	-	26,561
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
	<u>3,218,138</u>	<u>8,539,284</u>	<u>11,757,421</u>	<u>3,196,498</u>	<u>7,784,869</u>	<u>10,981,368</u>
<b>Cash Flows from Capital and Related Financing Activities</b>						
Purchase of capital assets	(197,453)	(178,477)	(375,930)	(74,496)	(15,054)	(89,550)
Principal paid on capital debt	(19,099)	-	(19,099)	(18,140)	-	(18,140)
Interest paid on capital debt	(28,008)	-	(28,008)	(28,967)	-	(28,967)
Intercompany-MHSA & TCMH	(684,768)	684,768	-	470,912	(470,912)	-
	<u>(929,328)</u>	<u>506,291</u>	<u>(423,037)</u>	<u>349,309</u>	<u>(485,966)</u>	<u>(136,657)</u>
<b>Cash Flows from Investing Activities</b>						
Interest received	80,849	403,149	483,998	72,902	308,868	381,770
Sale of investments	-	7,700	7,700	-	-	-
	<u>80,849</u>	<u>410,849</u>	<u>491,698</u>	<u>72,902</u>	<u>308,868</u>	<u>381,770</u>
<b>Cash Flows from Reorganization Items</b>						
Refund to DHCS for payment erroneously issued in 2011	-	-	-	(307,314)	-	(307,314)
Cash payments to Bankruptcy Class 3 and 4 Unsecured	(1,030,000)	-	(1,030,000)	(1,435,000)	-	(1,435,000)
	<u>(1,030,000)</u>	<u>-</u>	<u>(1,030,000)</u>	<u>(1,742,314)</u>	<u>-</u>	<u>(1,742,314)</u>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	(1,956,736)	1,299,666	(657,070)	1,306,245	2,042,981	3,349,226
<b>Cash Equivalents at Beginning of Year</b>	7,483,365	24,449,208	31,932,573	5,715,641	21,370,757	27,086,398
<b>Cash Equivalents at End of Month</b>	<u>\$ 5,526,629</u>	<u>\$ 25,748,874</u>	<u>\$ 31,275,503</u>	<u>\$ 7,021,886</u>	<u>\$ 23,413,738</u>	<u>\$ 30,435,624</u>

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**ACTUAL TO BUDGET COMPARISON**  
**EIGHT MONTHS ENDING FEBRUARY 29, 2020**  
**(UNAUDITED)**

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
<b>OPERATING REVENUES</b>									
Medi-Cal FFP	\$ 2,742,055	\$ 2,184,251	\$ 557,804	\$ 2,346,763	\$ 2,112,768	\$ 233,995	\$ 5,088,818	\$ 4,297,019	\$ 791,799
Medi-Cal SGF-EPSDT	675,581	651,744	23,837	481,220	655,886	(174,666)	1,156,801	1,307,630	(150,829)
Medicare	2,331	3,000	(669)	1,364	1,400	(36)	3,695	4,400	(705)
Patient fees and insurance	2,054	1,400	654	-	-	-	2,054	1,400	654
Grants and contracts	13,486	13,333	152	19,268	-	19,268	32,753	13,333	19,420
Rent income - TCMH & MHSA Housing	23,131	32,333	(9,202)	59,669	73,203	(13,534)	82,800	105,537	(22,736)
Other income	936	-	936	407	-	407	1,343	-	1,343
Provision for contractual disallowances	(283,655)	(276,233)	(7,422)	(234,723)	(274,533)	39,810	(518,378)	(550,765)	32,388
<b>Net Operating Revenues</b>	<b>3,175,918</b>	<b>2,609,829</b>	<b>566,090</b>	<b>2,673,968</b>	<b>2,568,725</b>	<b>105,243</b>	<b>5,849,886</b>	<b>5,178,553</b>	<b>671,333</b>
<b>OPERATING EXPENSES</b>									
Salaries, wages and benefits	4,504,159	4,672,517	(168,359)	7,298,142	8,117,857	(819,715)	11,802,300	12,790,374	(988,074)
Facility and equipment operating cost	420,221	348,738	71,483	889,722	852,401	37,321	1,309,943	1,201,139	108,804
Client program costs	74,635	72,291	2,344	870,933	477,011	393,923	945,568	549,301	396,267
Grants	-	-	-	56,600	53,333	3,267	56,600	53,333	3,267
MHSA training/learning costs	-	-	-	87,859	98,803	(10,943)	87,859	98,803	(10,943)
Depreciation	62,623	39,740	22,883	234,127	245,944	(11,817)	296,750	285,684	11,066
Other operating expenses	394,617	329,600	65,017	763,158	971,009	(207,851)	1,157,775	1,300,609	(142,834)
<b>Total Operating Expenses</b>	<b>5,456,254</b>	<b>5,462,886</b>	<b>(6,632)</b>	<b>10,200,542</b>	<b>10,816,357</b>	<b>(615,815)</b>	<b>15,656,796</b>	<b>16,279,243</b>	<b>(622,447)</b>
<b>OPERATING (LOSS)</b>	<b>(2,280,336)</b>	<b>(2,853,057)</b>	<b>572,721</b>	<b>(7,526,574)</b>	<b>(8,247,633)</b>	<b>721,059</b>	<b>(9,806,910)</b>	<b>(11,100,690)</b>	<b>1,293,780</b>
<b>Non-Operating Revenues (Expenses)</b>									
Realignment	2,557,750	2,600,000	(42,250)	-	-	-	2,557,750	2,600,000	(42,250)
MHSA Funding	-	-	-	11,614,029	11,996,900	(382,871)	11,614,029	11,996,900	(382,871)
Interest (expense) income, net	39,093	12,270	26,823	347,271	224,872	122,399	386,364	237,142	149,222
Other income-gain on disposal of assets	-	-	-	7,700	-	7,700	7,700	-	7,700
Total Non-Operating Revenues (Expense)	<b>2,652,518</b>	<b>2,682,506</b>	<b>(29,988)</b>	<b>11,969,000</b>	<b>12,221,772</b>	<b>(252,772)</b>	<b>14,621,518</b>	<b>14,904,278</b>	<b>(282,760)</b>
<b>Special Item: Net reorganization income (expense)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>INCREASE(DECREASE) IN NET POSITION</b>	<b>\$ 372,182</b>	<b>\$ (170,551)</b>	<b>\$ 542,734</b>	<b>\$ 4,442,426</b>	<b>\$ 3,974,139</b>	<b>\$ 468,287</b>	<b>\$ 4,814,608</b>	<b>\$ 3,803,588</b>	<b>\$ 1,011,020</b>

**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)

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**ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
EIGHT MONTHS ENDING FEBRUARY 29, 2020**

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

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

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

**Net Operating Revenues**

***Net operating revenues are higher than budget by \$671 thousand for the following reasons:***

- 1 **Medi-Cal FFP revenues for FY 2019-20** were approximately \$792 thousand higher than the budget. Medi-Cal FFP revenues were \$558 thousand higher for TCMH and \$234 thousand higher for MHSA. At TCMH, the adult program revenues were higher than budget by \$302 thousand and the children program revenues were higher by \$256 thousand. For MHSA, the adult and older adult FSP programs were higher than budget by \$50 thousand and the Children and TAY FSP programs were higher by \$184 thousand.
- 2 **Medi-Cal SGF-EPSTD revenues for fiscal year 2019-20** were lower than budget by \$151 thousand of which \$24 thousand higher were from TCMH and \$175 thousand lower were from MHSA. 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 approximately \$1 thousand lower than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 **Grants and contracts** are higher than budget by \$19 thousand mainly from MHSA. At MHSA, the higher grants and contracts amount represents the Clifford Beers Housing's share of cost for funding a Residential Services Coordinator position to provide on-site services to all residents at the Holt Avenue Family Apartments.
- 5 **Rent Income** was lower than the budget by \$23 thousand. The rental income represents the payments collected from the tenants staying at the Tri-City apartments on Pasadena and at the MHSA houses on Park Avenue and Baseline Rd.
- 6 **Provision for contractual disallowances** for fiscal year 2019-20 is \$32 thousand lower than budget.

**Operating Expenses**

***Operating expenses were lower than budget by \$622 thousand for the following reasons:***

- 1 **Salaries and benefits** are \$988 thousand lower than budget and of that amount, salaries and benefits are \$168 thousand lower for TCMH operations and are \$820 thousand lower for MHSA operations. These variances are due to the following:
  - TCMH** salaries were lower than budget by \$4 thousand. Direct clinical salaries were lower than budget by \$42 thousand, support services and administrative salaries were higher than the budget by \$38 thousand. Benefits are lower than budget by \$164 thousand due to lower health insurance and state unemployment tax.
  - MHSA** salaries are lower than budget by \$554 thousand. The direct program salary costs are lower by \$530 thousand due to vacant positions and the administrative salary costs are lower than the budget by \$24 thousand. Benefits are lower than budget by another \$265 thousand. Of that, health insurance is lower by \$197 thousand, retirement is lower by \$22 thousand, state unemployment tax is lower by \$20 thousand and medicare tax and other benefit insurances are lower by \$26 thousand.
- 2 **Facility and equipment operating costs** were higher than budget by \$109 thousand. Facility and equipment operating costs were \$71 thousand higher for TCMH and \$37 thousand higher for MHSA. Of that, building, facility cost and furniture were higher than budget by \$40 thousand at TCMH and \$10 thousand at MHSA due to the one time set up costs for the additional office space leasing at the Royalty site. Equipment costs in general were higher by \$31 thousand at TCMH and \$27 thousand at MHSA due to the agency wide upgrade of computers and laptops.
- 3 **Client program costs** are higher than the budget by \$396 thousand mainly from MHSA due to higher flex funds costs.
- 4 **Grants for fiscal year 2019-20** awarded under the Community Wellbeing project are higher than budget by \$3 thousand.

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**ACTUAL TO BUDGET VARIANCE EXPLANATIONS**  
**EIGHT MONTHS ENDING FEBRUARY 29, 2020**

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

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

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

- 5 **MHSA learning and training costs** are lower than the budget by \$11 thousand.
- 6 **Depreciation** is higher than budget by \$11 thousand.
- 7 **Other operating expenses** were lower than budget by \$143 thousand of which \$65 thousand higher was from TCMH and \$208 thousand lower was from MHSA. At TCMH, personnel recruiting fee, attorney fee, conference expense and security cost were all higher than the budget. For MHSA, professional fees are lower than the budget by \$286 thousand and conference expense is lower by \$3 thousand. These lower costs are offset by higher personnel recruiting fee, attorney fee, dues and subscriptions and security expense.

**Non-Operating Revenues (Expenses)**

***Non-operating revenues, net, are lower than budget by \$283 thousand as follows:***

- 1 **TCMH non-operating revenues** are \$30 thousand lower than the budget. Of that, realignment fund is lower than budget by \$42 thousand. Interest income netted with interest expense is higher by approximately \$27 thousand.
- 2 **MHSA non-operating revenue** is \$383 thousand lower than the budget.  
 In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

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

	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>
<b>CSS funds received and available to be spent</b>	\$ 8,989,468	\$ 8,989,468	\$ -
<b>PEI funds received and available to be spent</b>	1,759,486	2,052,360	(292,874)
<b>WET funds received and available to be spent</b>	126,523	216,520	(89,997)
<b>CAP/TECH funds received and available to be spent</b>	-	-	-
<b>INN funds received and available to be spent</b>	738,552	738,552	-
<b>Non-operating revenues recorded</b>	<u>\$ 11,614,029</u>	<u>\$ 11,996,900</u>	<u>\$ (382,871)</u>

***CSS and INN recorded revenues are in line with the budget.***

***PEI recorded revenue is lower than budget by \$293 thousand.*** The difference is due to amounts received and available for the PEI plan through February 2020. The additional funds received during the fiscal year 2019-20 will be recorded as revenue up to the budgeted amount.

***WET recorded revenue is lower than budget by \$90 thousand.*** The funds available to be recognized into revenue for the WET plan for fiscal year 2019-20 is \$126 thousand which when combined with available unspent funds previously recognized as revenue, are sufficient to cover expenses projected for fiscal year 2019-20.

**Interest income for MHSA** is higher than budget by \$122 thousand.

**Other income** for vehicles trade-in is \$7,700.



**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 29, 2020 AND 2019**

	PERIOD ENDED 2/29/20			PERIOD ENDED 2/28/19		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>REVENUES</b>						
Medi-Cal FFP, net of reserves	\$ 2,514,464	\$ 2,151,982	\$ 4,666,446	\$ 2,005,492	\$ 2,023,838	\$ 4,029,330
Medi-Cal SGF-EPSTD	619,516	441,279	1,060,795	497,304	551,060	1,048,363
Medicare	2,331	1,364	3,695	4,196	2,034	6,230
Realignment	2,557,750	-	2,557,750	2,583,857	-	2,583,857
MHSA funds	-	11,614,029	11,614,029	-	10,754,917	10,754,917
Grants and contracts	13,486	19,268	32,753	13,486	18,021	31,507
Homeless Mentally Ill Outreach and Treatment	-	-	-	100,000	-	100,000
Contributions from member cities & donations	55,675	-	55,675	26,561	-	26,561
Patient fees and insurance	2,054	-	2,054	1,992	-	1,992
Rent income - TCMH & MHSA Housing	23,131	59,669	82,800	23,367	69,462	92,829
Other income	936	407	1,343	6,980	1,283	8,263
Interest Income	67,101	347,271	414,372	67,554	304,039	371,593
Gain on disposal of assets	-	7,700	7,700	-	-	-
<b>Total Revenues</b>	<b>5,856,445</b>	<b>14,642,968</b>	<b>20,499,412</b>	<b>5,330,787</b>	<b>13,724,654</b>	<b>19,055,441</b>
<b>EXPENSES</b>						
Salaries, wages and benefits	4,504,159	7,298,142	11,802,300	3,662,318	6,896,534	10,558,852
Facility and equipment operating cost	418,823	889,581	1,308,404	289,935	779,443	1,069,378
Client lodging, transportation, and supply expense	86,437	922,322	1,008,760	78,677	603,396	682,073
Depreciation	62,623	234,127	296,750	39,741	246,397	286,138
Interest expense	28,008	-	28,008	28,967	-	28,967
Other operating expenses	384,212	856,370	1,240,582	304,122	558,225	862,347
<b>Total Expenses</b>	<b>5,484,262</b>	<b>10,200,542</b>	<b>15,684,804</b>	<b>4,403,760</b>	<b>9,083,995</b>	<b>13,487,755</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>372,182</b>	<b>4,442,426</b>	<b>4,814,608</b>	<b>927,028</b>	<b>4,640,659</b>	<b>5,567,686</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	3,229,029	21,242,083	24,471,112	1,442,997	19,029,829	20,472,826
<b>NET POSITION, END OF MONTH</b>	<b>\$ 3,601,211</b>	<b>\$ 25,684,509</b>	<b>\$ 29,285,720</b>	<b>\$ 2,370,025</b>	<b>\$ 23,670,488</b>	<b>\$ 26,040,512</b>

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

**Definitions:**

**Medi-Cal FFP**= Federal Financial Participation Reimbursement

**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.

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

**DATE:** April 15, 2020

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

**FROM:** Nancy Gill, Chief Operations Officer/ HIPAA Privacy Officer

**SUBJECT:** Monthly Operations Report

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**CORONAVIRUS DISEASE (COVID-19) PREVENTION AND RESPONSE**

With the nationwide shortage of personal protective equipment (PPE) such as facial masks and gloves, much time was spent this month on locating these items for purchase to ensure we maintained adequate supply for our staff working on-site.

All clients and participants are being offered facial masks at the front desk when they check in for services, if they are not already wearing a mask of their own. Support Staff continue the procedure to ask clients upon check-in if they are experiencing any symptoms associated with COVID-19. Support Staff are also screening clients for COVID-19 symptoms during appointment reminder calls the day prior to a client's scheduled appointment to reschedule appointments, if needed. The Facilities and Medical Records Departments have continued to work on-site daily providing supportive services to both clients and staff.

To adhere to the CDC social distancing recommendation, reduce potential risk exposure to staff and provide clients with needed transport during this COVID-19 emergency, Tri City has set up an alternative client transportation service through Yellow & Bell Cab Company. This taxi service is available for clients upon staff request to bring in for appointments or provide the transportation needed to access needed resources, such as food banks.



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

**DATE:** April 15, 2020

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

**FROM:** Angela Igrisan, LMFT, Chief Clinical Officer

**SUBJECT:** Monthly Clinical Services Report

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**ACCESS TO CARE**

The Access to Care team processed a total of 169 service requests for adults in the month of March. In terms of request type, 55 were walk-in service requests, 105 were called-in, 5 were SRTS referrals, 1 was in-writing and 3 were FSP/FCCS referrals. There was a total of 28 service requests that were hospital discharges (6 walk-ins and 21 were called-in and 1 FSP referral). There was a total of 85 service requests received at the Royalty location for children and TAY in the month of March. Of the 85 service requests, 9 were walk-ins, 55 were called-in, 17 were in-writing referrals, 2 were FSP referrals and 2 were SRTS referrals. There were 3 hospital discharges.

There was a total of 156 intakes initiated by staff during the month of March for both adults and children by the following units: ATC, HMIOT, AOP, COP, FSP, SPT, and IOET. This amount is close to the past 6 month average of 160 (September 2019 to February 2020).

The main focus and attention of the Clinical Department in the last three weeks of March was to attend to the needs of clients during the COVID 19 crisis. First, all teams reached out to open clients to insure they had enough food and supplies to sustain a 2 week quarantine and to comply with the Los Angeles County Department of Public Health's shelter in place edict "Safer at Home". Second, all teams, most notably the Full Service Partnership teams, worked diligently (and continue) to find hotel/motel shelter for any clients experiencing homelessness at this time.

Third, to support our clients in accomplishing a "Safer at Home" atmosphere, many of the Tri-City clinical services switched to a video or telephonic treatment modality. These modalities are in accordance with the CA Department of Health Care Services COVID 19 related All County Information Notices. Roughly 70 clients did not have telephones and Tri-City provided them with phones in order to conduct telehealth and telephone sessions. Individual Therapy sessions continue via phone or video in both the children's and adult team. Intakes are also being done with this modality. Clients are still coming into the clinics periodically if they can not or prefer not to access the phone. Involuntary psychiatric holds are also still done in person at this time. Staff have been provided protective equipment when they are on location.

A variety of telehealth trainings were made available to the staff and they have adapted. Reportedly, the clients have appreciated the options of being able to stay safe at home during this crisis and still receive their needed mental health treatment. The youth and children, in particular, really delight in being able to show their therapist their personal spaces. One grandparent raising a grandchild did express concern and requested that the session be conducted in person.

The Clinical Department, in conjunction with the MHSA Department has been assisting with the COVID 19 isolation center set up by the Los Angeles Department of Public Health at the Pomona Fairplex Sheraton. After calling a Navigator, a person needing mental health treatment at the Sheraton will be transferred to a Clinician for an intake or to one of our Substance Abuse Counselors. (If the person does not need mental health treatment but needs other services or just wants to talk, then the Navigators will link them to the appropriate person.) Coordination with the Los Angeles County drug treatment providers has happened, including a service flow chart. There has been one incident of a person at the Sheraton who was withdrawing from heroin. In an instance as such, the person will be referred to a Los Angeles County drug Medi-Cal provider for inpatient services or detox, as needed.

In addition to the above services, the Substance Abuse Counselors continue to provide treatment to 113 clients. Referrals and coordination to residential treatment have also continued. There has been a barrier to residential treatment as the facilities have started asking for a "medical clearance" before a client can be placed. Given the current crisis and the lack of available COVID tests, the placements have been delayed.

## **SCHOOL PARTNERSHIPS**

Regarding the school partnership team, school closures began on March 16th. Recently, as of 4/2/2020 it was determined that all 3 districts will remain close for the remainder of the academic year and students will participate in distance learning. Several clients have expressed sadness over missing those milestones moments and anxiety over what the next school year will hold. Child and Family staff has been helping all clients and families adjust to the new norm of staying at home, social distancing, and overall ongoing anxiety about COVID19. SPT outreached to all school districts informing them that Tri City remains open just providing services via telehealth and is coordinating conference calls in April. There was a total of 18 referrals that were received within the weeks prior to the school closure.

## **THERAPEUTIC COMMUNITY GARDEN**

Despite the world's current state, the Therapeutic Community Garden flourishes. Summer squash and cucumbers planted by groups have increased in size and the fruit trees are blossoming beautiful flowers which will eventually die in order to bear fruit.

Although TCG stopped holding groups due to an abundance of caution and concern for our community, the TCG team has been conducting phone check-ins with the group participants.

### **CLINICAL WELLNESS ADVOCATES**

The Clinical Wellness Advocates also continue their great work during this time. They have 146 active referrals and have been calling each of these clients to support them through this crisis. Client successes with the help of the CWAs during the month of March include: helping a client stay 3 months sober, assisting several clients in securing social security, linking clients with housing, and supporting several clients in finding jobs.



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

**DATE:** April 15, 2020

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

**FROM:** Seeyam Teimoori, MD, Medical Director

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

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**OUR STAFF CONTINUE TO PROVIDE SERVICES TO OUR COMMUNITY DURING COVID-19 PANDEMIC. SERVICES PROVIDED BY TRI-CITY INTENSIVE OUTREACH AND ENGAGEMENT TEAM (IOET) AND SUPPLEMENTAL CRISIS TEAMS IN MARCH 2020**

IOET Program

- Number of all new outreach= 88
- Number client given intake appointments= 70
- Number of clients opened= 31
- Total number of ALL clients outreached= 163
- Total number of homeless served= 71
- Percentage of clients outreached that are homeless= 44%
- Percentage of clients enrolled this month in formal services that are homeless= 19%

**Service area:**

- Pomona= 148
- Laverne= 4
- Claremont= 11
- Total= 163

**Enrollments:**

- FSP (Full Service Partnership)-Older Adult-0
- FSP-adult-10
- FSP-TAY(Transition Age Youth)- 4
- AOP (Adult Outpatient Program)-17
- COP (Children Outpatient Program) -0
- FCCS (Field Capable Clinical Services)- 0
- FSP Children-0

**American Recovery Center Partnership:**

- Number of new referrals outreached-10
- Number enrolled this month-4
- Number pending intakes-5
- Number of health assessments completed-10

**Health Issues:**

- Number of initial health assessments completed= 31
- Total number of hospital visits=2
- Number of clients linked to PCP appointments with IOET LPT=15

Supplemental Crisis Calls

- Number of calls received- 7
- Service Area
- Pomona- 6
- Laverne-0
- Claremont-0
- Outside service area- 1
- Unknown service area-0

In services provided by our psychiatrists, we have been able to create a delicate balance between serving our clients and reducing the risk of Coronavirus spread by limiting face-to-face encounters just to new clients and providing telehealth services to the remainder of our clients. Clients are being carefully screened for having any symptoms and their temperatures are also being checked to detect any fever before any encounters.

Our nursing staff have continued to provide medication support services to our clients while implementing safety precautions and using personal protective equipment. We also reduced the frequency of face to face encounters for medication services, when appropriate and clinically safe, in order to ensure the safety of our clients and staff.



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

**DATE:** April 15, 2020

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

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

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

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**MHSA COMMUNITY PLANNING PROCESS**

Tri-City's Three-Year Revenue and Expenditure Plan for FY 2020-21 through FY 2022-23 was posted for a 30-day public review and comment period from March 13, 2020 to April 14, 2020. In keeping with California Department of Public Health's guidelines related to COVID-19 and complying with the State's policy to postpone or cancel gatherings statewide to slow the spread of COVID-19, the MHSA Public Hearing originally scheduled for Tuesday, April 14, 2020 has been postponed and will be rescheduled for a future date.

**WORKFORCE EDUCATION AND TRAINING (WET)**

WET Program staff has transitioned to working from home, and enabling Tri-City staff to continue learning from home to continue advancing their knowledge to help clients. Part of this transition has involved working with Relias, our contracted online learning system, to troubleshoot issues related to high traffic. WET staff has also been working to begin using Virtual Classrooms to enable "live" trainings during this time of physical distancing.

**PREVENTION AND EARLY INTERVENTION (PEI)**

Community Wellbeing

Due to the COVID-19 restrictions & physical distancing, recipients of Community Wellbeing Grantees have been greatly impacted. To support grantees and assess the impact their projects are facing, program staff hosted a virtual chat on March 31<sup>st</sup> via RingCentral. The grantees present on the call had similar responses to this crisis by stating that their projects have been put on hold due to many schools closing and they were unable to meet in person with the children and the families they work with. Several grantees had events, conferences and other activities that had to be put on hold and rescheduled for a future date. Other grantees reported they were brainstorming ideas on how to move forward with their pending projects. An addendum form was created for grantees to track the changes they are making to their projects. While telecommuting, program staff will continue to schedule video conference calls with grantees to check in and provide an opportunity for them to share how their projects are doing, any other resources they may have or need and have a place to connect with other grantees.



Program staff has received some applications for 2020-21 grant year. The deadline for grant applications is on Monday, April 13th. All communities will submit their applications via email only. Applications will be reviewed the week of April 20th.

### Peer Mentor Program

Peer mentor program too had to make adjustments and modifications on how they deliver services. Peer Mentors have stepped up to provide telecommunication check-ins for community members in need of support during this time and assist clients who are transitioning out of services. Program staff provides mentors with one-on-one supervision and check-ins each week to answer any questions regarding mentees. Many of the peer mentors identify as individuals with lived experience and one-on-one supervision helps provide support to de-escalate any mental health symptoms that may arise due to the recent changes and adjustments as well as provided material regarding resiliency zone and stress management tools for mentors to utilize. To provide consistency with weekly peer mentor meetings, peer mentor program will start meeting Tuesday afternoons via RingCentral. This will provide another layer of support and allow mentors to check-in with each other. Program staff has reached out to Tri-City departments and outside agencies to provide information on how the program will continue to operate during physical distancing so clients and community members can access our services.

### Stigma Reduction

Green Ribbon Week (GRW) activities that were set to take place, March 16<sup>th</sup> – 20<sup>th</sup>, was the same time social/physical distancing restrictions were enforced due to COVID-19. All activities/events that were scheduled for the week were canceled. Staff and community members were encouraged to support their local eateries, who had signed up to support GRW, and have been impacted by COVID-19. GRW focused its outreach efforts through a social media campaign. Each day staff and community members were encouraged to use #tricitymhs and #ok2talk to show their support and share their efforts through our social media challenge.

Since telecommuting, program staff has been providing one on one check-ins with Courageous Minds speakers (Tri-City's speakers' bureau) and hosted a group video chat to provide speakers an opportunity to connect with each other. Some speakers may find these current circumstances challenging, so setting up a good support system is essential for their overall wellbeing. Program staff are researching online support through, webinars, videos, and resources that will be shared with Tri-City staff and community partners. These resources will be shared through Tri-City's website and social media accounts so those who are in need and can benefit from the information and stay socially connected while being physically distant.

As we get into May, which is Mental Health Awareness Month, a self-care calendar is being created for staff and community members to use as a tool to take care of themselves and support others. Tri-City's social media accounts will be used to post wellness/mindful tips, ask followers to share what they are doing to take care of themselves, and create hashtags for everyone to use and stay connected. Program staff will host self-care workshops for Tri-City staff and community members through RingCentral with tips, wellness check-ins and play fun games in hopes to share some laughs, which is a great self-care tip! Community Wellbeing Program will host community check-ins, via RingCentral, for current grantees to join and share what they are doing for their wellbeing and share stories of resilience. Peer Mentor Program will host weekly meetings to check-in with mentors, provide support, motivation, and self-care tips. Peer Mentor program staff will also check-in with mentees and provide resources and materials they can use to practice self-care. Cultural Inclusion and Diversity Committee (CIDC) will create a newsletter for staff and community members to use with helpful information and resources for mental health and wellness through cultural lenses.

## **WELLNESS CENTER**

During this difficult time the Wellness Center doors remain open to the community from 8:30am until 5pm, Monday through Friday. We are averaging around 5 participants a day that come in to use the computer lab and to look for information, resources, linkage and referrals. The center staff are connecting with participants telephonically and encouraging them to attend the online support groups. As of April 6th, the center is offering 10 support groups a week via Ring Central. Four of the groups are geared toward those individuals with a diagnosable mental health condition; 3 will be offered in Spanish; 2 targeted to the TAY population and 1 for seniors.

## **COMMUNITY NAVIGATORS**

Outreach efforts for the Community Navigator program consisted of distributing the Tri-City Resiliency flyer that was created to help support the community during this COVID-19 crisis. The Community Navigators distributed the flyers to local gas stations, grocery stores, laundry mats, local food banks, restaurants, and other community partners.

The Measure H Community Navigators continue working in the community at their remote locations. They have been essential in continuing to help individuals and families who are experiencing homelessness.

## **INNOVATION**

[Help@Hand \(Tech Suite\)](#)

Tri-City continues to move forward with the Help@Hand project during the COVID-19 pandemic. In response to these challenging times, staff are preparing for the pilot process by meeting virtually with focus group members and obtaining valuable feedback.

In addition, Tri-City selected a list of free supportive applications that can be used immediately by clients and community members and provided those resources to the public via social media and Tri-City's website. Wellness Advocates are also available to provide clients with technical assistance when using these various apps based on their level of treatment.



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

**DATE:** April 15, 2020

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

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

**SUBJECT:** Monthly Best Practices Report

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## **COMPLIANCE & BEST PRACTICES**

Over last month, there have been some key modifications made to Federal, State, and County level regulations related to Telehealth, Claiming, HIPAA, and Informed Consent. These modifications serve to reduce potential barriers to care and allow for maximum efficiency of service provision during the COVID-19 crisis.

In response to these regulatory modifications, the Best Practices team has focused on making necessary adaptations to current compliance, documentation and data practices and processes, in order to support the agency with the transition into a primarily telehealth-service and telecommute-work environment.

## **AUDITS, DATA, MONITORING & EVALUATION**

### Certification

In light of local school closures, as a result of the COVID-19 crisis, the Quality Assurance Team (QA) will work with the Clinical Department, Local School Districts, and the Los Angeles County Department of Mental Health to determine how to continue to navigate the school satellite certifications process at this time.

### Documentation Reviews

The Quality Assurance Team (QA) continued to complete standard chart reviews to continually monitor and assess the quality of services and documentation. The QA Team also completed process audits to monitor our access to care process, services, and documentation.

### Data Development

The Quality Improvement Team (QI) started the process of preparing for the development and tracking of FY 2020/2021 performance measures. Preparation included a review of current data, current processes, and an analysis current goals and metrics. This groundwork provides the opportunity to ensure that programs are collecting the most essential data and to help determine if performance measures should be changed or revised.

### Data Collection, Analysis and Reporting

The QI Team prepared and distributed several six-month summaries for MHSA programs: Wellness Center, Family Wellbeing, Community Mental Health Training, Community Wellbeing. The six-month summary reports provide an opportunity for leaders evaluate their programs' mid-year performance, and aids in determining if changes are needed for the next fiscal year.

### **TRAININGS & IN-SERVICES**

In order to accommodate staff needs during the COVID-19 crisis, Best Practice trainings and in-services were adapted to be done in a video conferencing format.

#### In-Service Training

In the month of March, the Clinical Department was provided with an in-service on updates and changes with regards to documentation and data collection for Network Adequacy. Additionally, the Clinical Department-Child and Family Program was retrained on the Post Assessment Triage process and the Clinical Department-Adult Outpatient Program clinicians were trained on CANS/PSC and certified for CANS.

#### New Employee Training

Five documentation trainings were held throughout the month of March for new employees in the clinical department. One staff completed and one staff began the 12-session documentation training course, in the month of March. There was no two-day training that focused on providing a comprehensive overview of the E.H.R. for the month of March. QA adjusted their training from in person to videoconference format starting the week of March 16, 2020.

#### Best Practice Staff Training

The Manager of Best Practices attended the Annual CALQIC Quality Improvement Conference to get the latest and most critical updates regarding Quality Improvement/Assurance. The primary audience for this conference is leaders in county mental health who are involved with utilization review and quality improvement efforts. Conference topics included Legal and Ethical Updates, Network Adequacy, Prior Authorization, and the Child/Adolescent Needs Assessment.