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



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

GOVERNING BOARD AGENDA

WEDNESDAY, JANUARY 20, 2021

5:00 P.M.

MEETING LOCATION

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

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

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

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

Webinar ID: 149 122 1077

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

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

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

CALL TO ORDER

Chair Carder calls the meeting to Order.

ROLL CALL

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

POSTING OF AGENDA

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

OATH OF OFFICE

AN OATH OF OFFICE WILL BE ADMINISTERED TO NEWLY APPOINTED GOVERNING BOARD MEMBER JOHN NOLTE –CITY OF POMONA COUNCIL MEMBER

CONSENT CALENDAR

1. APPROVAL OF THE MINUTES OF THE GOVERNING BOARD AND MENTAL HEALTH COMMISSION JOINT MEETING OF DECEMBER 16, 2020

Recommendation: “A motion to approve the Minutes of the Governing Board and Mental Health Commission Regular Joint Meeting of December 16, 2020.”

2. CONSIDERATION OF RESOLUTION NO. 570 ADOPTING TRI-CITY MENTAL HEALTH AUTHORITY CORONAVIRUS PREVENTION PROGRAM (CPP) AS REQUIRED UNDER THE CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ACT (LABOR CODE §§ 6300, *ET SEQ.*) AND ASSOCIATED REGULATIONS (8 C.C.R. § 3205)

Recommendation: “A motion to adopt Resolution No. 570 establishing Tri-City’s Coronavirus Prevention Program effective January 20, 2021.”

3. CONSIDERATION OF RESOLUTION NO. 571 ESTABLISHING SIGNATORIES FOR COMMERCIAL BANKING ACCOUNTS AND RETIREMENT ACCOUNTS EFFECTIVE JANUARY 20, 2021.

Recommendation: “A motion to adopt Resolution No. 571 establishing revised Signatories for Commercial Banking Accounts and Retirement Accounts, effective January 20, 2021.”

NEW BUSINESS

4. **CONSIDERATION OF RESOLUTION NO. 572 APPROVING A RELOCATION PLAN FOR TENANTS AT TRI-CITY’S PROPERTY LOCATED AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA; AND AUTHORIZING AN AMENDMENT TO FISCAL YEAR 2020-21 BUDGET BY INCREASING MHSA CSS SPECIFIC PROGRAM COSTS: CLIENT SUPPORT COSTS IN THE AMOUNT OF \$110,000**

Recommendation: “A motion to adopt Resolution No. 572 approving the Relocation Plan created by Overland, Pacific, & Cutler LLC.; and authorizing an Amendment to FY 2020-21 budget by increasing MHSA CSS Specific Program Costs: Client Support Costs in the amount of \$110,000.”

5. **CONSIDERATION OF PROCLAMATION THAT RACISM IS A PUBLIC HEALTH CRISIS THAT RESULTS IN DISPARITIES IN FAMILY STABILITY, HEALTH AND MENTAL WELLNESS, EDUCATION, EMPLOYMENT, ECONOMIC DEVELOPMENT, PUBLIC SAFETY, CRIMINAL JUSTICE, AND HOUSING**

Recommendation: “A motion to issue a Proclamation that Racism is a Public Health Crisis.”

6. **ELECTION OF OFFICERS FOR THE 2021 CALENDAR YEAR AS REQUIRED BY THE JOINT POWERS AGREEMENT BETWEEN THE CITIES OF POMONA, CLAREMONT, AND LA VERNE**

Recommendation: “That the Governing Board considers the election or re-election of a chairperson and vice chairperson.”

MONTHLY STAFF REPORTS

7. **TONI NAVARRO, EXECUTIVE DIRECTOR REPORT**
8. **DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
9. **ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT**
10. **SEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

11. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**12. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**

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

GOVERNING BOARD COMMENTS

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

PUBLIC COMMENT

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

ADJOURNMENT

The next Regular Meeting of the **Governing Board** will be held on **Wednesday, February 17, 2021 at 5:00 p.m.**, via teleconference due to the COVID-19 pandemic.

MICAELA P. OLMOS
JPA ADMINISTRATOR/CLERK



MINUTES

GOVERNING BOARD / MENTAL HEALTH COMMISSION REGULAR JOINT MEETING

DECEMBER 16, 2020 – 5:00 P.M.

The Governing Board and the Mental Health Commission held on Wednesday, December 16, 2020 at 5:03 p.m. its Regular Joint Meeting Via Teleconference pursuant to California Governor Newsom Executive Order N-25-20 wherein he suspended certain provisions of the Brown Act to allow the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

CALL TO ORDER Chair Carder called the meeting to order at 5:03 p.m.

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

GOVERNING BOARD

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

ABSENT: None.

MENTAL HEALTH COMMISSION

PRESENT: Anne Henderson, Vice-Chair
Carolyn Cockrell, GB Member Liaison
Ethel Gardner, Commissioner
Joan M. Reyes, Commissioner
Wray Ryback, Commissioner
Twila L. Stephens, Commissioner
David J. Weldon, Commissioner

ABSENT: Toni L. Watson, Chair
Alfonso "Al" Villanueva, Commissioner
Davetta Williams, Commissioner

STAFF: Toni Navarro, Executive Director
Darold Pieper, General Counsel
Diana Acosta, Chief Financial Officer

AGENDA ITEM NO. 1

Nancy Gill, Chief Operations Officer
Angela Igrisan, Chief Clinical Officer
Rimmi Hundal, Director of MHSA & Ethnic Services
Natalie Majors-Stewart, Chief Compliance Officer
Mica Olmos, JPA Administrator/Clerk

PRESENTATIONS

AWARD OF RECOGNITION TO THE POMONA POLICE DEPARTMENT FOR THEIR PARTNERSHIP AND ITS DEDICATED SERVICE AND COMMITMENT TO THE COMMUNITIES WE SERVE

An Award of Recognition was presented to the Pomona Police Department for their partnership and its dedicated service and commitment to the communities we serve. In attendance to receive the award of recognition were Chief of Police Michael Ellis, Deputy Police Chief Christian Hsu, Lieutenant Anthony Catanese, Sergeant Brad Paulson, Corporal Chris Lewis, Officer Christine Howard, and Officer Bert Sanchez, Jr of the Pomona Police Department.

Executive Director Navarro stated that every year Tri-City honors a community and outstanding community partner; that she was pleased to announce that our outstanding community partner this year is the entire Pomona Police Department (PPD), noting that the recommendation for this year's outstanding community partner came from Tri-City's line staff who are in the field and interface every day with the PPD; that things that have occurred during this time, Tri-City staff are always grateful to know that we have the PPD as one of our police departments; that she has always been utterly impressed with how responsive, engaged and trained are the PPD officers in the care and compassion of persons who are struggling with mental illness and their families; she talked about its willingness and engagement in continuous training in Mental Health First Aid, sky breathing, the practice of enhanced emotional activation that helps people to be more calm in difficult situations; and expressed gratitude for the PPD for their time and service; congratulated them for being Tri-City's 2020 Outstanding Community Partner; and read the award inscription: "The brightest stars are those that shine for the benefit of others, your dedication and commitment to the community we serve is exemplary. Thank you Pomona Police Department for your partnership!"

Chief of Police Michael Ellis stated that when he learned that the PPD was selected for this award, he was glad to hear it was about the partnership with Tri-City which has been for him for the past two decades; that this award reflects the relationship the PPD has with Tri-City and the rest of their partners in the City; that the City of Pomona and the Police Department work from the compassion for those who need their services; and that he looks forward to continuing its relationship with Tri-City and also make it even stronger; and thanked Tri-City for the award.

Chair Carder stated that she has been involved with Tri-City for 12 years; that she had heard wonderful things about the Pomona Police Department; and thanked them for everything they do and for taking the time to join Tri-City today.

Board Member Ontiveros-Cole expressed being a pleasure to have the PPD in attendance; that it was a wonderful honor to present this award to them; that she had witness the PPD's amazing job during her four years of leadership; and that she is looking forward for another four years; and thanked them for everything they do every single day and for being our police department.

AWARD OF RECOGNITION TO RETIRING CITY OF LA VERNE STAFF LIAISON TO TCMHA GOVERNING BOARD WILLIAM (BILL) AGUIRRE, COMMUNITY SERVICES DIRECTOR, FOR HIS LEADERSHIP AND DEDICATED SERVICE TO TRI-CITY SINCE 1999

An Award of Recognition was presented to retiring City of La Verne Staff Liaison to TCMHA Governing Board William (Bill) Aguirre, Community Services Director, for his leadership and dedicated service to Tri-City since 1999.

Chair Carder stated that it is bittersweet as all retirement celebrations; that Bill Aguirre from the City of Laverne, is an amazing community director; that he worked for the City for over 30 years, as well for Tri-City; that he had been her support for over 12 years; that he is very knowledgeable; and he will be sorely missed; that he had given so much of his time and that he deserved this retirement.

Executive Director Navarro, on behalf of Tri-City, thanked Bill Aguirre for his commitment and dedication to Tri-City; and read the award inscription: “coming together is a beginning; keeping together is progress; working together is success, Bill, thank you for being a part of our success.” She stated that he had been an active member with Tri-City as a stakeholder and a partner; that he is a lot of the reason why Tri-City has the success that we have today; thanked him for everything and wished him to enjoy his retirement.

Bill Aguirre thanked the Board, the Executive Director and her team, noting that everyone had been fantastic; he then said that he had talked to the community in the past and they have very high regards for Tri-City as well as the school district; that he is very proud to tell people that he had been a little part of Tri-City; thanked Tri-City for the beautiful award; and stated that he looks forward to seeing nothing but great things from Tri-City Mental Health.

Board Member Lantz commented that Bill Aguirre had been part of Tri-City before she even came on the Board, noting that they went through some extremely difficult times and they had his guidance and leadership when the Board was making some very difficult decisions; and thanked him for being there and for sticking with us through ‘thick and thin’; and that he will be sorely missed.

Director of MHSA & Ethnic Services Hundal thanked Bill Aguirre for everything he had done for Tri-City, noting that he helped John Ott with the making of a New Day at Tri-City; and announced that he will continue to help Tri-City develop a vision for the next 10 years.

Board Member Vera commented that he had worked with Bill Aguirre on other occasions through the Fairplex, noting that he had always been a calming influence whenever things got difficult; expressed being a pleasure working with him; and thanked him for helping Tri-City.

AWARD OF RECOGNITION TO RETIRING CHIEF OPERATIONS OFFICER NANCY GILL FOR HER 17 YEARS OF LEADERSHIP AND DEDICATED SERVICE TO TRI-CITY SINCE 2003

Executive Director Navarro stated that retirements are bittersweet; that they are bitter for the people who are left behind, but are totally sweet for the people who get to go off into their next phase of their life; that it is Tri-City’s diamond anniversary, and because Nancy Gill was part of the management team, Tri-City would not be having a 60th anniversary; that everyone here today in the agency owes their job to Nancy Gill since she kept us; that she then read the award inscription “A positive attitude creates a chain reaction of positive thoughts, events and outcomes.

Thank you for 17 years of positivity and dedication to Tri-City!” She then indicated that she had always admired her positivity so much; that she had learned from her to use that positivity for the strength and power of as a catalyst for change; thanked her for everything that she had done for the agency; and wished her good luck in everything in the future. She then announced that Nancy Gill’s staff team was in attendance to congratulate her on her retirement.

The Program Support Team and the Facilities Team were in attendance and provided accolades to Nancy Gill in celebration of her retirement.

Chair Carder stated that when she became a board member, Nancy Gill was positive and sweet; that she answered all of the Board’s questions; and that she felt very comfortable coming to Nancy Gill with questions; and wish her to enjoy retirement.

Board Member Vera stated that the first time he saw one of her agenda reports submitted to the board, he knew Tri-City was in good hands; and that he appreciates all the information she has provided to the board.

Chief Financial Officer Acosta stated that since she came to Tri-City, she always looked to Nancy Gill for her calm demeanor and her leadership in collaboration; expressed happiness for her being able to enjoy retirement, noting that she will do well in whatever it is that she decides to do in the future.

Director of MHSA & Ethnic Services Hundal thanked Nancy Gill for hiring her, noting that if it was not for Nancy Gill, she would not be here today; stated that their relationship had been just very sweet; that Nancy Gill has been very kind and very professional at all times; thanked her for always being there for her, since Nancy Gill was her go-to person and Nancy Gill would advise her on how to be a mom to twins, as well as how to do everything that she is able to do today; and thanked her for keeping the doors open at Tri-City; that she will be truly missed; that she cannot imagine Tri-City without Nancy Gill; and that she hopes to carry on Nancy Gill’s legacy here at Tri-City.

Board Member Lantz commented that when Tri-City went through some really hard times with the bankruptcy, Nancy Gill was positive and steady; that she helped all everyone to focus on the goal that we had, to remember what we needed in terms of leadership, and not to give up; that it was greatly appreciated.

Nancy Gill stated that in the 17 and a half years at Tri-City, she had worked for six supervisors; that her staff has been amazing, noting that it has been fun to see how they have grown and have gotten higher positions; commented about certain conversations with Jesse Duff and Margaret Harris during the Bankruptcy; that Tri-City has had amazing management; stated that she was really going to miss everyone; expressed gladness for have had this experience; and thanked everyone.

“RECOVERY MOMENTS” STORY

Executive Director Navarro stated that every month, during the Mental Health Commission meeting, Tri-City clients and former clients present and share their recovery story and how their lives have been impacted by Tri-City services; and that today staff will be sharing their successes which are moments of transformation here at the agency and what they’re putting out there to the community.

Director of MHSA & Ethnic Services Hundal spoke about Sonya, who came to Tri-City because she was homeless and became a client of Tri-City; that over the years, she finished her therapy and treatment and applied for a part-time job at the Wellness Center, working only 10 hours per week; that later on, she wanted to learn more, excelled, and she increased her hours and took on more responsibility; that after sometime, she applied for a clinical wellness advocate position and she got it, and again she excelled; that she then was hired to be a Measure H full-time navigator; and discussed her work ethic pointing out that Sonya has not declined a call, helps everyone that she can, has worked at the Claremont farmer's market, in the streets of Pomona, in La Verne; and that Tri-City is very proud of Sonya and has been a wonderful addition to her team.

Chief Compliance Officer Majors-Stewart highlighted three of her best practice team members, indicating that she is very thankful that she has been able to inherit such wonderful talent from other departments; that the three staff persons have been at Tri-City for over 10 years; she then spoke of Rocio Bedoy who started off as a clinical therapist in the adult department in 2008 and she's grown into leadership; that she earned her license and now she is the Manager of Best Practices. She then spoke of Veronica Serret who was in the program support team since 2007 and she is now a program analyst. She then spoke of Cindy Martinez who has been with Tri-City for 14 years and started working the clinical department as a mental health rehabilitation specialist; noting that she would always help staff navigate as we were transitioning over from paper to electronic health records; and now she is the electronic health record specialist; and commented that that it has been amazing watching these three, all of our staff, really develop, grow and evolve within the agency, and seeing all of the successes that they have achieved, and expressed being proud of them.

Executive Director Navarro commented that staff had been having a virtual holiday celebration by spending half hour together at lunchtime as an agency; discussed the activities and celebrations; shared the number of 5, 10, 15, and 20 years of service recipients; and pointed out that approximately 13% of our staff have been working for Tri-City for over 10 years, and that approximately 15% of our staff have now been working for Tri-City for at least five years, noting that in public behavioral health, these are really good numbers in service years.

MENTAL HEALTH COMMISSION

1. APPROVAL OF MINUTES – MENTAL HEALTH COMMISSION REGULAR MEETING OF NOVEMBER 10, 2020

There being no comment, Commissioner Ryback, and Commissioner Reyes seconded, to approve the Minutes of the November 10, 2020 Mental Health Commission Regular Meeting. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Reyes, Ryback Stephens, and Weldon; and Vice-Chair Henderson. NOES: None. ABSTAIN: Commissioner Gardner. ABSENT: Commissioner Villanueva and Williams; and Chair Watson.

2. 2020 DATA NOTEBOOK FOR CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL (CBHPC) ON TELEHEALTH TECHNOLOGY AND OTHER STRATEGIES TO PROVIDE BEHAVIORAL HEALTH SERVICES DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Commission Vice-Chair Henderson discussed that the Mental Health Commission had created an Ad Hoc Committee which included her and Commissioners Joan Reyes and Al Villanueva,

and that with the help of Chief Compliance Officer Majors-Stewart's team, they answered the questions included in the Data Notebook report; indicated that the answers were submitted through a survey monkey and were displayed in blue; commented that in answering all of the questions they were not able to be very thorough as they would have preferred, and discussed some of the questions; she then thanked staff for all the support they received in completing the answers; indicated that the report shows what a great job Tri-City has been doing in provided services thorough telehealth, as well as its current needs.

Commissioner Ryback thanked Vice-Chair Henderson for her assistance in completing the Data Notebook.

There being no further comment, Commissioner Gardner, and Commissioner Stephens seconded, to receive and file the 2020 Data Notebook (pursuant to W.I.C. 5604.2) for California Behavioral Health Planning Council (CBHPC) on Telehealth Technology and Other Strategies to Provide Behavioral Health Services during the COVID-19 Public Health Emergency. The motion was carried by the following vote: AYES: Board Member Liaison Cockrell; Commissioners Gardner, Reyes, Ryback, Stephens, and Weldon; and Vice-Chair Henderson. NOES: None. ABSTAIN: None. ABSENT: Commissioner Villanueva and Williams; and Chair Watson.

CONSENT CALENDAR – GOVERNING BOARD

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

3. APPROVAL OF MINUTES FROM THE NOVEMBER 18, 2020 GOVERNING BOARD REGULAR MEETING

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

4. CONSIDERATION OF RESOLUTION NO. 563 OF THE GOVERNING BOARD OF TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS 2021 MEETING SCHEDULE

Recommendation: “A motion to approve Resolution No. 563, adopting the Governing Board & MHC 2021 Meeting Schedule.”

5. APPROVAL OF RESOLUTION NO. 564 ADOPTING REVISED FY 2020-21 CLASSIFICATION AND SALARY SCHEDULE TO COMPLY WITH THE NEW STATE MINIMUM WAGE REQUIREMENTS EFFECTIVE JANUARY 1, 2021

Recommendation: “A motion to adopt Resolution No. 564 establishing a revised FY 2020-21 Classification and Salary Schedule for Tri-City Mental Health Authority effective January 1, 2021 to comply with the new State Minimum Wage requirements.”

NEW BUSINESS – GOVERNING BOARD

6. CONSIDERATION OF RESOLUTION NO. 565 AUTHORIZING THE EXECUTIVE DIRECTOR TO SUBMIT ON BEHALF OF TRI-CITY A COMPETITIVE FUNDS ROUND 3 APPLICATION TO PARTICIPATE IN THE NO PLACE LIKE HOME (NPLH) PROGRAM

Executive Director Navarro reported that in July 2019, the Cesar Chavez Foundation (CCF) came to present and discuss a housing project at the corner of Holt and East End; that the CCF is preparing a project called the East End Village; that at that time the Governing Board gave her direction to continue to negotiate with them through the planning phase; that in November 2019, the California Department of Housing and Community Development released their latest notice of funds available for the No Place Like Home (NPLH) competitive round of funding; that as a medium-sized County, Tri-City is eligible to apply for up to \$1.98 million in funding for permanent supportive housing units; that staff would like to partner with CCF for this project; and that she was asking for the Board's authorization to complete and submit an application for NPLH competitive funds to use for the CCF's West End Village housing project.

Vice-Chair Leano commended that he assumes that there will be a deadline to apply for this round three of competitive funds; expressed support for Tri-City pursuing this NPLH grant and any all other opportunities; and sought clarification regarding the number of times which Tri-City can pursue a competitive application in a round.

Executive Director Navarro stated that Tri-City can only apply for up to the maximum amount allocated as a medium county; that the cap at this point is roughly around \$270,000 per unit, which will buy Tri-City approximately seven units of housing; that the State indicated they will put forth competitive rounds, and they had already completed rounds one and two; that Tri-City did not apply during rounds one and two because we had no projects; accordingly, this is the amount of money Tri-City is allowed during round three; and explained that the funds are based on revenues from bonds, and she is not sure if Tri-City will be eligible for any funding during round four.

Discussion ensued regarding the competitive process.

There being no further discussion, Board Member Vera moved, and Board Member Lantz seconded, to authorize Tri-City to partner with the Cesar Chavez Foundation for 7 units of permanent supportive housing in the East End Village Housing Project; and adopt Resolution No. 565 authorizing the Executive Director to file on behalf of Tri-City a NPLH Competitive Allocation Round 3 Application. The motion was carried by the following vote: AYES: Board Members Cockrell, Garcia, Lantz, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

7. CONSIDERATION OF RESOLUTION NO. 566 AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH THE POMONA ECONOMIC OPPORTUNITY CENTER (PEOC) FOR COVID-19 COMMUNITY OUTREACH AND ENGAGEMENT; AND ACCEPTING THE LA COUNTY COVID-19 COMMUNITY EQUITY FUND (CCCEF) GRANT IN THE AMOUNT OF \$53,200

Executive Director Navarro indicated that an application was submitted by the partners in order to increase outreach and communication throughout our communities regarding how to stop the

spread of COVID over the next year, the vaccine, and to explain the options for staying healthy and well in this really difficult time; that the grant was accepted; and reported that research shows that folks that are challenged by living with a mental illness are having significantly more challenges when it comes to COVID, are disproportionately dying of COVID, and are disproportionately having sicker episodes; and discussed what the opportunity that this grant presents for employment over the next year, as well as to outreach to the community.

There being no further comment, Board Member Lantz moved, and Board Member Garcia seconded, to adopt Resolution No. 566 accepting a CCCEF grant in the amount of \$53,200; approving the MOU with the PEOC for COVID-19 community outreach and engagement; and authorizing the Executive Director to execute it. The motion was carried by the following vote: AYES: Board Members Cockrell, Garcia, Lantz, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

8. CONSIDERATION OF RESOLUTION NO. 567 AWARDING A THREE-YEAR AGREEMENT TO CITIGUARD, INC. FOR SECURITY GUARD SERVICES BEGINNING JANUARY 1, 2021, IN THE AMOUNT OF \$1,430,244.00, WITH AN OPTION TO EXTEND TWO ADDITIONAL YEARS; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT

Chief Operations Officer Gill reported that Tri-City has been utilizing security guard services for over 20 years; that a formal Request for Proposals (RFP) was issued on November 5th; that eleven Proposals were received; and out of those proposals, staff was recommending to award Citiguard, Inc. the agreement for security guard services for up to five years to provide services at four Tri-City locations; and that Sami Ullah, Principal Officer of Citiguard, was in attendance to answer any questions.

Board Member Vera inquired if there was anything in this agreement that the Board should be aware of, and it included a termination clause, as well as insurance requirements.

Tri-City Counsel Darold Pieper replied in the affirmative, noting that the agreement has significant insurance provisions in it.

Discussion ensued about what the security guards services will entail, including having experience with the population that Tri-City serves.

Sami Ullah, Principal Officer of Citiguard, Inc., discussed the company's experience providing security guard services with agencies that provide mental health services and mentioned some of the agencies they are currently working with; discussed their workforce and their training for deescalating situations; and noted Citiguard will provide services as required under the RFP.

There being no further discussion, Vice-Chair Leano moved, and Board Member Vera seconded, to award the Agreement for Security Guard Services to Citiguard, Inc. and adopt Resolution No. 567 authorizing the Executive Director to execute a Three-Year Agreement with Citiguard beginning January 1, 2021, in the amount of \$1,430,244.00, with an option to extend two additional years, totaling \$2,383,740.00 for five years. The motion was carried by the following vote: AYES: Board Members Cockrell, Garcia, Lantz, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

9. CONSIDERATION OF RESOLUTION NO. 568 AUTHORIZING AN AMENDMENT TO FISCAL YEAR 2020-21 BUDGET BY INCREASING OFFICE SUPPLIES AND EQUIPMENT EXPENSES IN THE AMOUNT OF \$44,000; AND ADOPTING TEMPORARY TELECOMMUTING EXPENSE REIMBURSEMENT POLICY AND PROCEDURE NO. XI.21

Chief Financial Officer Acosta stated that staff was asking for Governing Board authorization to adopt a policy to allow the reimbursement of additional costs that Tri-City employees had to incur when working from home since the start of the pandemic; that the policy would allow a one-time reimbursement for up to two hundred dollars per employee for equipment and internet costs that staff had incurred while they are telecommuting.

Chair Carder stated she understood the situation, noting that nobody expected staff to be working this long from home; expressed gratitude for everything that staff has been doing and their commitment; and expressed support for this request.

There being no further comment, Vice-Chair Leano moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 568 Authorizing an Amendment to the Fiscal Year 2020-21 Budget by increasing Office Supplies and Equipment Expenses in the amount of \$44,000; and establishing a Temporary Telecommuting Expense Reimbursement Policy & Procedure No. XI.21. The motion was carried by the following vote: AYES: Board Members Cockrell, Garcia, Lantz, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

10. CONSIDERATION OF RESOLUTION NO. 569 AUTHORIZING AN AMENDMENT TO FISCAL YEAR 2020-21 BUDGET BY INCREASING CONSULTING SERVICES IN THE AMOUNT OF \$12,000; AND AUTHORIZING THE EXECUTIVE DIRECTOR TO EXECUTE THE FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT WITH BRAND PURPOSE, LLC

Executive Director Navarro stated that this is another COVID casualty; she discussed that when the Agreement with Brand Purpose was approved, things were looking much better in regards to COVID and it was anticipated that Phase I was going to be held in person; unfortunately, as things have unfolded with COVID, that is not going to happen; that Brand Purpose had to hire expertise in virtual capability to conduct large group meetings and the \$12,000 will cover the additional cost for information technology services.

There being no further comment, Board Member Vera moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 569 amending the Fiscal Year 2020-21 Budget by increasing Consulting Services in the amount of \$12,000; and authorizing the Executive Director to execute the First Amendment to Professional Services Agreement with Brand Purpose, LLC. The motion was carried by the following vote: AYES: Board Members Cockrell, Garcia, Lantz, Ontiveros-Cole, and Vera; Vice-Chair Leano; and Chair Carder. NOES: None. ABSTAIN: None. ABSENT: None.

MONTHLY STAFF REPORTS

11. TONI NAVARRO, EXECUTIVE DIRECTOR REPORT

Executive Director Navarro reported that behavioral health services are in Phase IB, Tier 2 of the COVID vaccine rollout; that it is anticipated that Tri-City staff will be able to get vaccinated beginning in March; that she joined the committee with LA County on effective communication and messaging around vaccination for our community as part of her work with Pomona's promise and other health partners in the area; that Tri-City will be able to provide up-to-date accurate information to its clients and community-wide in the three cities, encouraging everybody to get vaccinated. She then reported that the California Behavioral Health Directors Association (CBHDA) changed its Strategic Planning timeline to match the California legislative two-year cycle; that there are four overarching priority areas that CBHDA is looking to advocate policy and create some new regulation that will help us improve funding, adequacy and stability; to improve our crisis continuum for care and, to address more specifically the housing and homelessness issue for persons who are experiencing severe and persistent mental illness; to promote equity, justice and healing; and to expand children, youth and school-based services. She also provided an update regarding the rental assistance program in Pomona, and reported that the regulations and the paperwork required has been proving to be really challenging; that there are so many questions that people get scared and they stop filling out their application; and that the partners are meeting and knocking down barriers every week to make sure to get the applications completed more quickly and to keep people engaged.

Discussion ensued regarding tentative timeline for Tri-City staff to get vaccinated. Then, Executive Director Navarro congratulated Commissioner Ethel Gardner for being featured in a documentary, which will come out in January and is currently being displayed at the marquee of the Fox Theater.

12. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT

Chief Financial Officer Acosta discussed the bankruptcy balance and indicated that she expects to make the final payment in the next few months and hoping before the end of this fiscal year; and discussion ensued regarding the MHSA funding and the final bankruptcy payment.

13. NANCY GILL, CHIEF OPERATIONS OFFICER REPORT

Chief Operations Officer stated that this was her last report and asked if anyone had any questions. There were no questions from the Board and Commission.

14. ANGELA IGRISAN, CHIEF CLINICAL OFFICER REPORT

Chief Clinical Officer Igrisan thanked Nancy Gill for her support and guidance; and stated that everyone was going to miss Nancy Gill; expressed good wishes for the holidays to the Commission and the Board; presented her report for consideration and asked if anyone had any questions. There were no questions from the Board and Commission.

15. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT

Executive Director Navarro reported on behalf of Medical Director Teimoori, that supplemental crisis calls have increased; that Tri-City is looking to partner more with the Department of Children and Family Services and some of our community partners to reach people on the front end of their crises versus having people ending up in hospitals and or with DCFS reports.

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

Director of MHSA & Ethnic Services Hundal reported that Tri-City had partnered with Dr. Allen Lipscomb; that he will train the entire staff on cultural diversity; that this is the next training after implicit bias training; that this training provided tools, techniques, and skills to hold oneself and others accountable as it relates to truly practicing justice, equity, diversity, and inclusion.

Discussion ensued regarding the impacts of virtual learning on children and the impact on family as a unit; and the support and training that Tri-City has been providing to help the children and school district in terms of referrals.

17. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT

Chief Compliance Officer Majors-Stewart thanked the Mental Health Commission and the Data Notebook committee for the data notebook process, noting that her team enjoyed it; and that they are looking forward to doing even more wonderful things with the data notebook in years to come.

Discussion ensued regarding the surveys and projects about assessing the outcomes of training of staff which focus about how satisfied they were with the trainings, and about telehealth, and about the Pomona vision 2030 project which there will be more detail information at a future meeting; and that the trainings for the community on adverse childhood experiences through the grant from the ACEs aware.org Foundation, are currently on hold until further approval from the State before the trainings can begin.

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

GOVERNING BOARD / MENTAL HEALTH COMMISSION COMMENTS

Commissioner Reyes praised Irene Oseguera, who is working very diligently to get housing for a very challenging woman, noting that she is doing a great job.

PUBLIC COMMENT

There was no public comment.

ADJOURNMENT

At 6:46 p.m., on consensus of the Governing Board and Mental Health Commission, its Joint Meeting of December 16, 2020 was adjourned. The next Regular Meeting of the Mental Health Commission will be held on Tuesday, January 12, 2021 at 3:30 p.m. via teleconference due to the COVID-19 pandemic. The next Regular Meeting of the Governing Board will be held on Wednesday, January 20, 2021 at 5:00 p.m., via teleconference due to the COVID-19 pandemic.



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Kitha Torregano, Human Resources Manager

SUBJECT: Consideration of Resolution No. 570 Adopting the Tri-City Mental Health Authority Coronavirus Prevention Program (“CPP”) as Required under the California Occupational Safety and Health Act (Labor Code §§ 6300, et seq.) and Associated Regulations (8 C.C.R. § 3205)

Summary:

On November 19, 2020 the Occupational Safety and Health Standards Board (OSHSB) adopted an emergency temporary regulation requiring that employers adopt and implement a COVID-19 Prevention Program (CPP). (See 8 C.C.R. 3205.) The emergency regulation went into effect on November 30, 2020 and in an effort to comply with this regulation, staff have drafted the Tri-City Mental Health Authority Coronavirus Prevention Plan attached.

Background:

The CPP provides definition, policy and procedure for virus spread prevention, return to work and disinfection protocols, as well as training and leave provisions as it applies to the coronavirus. Staff are requesting the adoption of this prevention program in order to comply with State regulations.

Fiscal Impact:

Costs associated with reimbursement for testing and mileage. Some costs will be covered through Tri-City’s Workers Compensation Insurance.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 570 establishing Tri-City Mental Health Authority’s Coronavirus Prevention Plan.

Attachments

Attachment 2-A: Resolution No 570 – DRAFT

Attachment 2-B: Coronavirus Prevention Plan

RESOLUTION NO. 570

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS CORONAVIRUS PREVENTION PROGRAM (“CPP”) AS REQUIRED UNDER THE CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH ACT (LABOR CODE §§ 6300, ET SEQ.) AND ASSOCIATED REGULATIONS (8 C.C.R. § 3205)

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”) desires to adopt the Authority’s Coronavirus Prevention Program (“CPP”) as Required under the California Occupational Safety and Health Act (Labor Code §§ 6300, et seq.) and Associated Regulations (8 C.C.R. § 3205)

B. The CPP provides definition, policy and procedure for virus spread prevention, return to work and disinfection protocols, as well as training and leave provisions as it applies to the coronavirus.

2. Action

The Governing Board approves the Authority’s Coronavirus Prevention Program as presented and become effective as of this date.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 20, 2021 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: _____



Tri-City Mental Health Authority

COVID-19 Prevention Program (CPP)

Adopted January 20, 2021

COVID-19 PREVENTION PROGRAM (CPP)

I. PURPOSE:

The purpose of Tri-City Mental Health Authority's ("Tri-City") COVID-19 Prevention Program ("CPP") is to provide employees a healthy and safe workplace as required under the California Occupational Safety and Health Act (Labor Code §§ 6300, *et seq.*) and associated regulations (8 C.C.R. § 3205).

Nothing in this CPP precludes Tri-City from complying with federal, state, or local laws or guidance that recommends or requires measures that are more prescriptive and/or restrictive than are provided herein.

II. SCOPE

Unless one of the exceptions applies, this CPP applies to all Tri-City employees, including those who are vaccinated.

The following employees are exempted from coverage under the CPP: (1) Tri-City employees who are teleworking; or (2) Tri-City employees who are working in a facility or operation that subject to the Cal/OSHA regulation concerning Aerosol Transmissible Diseases ("ATD") regulation.

Furthermore, certain Tri-City employees who perform services covered by the ATD regulation may be exempted during the actual performance of such services.

III. DEFINITIONS:

For the purposes of the CPP, the following definitions shall apply:

"COVID-19" means coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

"COVID-19 case" means a person who either: (1) Has a positive "COVID-19 test" as defined in this section; (2) Is subject to COVID-19-related order to isolate issued by a local or state health official; or (3) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county. A person is no longer a "COVID-19 case" when a licensed health care professional determines that the person does not have COVID-19, in accordance with recommendations made by the California Department of Public Health (CDPH) or the local health department pursuant to authority granted under the Health and Safety Code or title 17, California Code of Regulations to CDPH or the local health department.

"Close contact COVID-19 exposure" means being within six (6) feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the "high-risk exposure period" as defined here. This definition applies regardless of the use of face coverings.

"COVID-19 hazard" means exposure to potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious

materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids, among other things. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.

“COVID-19 symptoms” means one of the following: (1) fever of 100.4 degrees Fahrenheit or higher or chills; (2) cough; (3) shortness of breath or difficulty breathing; (4) fatigue; (5) muscle or body aches; (6) headache; (7) new loss of taste or smell; (8) sore throat; (9) congestion or runny nose; (10) nausea or vomiting; or (11) diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

“COVID-19 test” means a viral test for SARS-CoV-2 that is both: (1) Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and (2) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

“Exposed workplace” means any work location, working area, or common area at work used or accessed by a COVID-19 case during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas.

The exposed workplace does not include buildings or facilities not entered by a COVID-19 case. Effective January 1, 2021, the “exposed workplace” also includes but is not limited to the “worksite” of the COVID-19 case as defined by Labor Code section 6409.6(d)(5).

“Face covering” means a tightly woven fabric or non-woven material with no visible holes or openings, which covers the nose and mouth.

“High-risk exposure period” means the following time period: (1) For persons who develop COVID-19 symptoms: from two (2) days before they first develop symptoms until ten (10) days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or (2) For persons who test positive who never develop COVID-19 symptoms: from two (2) days before until ten (10) days after the specimen for their first positive test for COVID-19 was collected.

IV. PROGRAM

A. SYSTEM FOR COMMUNICATING WITH TRI-CITY EMPLOYEES

1. Reporting COVID-19 Symptoms, Possible COVID-19 Close Contact Exposures, and Possible COVID-19 Hazards at Tri-City Worksites and Facilities

Tri-City policy requires that Tri-City employees immediately report to their supervisor, manager, director or the Human Resources Department any of the following: (1) the employee’s presentation of COVID-19 symptoms; (2) the employee’s possible COVID-19 close contact exposures; (3) possible COVID-19 hazards at Tri-City worksites or facilities.

Tri-City will not discriminate or retaliate against any Tri-City employee who makes such a report.

2. **Accommodations Process for Tri-City Employees with Medical or Other Conditions that put them at Increased Risk of Severe COVID-19 Illness**

Tri-City policy provides for an accommodation process for employees who have a medical or other condition identified by the Centers for Disease Control and Prevention (“CDC”) or the employees’ health care provider as placing or potentially placing the employees at increased risk of severe COVID-19 illness.

The CDC identifies the following medical conditions and other conditions as placing or potentially placing individuals at an increased risk of severe COVID-19 illness.

The CDC guidance provides that adults of any age with the following conditions are at increased risk of severe illness from the virus that causes COVID-19:

1. Cancer
2. Chronic kidney disease
3. COPD (chronic obstructive pulmonary disease)
4. Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
5. Immunocompromised state (weakened immune system) from solid organ transplant
6. Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
7. Severe Obesity (BMI ≥ 40 kg/m²)
8. Pregnancy
9. Sickle cell disease
10. Smoking
11. Type 2 diabetes mellitus

The CDC guidance also provides that adults of any age with the following conditions might be at an increased risk for severe illness from the virus that causes COVID-19:

1. Asthma (moderate-to-severe)
2. Cerebrovascular disease (affects blood vessels and blood supply to the brain)
3. Cystic fibrosis
4. Hypertension or high blood pressure

5. Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
6. Neurologic conditions, such as dementia
7. Liver disease
8. Overweight (BMI > 25 kg/m², but < 30 kg/m²)
9. Pulmonary fibrosis (having damaged or scarred lung tissues)
10. Thalassemia (a type of blood disorder)
11. Type 1 diabetes mellitus

Tri-City will periodically review the following web address in order to account for any additional medical conditions and other conditions that the CDC has identified as placing or potentially placing individuals at an increased risk of severe COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Tri-City employees are encouraged to review the list of medical conditions and other condition provided above in order to determine whether they have such a condition.

To request an accommodation under the Tri-City policy, employees may make a request with their manager, supervisor, director or the Human Resources Department.

3. COVID-19 Testing

Tri-City possesses authority to require that employees who report to work at Tri-City worksites or facilities be tested for COVID-19.

Where Tri-City requires that Tri-City employees be tested, Tri-City will inform employees for the reason that testing is required.

Tri-City will also inform Tri-City employees of the possible consequences of a positive COVID-19 test, which may include, but is not limited to, a requirement that employees not report to Tri-City during the high-risk exposure period and satisfying the minimum criteria to return to work.

Where Tri-City requires testing, Tri-City has adopted policies and procedures that ensure the confidentiality of employees and comply with the Confidentiality of Medical Information Act ("CMIA"). Specifically, Tri-City will keep confidential all personal identifying information of COVID-19 cases or persons with COVID-19 symptoms unless expressly authorized by the employee to disclose such information or as other permitted or required under the law.

4. COVID-19 Hazards

Tri-City will notify Tri-City employees and subcontracted employees of any potential COVID-19 exposure at a Tri-City worksite or facility where a COVID-19 case and Tri-City employees were present on the same day. Tri-City will notify Tri-City employees of such

potential exposures within one (1) business day, in a way that does not reveal any personal identifying information of the COVID-19 case.

Tri-City will also notify Tri-City employees of cleaning and disinfecting measures Tri-City is undertaking in order to ensure the health and safety of the Tri-City worksite or facility where the potential exposure occurred.

B. IDENTIFICATION AND EVALUATION OF COVID-19 HAZARDS AT TRI-CITY WORKSITES AND FACILITIES

1. Screening Tri-City Employees for COVID-19 Symptoms

Tri-City possesses authority to screen employees and require that employee self-screen for COVID-19 symptoms.

Tri-City policy provides that Tri-City will screen Tri-City employees for COVID-19 symptoms prior to entering Tri-City worksites and facilities and Tri-City employees will self-screen for COVID-19 symptoms prior to reporting to any Tri-City worksite or facility.

2. Responding to Tri-City Employees with COVID-19 Symptoms

Should a Tri-City employee present COVID-19 symptoms during a Tri-City administered screening or a self-screen, Tri-City will instruct the employee to remain at or return to their home or place of residence and not report to work until such time as the employee satisfies the minimum criteria to return to work.

Tri-City will advise employees of any leaves to which they may be entitled during this self-quarantine period.

Further, Tri-City has adopted policies and procedures that ensure the confidentiality of employees and comply with the CMIA, and will not disclose to other employees the fact that the employees presented COVID-19 symptoms.

3. Tri-City's Response to COVID-19 Cases

In the event that Tri-City employees test positive for COVID-19 or are diagnosed with COVID-19 by a health care provider, Tri-City will instruct the employees to remain at or return to their home or place of residence and not report to work until such time as they satisfy the minimum criteria to return to work.

Tri-City will advise employees of any leaves to which they may be entitled during this self-isolation period.

Tri-City will comply with all reporting and recording obligations as required under the law, including, but not limited to, reporting the COVID-19 case to the following individuals and institutions as required based on the individual circumstances: (1) the local health department; (2) Cal/OSHA; (3) employees who were present at a Tri-City worksite or facility when the COVID-19 case was present; (4) the employers of subcontracted employees who were present at the Tri-City worksite or facility; and (5) Tri-City's workers' compensation plan administrator.

If possible, the Tri-City will interview the COVID-19 cases in order to ascertain the nature and circumstances of any contact that the employees may have had with other employees during the high-risk exposure period. If Tri-City determines that there were any close contact COVID-19 exposures, Tri-City will instruct those employees to remain at their home or place of residence and not report to work until such time as the employees satisfy the minimum criteria to return to work.

Tri-City has adopted policies and procedures that ensure the confidentiality of employees and comply with the CMIA. Specifically, Tri-City will not disclose to other employees, except for those who need to know, the fact that the employees tested positive for or were diagnosed with COVID-19. Further, Tri-City will keep confidential all personal identifying information of COVID-19 cases or persons unless expressly authorized by the employees to disclose such information or as other permitted or required under the law.

4. Workplace-Specific Identification of COVID-19 Hazards

Tri-City conducted a workplace-specific assessment of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards.

As part of this process, Tri-City identified places and times when employees and individuals congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, including, for example, during meetings or trainings, in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

As part of this process, Tri-City identified potential workplace exposure to all persons at Tri-City worksites and facilities, including employees, employees of other entities, members of the public, customers or clients, and independent contractors. Tri-City considered how employees and other persons enter, leave, and travel through Tri-City worksites and facilities, in addition to addressing employees' fixed workspaces or workstations.

As part of this process, Tri-City treated all persons, regardless of symptoms or negative COVID-19 test results, as potentially infectious.

5. Maximization of Outdoor Air and Air Filtration

For indoor **Tri-City** worksites and facilities, **Tri-City** evaluated how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the worksites and facilities' existing ventilation systems.

6. Tri-City Compliance with Applicable State and Local Health Orders

Tri-City monitors applicable orders and guidance from the State of California and the local health department related to COVID-19 hazards and prevention, including information of general application and information specific to Tri-City's location and operations.

Tri-City fully and faithfully complies with all applicable orders and guidance from the State of California and the local health department.

7. Evaluation of Existing COVID-19 Prevention Controls and Adoption of Additional Controls

Periodically, Tri-City will evaluate existing COVID-19 prevention controls at the workplace and assess whether there is a need for different and/or additional controls.

This includes evaluation of controls related to the correction of COVID-19 hazards, physical distancing, face coverings, engineering controls, administrative controls, and personal protective equipment (PPE).

8. Periodic Inspections

Tri-City will conduct periodic inspections of Tri-City worksites and facilities as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with Tri-City's COVID-19 policies and procedures.

C. INVESTIGATING AND RESPONDING TO COVID-19 CASES IN TRI-CITY WORKSITES AND FACILITIES

1. Procedure to Investigate COVID-19 Cases

Tri-City has a procedure for investigating COVID-19 cases in the workplace. As provided below, the procedure provides for the following: (1) the verification of COVID-19 case status; (2) receiving information regarding COVID-19 test results; (3) receiving information regarding the presentation of COVID-19 symptoms; and (4) identifying and recording all COVID-19 cases.

2. Response to COVID-19 Cases

As provided above at Section IV.B.3., in the event that Tri-City employees test positive for COVID-19 or are diagnosed with COVID-19 by a health care provider, Tri-City will instruct the employees to remain at or return to their home or place of residence and not report to work until such time as the employees satisfy the minimum criteria to return to work.

a. Contact Tracing

If possible, Tri-City will interview the COVID-19 cases in order to ascertain the following information: (1) the date on which the employees tested positive, if asymptomatic, or the date on which the employees first presented COVID-19 symptoms, if symptomatic; (2) the COVID-19 cases recent work history, including the day and time they were last present at an Tri-City worksite or facility; and (3) the nature and circumstances of the COVID-19 cases' contact with other employees during the high-risk exposure period, including whether there were any close contact COVID-19 exposure.

If Tri-City determines that there were any close contact COVID-19 exposures, Tri-City will instruct those employees to remain at their home or place of residence and not report to work until such time as the employees satisfy the minimum criteria to return to work.

b. Reporting the Potential Exposure to Other Employees

Tri-City will comply with all reporting and recording obligations as required under the law, including, but not limited to, reporting the COVID-19 case to the following individuals and institutions as required based on the individual circumstances: (1) employees who were present at a Tri-City worksite or facility when the COVID-19 case was present; and (2) subcontracted employees who were present at the Tri-City worksite or facility.

c. Free COVID-19 Testing for Close Contact Exposures

Tri-City will provide COVID-19 testing at no cost to employees during their working hours to all employees who had potential close contact COVID-19 exposure at a Tri-City worksite or facility. Tri-City will reimburse employees for costs associated with travel to and from the testing facility.

d. Leave and Compensation Benefits for Close Contact Exposures

Tri-City will provide these employees with information regarding COVID-19-related benefits to which the employees may be entitled under applicable federal, state, or local laws. This includes any benefits available under workers' compensation law, the federal Families First Coronavirus Response Act (FFCRA), Labor Code sections 248.1 and 248.5, Labor Code sections 3212.86 through 3212.88, local governmental requirements, Tri-City's own leave policies, and leave guaranteed by contract.

Tri-City will continue to provide and will maintain these employees' earnings, seniority, and all other employee rights and benefits, including the employees' right to their former job status, as if the employees had not been removed from their jobs.

Tri-City may require that these employees use employer-provided employee sick leave benefits for this purpose and consider benefit payments from public sources in determining how to maintain earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.

e. Investigation to Determine Whether Workplace Conditions Contributed to COVID-19 Exposure

Tri-City will conduct an investigation in order to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

3. Confidential Medical Information

Tri-City will protect the confidentiality of the COVID-19 cases, and will not disclose to other employees the fact that the employees tested positive for or were diagnosed with COVID-19.

Tri-City will keep confidential all personal identifying information of COVID-19 cases unless expressly authorized by the employees to disclose such information or as other permitted or required under the law.

D. CORRECTION OF COVID-19 HAZARDS AT TRI-CITY WORKSITES AND FACILITIES

Tri-City has and will continue to implement effective policies and/or procedures for correcting unsafe or unhealthy conditions, work practices, policies and procedures in a timely manner based on the severity of the hazard.

This includes, but is not limited to, implementing controls and/or policies and procedures in response to the evaluations conducted related to the identification and evaluation of COVID-19 hazards and investigating and responding to COVID-19 cases in the workplace. This also includes implementing controls related to physical distancing, face coverings, engineering controls, administrative controls, and personal protective equipment (PPE).

E. TRAINING AND INSTRUCTION OF TRI-CITY EMPLOYEES

Tri-City will provide information in the general description of COVID-19 symptoms, when to seek medical attention, how to prevent its spread, and the employer's procedures for preventing its spread at the workplace. Guidance shall be offered during scheduled work times and at no cost to the employee.

Training may consist of reviewing written documentation, internal memos, online video trainings and/or acknowledge receipt of the TCMHA COVID-19 Injury and Illness Prevention Program addendum, this Tri-City COVID-19 Prevention Plan and other related policies, procedures or administrative orders.

Guidance shall include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases.

The OSHA website offers a variety of [training videos](#) about respiratory protection. OSHA's [Personal Protective Equipment Safety and Health Topics](#) page also provides information on training in the use of PPE.

Understanding COVID-19

Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. COVID-19 symptoms can range from mild (or no symptoms) to severe illness. All employees should have a basic understanding of COVID-19, [how the disease spreads](#), [symptoms](#), and ways to prevent or minimize the spread.

Protecting Yourself at Work

Tri-City employees should take the following [steps to protect themselves](#) at work:

- Follow the policies and procedures of Tri-City related to illness, cleaning and disinfecting, and work meetings and travel.
- Stay home if sick, except to get medical care.
- Practice physical distancing by keeping at least 6 feet away from fellow co-workers, customers, and visitors when possible, even when in or around break rooms, water coolers, hallways, restrooms, and/or non-work areas.

- Wear cloth face coverings, especially when physical distancing is not possible. Cloth face coverings are intended to protect other people—not the wearer.
- Employees should inform their supervisor if they or their colleagues develop [symptoms](#) at work. No one with COVID-19 [symptoms](#) should be present at any Tri-City worksite or facility.
- Wash hands often with soap and water for at least 20 seconds, especially after blowing noses, [coughing, or sneezing](#), or having been in a public place.
 - Use hand sanitizer that contains at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) if soap and water are not available.
 - Never use hand sanitizers with [methanol](#) due to its high toxicity to both children and adults.
- Avoid touching eyes, nose, and mouth.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails (to the safest extent possible), etc.
- Where possible, avoid direct physical contact such as shaking hands with people.
- Minimize handling cash, credit cards, and mobile or electronic devices when possible.
- Avoid all non-essential travel.

[Sick employees](#) should follow [CDC-recommended steps to prevent the spread of COVID-19](#). Employees with COVID-19 who have stayed home can stop home isolation and return to work when they have met Tri-City’s return to work criteria. Employees who use public transportation, ride sharing, taxis or carpooling to travel to and from work should [protect themselves](#). Always remember to use face coverings, practice physical distancing where applicable, and wash their hands with soap and water for at least 20 seconds before and after using such transportation.

Protecting Yourself at Home

[Protecting yourself and others](#) at home is important. Employees who share their household with others should follow [CDC-recommended home guidelines](#) if living in [close quarters](#) or [shared housing](#). Additionally, you or those you know may experience increased stress during this pandemic. Public health actions, such as physical distancing, can make people feel isolated and lonely and can increase stress and anxiety. [Coping with stress in a healthy way](#) will make you, the people you care about, and your community stronger.

1. COVID-19 Symptoms

Tri-City provided employees training and instruction on the COVID-19 symptoms, including advising employees of COVID-19 symptoms, which include the following: (1) fever of 100.4 degrees Fahrenheit or higher or chills; (2) cough; (3) shortness of breath or difficulty breathing; (4) fatigue; (5) muscle or body aches; (6) headache; (7) new loss of taste or smell; (8) sore throat; (9) congestion or runny nose; (10) nausea or vomiting; or (11) diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.

Tri-City monitors and adheres to guidance by the CDC concerning COVID-19 symptoms, including guidance provided at the following web address:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Tri-City will advise employees in the event that the CDC makes any changes to its guidance concerning such symptoms.

Tri-City provided employees instruction on the importance of not coming to work and obtaining a COVID-19 test if the employees have COVID-19 symptoms.

2. Tri-City's COVID-19 Policies and Procedures

Tri-City provides regular updates to employees on the Tri-City's policies and procedures to prevent COVID-19 hazards at Tri-City worksites and facilities and to protect Tri-City employees.

3. COVID-19 Related Benefits

Tri-City advised Tri-City employees of the leaves to which the employees may be entitled under applicable federal, state, or local laws. This includes any benefits available under workers' compensation law, the FFCRA, Labor Code sections 248.1 and 248.5, Labor Code sections 3212.86 through 3212.88, Tri-City's own leave policies, and leave guaranteed by contract.

Further, when employees require leave or are directed not to report to work by Tri-City, Tri-City will advise the employees of the leaves to which the employees may be entitled for that specific reason.

4. Spread and Transmission of the Virus that Causes COVID-19

Tri-City advised Tri-City employees of the fact that COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.

Tri-City further advised Tri-City employees of the fact that particles containing the virus can travel more than six (6) feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, including hand washing, in order to be effective.

5. Methods and Importance of Physical Distancing, Face Coverings, and Hand Hygiene

Tri-City advised employees of the methods and importance of physical distancing, face coverings, and hand hygiene, including hand washing.

Specifically, Tri-City trained and instructed Tri-City employees on the importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.

Further, Tri-City trained and instructed employees on the proper use of face coverings and the fact that face coverings are not respiratory protective equipment.

F. PHYSICAL DISTANCING

Tri-City requires that all Tri-City employees be separated from other persons by at least six (6) feet, except where Tri-City can demonstrate that six (6) feet of separation is not possible and where there is momentary exposure while persons are in movement.

Tri-City has adopted several methods by which it increases physical distancing including, but not limited to, the following: (1) providing Tri-City employees the opportunity to telework or engage in other remote work arrangements where applicable; (2) reducing the number of persons in an area at one time, including visitors; (3) posting visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; (4) adopting staggered arrival, departure, work, and break times; and (5) adjusting work processes or procedures, such as reducing production speed, to allow greater distance between employees.

When it is not possible for Tri-City employees to maintain a distance of at least six (6) feet, Tri-City requires individuals to be as far apart as possible.

G. FACE COVERINGS

1. Face Covering Requirement

Tri-City provides face coverings to employees and requires that such face coverings are worn by employees and individuals at Tri-City worksites and facilities.

Tri-City policy adheres to orders and guidance provided by the CDPH and the local health department, including as provided at the following web address:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>

Tri-City's policy on the use of face coverings ensures that they are worn over the nose and mouth when indoors, when outdoors and less than six (6) feet away from another person, and where required by orders from the CDPH or local health department.

Tri-City's policy requires that face coverings are clean and undamaged. Tri-City's policy allows for face shields to be used to supplement, and not supplant face coverings.

Tri-City's policy provides for the following exceptions to the face coverings requirement:

1. When an employee is alone in a room.
2. While eating and drinking at the workplace, provided employees are at least six (6) feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
3. Employees wearing respiratory protection in accordance with section 5144 or other title 8 safety orders (8 C.C.R. 5144 is available at the following web address: <https://www.dir.ca.gov/title8/5144.html>).
4. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person.
5. Specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed, and the unmasked employee shall be at least six (6) feet away from all other persons unless unmasked employees are tested at least twice weekly for COVID-19.

2. **Required Use of Effective Non-Restrictive Alternative for Employees Exempted from Face Covering Requirement**

Tri-City's policy requires that Tri-City employees who exempted from wearing face coverings due to a medical condition, mental health condition, or disability wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it.

3. **Physical Distancing Required If Employee Is Not Wearing Face Covering or Non-Restrictive Alternative**

Tri-City's policy requires that any employees not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six (6) feet apart from all other persons unless the unmasked employees are tested at least twice (2x) weekly for COVID-19.

However, Tri-City does not use COVID-19 testing as an alternative to face coverings when face coverings are otherwise required by this section.

4. **Prohibition on Preventing Employees from Wearing Face Covering**

Tri-City does not prevent any Tri-City employee from wearing a face covering when wearing a face covering is not required by this section, unless not wearing a face covering would create a safety hazard, such as interfering with the safe operation of equipment.

5. **Communication to Non-Employees Regarding Face Covering Requirement**

Tri-City posts signage to inform non-employees that Tri-City requires the use of face coverings at Tri-City worksites and facilities.

6. Policies to Reduce COVID-19 Hazards Originating from Persons Not Wearing Face Coverings

Tri-City has developed COVID-19 policies and procedures to minimize employees' exposure to COVID-19 hazards originating from any person not wearing a face covering, including a member of the public.

These policies include requiring that employees and non-employees wear face coverings at Tri-City worksites and facilities, that Tri-City employees wear face coverings at other times, maintain physical distance from person not wearing a face covering, and observe proper hand hygiene.

H. OTHER ENGINEERING CONTROLS, ADMINISTRATIVE CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Installation of Solid Partitions Between Workstations Where Physical Distancing is Not Possible

At fixed work locations where it is not possible to maintain the physical distancing requirement at all times, the employer shall install cleanable solid partitions that effectively reduce aerosol transmission between the employees and other persons.

2. Maximization of Outdoor Air

As provided above at Section IV.B.5., for indoor Tri-City worksites and facilities, Tri-City evaluated how to maximize the quantity of outdoor air.

Further, for Tri-City worksites and facilities with mechanical or natural ventilation, or both, Tri-City has maximized the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency ("EPA") Air Quality Index is greater than 100 for any pollutant or if opening windows or letting in outdoor air by other means would cause a hazard to Tri-City employees, for instance from excessive heat or cold.

3. Cleaning and Disinfecting Procedures

Tri-City's cleaning and disinfecting policy requires the following:

1. Identifying and regularly cleaning and disinfecting frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, bathroom surfaces, and steering wheels. Tri-City will inform employees and authorized employee representatives of cleaning and disinfection protocols, including the planned frequency and scope of regular cleaning and disinfection.
2. Prohibiting the sharing of personal protective equipment and to the extent feasible, items that employees come in regular physical contact with such as phones, headsets, desks, keyboards, writing materials, instruments, and tools. When it is not feasible to prevent sharing, sharing will be minimized and such items and equipment shall be disinfected between uses by different people. Sharing of vehicles will be minimized to the extent feasible,

and high touch points (steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) shall be disinfected between users.

3. Cleaning and disinfection of areas, material, and equipment used by a COVID-19 case during the high-risk exposure period.

Further, **Tri-City** requires that cleaning and disinfecting must be done in a manner that does not create a hazard to Tri-City employees or subcontracted employees.

4. Evaluation of Handwashing Facilities

In order to protect Tri-City employees, Tri-City evaluated its handwashing facilities in order to determine the need for additional facilities, encourage and allow time for employee handwashing, and provide employees with an effective hand sanitizer.

Tri-City encourages Tri-City employees to wash their hands for at least 20 seconds each time.

Tri-City does not provide hand sanitizers with methyl alcohol.

5. Personal Protective Equipment (PPE)

Tri-City policy provides for PPE.

Tri-City evaluates the need for PPE, such as gloves, goggles, and face shields, to prevent exposure to COVID-19 hazards and provide such PPE as needed.

In accordance with applicable law, Tri-City evaluates the need for respiratory protection when the physical distancing requirements, as provided herein, are not feasible or are not maintained.

In accordance with applicable law, Tri-City will provide and ensure use of respirators in accordance when deemed necessary by Cal/OSHA through the Issuance of Order to Take Special Action.

In accordance with applicable law, Tri-City will provide and ensure use of eye protection and respiratory protection when Tri-City employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

I. REPORTING, RECORDKEEPING AND ACCESS

1. Reporting COVID-19 Cases to the Local Health Department

In accordance with applicable law, Tri-City will report information about COVID-19 cases at the workplace to the local health department.

Further, Tri-City will provide any related information requested by the local health department.

2. Reporting Serious COVID-19 Illnesses and Deaths to Cal/OSHA

In accordance with applicable law, Tri-City will immediately report to Cal/OSHA any serious COVID-19-related illnesses or deaths of Tri-City employees occurring at a Tri-City worksite or facility or in connection with any employment.

Further, in accordance with applicable law, Tri-City will record any serious work-related COVID-19-related illnesses or deaths.

3. Maintenance of Records Related to the Adoption of the CPP

In accordance with applicable law, Tri-City will maintain records of the steps taken to implement this CPP.

4. Availability of the CPP for Inspection

Tri-City will make this written CPP available to employees at Tri-City worksites or facilities.

Further, Tri-City will make this written CPP available to Cal/OSHA representatives immediately upon request.

5. Records Related to COVID-19 Cases

Tri-City will keep a record of and track all COVID-19 cases with the following information: (1) employee's name; (2) contact information; (3) occupation; (4) location where the employee worked; (5) the date of the last day at the workplace; and (6) the date of a positive COVID-19 test.

In accordance with the Confidentiality of Medical Information Act (CMIA) and applicable law, Tri-City will keep the employees' medical information confidential.

In accordance with the CMIA and applicable law, Tri-City will make this information available to employees with personal identifying information removed. Tri-City will also make this information available as otherwise required by law.

J. EXCLUSION OF COVID-19 CASES

1. Exclusion of COVID-19 Cases from Tri-City Worksites and Facilities

Tri-City will ensure that COVID-19 cases are excluded from the workplace until the individual satisfies the minimum return to work criteria provided for in Section IV.K.

2. **Exclusion of Employees with Close Contact COVID-19 Exposures from Tri-City Worksites and Facilities**

Tri-City will exclude employees with close contact COVID-19 exposure from the workplace for 10 days after the last known close contact COVID-19 exposure. In order for the employee to return to work after the 10th day of quarantine, the employee must satisfy the following conditions including those set forth in the *Revised Quarantine Periods and Administrative Order to All Employees to Self-Screen and Self-Certify Prior to Reporting to any Tri-City Worksite or Facility* dated January 6, 2021.

3. **Provision of Benefits to Tri-City Employees Excluded from Work as a Result of a Positive COVID-19 Test or Diagnosis or a Close Contact COVID-19 Exposure**

a. **Employees Who Are Able to Telework During Isolation or Quarantine Period**

Tri-City will allow employees who are able to telework, and are able and available to work, to telework during the isolation or quarantine period. Tri-City will provide these employees their normal compensation for the work that they perform for Tri-City during the isolation or quarantine period.

b. **Employees Who Are Unable to Telework During Isolation or Quarantine Period**

The provision of benefits described below does not apply to either: (1) Tri-City employees who Tri-City can demonstrate that the close contact COVID-19 exposure was not work-related; and (2) Tri-City employees who are unable to work for reasons other than protecting employees and non-employees at Tri-City worksites and facilities from possible COVID-19 transmission. Such employees may still use paid sick leave for the purpose of receiving compensation during the isolation or quarantine period if they elect to do so.

For other employees, Tri-City will require that employees who are unable to telework, but are otherwise able and available to work, to use paid sick leave in order to receive compensation during the isolation or quarantine period. Tri-City employees retain their entitlement to elect not to use other earned or accrued paid leave during this time. Tri-City may provide such employees who are unable to telework, but who do not have any paid sick leave available, paid administrative leave in order to receive compensation during the isolation or quarantine period.

For all employees who are subject to an isolation or quarantine because of a COVID-19 case or a close contact COVID-19 exposure, **Tri-City** will maintain the employees' seniority and all other employee rights and benefits, including the employees' right to their former job status, during the isolation or quarantine period.

Tri-City may consider benefit payments from public sources, including under the FFCRA and Labor Code section 248.1 (until December 31, 2020 or longer if FFCRA leave and/or Labor Code section 248.1 leave is extended), in determining how to maintain earnings, rights and benefits, where permitted by law and when not covered by workers' compensation.

4. Adherence with Laws, Policies, and/or Agreements Providing Excluded Employees Greater Protections

The obligations set forth in this section do not limit any other applicable law, Tri-City policy, or resolution that provides Tri-City employees with greater protections or benefits.

5. Provision of Information Concerning Benefits to Excluded Employees

At the time of exclusion, Tri-City will provide the excluded employees the information on benefits to which the employees may be entitled under applicable federal, state, or local laws.

This includes any benefits available under workers' compensation law, the FFCRA, Labor Code sections 248.1 and 248.5, Labor Code sections 3212.86 through 3212.88, State and local County requirements, Tri-City's own leave policies, and leave guaranteed by contract.

K. RETURN TO WORK CRITERIA

1. Minimum Criteria to Return to Work for Symptomatic COVID-19 Cases

Tri-City policy requires that COVID-19 cases with COVID-19 symptoms remain at their home or place of residence and not report to any Tri-City worksite or facility until they satisfy each of the following conditions:

1. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
2. COVID-19 symptoms have improved; and
3. At least 10 days have passed since COVID-19 symptoms first appeared.

2. Minimum Criteria to Return to Work for Asymptomatic COVID-19 Cases

Tri-City policy requires that COVID-19 cases who tested positive but never developed COVID-19 symptoms not report to any Tri-City worksite or facility until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.

3. COVID-19 Testing Not Required in Order to Return to Work

In accordance with CDC guidance concerning symptom-based strategies for the discontinuation of isolation, Tri-City does not require employees submit to a COVID-19 test, or produce a negative COVID-19 test result, in order to return to work.

4. Minimum Criteria to Return to Work for Employees Directed to Self-Quarantine or Isolate by a State or Local Health Official

If employees are subject to an isolation or quarantine order issued by a state or local health official, Tri-City policy requires that the employees not report to any Tri-City worksite or facility until the period of isolation or quarantine is completed or the order is lifted.

If the order did not specify a definite isolation or quarantine period, then the period shall be 10 days from the time the order to isolate was effective, or 10 days from the time the order to quarantine was effective.

5. Allowance by Cal/OSHA for an Employee to Return to Work

If there are no violations of state or local health officer orders related to the employee's isolation or quarantine, Tri-City may request that Cal/OSHA waive the quarantine or isolation requirement for essential employees and allow such employees to return to work on the basis that the removal of employees would create undue risk to a community's health and safety.

Where the absence of an essential employee from Tri-City's worksite would cause a staffing shortage that would have an adverse on a community's health and safety and pose an undue risk to the community's health and safety as a result, Cal/OSHA may grant such waiver.

In order to request a waiver under such circumstances, Tri-City must submit the written request to rs@dir.ca.gov. In the event of an emergency, Tri-City may request a provisional waiver by contacting the local Cal/OSHA office while Tri-City prepares the written waiver request.

The written waiver request must provide for the following information:

1. Employer name and business or service;
2. Employer point-of-contact name, address, email and phone number;
3. Statement that there are no local or state health officer orders for isolation or quarantine of the excluded employees;
4. Statement describing the way(s) in which excluding the exposed or COVID-19 positive employees from the workplace impacts the employer's operation in a way that creates an undue risk to the community's health and safety;
5. Number of employees required to be quarantined under the Cal/OSHA regulation, and whether each was exposed to COVID-19 or tested positive for COVID-19; and
6. The employer's control measures to prevent transmission of COVID-19 in the workplace if the employee(s) return or continue to work in the workplace, including the prevention of further exposures. These measures may include, but are not limited to, preventative steps such as isolating the returned employee(s) at the workplace and requiring that other employees use respiratory protection in the workplace.

In addition to submitting a request for a Cal/OSHA waiver, Tri-City will develop, implement, and maintain effective control measures to prevent transmission in the workplace including providing isolation for the employees at Tri-City worksite or facility and, if isolation is not possible, the use of respiratory protection in the workplace.



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Consideration of Resolution No. 571 Updating Designated Signatories for Commercial Banking Accounts and Retirement Accounts

Summary

The list of designated signatories for Tri-City's commercial banking accounts and retirement accounts has been updated to reflect the removal of the current title of Chief Operations Officer; and added the titles of the Controller and Human Resources Manager as additional signatories on the retirement accounts. The new lists is presented to the Governing Board for review and approval.

Background

Tri-City Governing Board had approved contracting with Lincoln Financial Group for financial retirement services; had established commercial banking accounts for general, payroll, workers' compensation, and money market; and had also designated signatories for these commercial banking accounts. The Chief Operations Officer, who was previously authorized to manage these accounts, retired on December 31, 2020, and it is necessary to update the list of signatories by removing the Chief Operations Officer position as an authorized signer for these accounts.

Additionally, it is necessary to add the titles of the Controller and Human Resources Manager as additional signatories on the retirement accounts (PERS and the supplemental retirement plans with Lincoln Financial). The Table below lists the designated signatories for both commercial bank and retirement accounts.

| Designated Signatories | Commercial Bank Accounts (Wells Fargo Bank LAIF, and Pacific Western Bank) | Retirement Accounts (CalPERS and Lincoln Financial) |
|-------------------------------|---|--|
| Governing Board Chair | X | X |
| Governing Board Vice-Chair | X | X |
| Executive Director | X | X |
| Chief Financial Officer | X | X |
| Controller | X | X |
| Human Resources Manager | | X |

Governing Board of Tri-City Mental Health Authority
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Fiscal Impact:

No fiscal impact.

Recommendation

Staff recommends that the Governing Board adopt Resolutions No. 571 updating the designated signatories and effectively replacing and superseding any and all previous resolutions that make reference to signatories for commercial banking accounts and retirement accounts.

Attachments:

Attachment 3-A: Resolution No. 571 - DRAFT

RESOLUTION NO. 571

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY UPDATING SIGNATORIES FOR COMMERCIAL BANKING ACCOUNTS AND RETIREMENT ACCOUNTS

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

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

A. Tri-City Mental Health Authority (“TCMHA” or “Authority”), desires to update the signatories for commercial banking accounts and retirement accounts established by the Authority.

B. The Authority designates the positions of Governing Board Chair, Governing Board Vice-Chair, Executive Director, Chief Financial Officer (or Interim Chief Financial Officer), and Controller to be the signatories for commercial banking accounts.

C. The Authority designates the positions of Governing Board Chair, Governing Board Vice-Chair, Executive Director, Chief Financial Officer (or Interim Financial Officer), Controller, and Human Resources Manager to be the signatories for retirement accounts.

D. The Authority wishes to replace all existing resolutions that establishes signatories for commercial banking accounts and retirement accounts with Resolution No. 571.

2. Action

The Governing Board authorizes and designates the Governing Board Chair, Governing Board Vice-Chair, Executive Director, Chief Financial Officer (or Interim Chief Financial Officer), and Controller to sign commercial banking accounts and retirement accounts; and authorizes and designates the Human Resources Manager to sign retirement accounts established by the Authority; and become effective as of this date, superseding any and all previous resolutions that make reference to signatories for commercial banking accounts and retirement accounts.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 20, 2021 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: _____



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Mary Monzon, Housing Division Manager

SUBJECT: Consideration of Resolution No. 572 Approving a Relocation Plan for Tenants at Tri-City's Property located at 956 W Baseline Road in Claremont, California; and Authorizing an Amendment to Fiscal Year 2020-21 Budget by Increasing MHSA CSS Specific Program Costs: Client Support Costs in the Amount of \$110,000

Summary:

As part of the new senior low-income housing project that will be developed on the site of Tri-City's property located at 956 W. Baseline Road, Claremont, CA 91711, the family that currently lives on-site must be relocated by Tri-City. Per State Regulations, Tri-City is required to provide rental assistance for 42 months for displacing the current family at the Baseline home, or provide the lump sum of the total benefit amount to be used as a down payment for a home. The estimated amount for the relocation plan is \$110,000. Staff is seeking approval to authorize Tri-City to move forward with the Relocation Plan for current tenants, as created by Overland Pacific & Cutler, LLC.

Background:

In February 19, 2020, the Governing Board adopted Resolution No. 520 designating \$1,140,736 from its non-competitive NPLH Funds to support a senior low-income housing project in partnership with Genesis LA Economic Growth Corporation; and on October 21, 2020 adopted Resolution No. 555 Authorizing a non-binding MOU with RNLA and GLA with the intent to negotiate the project financing to develop 15 Units of combined affordable and permanent supportive housing at Tri-City's property located at 956 W. Baseline Road in Claremont, CA. Construction is expected to begin late Spring of 2021. The family that is currently occupying the home on-site needs to be relocated as part of the development plan. In order to follow State Regulations, Tri-City hired Overland, Pacific, & Cutler, LLC (OPC) in October to create a relocation plan for the family.

OPC conducted an in-person interview with the family and assessed their housing needs by looking at household size/composition, income, monthly rent, length of occupancy, ethnicity, home language, physical disabilities, special relocation needs, and replacement housing preferences. OPC looked at the current housing amenities and compared it to five similar residences in Claremont and proximity to the site before completing a relocation plan for the family.

Governing Board of Tri-City Mental Health Authority

Toni Navarro, LMFT, Executive Director

Consideration of Resolution No. 572 Approving a Relocation Plan for Tenants at Tri-City's Property located at 956 W Baseline Road in Claremont, California; and Authorizing an Amendment to Fiscal Year 2020-21 Budget by Increasing MHSA CSS Specific Program Costs: Client Support Costs in the Amount of \$110,000

January 20, 2021

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State regulations outline that Tri-City is responsible for providing monthly rental assistance to the family for 42 months should they find and maintain suitable replacement housing within the year of leaving the current home. The amount of rental assistance is determined by calculating the difference over a forty-two (42) month period between the rent for a comparable replacement home and the lesser of the current rent and estimated utilities or thirty percent (30%) of the monthly household income. The family also has the option to apply the entire benefit amount, rental assistance for 42 months, that they are eligible for towards the purchase of a house, with no recurrent incidental expenses.

Fiscal Impact:

Tri City Mental Health currently receives \$ 1,190 per month for the rent of the home at 956 W. Baseline Road in Claremont. OPC's survey findings concluded that the cost of replacement rental housing will range between \$2,900-\$4,100 per month. The total budget estimate for the relocation-related payments, including a 10% contingency, is \$110,000.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 572 approving the Relocation Plan for tenants currently living at 956 W. Baseline Road in Claremont; and authorizing an Amendment to Fiscal Year 2020-21 budget by increasing MHSA CSS Specific Program Costs: Client Support Costs in the amount of \$110,000 to pay for the relocation costs.

Attachments

Attachment 4-A: Resolution No. 772 – DRAFT

Attachment 4-B: Relocation Plan - Proposed

RESOLUTION NO. 572

A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING A RELOCATION PLAN FOR TENANTS AT TRI-CITY'S PROPERTY LOCATED AT 956 W BASELINE ROAD IN CLAREMONT, CALIFORNIA; AND AUTHORIZING AN AMENDMENT TO FY 2020-21 BUDGET BY INCREASING MHSA CSS SPECIFIC PROGRAM COSTS: CLIENT SUPPORT COSTS IN THE AMOUNT OF \$110,000

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

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

A. Tri-City Mental Health Authority ("TCMHA" or "Authority") desires to develop 15 units for seniors of combined affordable and permanent supportive housing in partnership with the City of Claremont, Genesis LA Economic Growth Corporation (GLA), and Restore Neighborhoods LA (RNLA).

B. The Authority will pledge its property and land located at 956 W. Baseline Road in Claremont for the construction of the Project.

C. In order to facilitate the Project, the current tenants will be relocated pursuant to a Relocation Plan which conforms to California Relocation Assistance Law, Government Code Section 7260, et seq.; and the Relocation Assistance and Real Property Acquisition Guidelines adopted by the Department of Housing and Community Development as in Title 25, California Code of Regulations Section 6000, et seq.

2. Action

The Governing Board approves the Relocation Plan; authorizes an Amendment to Fiscal Year 2020-21 budget by increasing MHSA CSS Specific Program Costs: Client Support Costs in the amount of \$110,000; and authorizes the Executive Director to enter into, execute, and take further actions as necessary and appropriate to effectuate the relocation of the tenants.

3. Adoption

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on January 20, 2021 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: _____



Baseline Apartments Senior Housing Project

RELOCATION PLAN

PREPARED FOR:

Tri-City Mental Health Authority
1717 North Indian Hill Boulevard
Claremont, CA 91711
(909) 623-6131

PREPARED BY:

Overland Pacific & Cutler, LLC
3750 Schaufele Avenue, Suite 150
Long Beach, CA 90808
(562) 304-2000

December 31, 2020

ATTACHMENT 4-B

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INTRODUCTION

Tri-City Mental Health Authority (TCMHA) has proposed the Baseline Apartments Senior Housing Project (Project) on a site located at 956 W. Baseline Road, Claremont, CA 91711 (Project site). The Project site is improved with one residential structure with a garage and a shed and is occupied by a tenant household. The existing house with attached garage will remain and will be converted into community space for the property. In the backyard, there will be construction of 15 one-bedroom apartments, with six parking spaces placed behind the community building. The shed will be demolished, and the existing household will be permanently relocated to facilitate the proposed Project.

The new units will be offered to eight MHSA clients (i.e. clients who have a mental health diagnosis), and the rent to be charged will be 30% of their income. Seven units will be offered to Very Low Income (50% area median income (AMI)) seniors.

Tri-City Mental Health Authority (TCMHA), Restore Neighborhoods LA, Inc. (RNLA), and Genesis Economic Growth Corporation (GLA) have an agreement that TCMHA will be donating the property plus additional funds to have 8 of the 15 units be assigned as TCMHA client units for 55 years. RNLA is the developer, and GLA is a funder and will provide the preconstruction loan. Also, it is understood that TCMHA's supportive services staff roles will be that of advocate and services provider to the residents; and RNLA's role will be that of the developer, owner, property manager and landlord of the Project, and RNLA's role will involve dealing with tenant issues, as well as services for the tenants of units that are not TCMHA units.

TCMHA has retained Overland, Pacific & Cutler, LLC (OPC) to prepare a Relocation Plan and to provide relocation assistance services to the tenants. TCMHA will use No Place Like Home funds (non-competitive), City of Claremont Redevelopment Funds (City's Successor Housing Fund), San Gabriel Housing Trust funds, and County of Los Angeles funds (non-federal).

Therefore, this Plan conforms to California Relocation Assistance Law, Government Code Section 7260, et seq. (Law) and the Relocation Assistance and Real Property Acquisition Guidelines adopted by the Department of Housing and Community Development as in Title 25, California Code of Regulations Section 6000, et seq. (Guidelines).

As of the date of this Plan, the Project would cause the permanent displacement of one tenant household that would be eligible for relocation assistance. The needs and characteristics of the permanent displacees and TCMHA's program to provide assistance to each affected person are general subjects of this Relocation Plan (Plan).

This Plan is organized in five sections:

1. Project description (**SECTION I**);
2. Assessment of the relocation needs of persons subject to displacement (**SECTION II**);
3. Assessment of available replacement housing units within proximity to the Project site (**SECTION III**);
4. Description of TCMHA's relocation program (**SECTION IV**);
5. Description of TCMHA's outreach efforts, Project timeline and budget (**SECTION V**).

I. PROJECT DESCRIPTION

A. REGIONAL LOCATION

The Project site is located in the City of Claremont within Los Angeles County northeast of Los Angeles and northwest of Riverside. The property is conveniently located just minutes from Foothill Freeway (210). Surrounding communities include La Verne, Upland, Montclair, Pomona, San Dimas, Ontario and Rancho Cucamonga (*Figure 1: Regional Project Location*).

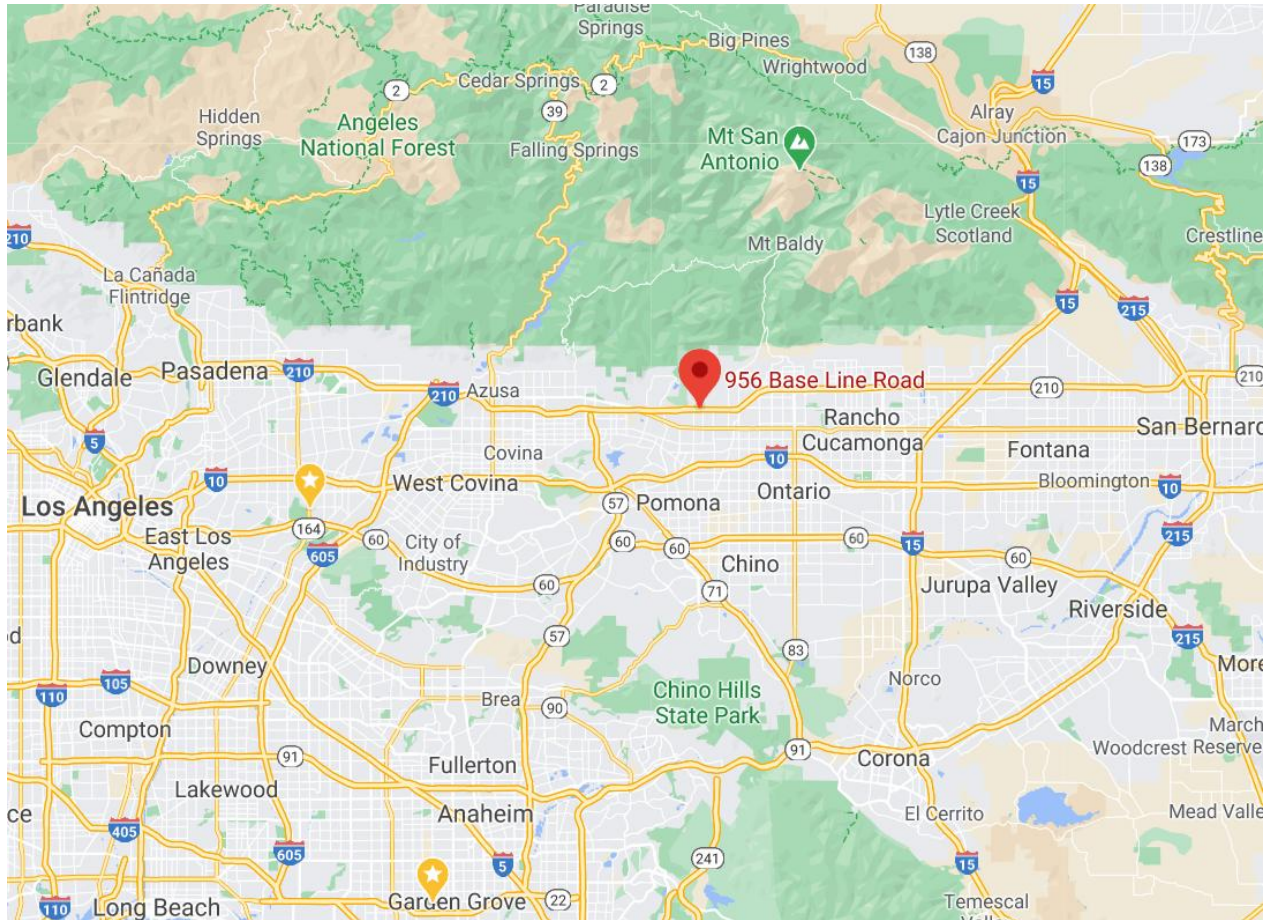


Figure 1: Regional Project Location

B. PROJECT SITE LOCATION AND DESCRIPTION

The Project site is located at 956 W. Baseline Road, Claremont, CA 91711 generally bordered by Baseline Road, N. Mountain Avenue, the Foothill Freeway (210) and N. Towne Avenue. The site consists of one parcel comprised of .86 acres and improved with one single-family residence with attached garage and a shed (*Figure 2: Project Site Location*).

The dwelling is occupied by a tenant household.

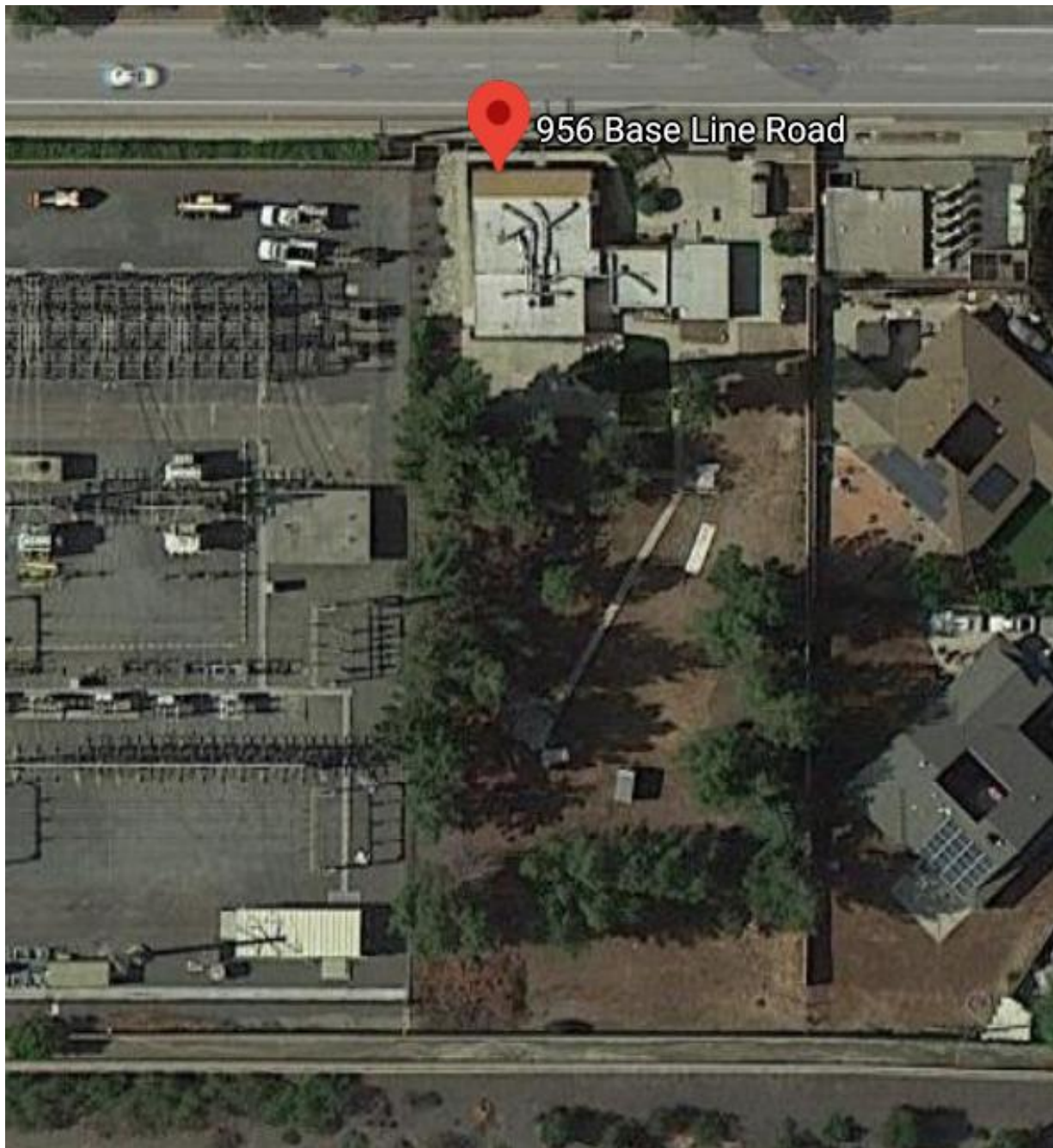


Figure 2: Project Site Location

II. ASSESSMENT OF RELOCATION NEEDS

A. SURVEY METHOD

An individual in-person interview with the affected household was conducted by OPC staff in late October 2020. Inquiries made of the residential occupant concerned household size and composition, income, monthly rent, length of occupancy, ethnicity, home language, physical disabilities, special relocation needs, and replacement housing preferences.

B. TENANT DATA

1. Current Occupants

There is one household to be permanently relocated for the Project that may be eligible for relocation assistance and are the subjects of this Plan. There are currently five adults and four children (17 years or younger) on-site for a total known project occupancy of nine persons. The Project household occupies a two-bedroom single-family residence that has had three additional unpermitted rooms added.

2. Replacement Housing Needs

Replacement housing needs, as expressed in this plan, are defined by the total number of required replacement units and distribution of those units by bedroom size. The projected number of required units by bedroom size is calculated by comparing current data for household size with TCMHA's replacement housing occupancy standards. These standards, generally, allow for up to two persons in a studio unit, three persons in a one-bedroom unit, five persons in a two-bedroom unit, seven persons in a three-bedroom unit and nine or more persons in a four-bedroom unit.

Based on available tenant data, the unit is not over-crowded considering the unpermitted additions, although the unit is over-crowded based on its legal two-bedroom status. The replacement unit required for the household to be displaced is a four-bedroom single-family residence.

3. Income

Verbal income data was provided by the household. According to income standards for Los Angeles County (**Exhibit A**) adjusted for family size as published by the United States Department of Housing and Urban Development (HUD), the household qualifies as Low Income (51% - 80% of AMI).

4. Ethnicity/Language

The Project household stated their ethnicity as Hispanic, and the tenants speak, read and understand English.

5. Senior/Handicapped Households

The household does not have a senior head of household or spouse (62 years or older) or a member with a disability. If specific special needs are identified when the project occupants are ultimately displaced, appropriate steps will be taken to accommodate those needs and to locate or modify suitable replacement housing.

6. Preferred Relocation Area

The Project household expressed a desire to remain in Claremont or Pomona, Fontana or Upland to remain close to employment. The household is also interested in purchasing a replacement home.

III. RELOCATION RESOURCES

A. METHODOLOGY

For residential housing, a resource survey was conducted to identify available rental units beginning within a five-mile radius from the Project site. The following sources were utilized:

- Classified rental listings from local newspapers and *For Rent* publications
- Internet sources of rental opportunities

B. REPLACEMENT HOUSING AVAILABILITY

1. Residential Rental Housing

The replacement housing survey considered available four-bedroom single-family residences for rent in Claremont and in proximity to the Project site as of the date of this Plan. This data is summarized in **Table 1** below.

| | |
|--------------------|-------------------|
| # of Bedrooms | Four |
| # Found (# Needed) | 5 (1) |
| Rent Range | \$2,900 - \$4,100 |
| Median Rent | \$3,000 |

The median rent amount shown in the table is among the figures used to make benefit and budget projections for the Plan. This amount is, naturally, subject to change according to the market rates prevailing at the time of displacement.

2. Summary

Considering the above described availability of replacement housing resources gathered, it appears there are an adequate number of comparable replacement units for the residential occupants.

While adequate replacement resources exist for the tenants, based on survey results of rental opportunities and the tenants' current rent, the tenants may have an increase in monthly rent. Possible increases, if any, will be met through TCMHA's obligation under the relocation regulations, including Last Resort Housing (LHR) requirements. (See Section IV, E).

C. RELATED ISSUES

1. Concurrent Residential Displacement

There are no known public projects anticipated in the Project area that will cause significant displacements during the timeframe of anticipated Project displacements in early 2021. No residential displacee will be required to move without both adequate notice and access to available, comparable, affordable, decent, safe and sanitary housing.

IV. THE RELOCATION PROGRAM

TCMHA's Relocation Program is designed to minimize hardship, be responsive to unique Project circumstances, emphasize maintaining personal contact with all affected individuals, consistently apply all regulatory criteria to formulate eligibility and benefit determinations and conform to all applicable requirements. The relocation program to be implemented by TCMHA will conform with the standards and provisions of the Law and Guidelines identified previously.

TCMHA has retained Overland, Pacific & Cutler, LLC (OPC), a multi-lingual consulting firm, to administer the Relocation Program for the permanent displacees. OPC has worked on more than 5,000 public acquisition and relocation projects for the past 40 years. Experienced TCMHA staff will monitor the performance of OPC and be responsible to approve or disapprove OPC recommendations concerning eligibility and benefit determinations and interpretations of TCMHA's policy.

OPC staff will be available to assist any relocated person and/or household with questions about the relocation process, relocation counseling and/or assistance in relocating. Relocation staff can be contacted at **(800) 400-7356** from 8:00 am to 5:00 pm Monday through Friday and are available via voicemail and/or cellular phones after hours. The Relocation Office is located at **2280 Market Street, Suite 200, Riverside, CA 92501**.

Eligible individuals, who need to permanently move from their existing home, will receive relocation assistance. The relocation program consists of two principal components: advisory assistance and financial assistance (Relocation Benefits).

A. ADVISORY ASSISTANCE

Advisory assistance services are intended to:

- inform displacees about the relocation program
- help in the process of finding appropriate replacement accommodations
- facilitate claims processing
- maintain a communication link with TCMHA
- coordinate the involvement of outside service providers

To follow through on the advisory assistance component of the relocation program and assure that TCMHA meets its obligations under the law, OPC staff will perform the following functions:

1. Distribute appropriate written information concerning TCMHA's relocation program;
2. Inform eligible project occupants of the nature of, and procedures for, obtaining available relocation assistance and benefits (**Exhibit B**);

3. Determine the needs of each displacee eligible for assistance;
4. Provide the residential displacees with at least three referrals to comparable replacement housing within a reasonable time prior to displacement. *Generally, a comparable replacement dwelling must satisfy the following criteria:*
 - (a) *The unit is decent, safe and sanitary - electrical, plumbing and heating systems are in good repair - no major, observable hazards or defects. The unit is adequate in size and is comparable to the acquired dwelling with respect to number of rooms, habitable living space and type and quality of construction, but not lesser in rooms or living space as necessary to accommodate the displaced person. The unit is functionally equivalent, including principle features.*
 - (b) *The unit is located in an area not subjected to unreasonable adverse environmental conditions from either natural, or man-made sources, and not generally less desirable with respect to public utilities, transportation, public and commercial facilities, including schools and municipal services and reasonably accessible to the displaced person's place of employment.*
 - (c) *The unit is available both on the private market and to all persons regardless of race, color, sex, marital status, religion or, national origin.*
 - (d) *The monthly rental rate is within the financial means of the displaced residential tenant.*
5. Maintain an updated database of available housing resources, and distribute referral information to displacees for the duration of the Project;
6. Provide transportation to the residential displacee, if necessary, to inspect replacement sites within the local area;
7. Inspect replacement housing to assure it meets decent, safe and sanitary standards as described in State Relocation Regulations;
8. Supply information concerning federal and state programs and other governmental programs providing assistance to displaced persons;
9. Assist eligible occupants in the preparation, and submission, of relocation assistance claims;
10. Provide additional reasonable services necessary to successfully relocate occupants;
11. Make benefit determinations and payments in accordance with applicable law and TCMHA's adopted relocation guidelines;
12. Assure that no occupant is required to move without a minimum of 90 days written notice to vacate;

13. Inform all persons subject to displacement of TCMHA's policies with regard to eviction and property management;
14. Establish and maintain a formal grievance procedure for use by displaced persons seeking administrative review of TCMHA's decisions with respect to relocation assistance; and
15. Provide assistance that does not result in different or separate treatment based on or due to an individual's sex, marital status, race, color, religion, ancestry, national origin, physical handicap, sexual orientation, and domestic partnership status.

B. RELOCATION BENEFITS

Specific eligibility requirements and benefit plans will be detailed on an individual basis with the household. In the course of personal follow-up visits, the household will be counseled as to available options and the consequences of any choice with respect to financial assistance.

Relocation benefits will be provided in accordance with the provisions of the applicable Relocation Law and Guidelines and TCMHA rules, regulations and procedures pertaining thereto. Benefits will be paid to eligible displaced persons upon submission of required claim forms and documentation in accordance with TCMHA's normal administrative procedures.

TCMHA will process advance payment requests to mitigate hardships for tenants who do not have access to sufficient funds to pay move-in costs such as first month's rent and/or security deposits. Approved requests will be processed expeditiously to help avoid the loss of desirable, appropriate replacement housing.

1. Residential Moving Expense Payments

All eligible residential occupants to be permanently relocated will be eligible to receive a payment for moving expenses. Moving expense payments will be made based upon the actual cost of a professional move or a fixed payment based on a room-count schedule.

a. Actual Cost (Professional Move)

Displacees may elect to have a licensed professional mover perform the move. The actual cost of the moving services, based on at least two acceptable bids, will be compensated by TCMHA in the form of a direct payment to the moving company upon presentation of an invoice. Transportation costs are limited to a distance of 50 miles in either case. In addition to the actual move, costs associated with utility re-connections (i.e., gas, water, electricity, telephone, and cable, if any), are eligible for reimbursement.

b. Fixed Payment (based on Room Count Schedule)

An occupant may elect to receive a fixed payment for moving expenses which is based on the number of rooms occupied in the displacement dwelling or ancillary structures on the property. In this case, the person to be relocated takes full responsibility for the move. The fixed payment includes all utility connections as described in (a), above.

The current schedule for fixed moving payments is set forth in **Table 2** following:

| TABLE 2: Schedule of Fixed Moving Payments (effective as of 2015) | |
|--|---------|
| Unfurnished Dwelling | |
| One room | \$725 |
| Two rooms | \$930 |
| Three rooms | \$1,165 |
| Four rooms | \$1,375 |
| Five rooms | \$1,665 |
| Six rooms | \$1,925 |
| Seven rooms | \$2,215 |
| Eight rooms | \$2,505 |
| each additional room | \$265 |
| Furnished Dwelling | |
| First Room | \$475 |
| Each additional room | \$90 |

2. Rental Assistance for Tenant Occupants Who Choose to Rent

To be eligible to receive the rental assistance benefits, the displaced tenant household has to rent or purchase and occupy a decent, safe, and sanitary replacement dwelling within one year from the date they move from the displacement dwelling.

Based upon the available data regarding Project displacees, the displaced households may qualify for, and may be eligible to apply for, relocation benefits under the State Regulations, including rental assistance.

Except in the case of Last Resort Housing situations, payments to households under the State Regulations will be payable over a 42-month period and limited to a maximum of \$5,250 as stated under State guidelines. The assistance to be offered within this program is explained in detail in the informational brochure that will be provided to each household (**Exhibit B**).

Table 3 on the following page portrays **an example** of a benefits determination under State Regulations:

| TABLE 3: Example Computation of Rental Assistance Payments | | |
|---|----------------|---|
| 1. Old Rent | \$650 | Old Rent and Utilities |
| or | | |
| 2. Ability to Pay | \$700 | 30% of the Adjusted, Monthly, Gross Household Income* |
| 3. Lesser of lines 1 or 2 | \$650 | Base Monthly Rental |
| Subtracted From: | | |
| 4. Actual New Rent | \$750 | Actual New Rent and Utilities |
| or | | |
| 5. Comparable Rent | \$775 | Determined by TCMHA (includes utilities) |
| 6. Lesser of lines 4 or 5 | \$750 | |
| 7. Yields Monthly Need: | \$100 | Subtract line 3 from line 6 |
| Rental Assistance | \$4,200 | Multiply line 7 by 42 months |

*Gross adjusted income means the total amount of annual income of a household less the following: (1) a deduction for each dependent in excess of three; (2) a deduction of 10% of total income for the elderly or disabled head of household; (3) a deduction for recurring extraordinary medical expenses defined for this purpose to mean medical expenses in excess of 3% of total income, where not compensated for, or covered by insurance or other sources; (4) a deduction of reasonable amounts paid for the care of children or sick or incapacitate family members when determined to be necessary to employment of head of household or spouse, except that the amount shall not exceed the amount of income received by the person who would not otherwise be able to seek employment in the absence of such care.

Rental Assistance payment amounts are equal to 42 times the difference between the base monthly rent and the lesser of:

- (i) The monthly rent and estimated average monthly cost of utilities for a comparable replacement dwelling; or
- (ii) The monthly rent and estimated average monthly cost of utilities for the decent, safe, and sanitary replacement dwelling actually occupied by the displaced person.

The base monthly rent for the displacement dwelling is the lesser of:

- (i) The average monthly cost for rent and utilities at the displacement dwelling for a reasonable period prior to displacement, as determined by the TCMHA; or
- (ii) Thirty percent (30%) of the displaced person's average, monthly gross household income. If a displacee refuses to provide appropriate evidence of income or is a dependent, the base monthly rent shall be determined to be the average monthly cost for rent and utilities at the displacement dwelling; or

(iii) The total of the amount designated for shelter and utilities if receiving a welfare assistance payment from a program that designated the amounts for shelter and utilities

3. Downpayment Assistance to Tenants Who Choose to Purchase

The displaced household may opt to apply the entire benefit amount for which they are eligible under State Regulations toward the purchase of a replacement unit.

Residential tenants, who are otherwise eligible to receive the Rental Assistance Payment described above, may choose to receive a lump sum payment equal to forty-two months of rental subsidy (including Last Resort Housing benefits) to purchase a new home.

A displaced household, who chooses to utilize up to the full amount of their rental assistance eligibility (including any Last Resort benefits) to purchase a home, will have the funds deposited in an open escrow account, provided that the entire amount is used for the downpayment and eligible, incidental costs associated with the purchase of a decent, safe, and sanitary replacement home. A provision shall be made in the escrow arrangements for the prompt return of TCMHA funds, in the event escrow should fail to close within a reasonable period of time.

Final determination about the type of relocation benefits and assistance for which the household is eligible will be determined upon verification of the household's occupants, ages, length of occupancy and income.

C. PROGRAM ASSURANCES AND STANDARDS

Adequate funds are available to relocate the displaced household. Relocation assistance services will be provided to ensure that displacement does not result in different or separate treatment of households based on race, nationality, color, religion, national origin, sex, marital status, familial status, disability or any other basis protected by the federal Fair Housing Amendments Act, the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, the California Fair Employment & Housing Act, and the Unruh Act, as well as any other arbitrary or unlawful discrimination.

D. GENERAL INFORMATION REGARDING THE PAYMENT OF RELOCATION BENEFITS

Claims and supporting documentation for relocation benefits must be filed with TCMHA no later than 18 months after the date of displacement.

The procedure for the preparation and filing of claims and the processing and delivery of payments will be as follows:

1. Claimant(s) will provide all necessary documentation to substantiate eligibility for assistance;

2. OPC and TCMHA staff will review all necessary documentation including, but not limited to, scopes-of-service, invoices, lease documents and escrow material before reaching a determination as to which expenses are eligible for compensation;
3. Required claim forms will be prepared by OPC staff and presented to the claimant for review. Signed claims and supporting documentation will be returned to relocation staff and submitted to TCMHA;
4. TCMHA will review and approve claims for payment, or request additional information;
5. TCMHA will issue benefit checks to be disbursed to the claimants via personal delivery;
6. Final payments to residential displacees will be issued after confirmation that the Project premises have been completely vacated, and actual residency at the replacement unit is verified;
7. Receipts of payment and all claim material will be maintained in the relocation case file.

E. LAST RESORT HOUSING

Based on data derived from the Project site occupants and costs of replacement housing resources, it is anticipated that “comparable replacement housing” may not be available as required for the households. Specifically, for renters, when the computed replacement housing assistance eligibility exceeds \$5,250 or replacement dwelling monthly rental costs (including utilities and other reasonable recurring expenses) exceeds 30% of the person’s average monthly income, Last Resort Housing will have to be provided.

Therefore, if the Project is to go forward, TCMHA will authorize its funds or funds authorized for the Project to provide housing of last resort. Funds will be used to make payments in excess of the monetary limit specified in the statute (\$5,250); hence, satisfying the requirement that “comparable replacement housing” is available.

A displaced tenant household will be entitled to consideration for supplementary benefits in the form of Last Resort Housing assistance when the computed replacement housing assistance eligibility exceeds \$5,250 or replacement dwelling monthly rental costs (including utilities and other reasonable recurring expenses) exceed 30% of the person’s average monthly income (financial means) or when a tenant fails to meet the 90-day occupancy requirement and comparable replacement rental housing is not available within the displaced person’s financial means. Calculations of Last Resort rental assistance benefits for tenants who fail to meet the 90-day occupancy requirement will be based solely on household income. Non-90-day qualifiers must meet basic eligibility requirements applied to all other displacees.

Recipients of Last Resort rental assistance, who intend to purchase rather than re-rent replacement housing, will have the right to request a lump sum payment of all benefits in the form of downpayment assistance. Tenant households receiving periodic payments will have the option to

request a lump sum payment of remaining benefits to assist with the purchase of a decent, safe and sanitary dwelling.

F. RELOCATION TAX CONSEQUENCES

In general, relocation payments are not considered income for the purpose of Division 2 of the Internal Revenue Code of 1954, which has been redesignated as the Internal Revenue Code of 1986 (Title 26, U. S. Code), or for the purpose of determining the eligibility or the extent of eligibility of any person for assistance under the Social Security Act (42 U. S. Code 301 et seq.) or the Personal Income Tax Law, Part 10 (commencing with Section 17001) of the Revenue and Taxation Code, or the Bank and Corporation Tax Law, Part II (commencing with Section 23001) of Division 2 of the Revenue and Taxation Code. The above statement on tax consequences is not intended as tax advice by the TCMHA or OPC. Displacees are responsible for consulting with their own tax advisors concerning the tax consequences of relocation payments.

V. ADMINISTRATIVE PROVISIONS

A. NOTICES

Each notice, which TCMHA is required to provide to a Project site occupant, shall be personally delivered or sent by certified or registered first-class mail, return receipt requested and documented in the case file. Each notice will be written in plain, understandable language. Each notice will indicate the name and telephone number of a person who may be contacted for answers to questions or other needed help.

There are three principal notices to be issued under the State Relocation Regulations:

- 1) Information Statement
- 2) Notice of Relocation Eligibility
- 3) Ninety-Day Vacate Notice

The Informational Statement is intended to provide potential relocatees with a general written description of TCMHA's relocation program and basic information concerning benefits, conditions of eligibility, noticing requirements and appeal rights (**Exhibit B**).

A Notice of Relocation Eligibility (NOE) will be distributed to each residential relocatee. The NOE to the residential relocatee contains a determination of eligibility for relocation assistance and a computation of maximum entitlements based on information provided by the affected household and the analysis of comparable replacement properties identified by relocation staff.

No lawful occupant will be required to move without having received at least 90 days advance written notice of the earliest date by which the move will be necessary. The 90-day vacate notice will either state a specific date as the earliest date by which the occupant may be required to move or state that the occupant will receive a further notice indicating, at least 60 days in advance, the specific date of the required move. The 90-day notice will not be issued to any residential displacee before a comparable replacement dwelling has been made available.

In addition to the three principal notices, OPC staff will issue timely written notification in the form of a Reminder Notice, which discusses the possible loss of rights and sets the expiration date for the loss of benefits to those persons who:

- 1) are eligible for monetary benefits,
- 2) have moved from the acquired property, and
- 3) have not filed a claim for benefits.

A Reminder Notice will be issued to all non-responsive relocatees no later than within the last six months prior to the filing expiration date.

B. PRIVACY OF RECORDS

All information obtained from displacees is considered confidential and will not be shared without the consent of the displacee or TCMHA. TCMHA staff will comply with federal regulations concerning the safeguarding of relocation files and their contents.

C. GRIEVANCE PROCEDURES

A person who is dissatisfied with a determination as to eligibility for benefits, a payment amount, the failure to provide comparable housing, or TCMHA's property management practices may file a Relocation Assistance Appeal Form or any other written form of appeal with TCMHA and have the right of administrative review. TCMHA's appeal policies will follow the standards described in Article 5, Section 6150 et seq., Title 25, Chapter 6, State of California, Department of Housing and Community Development Program guidelines.

Requests for administrative review and informal hearings will be directed to TCMHA's Housing Manager. All requests for review will receive written responses from TCMHA within three weeks of their receipt. If an informal appeal is denied, appellants will be entitled to file a written request for a formal hearing before an impartial and independent hearing officer.

The appellant does not have to exhaust administrative remedies first; the appeal/grievance can either go directly to TCMHA, directly to HCD or directly to the Court. Any person and/or organization directly affected by the relocation plan may petition the Department of Housing and Community Development (HCD), located at 2020 West El Camino Ave., Sacramento, CA 95833 to review the relocation plan.

More detail concerning the appeals process will be provided upon request. Appellants will retain their appeal rights for up to 18 months following the date of displacement from the Project premises or receipt of final payment for relocation benefits, whichever is later.

D. EVICTION POLICY

1. Eviction may cause the forfeiture of a displacee's right to relocation assistance or benefits. Relocation records will be documented to reflect the specific circumstances surrounding any eviction action.
2. Eviction may be undertaken for one, or more of the following reasons:
 - (a) Failure to pay rent, except in those cases where the failure to pay is due to TCMHA's failure to keep the premises in habitable condition; is the result of harassment or retaliatory action; or, is the result of discontinuation, or a substantial interruption of services;
 - (b) Performance of a dangerous, and/or illegal act in the unit;
 - (c) A material breach of the rental agreement, and failure upon notification to correct said breach within 30 days of Notice;
 - (d) Maintenance of a nuisance, and failure to abate such nuisance upon notification within a reasonable time following Notice;
 - (e) Refusal to accept one of a reasonable number of offers of replacement dwellings; and/or,
 - (f) A requirement under State, or local law or emergency circumstances that cannot be prevented by reasonable efforts on the part of TCMHA.

E. CITIZEN PARTICIPATION

As the process for considering the Project moves forward, TCMHA will observe the following protocol:

1. Provide affected tenants with full and timely access to documents relevant to the relocation program (the Project household will receive a copy of the Relocation Plan);
2. Encourage meaningful participation in reviewing the relocation plan and monitoring the relocation assistance program; including the Project area occupants, neighborhood groups and community organizations forming a relocation committee, if applicable;
3. Provide technical assistance necessary to interpret elements of the Relocation Plan and other pertinent materials;
4. Issue a general notice concerning the availability of the Plan for public review, as required, 30 days prior to its proposed approval; and
5. Include written or oral comments concerning the Plan as an attachment (**Exhibit C**) when it is forwarded to the TCMHA Governing Board for approval.

F. PROJECTED DATE OF DISPLACEMENT

TCMHA anticipates that the earliest Vacate Notices will be issued to the Project occupants is **January 2021**.

G. ESTIMATED RELOCATION COSTS

The total budget estimate for relocation-related payments for this Project, including a 10% contingency, is **\$110,000**. This is an estimate only and not a statement of actual entitlement for the tenants.

The estimated relocation budget does not include any payments related to property acquisition. In addition, the budget does not consider the cost of any services necessary to implement the Plan and complete the relocation element of the Project.

If the Project is implemented, and circumstances arise that should change either the number of residential occupants and/or the amount of relocation benefits' entitlements estimated, TCMHA will authorize any additional funds that may need to be appropriated. TCMHA pledges to appropriate, on a timely basis, the funds necessary to ensure the successful completion of the Project, including funds necessary for LRH as indicated in Section IV, E, of this Plan to meet its obligation under the relocation regulations.

EXHIBIT A

HUD INCOME LIMITS – LOS ANGELES COUNTY

The following figures are approved by the U. S. Department of Housing and Urban Development (HUD) for use in the **County of Los Angeles** to define and determine housing eligibility by income level.

Area Median - \$97,900

| Household Size | Extremely Low | Very Low | Lower |
|----------------|---------------|----------|---------|
| One Person | 23,700 | 39,450 | 63,100 |
| Two People | 27,050 | 45,050 | 72,100 |
| Three People | 30,450 | 50,700 | 81,100 |
| Four People | 33,800 | 56,300 | 90,100 |
| Five People | 36,550 | 60,850 | 97,350 |
| Six People | 39,250 | 65,350 | 104,550 |
| Seven People | 41,950 | 69,850 | 111,750 |
| Eight People | 44,650 | 74,350 | 118,950 |

Figures are per the Department of Housing and Urban Development (California), **updated in April 2020.**

EXHIBIT B

RESIDENTIAL INFORMATIONAL BROCHURE

**Relocation Assistance
Informational Statement
for Families and Individuals**

(CA State)

Displacing Agency:
Tri-City Mental Health Authority

Project Name:
Baseline Apartments Senior Housing Project

Displacing Agency Representative:
**Overland, Pacific & Cutler, LLC
2280 Market Street, Suite 200
Riverside, CA 92501
Phone: (800) 400-7356**

Informational Statement Content:

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2. Assistance in Locating a Replacement Dwelling
3. Moving Benefits
4. Replacement Housing Payment - Tenants and Certain Others
5. Section 8 Tenants
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Spanish speaking agents are available. Si necesita esta información en español, por favor llame a su agente.

Informational Statement for Families and Individuals

(CA State)

1. GENERAL INFORMATION

The dwelling in which you now live is in a project area to be improved by, or financed through, the Displacing Agency using state and/or local funds. If and when the project proceeds, and it is necessary for you to move from your dwelling, you may be eligible for certain benefits. You will be notified in a timely manner as to the date by which you must move. Please read this information, as it will be helpful to you in determining your eligibility and the amount of the relocation benefits you may receive under the state law. You will need to provide adequate and timely information to determine your relocation benefits. The information is voluntary, but if you don't provide it, you may not receive the benefits, or it may take longer to pay you. We suggest you save this informational statement for reference.

The Displacing Agency has retained the professional firm of **Overland, Pacific & Cutler, LLC (OPC)** to provide relocation assistance to you. The firm is available to explain the program and benefits. Their address and telephone number is listed on the cover.

PLEASE DO NOT MOVE PREMATURELY. THIS IS NOT A NOTICE TO VACATE YOUR DWELLING. However, if you desire to move sooner than required, you must contact your agent at OPC so you will not jeopardize any benefits. This is a general informational brochure only and is not intended to give a detailed description of either the law or regulations pertaining to the Displacing Agency's relocation assistance program.

Please continue to pay your rent to your current landlord, otherwise you may be evicted and jeopardize the relocation benefits to which you may be entitled to receive. Once the Displacing Agency acquires the property, you will also be required to pay rent to the Displacing Agency.

2. ASSISTANCE IN LOCATING A REPLACEMENT DWELLING

The Displacing Agency, through its representatives, will assist you in locating a comparable replacement dwelling by providing referrals to appropriate and available housing units. You are encouraged to actively seek such housing yourself.

When a suitable replacement dwelling unit has been found, your relocation agent will carry out an inspection and advise you as to whether the dwelling unit meets decent, safe and sanitary housing requirements. A decent, safe and sanitary housing unit provides adequate space for its occupants, proper weatherproofing and sound heating, electrical and plumbing systems. Your new dwelling must pass inspection before relocation assistance payments can be authorized.

3. MOVING BENEFITS

If you must move as a result of displacement by the Displacing Agency, you will receive a payment to assist in moving your personal property. The actual, reasonable and necessary expenses for moving your household belongings may be determined based on the following methods:

- A Fixed Moving Payment based on the number of rooms you occupy (see below); **or**
- A payment for your Actual Reasonable Moving and Related Expenses based on at least two written estimates and receipted bills; **or**
- A combination of both (in some cases).

For example, you may choose a Self-Move, receiving a payment based on the Fixed Residential Moving Cost Schedule shown below, plus contract with a professional mover to transport your grand piano and /or other items that require special handling. In this case, there may be an adjustment in the number of rooms which qualify under the Fixed Residential Moving Cost Schedule.

A. Fixed Moving Payment (Self-Move)

A Fixed Moving Payment is based upon the number of rooms you occupy and whether or not you own your own furniture. The payment is based upon a schedule approved by the Displacing Agency, and ranges, for example, from \$475.00 for one furnished room to \$2,505.00 for eight rooms in an unfurnished dwelling. (For details see the table). Your relocation agent will inform you of the amount you are eligible to receive, if you choose this type of payment.

If you select a fixed payment, you will be responsible for arranging for your own move, and the Displacing Agency will assume no liability for any loss or damage of your personal property. A fixed payment also includes utility hook-ups and other related moving fees.

| Fixed Moving Schedule CALIFORNIA (Effective 2015) | |
|--|---------|
| Occupant Owns Furniture: | |
| 1 room | \$725 |
| 2 rooms | \$930 |
| 3 rooms | \$1,165 |
| 4 rooms | \$1,375 |
| 5 rooms | \$1,665 |
| 6 rooms | \$1,925 |
| 7 rooms | \$2,215 |
| 8 rooms | \$2,505 |
| Each additional room | \$265 |
| Occupant does NOT Own Furniture: | |
| 1 room | \$475 |
| Each additional room | \$90 |

B. Actual Moving Expense (Professional Move)

If you wish to engage the services of a licensed commercial mover and have the Displacing Agency pay the bill, you may claim the ACTUAL cost of moving your personal property up to 50 miles. Your relocation agent will inform you of the number of competitive moving bids (if any) which may be required and assist you in developing a "mover" scope of services for Displacing Agency approval.

4. REPLACEMENT HOUSING PAYMENT - TENANTS AND CERTAIN OTHERS

You may be eligible for a payment of up to \$5,250.00 to assist you in renting or purchasing a comparable replacement dwelling. In order to qualify, you must either be a tenant who has occupied the present dwelling for at least 90 days prior to the initiation of negotiations or an owner who has occupied the present dwelling between 90 and 180 days prior to the initiation of negotiations.

A. Rental Assistance. If you qualify, and **wish to rent** your replacement dwelling, your maximum rental assistance benefits will be based upon the difference over a forty-two (42) month period between the rent you must pay for a comparable replacement dwelling and the lesser of your current rent and estimated utilities or thirty percent (30%) of your gross monthly household income. You will be required to provide your relocation agent with monthly rent and household income verification prior to the determination of your eligibility for this payment.

- OR -

B. Down-payment Assistance. If you qualify and **wish to purchase** a home as a replacement dwelling, you can apply up to the total amount of your rental assistance payment towards the down-payment and non-recurring incidental expenses. Your relocation agent will clarify procedures necessary to apply for this payment.

Where a tenant is sharing a dwelling with an owner-occupant and paying the owner-occupant rent for the privilege, the tenant shall not be entitled to more than one-half of the rental assistance otherwise payable.

5. SECTION 8 TENANTS

When you do move, you may be eligible to transfer your Section 8 eligibility to a replacement site. In such cases, a comparable replacement dwelling will be determined based on your family composition at the time of displacement and the current housing program criteria. This may not be the size of the unit you currently occupy. Your relocation agent will provide counseling and other advisory services along with moving benefits.

6. REPLACEMENT HOUSING PAYMENT - HOMEOWNERS

- A. If you own and occupy a dwelling to be purchased by the Displacing Agency for **at least 180 days** prior to the initiation of negotiations, you may be eligible to receive a payment of up to \$22,500.00 to assist you in purchasing a comparable replacement unit. This payment is intended to cover the following items:
1. **Purchase Price Differential** - An amount which, when added to the amount for which the Displacing Agency purchased your property, equals the lesser of the actual cost of your replacement dwelling; **or** the amount determined by the Displacing Agency as necessary to purchase a comparable replacement dwelling. Your relocation agent will explain both methods to you.
 2. **Mortgage Interest Differential** - The amount which covers the increased interest costs, if any, required to finance a replacement dwelling. Your relocation agent will explain limiting conditions.
 3. **Incidental Expenses** - Those one-time incidental costs related to purchasing a replacement unit, such as escrow fees, recording fees, and credit report fees. Recurring expenses such as prepaid taxes and insurance premiums are not compensable.
- B. **Rental Assistance Option** - If you are an owner-occupant and choose to rent rather than purchase a replacement dwelling, you may be eligible for a rental assistance payment of up to the amount that you could have received under the Purchase Price Differential, explained above. The payment will be based on the difference between an economic rent of the dwelling you occupy and the rent you must pay for a comparable replacement dwelling.

If you receive a rental assistance payment, as described above, and later decide to purchase a replacement dwelling, you may apply for a payment equal to the amount you would have received if you had initially purchased a comparable replacement dwelling, less the amount you have already received as a rental assistance payment.

7. QUALIFICATION FOR, AND FILING OF, RELOCATION CLAIMS

To qualify for a Replacement Housing Payment, you must rent or purchase and occupy a comparable replacement unit **within one year from the following**:

- For a tenant, the date you move from the displacement dwelling.
- For an owner-occupant, the latter of:
 - a. The date you receive final payment for the displacement dwelling, or, in the case of condemnation, the date the full amount of estimated just compensation is deposited in court, **or**
 - b. The date you move from the displacement dwelling.

All claims for relocation benefits must be filed with the Displacing Agency **within eighteen (18) months** from the date on which you receive final payment for your property, or the date on which you move, whichever is later.

8. LAST RESORT HOUSING ASSISTANCE

If comparable replacement dwellings are not available when you are required to move, or if replacement housing is not available within the monetary limits described above, the Displacing Agency will provide Last Resort Housing assistance to enable you to rent or purchase a replacement dwelling on a timely basis. Last Resort Housing assistance is based on the individual circumstances of the displaced person. Your relocation agent will explain the process for determining whether or not you qualify for Last Resort assistance.

If you are a tenant, and you choose to purchase rather than rent a comparable replacement dwelling, the entire amount of your rental assistance and Last Resort eligibility must be applied toward the down-payment and eligible incidental expenses of the home you intend to purchase.

9. RENTAL AGREEMENT

As a result of the Displacing Agency's action to purchase the property where you live, you may become a tenant of the Displacing Agency. If this occurs, you will be asked to sign a rental agreement which will specify the monthly rent to be paid, when rent payments are due, where they are to be paid and other pertinent information.

10. EVICTIONS

Any person, who occupies the real property and is not in unlawful occupancy, is presumed to be entitled to relocation benefits. Except for the causes of eviction set forth below, no person lawfully occupying property to be purchased by the Agency will be required to move without having been provided with at least 90 days written notice from the Agency. Eviction will be undertaken only in the event of one or more of the following reasons:

- Failure to pay rent; except in those cases where the failure to pay is due to the lessor's failure to keep the premises in habitable condition, is the result of harassment or retaliatory action or is the result of discontinuation or substantial interruption of services;
- Performance of dangerous illegal act in the unit;
- Material breach of the rental agreement and failure to correct breach within the legally prescribed notice period;
- Maintenance of a nuisance and failure to abate within a reasonable time following notice;
- Refusal to accept one of a reasonable number of offers of replacement dwellings; or
- The eviction is required by State or local law and cannot be prevented by reasonable efforts on the part of the public entity.

11. APPEAL PROCEDURES - GRIEVANCE

Any person aggrieved by a determination as to eligibility for, or the amount of, a payment authorized by the Displacing Agency's Relocation Assistance Program may have the appeal application reviewed by the Displacing Agency in accordance with its appeals procedure. Complete details on appeal procedures are available upon request from the Displacing Agency.

12. TAX STATUS OF RELOCATION BENEFITS

California Government Code Section 7269 indicates no relocation payment received shall be considered as income for the purposes of the Personal Income Tax Law, Part 10 (commencing with Section 17001) of Division 2 of the Revenue and Taxation Code, or the Bank and Corporation Tax law, Part 11 (commencing with Section 23001) of Division 2 of the Revenue and Taxation Code. Furthermore, federal regulations (49 CFR Part 24, Section 24.209) also indicate that no payment received under this part (Part 24) shall be considered as income for the purpose of the Internal Revenue Code of 1954, which has been redesignated as the Internal Revenue Code of 1986. No federal dollars are anticipated for this project. Therefore, federal regulations may not apply and the IRS may consider relocation payments as income. The preceding statement is not tendered as legal advice in regard to tax consequences, and displacees should consult with their own tax advisor or legal counsel to determine the current status of such payments.

(IRS Circular 230 disclosure: To ensure compliance with requirements imposed by the IRS, we inform you that any tax advice contained in this communication (including any attachments) was not intended or written to be used, and cannot be used, for the purpose of (i) avoiding tax-related penalties under the Internal Revenue Code or (ii) promoting marketing or recommending to another party any matters addressed herein)

13. NON-DISCRIMINATION AND FAIR HOUSING

No person shall on the grounds of race, color, national origin or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the Displacing Agency's relocation assistance program pursuant to Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, and other applicable state and federal anti-discrimination and fair housing laws. You may file a complaint if you believe you have been subjected to discrimination. For details contact the Displacing Agency.

14. ADDITIONAL INFORMATION AND ASSISTANCE AVAILABLE

Those responsible for providing you with relocation assistance hope to assist you in every way possible to minimize the hardships involved in relocating to a new home. Your cooperation will be helpful and greatly appreciated. If you have any questions at any time during the process, please do not hesitate to contact your relocation agent at OPC.

EXHIBIT C

PUBLIC COMMENTS & RESPONSES

The Project household was provided with a copy of the draft Relocation Plan and an advisory notice regarding the 30-day public review and comment period. No comments were received during the comment period between December 1, 2020 – December 30, 2020.



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Rimmi Hundal, Director of MHSA & Ethnic Services

SUBJECT: Consideration of Proclamation that Racism is a Public Health Crisis that Results in Disparities In Education, Employment, Economic Development, Public Safety, Criminal Justice, Family Stability, Physical Health, Mental Wellness, and Housing

Summary:

In California, Black, Indigenous, and Persons of Color (BIPOC) communities are disproportionately overrepresented in the Medi-Cal service delivery system. Therefore, as a public mental health authority, Tri-City plays a crucial role in serving BIPOC persons and their families. Staff is seeking Governing Board to issue a Proclamation that racism is a public health crisis that results in disparities in education, employment, economic development, public safety, criminal justice, family stability, physical health, mental wellness and housing.

Background:

As the public mental health authority for the cities of Claremont, La Verne, and Pomona, Tri-City is part of the safety net system and is charged with serving some of the most vulnerable residents in our communities; persons who are enrolled in entitlement insurance programs, Medi-Cal and Medi-Care. In California, BIPOC communities are disproportionately overrepresented in the Medi-Cal service delivery system. Therefore, Tri-City plays a crucial role in serving BIPOC persons and their families.

Throughout our nation's history, institutional and structural racism and injustice have led to deep and persistent racial disparities across all sectors and have had lasting negative consequences. In the 1999 report, "Mental Health: A Report of the Surgeon General", it was noted that Black, Indigenous and People of Color (BIPOC) have poorer access to behavioral health care than whites and receive poorer quality care. Furthermore, racism results in the structuring of opportunity and assigning of value based solely on skin color and other physical characteristics, which unfairly disadvantages some individuals and communities while providing systemic advantages to other individuals and communities; therefore, preventing societies as a whole from achieving their full potential.

Governing Board of Tri-City Mental Health

Consideration of Proclamation that Racism is a Public Health Crisis that Results in Disparities In Education, Employment, Economic Development, Public Safety, Criminal Justice, Family Stability, Physical Health, Mental Wellness, and Housing

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Racism not only directly impacts our clients and participants we serve, but it also impacts us as professionals. It is important for us to be aware of ourselves, how we present to others or how we trigger our clients, in order to serve them better.

One of the top values of Tri-City states, “By improving the accessibility of mental health programs for unserved and underserved communities and the diversity represented by quality staff, Tri-City's approach is instrumental in overcoming cultural and economic barriers to service by respecting the values and beliefs embedded in each individual we serve.”

Many trainings on cultural competency and antiracism have occurred (and continue ongoing) at Tri-City and evaluations of these trainings demonstrate positive responses from staff. However, Tri-City would like to focus more in the current year on advancing behavioral health equity. While behavioral health inequity is caused by disparities in social determinants of health, such as housing, education, employment, and income level that disproportionately impact BIPOC, it is important to also recognize that these disparities in the social determinants of health are, at the core, caused by racism.

Acknowledging and proclaiming that systemic racism not only exists, but that it is a public health crisis and continuously impacts the daily lives of Black Americans and communities of color serves to set race and social equity as a priority and framework for Tri-City's efforts. Establishing a focus to address racism in all its forms fosters the increased collaboration and the establishment of coalitions across systems in order to ensure equity of opportunity and the likelihood of positive life outcomes for all residents in the Tri-City region.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Governing Board issue a Proclamation that racism is a public health crisis that results in disparities in education, employment, economic development, public safety, criminal justice, family stability, physical health, mental wellness, education, and housing.

Attachments

Attachment 5-A: Proclamation affirming that Racism is a Public Health Crisis



PROCLAMATION

OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY PROCLAIMING THAT RACISM IS A PUBLIC HEALTH CRISIS THAT RESULTS IN DISPARITIES IN FAMILY STABILITY, HEALTH AND MENTAL WELLNESS, EDUCATION, EMPLOYMENT, ECONOMIC DEVELOPMENT, PUBLIC SAFETY, CRIMINAL JUSTICE, AND HOUSING

WHEREAS, throughout our nation’s history, institutional and structural racism and injustice have led to deep and persistent racial disparities across all sectors and have had lasting negative consequences; and

WHEREAS, racism results in the structuring of opportunity and assigning of value based solely on skin color and other physical characteristics, which unfairly disadvantages some individuals and communities while providing systemic advantages to other individuals and communities, therefore preventing societies as a whole from achieving their full potential; and

WHEREAS, numerous studies have shown that institutional and structural racism is the root cause of health disparities and social inequities that impact many aspects of life, including housing, education, employment and the economy, public safety and criminal justice, and physical and mental health; and

WHEREAS, the COVID-19 pandemic has disproportionately impacted communities of color; and

WHEREAS, the United States Office of Disease Prevention recognizes that discrimination negatively impacts health outcomes; and

WHEREAS, in its Vision, Mission, Values and Goals, Tri-City states that its values include, “By approving the accessibility of mental health programs for unserved and underserved communities and the diversity represented by quality staff, Tri-City’s approach is instrumental in overcoming cultural and economic barriers to service by respecting the values and beliefs embedded in each individual we serve.”; and

WHEREAS, the U.S. Census Bureau has documented a significant increase in anxiety and depression among Black people nationally following the May 25, 2020 killing of George Floyd; and

WHEREAS, specific physical and behavioral health conditions stemming from racism include depression, anxiety, anger, hypertension, stroke, heart attack, diabetes, maternal death, premature birth, respiratory diseases, and autoimmune diseases; and

NOW, THEREFORE, BE IT RESOLVED that the Governing Board of Tri-City Mental Health Authority do hereby proclaim that racism is a public and mental health crisis that results in disparities in family stability, health and mental wellness, education, employment, economic development, public safety, criminal justice, and housing; and is affecting our entire society, and the Board wishes to assess internal policies and procedures to ensure racial equity is a core element of the Agency; and

Tri-City Mental Health Authority will actively participate in the dismantling of racism by:

1. Promoting equity through policies to be considered by the Governing Board and enhancing meaningful, thoughtful, and data-driven education efforts aimed at understanding, addressing, and dismantling racism, and how racism affects public health, family stability, early education, economic development, public safety, and the delivery of human services; and
2. Identifying specific activities to enhance diversity within Tri-City’s workforce; and
3. Studying and evaluating existing Tri-City policies and practices through a lens of racial equity to promote and support policies that prioritize health in an equitable way, especially for people of color, by mitigating exposure to adverse childhood experiences.

IN WITNESS WHEREOF, I have hereunto set my hand as Chair of said Governing Board this January 20, 2021.

Robin Carder, Governing Board Chair
Tri-City Mental Health Authority

ATTACHMENT 5-A



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

BY: Mica Olmos, JPA Administrator/Clerk & Recording Secretary

SUBJECT: Election of Officers for the 2021 Calendar Year as Required by the Joint Powers Agreement between the Cities of Pomona, Claremont, and La Verne

Summary:

The Joint Powers Agreement between the Cities of Pomona, Claremont, and La Verne, requires the Governing Board to elect, or re-elect, a chairperson and a vice-chairperson at the first meeting held in each succeeding calendar year. The last election of officers was held on January 15, 2020.

Background:

Pursuant to the Joint Powers Agreement, Tri-City is governed by a Governing Board composed of seven members, each serving in his/her individual capacity and without compensation. In addition, Section 5601(a) of the Bronzan-McCorquodale Act/Short-Doyle Act, states that members of the board shall be a council member of his/her respective City, and three members of the board shall be community members appointed by the three Cities. 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 that the Governing Board consider the election or re-election of a chairperson and vice-chairperson.

Attachments:

None.



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

DATE: January 20, 2021

TO: Governing Board of Tri-City Mental Health Authority

FROM: Toni Navarro, LMFT, Executive Director

SUBJECT: Executive Director's Monthly Report

COVID-19 OPERATIONS UPDATE

Modified operations remain in place. The Executive Team and Tri-City's Human Resources (HR) Manager continue to stay abreast of county and state updates on the guidelines and requirements for safe operations. For now, staff has been informed that modifications will continue through March 31, 2021. Any change to current scheduling and/or operations will be guided by the State's system for re-opening which categorizes counties in tiers based on transmission and hospitalization rates and outlines specific activities and/or restrictions to be followed.

Starting January 6, 2021, those Tri-City staff who are working in roles that require client contact, began receiving their first dose of the COVID-19 vaccine being offered via the departments of public health for healthcare workers. In late-December the California Vaccine Commission clarified that "health care workers" includes medical, dental, mental health and substance use disorder providers. Currently, Los Angeles County is in its initial stage of vaccine distribution known as Phase 1, which includes tiers 1A and 1B, and covers all health care workers and health care sites administrative and non-direct care services staff. Initially East Valley Health Center in Pomona was the only public health site distributing vaccines and staff were having a difficult time getting appointments.

However, as of January 13th, the county opened up several new vaccine sites in/near Pomona, Claremont and La Verne and many staff were able to access those appointments swiftly. Tri-City's health plan provider, Kaiser Permanente, is also now providing vaccines to all Phase 1(A and B) eligible members.

As the vaccine begins to roll out to the public (starting in the next couple of weeks for all residents over age 65), Tri-City staff will be working across departments to share information and /or refer clients to get timely, accurate, and detailed information about how to access the vaccine if they desire. Throughout the pandemic and ongoing, persons diagnosed with a mental health condition are experiencing disproportionately high rates of infection, severe illness, and hospitalizations due to COVID-19 and thus it is imperative that Tri-City prioritize this sharing and distribution of information for all clients, participants and their families.

CALIFORNIA BEHAVIORAL HEALTH DIRECTORS' ASSOCIATION (CBHDA) UPDATE

In addition to its multi-hour monthly meeting with all Directors and its various monthly subcommittee meetings such as MHSA, Finance, and Medi-Cal Policy, CBHDA also hosts myriad other weekly calls for Directors to connect and stay abreast of issues related to the impact of COVID-19, ever-growing numbers of relevant legislative updates, as well as the State's Health Care Services Department's (DHCS) initiative to reform the Medi-Cal delivery system in California, known as CalAIM.

On Friday, January 8th, the Governor's 2021-22 Budget was released and CBHDA staff completed and shared analysis with the CBHDA Directors. The analysis is provided to the Governing Board as an attachment at the end of the Executive Director's Monthly Report. In her email announcing the analysis to the Directors, Elia Gallardo, CBHDA's Director of Government Affairs wrote:

"Attached is CBHDA's analysis of the Governor's Proposed January Budget, which reflects the Administration's supportive response to the growing needs in our delivery system and our collective advocacy in compellingly raising those needs. The budget includes:

*A historic \$1 billion investment in the county behavioral health infrastructure
Resources to support counties in implementing changes associated with CalAIM
Funding for Board and Care
An extension of MHSA relief*

This document includes the information that we know at this early stage. As the budget process moves forward, we will do all we can to realize the potential that the Governor's Proposed January Budget offers."

TRI-CITY/BRAND PURPOSE PROJECT UPDATE

Back in October, the Governing Board approved for Tri-City to hire the marketing firm, Brand Purpose, to assist the agency in conducting a comprehensive community evaluation, organizational review and strategic planning session. It has been over 13 years that Tri-City has done such an extensive and intensive assessment of its mission, purpose, and operations. Tri-City's MHSA/Ethnic Services Director, Rimmi Hundal, is the lead staff working alongside the Brand Purpose team to bring together community partners representing myriad sectors who have a stake in the programs and services offered by Tri-City. Thus far, there have been two planning meetings with a core community partner team representing the three cities who are helping to plan a virtual multi-day event in early-February. Attached here is the flyer announcement that was sent out to key stakeholders identified by the Executive Team.

Below here is a portion of an email that was also sent out to invitees from Brand Purpose to provide further context and clarification:

“Future Search is meeting method that brings stakeholders together to solve complex problems. Future Search conferences do not have keynote speakers or passive audiences. In a Future Search conference, everyone is a participating subject matter expert and the bulk of the time is spent in dialog rather than monologues. My facilitators are experts in the Future Search method and will guide the group through the six to eight stages and comprise three-day journey.

You have been selected to participate in TCMH's "Discovering a Powerful Community" conference because you influence and are affected by the mental health of the three-city community. Other invitees will represent education, healthcare, law enforcement, business and community organizations ... groups that may not typically communicate but whose perspectives and capabilities are essential to a coordinated approach. We expect to host between 40 and 60 participants.

If working towards the goal of mental health for a single person is an incredibly complex task (and it is), working towards the mental health of an entire region is an impossible task for any one of our organizations.

But, by working, listening and problem-solving across organizational and demographic lines, together we hope to discover common ground and common goals as they relate to supporting the development of a powerful community. Beyond that, we can define the near- and long-term plans we can act on together that will take us there.

In summary:

You do not have to prepare in advance a presentation or lecture. The knowledge, experience and commitment to the community you already have is sufficient.

There will be a pre-event questionnaire you will receive before February 2. Completion details will be included but the time and effort will be modest.”

HUMAN RESOURCES UPDATE

Staffing – Month Ending December 2020:

- Total Staff is 192 full-time and 19 part-time plus 20 full time vacancies and 1 part time vacancies for a total of 222 positions.
- There were 2 new hires in December.
- There were 1 separations in December.

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Workforce Demographics December 2020:

- American Indian or Alaska Native = 0.48%
- Asian = 8.10%
- Black or African American = 8.57%
- Hispanic or Latino = 55.71%
- Native Hawaiian or Other Pacific Islander = 0.48%
- Other = 9.05%
- 2 or more races = 0.95%
- White or Caucasian = 16.67%

Posted Positions in December 2020:

- Chief Clinical Officer (1 FTE) Hire starts 1/25/2021
- Chief Information Officer (1 FTE)
- Clinical Supervisor I School Partnership (1 FTE)
- Clinical Supervisor I COP (1 FTE)
- Clinical Therapist I Claremont City Hall (1 FTE)
- Clinical Therapist I/II Adult FSP (5 FTEs)
- Clinical Therapist I AOP (1 FTE)
- Clinical Therapist I/II COP (1 FTE)
- Clinical Therapist I/II COP School Partner. Bilingual (1 FTE)
- Mental Health Specialist Adult FSP (1 FTE)
- Psychiatric Technician I/II/III – Adult FSP (1 FTE)

HOUSING DIVISION UPDATE

Stability after being housed, takes time but through the Pomona Continuum of Care (CoC) program, we have a great example of how housing is important in improving the quality of life for persons who were previously homeless.

Earlier in 2020, a Pomona CoC participant that received a voucher in 2019 shared their excitement with staff that they had a set court date for the beginning of 2021 to find out if they had been approved for SSI. This participant has been one who has been concerned about the reality of this opportunity they were offered. When applying for the voucher, they were skeptical about actually being accepted for the program. Once the voucher was in their hands, they were doubtful they would find an apartment to accept them. After signing their lease and moving in, the participant expressed his belief that they expected, at any moment, they would hear from the landlord that they were going to be asked to leave. All the while, staff reassured them that they had no reason to worry as they were complying with their lease. This time when they called, they sounded hopeful, as they had seen that good things come to those who wait and who make the effort to improve their lives.

We use these stories to encourage other such as the three Tri-City clients who received Pomona CoC vouchers overseen by our Housing Division, last year. This December, they celebrated one successful year of maintaining their vouchers and housing. Prior to receiving a voucher, one of those clients had been fleeing from domestic violence. They are now looking for opportunities to get back into the workforce, as they have had time to work on regaining calm in their life. A second client has used this year to actively work on applying for SSI in order to increase their income and stability. The third had already secured the maximum of their fixed income and is currently working on completing his annual recertification to continue to remain in compliance with this housing opportunity.

INFORMATION TECHNOLOGY (IT) DIVISION UPDATE

Tri-City has been in a 10-month evaluation and proposal process for a new Electronic Health Record system. The current system is no longer sufficient to meet the Agency's growth and needs. The following are the primary concerns we hope to address:

- Inconsistent access: Frequent and often prolonged outages and a very inconsistent electronic prescription platform/integration
- Information display: Welligent displays information in confusing and redundant ways, or data may be hard to find or missing
- Difficult data entry: Entering data in Welligent can be challenging, which may cause delays for orders and lead to clinicians using workaround solutions
- Electronic Prescriptions: Welligent is inconsistent at best in its ability to electronically prescribe medications, which is a critical function for our psychiatrists
- Workflow support: Challenges can occur when clinicians must share information or tasks with others on the care team or across departments

A vendor has been preliminarily chosen, and we have begun contract discussions. We anticipate presenting the proposed contract at the February Governing Board Meeting.

Attachments:

Attachment 7-A: CBHDA Highlights from the Governor's FY 2021-2022 Budget Summary

Attachment 7-B: TCMHA Future Search Flyer-1



January 9, 2021

To: CBHDA Members
From: CBHDA Staff
Subject: Governor Newsom's Proposed FY 2021-22 State Budget

Overview

Governor Gavin Newsom's proposed Fiscal Year (FY) 2021-22 State Budget allocates \$227.2 billion in total state spending, consisting of \$164 billion from the state General Fund (GF), \$58.3 billion from special funds and \$4.4 billion from bond funds. When federal financial participation (FFP) is included, Medi-Cal is by far the largest state program at \$117.9 billion in FY 2021-22.

In this year's proposed budget, the state is experiencing a one-time \$15 billion surplus due to the difficult to predict impacts of the pandemic on revenues and expenditures. However, much of this surplus is proposed to be allocated as one-time funding, because the state forecasts ongoing structural general fund deficits in outyears (i.e., \$7.6 billion in FY 2022-23 growing to over \$11 billion by FY 2024-25). Given the budget instability, the Administration also proposes continued investments in budget reserves totaling nearly \$22 billion between last year and the proposed FY 2021-22 budget.

The Newsom Administration's January budget proposes a historic investment in the county behavioral health safety net and proposes an infusion of \$1 billion combined, largely in one-time spending intended to build out the delivery system capacity, particularly at the community level, and support the state's intention to eventually pursue the Medicaid Institutes of Mental Disease (IMD) waiver. This investment is one of several important contributions to county behavioral health and the individuals we serve, outlined in the sections below.

The Governor's budget assumes anticipated County Behavioral Health Revenues (FY 2021-22) as follows:

- Behavioral Health Subaccount (2011 Realignment) – \$1.545 billion with no anticipated growth.
- Mental Health Subaccount (1991 Realignment) -- \$1.12 billion in 2011 Mental Health Account with no anticipated growth. An additional \$72.8 million from 91 Realignment above CalWORKs MOE into the Mental Health Subaccount.

- Mental Health Services Act - \$2.6 billion estimated revenue and \$140 million redirected to pay for No Place Like Home repayments.

According to the budget, 1991 and 2011 Realignment sources are projected to increase by 5.6% from FY 2019-20 to FY 2020-21, the current fiscal year and decrease by 1.9% in the next fiscal year, from FY 2020-21 to FY 2021-22.

The annual state budget process begins with the introduction of the Governor's proposed budget each January, proceeds through the legislative budget process over the next six months, with significant fiscal and policy adjustments in the Governor's May Revision issued in mid-May. The budget must be finalized by June 15th per the state constitution.

The legislature must vet and negotiate the final budget agreement with the Governor. CBHDA is active in advocating on behalf of county behavioral health directors on numerous budget issues. Below is a summary of what is currently known about the significant budget items for behavioral health, Medi-Cal broadly, children and youth, and criminal justice policies. CBHDA will continue to inform the membership as further details are released on the various proposals. To review the Governor's January state budget, visit <http://ebudget.ca.gov/>. Please do not hesitate to contact CBHDA staff with any questions you may have.

Priority Behavioral Health Investments

County Behavioral Health Continuum. The budget includes \$750 million one-time GF for competitive grants, available over three years, to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources, including the addition of at least 5,000 beds, units, or rooms to expand capacity. The resources will address short-term crisis stabilization, acute needs, peer respite, and other clinically enriched longer-term treatment and rehabilitation opportunities for individuals with behavioral health needs in the least restrictive and least costly setting. Funds can be used for acquisition and/or rehabilitation. According to the California Health and Human Services Agency (CHHS), the funds will not be authorized for personnel. Counties will be required to provide a match of local funds. Although none of the budget documents specify the match amount, in a preliminary discussion with the Administration the local match was cited as 25%, or \$250 million, which would bring the total investment in the county behavioral health continuum up to \$1 billion in state and local funding. The Administration also linked this investment to its intention to pursue an opt-in to the Institutes of Mental Disease (IMD) waiver under CalAIM, described below.

In addition, the Administration is exploring opportunities to repurpose relinquished adult jail bond financing to add to this effort. See County Jail Relinquishments below.

CalAIM. The Budget includes \$1.1 billion in FY 2021-22, and \$1.5 billion in FY 2023-24 to implement CalAIM (effective January 1, 2022). This budget proposal includes \$21.8 GF in FY 2021-22, which will grow to \$86 million total (according to discussions with DHCS) over three years to support county behavioral health CalAIM transformation under the Behavioral Health Quality Improvement Program (BH QIP). According to DHCS, this program will provide support

and create incentives to help county behavioral health agencies reach specific milestones in the implementation of CalAIM, including coding and medical necessity-related infrastructure changes.

The broader funding amount, inclusive of Medi-Cal managed care, includes investments to provide Enhanced Care Management, In Lieu of Services, and infrastructure to expand whole person care approaches statewide. Beginning FY 2024-25, the Administration proposes to phase out infrastructure funding, resulting in ongoing costs of about \$846.4 million per year.

IMD Waiver. The DHCS Budget Summary document includes a mention of the Administration's intent to pursue the Serious Mental Illness/Severe Emotional Disturbance Institutions for Mental Disease (IMD) waiver as part of its CalAIM initiative. The Administration has communicated that the state intends to take a phased approach, in coordination with the infrastructure investments discussed above, and pursue the IMD waiver over multiple years.

Student Mental Health. The budget includes one-time \$400 million (\$200 million GF), available over multiple years, for DHCS to implement an incentive program through Medi-Cal managed care plans, in coordination with county behavioral health departments and schools. Funds seek to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving prevention and early intervention behavioral health services from schools, providers in schools, or school-based health centers in light of increased need for children's mental health services. This funding allocation will be dispersed to Medi-Cal Managed Care plans to draw down a federal match; however, the DHCS will also provide enhanced incentives for creating 3-way contracts between Medi-Cal Managed Care plans, county behavioral health departments and schools. The Administration will propose budget trailer bill language to increase access to student behavioral health services.

Expanded Board and Care Support. The Budget proposes \$250 million one-time GF for the California Department of Social Services to counties for the acquisition or rehabilitation of Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) with a specific focus on preserving and expanding housing for low-income seniors. We will be working to ensure our clients are included in the budget trailer bill language that frames this proposal.

Mental Health Services Act (MHSA). The budget includes statutory changes to extend flexibilities in county spending of local MHSA funds that were included in the 2020 Budget Act in response to the COVID-19 pandemic for an additional fiscal year. Statutory changes will allow counties to draw down prudent reserves without requiring a county-by-county authorization from the state. The budget discusses allowing flexibility in the amount of Community Services and Support (CSS) funds allocated to Full Service Partnerships and the ability to use existing MHSA spending plans if COVID-19 has delayed the adoption of a new plan. As DHCS develops budget trailer bill language, we will verify that other MHSA flexibilities have also been extended including safeguarding funds against reversion.

The budget includes \$25 million one-time Mental Health Services Fund (MHSA Administrative Funds) available over five years, for the Mental Health Services Oversight and Accountability

Commission to augment the Mental Health Student Services Act Partnership Grant Program, which funds partnerships between county mental health plans and school districts.

The budget also proposes to allocate \$25 million in ongoing education funding via Proposition 98 to fund innovative partnerships with county behavioral health departments to support student mental health services. These funds would be provided to local educational agencies as a match to funding from county MHSA spending plans dedicated to the mental health needs of students.

FMAP. The Administration assumes COVID response will continue through December 2021 and anticipates the continuation of enhanced Federal Medical Assistance Percentage (FMAP) or federal match through 2021 in Medi-Cal. If enhanced federal match continues through 2021, counties will be able to provide less in non-federal share for Medi-Cal benefits. The budget includes \$4.9 billion in increased federal funding. For FY 2021-22, the budget includes \$3.3 billion in increased federal funding.

Criminal Justice

County Jail Relinquishments. The budget proposes to use adult jail financing savings and reallocate \$202 million in bond funds for the purchase or modification of community mental health facilities.

Proposition 47 Savings. The Department of Finance estimates net GF savings of \$114.8 million, an increase of \$11.9 million over the estimated savings in 2020-21. Funds are allocated according to the formula outlined in the initiative, which requires 65% to grants to public agencies to support recidivism reduction programs (such as mental health and SUD services).

Division of Juvenile Justice (DJJ) Realignment. The budget includes:

- **Office of Youth and Community Restoration** - \$3.4 million GF in FY 2021-22 and \$3.1 million GF ongoing to develop reports on youth outcomes in the juvenile justice system, staff a Child Welfare Council committee focused on improving outcomes for justice-involved youth and create an Office Ombudsperson.
- **Population Estimate** - Intake will stop for wards to DJJ on June 30, 2021. The FY 2021-22 population is estimated to be 729, a reduction of 126 from spring projections. DJJ is expected to close on June 30, 2023.
- **Board of State and Community Corrections (BSCC)** - The BSCC will distribute one-time funds of \$9.6 million in FY 2020-21 for the Regional Youth Programs and Facilities Grant Program. SB 823 also included ongoing funding for the Juvenile Justice Realignment Block Grant as follows: \$46.5 million GF in FY 2021-22, \$122.9 million in FY 2022-23, \$195.9 million in FY 2023-24, and \$212.7 million ongoing beginning in FY 2024-25.

Prison Capacity and Closures. Long-standing efforts to decrease the state prison population have been accelerated due to the risks to inmates and staff presented by COVID-19. The Department of Corrections and Rehabilitation (CDCR) plans to close Deuel Vocational

Institution by September 2021, achieving savings of \$113.5 million GF in FY 2021-22 and \$150.6 million GF beginning in FY 2022-23, with plans to close a second state-operated prison in FY 2022-23.

Department of State Hospitals

Community Care Demonstration Project for Felony Incompetent to Stand Trial (CCDP-IST). The budget includes \$233.2 million GF in FY 2021-2022 and \$136.4 million in FY 2022-23 and ongoing to contract with three counties to provide a continuum of services for felony ISTs to be served at the county level rather than at the state hospitals. This proposal seeks to demonstrate the effectiveness of streamlining services to drive improved outcomes for individuals with serious mental illness. This proposal is projected to serve 1,252 ISTs in the county continuum of care settings in FY 2021-22.

Expansion of Community Based Restoration (CBR). The budget includes \$9.8 million GF in FY 2020-21, \$4.5 million in FY 2021-22, and \$5 million GF ongoing to expand the current Los Angeles County CBR program and establish new CBR programs in additional counties in FY 2021-22. This proposal is projected to increase capacity by up to 250 beds in FY 2021-22.

Reappropriation and expansion of the IST Diversion program. The budget includes \$46.4 million one-time GF, available over three years, to expand the current IST diversion program in both current and new counties. The budget additionally includes five-year limited-term funding of \$1.2 million GF annually to support research and administration for the program. Further, the budget authorizes the reappropriation of existing program funds set to expire in July 2021.

Forensic Conditional Release Program (CONREP) Mobile Forensic Assertive Community Treatment (FACT) Team. The budget includes \$5.6 million GF in FY 2021-22, \$8 million GF in FY 2022-23 and FY 2023-24, and \$8.2 million GF in FY 2024-25 ongoing to implement a FACT team model within CONREP, in lieu of the typical centralized outpatient clinic model, to expand community-based treatment options for both IST and non-ISTs in counties and backfill State Hospital beds with IST patients. This expansion is estimated to increase capacity by up to 100 beds in FY 2021-22

CONREP Continuum of Care Expansion. The budget includes \$3.2 million GF in FY 2020-21 and \$7.3 million GF in FY 2022-23 and ongoing to increase the step-down capacity in the community in order to transition more stable non-IST patients out of state hospital beds and backfill state hospital beds with IST patients. This expansion is estimated to increase capacity by up to 40 beds in FY 2021-22

Social Services/Child Welfare

Children's Programs. The budget includes \$700.1 million GF in FY 2021-22 for children and families who may be receiving Child Welfare Services, including family support and maltreatment prevention services, foster care services, and adoptions. This is a decrease of

\$22.6 million GF compared to the 2020 Budget Act. When 1991 and 2011 realignment funds are included, total funding for children's programs is in excess of \$8.9 billion in FY 2021-22. The decrease is attributed to decreased caseload under the Continuum of Care Reform (CCR).

COVID-19 Related Supports for Child Welfare Services. The budget includes \$61.1 million GF in FY 2021-22 for services related to quarantine needs for foster youth and caregivers, support to Family Resource Centers, state-administered contracts for youth and family helplines, laptops and cellphones for foster youth, and assistance for families at risk of entering foster care. The budget provides temporary assistance payments for youth who turn 21 while in extended foster care after April 17, 2020 through December 31, 2021 and for any nonminor dependent who met eligibility requirements for Extended Foster Care and have been impacted by COVID-19.

Family First Prevention Services Act (FFPSA). The budget includes \$61.1 million (\$42.7 million GF) in child welfare funding to begin implementation of Part IV of the Act (congregate care provisions).

Family Urgent Response System (FURS). The budget intends to extend the temporary augmentation of FURS from December 31, 2021 to December 31, 2022. The suspension will be lifted if the Administration determines through the 2022 Budget Act Process that there is sufficient GF revenue to support suspended programs in the subsequent two fiscal years.

Youth Returning From Out of State - \$5.2 million one-time GF was allocated in December 2020 for CDSS to support youth in their transition back to California. These resources are intended to support county capacity building and supportive services for the returned youth, COVID-related quarantine costs and technical assistance to support counties placing the returning youth.

Child Care. The 2020 Budget Act shifted early learning, child care and nutrition programs from the California Department of Education (CDE) to the California Department of Social Services (CDSS.) This transition becomes effective July 1, 2021 and will align child care programs within a single department.

- **State Operations** - The Budget shifts \$31.7 million (\$0.9 million GF) from CDE to CDSS to administer.
- **Local Assistance** – The budget includes \$3.1 billion (\$1.3 billion GF) and shifts various programs.
- **Proposition 64 Cannabis Tax Revenue** – Will provide \$21.5 million for child care slots in 2020-21 and \$44 million ongoing. These funds will provide 4,700 child care slots.

Master Plan for Early Learning and Care. The 2019 Budget Act included \$5 million one-time GF for a long-term roadmap to universal preschool and a comprehensive, quality, and affordable childcare system. The Master Plan was released on December 1, 2020 and provides recommendations and a multi-year plan for transforming the state's child care and early education systems. An increase of \$4.3 million Cannabis Fund to expand access to child care vouchers for more than 4,500 children with \$21.5 million available starting in FY 2020-21.

Housing and Homelessness

Local Accountability Framework. The budget includes resources to create a Housing Accountability Unit at the Department of Housing and Community Development (HCD) to further facilitate affordable housing production through monitoring, technical assistance, and enforcement of existing housing production laws. This includes \$4.3 million GF for HCD to provide technical assistance to help local governments meet planning and zoning requirements before enforcement becomes necessary.

Low-Income Housing Tax Credits. The budget proposes a third round of \$500 million in low-income housing tax credits. This will further reduce funding gaps in affordable housing units statewide.

Eviction Protections. The budget proposes an immediate extension to AB 3088, which prevented a wave of evictions by protecting tenants from evictions. Many provisions of the law expire on January 31, 2021.

Continued Homekey Acquisitions. The budget proposes \$750 million one-time GF for HCD to continue to provide competitive grants for local governments to purchase and rehabilitate housing, including hotels, motels, vacant apartment buildings, and other buildings, and convert them into interim or permanent long-term housing. The Administration is asking the Legislature to take early action to approve \$250 million one-time GF and related streamlining benefits in FY 2020-21 to continue funding Homekey acquisition and rehabilitation projects.

COVID Response

COVID-19 Response. The budget reflects \$1 billion in FY 2020-21 in state and federal support for emergency response measures including supporting enhanced laboratory capacity and testing, data driven investigation, response and prevention, and coordination with local partners. The FY 2021-22 budget includes over \$820 million to continue to build on the emergency response measures.

COVID-19 Medi-Cal Caseloads Impacts. There is an anticipated increase in the Medi-Cal caseload for two primary reasons. First, the federal Families First Coronavirus Response Act (FFCRA) requires states to implement a “continuous coverage requirement,” under which Medi-Cal beneficiaries may be disenrolled only under limited circumstances. Second, under the difficult labor market conditions related to the pandemic, more individuals are qualifying for and enrolling in Medi-Cal. While the increases in Medi-Cal caseloads have been less than projected, they are consistently growing and continued growth is anticipated.

The budget assumes that the average Medi-Cal caseload will be about 14 million in FY 2020-21, with associated cost increases of \$5.4 billion total funds (\$1.7 billion GF). In FY 2021-22, the budget assumes that the average Medi-Cal caseload will increase to about 15.6 million, with associated cost increases of \$13.5 billion total funds (\$4.3 billion GF).

COVID -19 Vaccine Administration Costs. The budget includes \$31.7 million total funds in FY 2020-21 and \$315.7 million total funds in FY 2021-22 to cover vaccine administration costs including a public awareness campaign to increase vaccine adoption across the state's diverse communities.

Reopen Schools Safely. The budget includes \$2 billion one-time Proposition 98 General Fund allocation available beginning in February 2021 to augment resources for schools to offer in-person instruction including COVID-19 testing, PPE, as well as social and mental health support services provided in conjunction with in-person instruction.

Health Equity

Health Equity. The budget seeks to address disparities that have been further exacerbated by COVID-19 and includes \$4.1 million in FY 2021-22 and \$2.1 million ongoing for California Health and Human Services Agency (CHHS) to further the use of health equity data and develop an equity data dashboard. Additionally, the following initiatives seek to address equity:

- **Health Plan Equity and Quality Standards** - Invest in the Department of Managed Health Care to establish health equity standards for full service and behavioral health plans and take action against non-compliant health plans.
- **Improving Equity Through MCP Re procurements** - As Medi-Cal managed care plan (MCP) contracts come up for renewal, a focus on health disparities and cultural competency will be addressed in contract language.
- **Analysis of COVID-19 Impacts** - The budget includes \$1.7 million in FY 2021-22 and \$154,000 in FY 2022-23 from the GF for CHHS to analyze the intersection of COVID-19, health disparities, and health equity.

Office of Health Care Affordability. The budget includes \$11.2 million in FY 2021-22, \$24.5 million in FY 2022-23, and \$27.3 million in FY 2023-24 from the Health Data and Planning Fund to establish the Office of Health Care Affordability. This Office will be charged with increasing transparency on cost and quality, promote healthcare workforce stability, report quality performance equity metrics on the full healthcare system, promote payment models that reward high-quality, cost-efficient care, and promote investments in primary care and behavioral health.

OSHPD and the Office of Health Care Affordability will be moved under the umbrella of a newly created Department of Health Care Affordability and Infrastructure.

Other Health Care Investments

Medi-Cal Rx. The budget includes costs of \$219.9 million in FY 2020-21 and savings of \$612.7 million in FY 2021-22 associated with the carve-out of the Medi-Cal pharmacy benefit from managed care to fee-for-service, effective April 1, 2021. Full annual savings are projected to be approximately \$1.2 billion by FY 2023-24.

State-Only Claiming Adjustments. The budget includes \$249.8 million GF in FY 2020-21 and \$279.1 million GF in FY 2021-22 for retroactive and ongoing dental, pharmacy, and managed care, targeted case management, and behavioral health costs associated with state-only populations.

Health Information Exchange (HIE). The Administration is looking to accelerate the utilization and integration of HIEs throughout California, leveraging existing investments and identifying potential federal funding, in alignment with new federal interoperability rules. The goal is that the entire healthcare continuum contributes to and makes available data through HIEs, with priority put on state health programs.

Master Plan for Aging. The budget includes \$250 million on-time General Fund to expand housing along with additional proposals to address California's 65 and older population. Additionally, the budget has a \$5 million General Fund placeholder for other proposals including establishing a new Office of Medicare Innovation and Integration to lead innovative models for dually eligible and Medicare only eligible beneficiaries. The newly finalized Master Plan for Aging includes various proposals linked to behavioral health, including the addition of the California Department of Aging (CDA) to the Health and Human Services Agency (CHHSA) Behavioral Health Task Force.

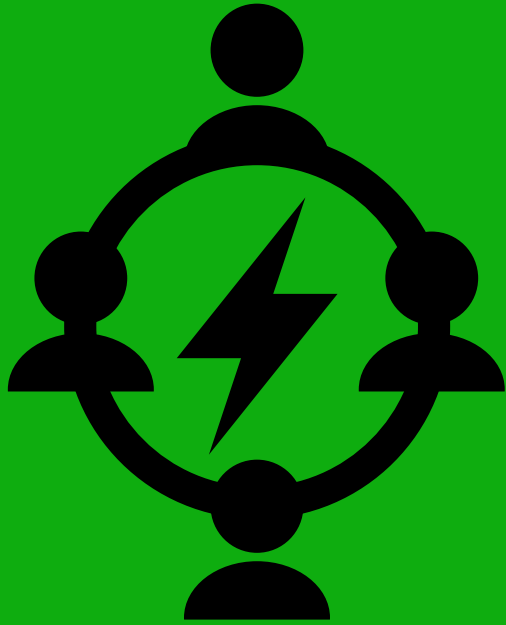
Telehealth Flexibilities in Medi-Cal. The Budget includes \$94.8 million ongoing to expand and make permanent certain telehealth flexibilities authorized during COVID-19, primarily for Medi-Cal physical health providers for whom there were significantly more telehealth flexibilities added due to the pandemic, and to add more remote patient monitoring as a new covered benefit, effective July 1, 2021. This effort will expand access to preventative services and improve health outcomes, thereby increasing health equity.

Delay Proposition 56 Program Suspension. Given the improved revenue outlook in the short term, the budget delays the suspension of Proposition 56 programs by 12 months and includes a total of \$3.2 billion (\$275.3 million GF, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal funds) for these programs in FY 2021-22. The General Fund partially supports supplemental payment programs at current levels now that program costs exceed declining tobacco tax revenues, due primarily to the assumed implementation of the ban on flavored tobacco and vaping products.

The budget assumes Prop 56 suspension effective July 1, 2022, except for supplemental payments to intermediate care facilities for the developmentally disabled, freestanding pediatric subacute facilities, and Community Based Adult Services which will be suspended December 31, 2022. The Budget also proposes to exempt supplemental payments for the Behavioral Health Integration Program, the AIDS waiver, Home Health, and Pediatric Day Health from suspension because they would not be deemed eligible by the federal government.

"There is nothing more powerful than a community discovering what it cares about."

Margaret Wheatley



Discovering a Powerful CommUnity

February 2 - 4, 2021

A Future Search Conference
hosted by Tri-City Mental Health

What is a Future Search Conference?

Future Search is a principle-based meeting method that helps people tackle complex problems and quickly transform their capability for action. Future Search brings people from all walks of life into the same conversation – those with authority, resources, expertise, information and need.

[Learn more about the Future Search method here.](#)

Why is Tri-City Mental Health hosting this conference?

Since 1960, [Tri-City Mental Health](#) (TCMH) has served as the exclusive public outpatient mental health agency for the cities of Claremont, La Verne and Pomona, TCMH serves thousands of residents annually. TCMH is hosting this conference to get a contemporary understanding of the needs of the community as well as aspirations for the future regarding mental health.

Why were you selected to participate?

You and your organization are affected by the mental health of the people you serve and the community in which they live and work. You have a unique vantage point that is essential to a comprehensive understanding of the past, present and future of our community's mental health.

What are the dates, times and location?

The conference will be hosted virtually on Zoom and will feature small group engagement using advanced collaboration software. The schedule follows:

Tuesday, February 2 from 1:00 PM to 6:00 PM

Wednesday, February 3 from 8:30 AM to 6:00 PM

Thursday, February 4 from 8:30 AM to 3:00 PM

Questions or registration?

Send a note to Jeremy Zimmerman
at jeremy@brandpurposellc.com





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

DATE: January 20, 2021

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

FROM: Diana Acosta, CPA, Chief Financial Officer

SUBJECT: Monthly Finance Report

**UNAUDITED FINANCIAL STATEMENTS FOR THE FIVE MONTHS ENDED
NOVEMBER 30, 2020 (2021 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the five months ended November 30, 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 \$7.3 million. MHSA operations accounted for approximately \$7.1 million of the increase which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2020, Tri-City received MHSA funding of approximately \$10.2 million, of which \$6.6 million were for approved programs for fiscal 2020-21 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2020. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2020-21. In addition, during fiscal 2020-21 approximately \$7.8 million in MHSA funding has been received of which \$5.9 million was identified and approved for use in the current fiscal year 2020-21 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$12.5 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 \$266 thousand is from Clinic outpatient operations, which is the result of operations for the five months ended November 30, 2020. The total cash balance at November 30, 2020 was approximately \$34.1 million which represents an increase of approximately \$3.0 million from the June 30, 2020 balance of approximately \$31.1 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had an increase in cash of approximately \$347 thousand. MHSA operations reflected an increase in cash of approximately \$2.6 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$7.8 million in MHSA funds offset by the use of cash for MHSA operating activities. MHSA dollars (which are derived through the receipts of 1% of millionaire's income taxes) were delayed as a direct result of extending tax return deadlines and as such all behavioral health agencies experienced a reduction in cash receipts in the last few months of the previous fiscal year. As the tax filing deadline has now passed, Tri-City received \$4.5 million in the August distribution (based on July's tax remittances) of MHSA funds, thus resulting in an overall increase in cash in MHSA.

Approximately \$4.3 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the five months ended November 30, 2020. Additionally, approximately \$2.3 million has been received through January 12, 2021. Of total amounts received in the current fiscal year, approximately \$1.6 million is related to interim cost report settlements covering fiscal years 2013-14, 2015-16 and 2016-17.

UPCOMING, CURRENT EVENTS & UPDATES

Overall Financial Update:

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

FY 2020-21 Bankruptcy Payments

The total bankruptcy liability balance as of the date of this report is currently \$331,064. On September 21, 2020 a distribution of \$325,000 was made and distributed to CA DHCS and LAC DMH in the amounts of \$128,161 and \$196,839, respectively. Along with the distributions, management included confirmation letters to both parties asking that the final pay off amounts be confirmed as management expects to make the final bankruptcy distributions at the earliest possible date.

MHSA Funding Updates

Estimated Current Cash Position – The following table represents a brief summary of the estimated current MHSA cash position as of the five months ended November 30, 2020 which includes estimates to project the ending cash balance at June 30, 2021.

| | MHSA |
|--|----------------------|
| Cash at November 30, 2020 | \$ 26,632,603 |
| Receivables net of Reserve for Cost Report Settlements | (39,495) |
| Prudent Reserves | (2,200,000) * |
| Estimated Remaining Expenses for Operations FY 2020-21 | (7,457,969) ** |
| Reserved for future CFTN Projects including TCG | (1,247,389) |
| Reserved for Future Housing Projects | (2,800,000) **** |
| Total Estimated Adjustments to Cash | (13,744,853) |
| Estimated Available at June 30, 2021 | <u>\$ 12,887,750</u> |
| Remaining estimated funds to be received in FY 2020-21 | \$ 3,533,406 ** |

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

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

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

Attachments

Attachment 8-A: November 30, 2020 Unaudited Financial Statements

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

| | AT NOVEMBER 30, 2020 | | | AT JUNE 30, 2020 | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | TCMH | MHSA | Consolidated | TCMH | MHSA | Consolidated |
| | Unaudited | Unaudited | Unaudited | Audited | Audited | Audited |
| Current Assets | | | | | | |
| Cash | \$ 7,458,404 | \$ 26,632,603 | \$ 34,091,007 | \$ 7,395,355 | \$ 23,736,461 | \$ 31,131,816 |
| Accounts receivable, net of reserve for uncollectible accounts \$512,943 at November 30, 2020 and \$543,736 at June 30, 2020 | 3,939,574 | 2,481,874 | 6,421,448 | 4,191,840 | 2,588,279 | 6,780,119 |
| Total Current Assets | <u>11,397,978</u> | <u>29,114,477</u> | <u>40,512,455</u> | <u>11,587,195</u> | <u>26,324,740</u> | <u>37,911,935</u> |
| Property and Equipment | | | | | | |
| Land, building, furniture and equipment | 3,811,127 | 9,503,790 | 13,314,917 | 3,699,755 | 9,384,214 | 13,083,969 |
| Accumulated depreciation | (2,435,050) | (3,607,718) | (6,042,768) | (2,403,631) | (3,434,225) | (5,837,856) |
| Total Property and Equipment | <u>1,376,077</u> | <u>5,896,072</u> | <u>7,272,150</u> | <u>1,296,123</u> | <u>5,949,989</u> | <u>7,246,112</u> |
| Other Assets | | | | | | |
| Deposits and prepaid assets | 191,846 | 454,162 | 646,008 | 70,955 | 491,199 | 562,154 |
| Total Noncurrent Assets | <u>1,567,923</u> | <u>6,350,234</u> | <u>7,918,158</u> | <u>1,367,079</u> | <u>6,441,188</u> | <u>7,808,267</u> |
| Total Assests | <u>\$ 12,965,902</u> | <u>\$ 35,464,711</u> | <u>\$ 48,430,613</u> | <u>\$ 12,954,274</u> | <u>\$ 32,765,928</u> | <u>\$ 45,720,202</u> |
| Deferred Outflows of Resources | | | | | | |
| Deferred outflows related to the net pension liability | 2,776,741 | - | 2,776,741 | 2,776,741 | - | 2,776,741 |
| Total Deferred Outflows of Resources | <u>2,776,741</u> | <u>-</u> | <u>2,776,741</u> | <u>2,776,741</u> | <u>-</u> | <u>2,776,741</u> |
| Total Assets and Deferred Outflows of Resouces | <u>\$ 15,742,643</u> | <u>\$ 35,464,711</u> | <u>\$ 51,207,354</u> | <u>\$ 15,731,015</u> | <u>\$ 32,765,928</u> | <u>\$ 48,496,943</u> |
| LIABILITIES | | | | | | |
| Current Liabilities | | | | | | |
| Accounts payable | 354,088 | - | 354,088 | 235,067 | 188,826 | 423,893 |
| Accrued payroll liabilities | 569,506 | 37,602 | 607,107 | 561,169 | 80,419 | 641,589 |
| Accrued vacation and sick leave | 639,175 | 998,298 | 1,637,473 | 604,179 | 865,609 | 1,469,787 |
| Reserve for Medi-Cal settlements | 3,147,077 | 2,521,369 | 5,668,446 | 2,942,066 | 2,366,312 | 5,308,378 |
| Current portion of mortgage debt | 30,688 | - | 30,688 | 30,688 | - | 30,688 |
| Total Current Liabilities | <u>4,740,533</u> | <u>3,557,269</u> | <u>8,297,802</u> | <u>4,373,168</u> | <u>3,501,166</u> | <u>7,874,334</u> |
| Intercompany Acct-MHSA & TCMH | 86,642 | (86,642) | - | 370,961 | (370,961) | - |
| Long-Term Liabilities | | | | | | |
| Mortgages and home loan | 759,183 | 88,309 | 847,492 | 771,683 | 88,309 | 859,992 |
| Net pension liability | 5,462,528 | - | 5,462,528 | 5,462,528 | - | 5,462,528 |
| Unearned MHSA revenue | - | 2,192,903 | 2,192,903 | - | 276,421 | 276,421 |
| Total Long-Term Liabilities | <u>6,221,711</u> | <u>2,281,212</u> | <u>8,502,923</u> | <u>6,234,211</u> | <u>364,730</u> | <u>6,598,940</u> |
| Liabilities Subject to Compromise | | | | | | |
| Class 2 General Unsecured Claims | - | - | - | - | - | - |
| Class 3 Unsecured Claim of CAL DMH | 200,512 | - | 200,512 | 397,351 | - | 397,351 |
| Class 4 Unsecured Claim of LAC DMH | 130,552 | - | 130,552 | 258,713 | - | 258,713 |
| Total Liabilities Subject to Compromise | <u>331,064</u> | <u>-</u> | <u>331,064</u> | <u>656,064</u> | <u>-</u> | <u>656,064</u> |
| Total Liabilities | <u>11,379,951</u> | <u>5,751,839</u> | <u>17,131,789</u> | <u>11,634,403</u> | <u>3,494,935</u> | <u>15,129,339</u> |
| Deferred Inflow of Resources | | | | | | |
| MHSA revenues restricted for future period | - | - | - | - | 6,625,123 | 6,625,123 |
| Deferred inflows related to the net pension liability | 217,236 | - | 217,236 | 217,236 | - | 217,236 |
| Total Deferred Inflow of Resources | <u>217,236</u> | <u>-</u> | <u>217,236</u> | <u>217,236</u> | <u>6,625,123</u> | <u>6,842,359</u> |
| NET POSITION | | | | | | |
| Invested in capital assets net of related debt | 586,206 | 5,896,072 | 6,482,278 | 493,753 | 5,949,989 | 6,443,742 |
| Restricted for MHSA programs | - | 23,362,638 | 23,362,638 | - | 16,204,682 | 16,204,682 |
| Unrestricted | 3,559,250 | 454,162 | 4,013,412 | 3,385,622 | 491,199 | 3,876,821 |
| Total Net Position | <u>4,145,456</u> | <u>29,712,873</u> | <u>33,858,328</u> | <u>3,879,375</u> | <u>22,645,870</u> | <u>26,525,245</u> |
| Total Liabilities, Deferred Inflows of Resources and Net Position | <u>\$ 15,742,643</u> | <u>\$ 35,464,711</u> | <u>\$ 51,207,354</u> | <u>\$ 15,731,015</u> | <u>\$ 32,765,928</u> | <u>\$ 48,496,943</u> |

Definitions:

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FIVE MONTHS ENDED NOVEMBER 30, 2020 AND 2019

| | PERIOD ENDED 11/30/20 | | | PERIOD ENDED 11/30/19 | | |
|--|-----------------------|----------------------|---------------------------|-----------------------|----------------------|-------------------------|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Audited | MHSA Audited | Consolidated Audited |
| OPERATING REVENUES | | | | | | |
| Medi-Cal FFP | \$ 1,554,110 | \$ 1,349,545 | \$ 2,903,654 | \$ 1,523,098 | \$ 1,203,693 | \$ 2,726,791 |
| Medi-Cal FFP FYE Prior Year | 68,939 | 33,941 | 102,881 | - | - | - |
| Medi-Cal SGF-EPSTD | 355,662 | 258,852 | 614,514 | 369,701 | 251,242 | 620,942 |
| Medi-Cal SGF-EPSTD Prior Year | (13,444) | 30,295 | 16,851 | - | - | - |
| Medicare | 511 | 854 | 1,365 | 1,665 | 1,212 | 2,877 |
| Grants and contracts | 241,858 | 12,001 | 253,859 | 5,986 | 12,111 | 18,097 |
| Patient fees and insurance | 180 | - | 180 | 1,169 | - | 1,169 |
| Rent income - TCMH & MHSA Housing | 11,612 | 36,134 | 47,746 | 14,061 | 36,811 | 50,872 |
| Other income | 52,961 | 283 | 53,244 | 617 | 323 | 940 |
| Net Operating Revenues | 2,272,389 | 1,721,904 | 3,994,294 | 1,916,296 | 1,505,391 | 3,421,687 |
| OPERATING EXPENSES | | | | | | |
| Salaries, wages and benefits | 3,279,009 | 5,122,463 | 8,401,472 | 2,868,242 | 4,570,500 | 7,438,741 |
| Facility and equipment operating cost | 235,867 | 495,461 | 731,328 | 285,983 | 591,145 | 877,128 |
| Client lodging, transportation, and supply expense | 144,064 | 894,099 | 1,038,164 | 54,874 | 280,193 | 335,066 |
| Depreciation | 59,773 | 173,493 | 233,266 | 36,682 | 146,149 | 182,831 |
| Other operating expenses | 240,016 | 566,132 | 806,149 | 259,712 | 516,759 | 776,472 |
| Total Operating Expenses | 3,958,730 | 7,251,649 | 11,210,378 | 3,505,492 | 6,104,747 | 9,610,239 |
| OPERATING (LOSS) (Note 1) | (1,686,341) | (5,529,744) | (7,216,085) | (1,589,196) | (4,599,355) | (6,188,552) |
| Non-Operating Revenues (Expenses) | | | | | | |
| Realignment | 1,962,780 | - | 1,962,780 | 1,643,913 | - | 1,643,913 |
| MHSA funds | - | 12,526,088 | 12,526,088 | - | 11,010,687 | 11,010,687 |
| Housing & Community Dev.-NPLH | (8,000) | - | (8,000) | - | - | - |
| Interest Income | 14,584 | 70,659 | 85,243 | 43,386 | 222,273 | 265,658 |
| Interest expense | (16,942) | - | (16,942) | (17,566) | - | (17,566) |
| Total Non-Operating Revenues (Expense) | 1,952,421 | 12,596,747 | 14,549,168 | 1,669,732 | 11,232,960 | 12,902,692 |
| INCOME (LOSS) | 266,081 | 7,067,003 | 7,333,083 | 80,536 | 6,633,604 | 6,714,140 |
| INCREASE (DECREASE) IN NET POSITION | 266,081 | 7,067,003 | 7,333,083 | 80,536 | 6,633,604 | 6,714,140 |
| NET POSITION, BEGINNING OF YEAR | 3,879,375 | 22,645,870 | 26,525,245 | 3,229,029 | 21,242,083 | 24,471,112 |
| NET POSITION, END OF MONTH | \$ 4,145,456 | \$ 29,712,873 | \$ 33,858,328 | \$ 3,309,565 | \$ 27,875,687 | \$ 31,185,252 |

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF CASH FLOWS
FIVE MONTHS ENDED NOVEMBER 30, 2020 AND 2019**

| | PERIOD ENDED 11/30/20 | | | PERIOD ENDED 11/30/19 | | |
|---|-----------------------|----------------------|---------------------------|-----------------------|----------------------|-------------------------|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Audited | MHSA Audited | Consolidated Audited |
| Cash Flows from Operating Activities | | | | | | |
| Cash received from and on behalf of patients | \$ 2,718,232 | \$ 1,924,528 | \$ 4,642,760 | \$ 2,105,559 | \$ 1,721,807 | \$ 3,827,367 |
| Cash payments to suppliers and contractors | (621,817) | (2,107,482) | (2,729,299) | (835,226) | (1,728,870) | (2,564,096) |
| Payments to employees | (3,235,677) | (5,032,591) | (8,268,267) | (3,127,547) | (4,189,772) | (7,317,319) |
| | <u>(1,139,262)</u> | <u>(5,215,545)</u> | <u>(6,354,806)</u> | <u>(1,857,214)</u> | <u>(4,196,834)</u> | <u>(6,054,049)</u> |
| Cash Flows from Noncapital Financing Activities | | | | | | |
| MHSA Funding | - | 7,781,757 | 7,781,757 | - | 5,430,949 | 5,430,949 |
| CalHFA-State Administered Projects | - | 35,690 | 35,690 | - | - | - |
| Realignment | 1,962,780 | - | 1,962,780 | 2,248,625 | - | 2,248,625 |
| Housing & Community Development.-NPLH | (8,000) | - | (8,000) | - | - | - |
| | <u>1,954,780</u> | <u>7,817,447</u> | <u>9,772,227</u> | <u>2,248,625</u> | <u>5,430,949</u> | <u>7,679,574</u> |
| Cash Flows from Capital and Related Financing Activities | | | | | | |
| Purchase of capital assets | (139,727) | (119,576) | (259,303) | (128,047) | (9,036) | (137,083) |
| Principal paid on capital debt | (12,500) | - | (12,500) | (11,876) | - | (11,876) |
| Interest paid on capital debt | (16,942) | - | (16,942) | (17,566) | - | (17,566) |
| Intercompany-MHSA & TCMH | (284,318) | 284,318 | - | 44,166 | (44,166) | - |
| | <u>(453,487)</u> | <u>164,742</u> | <u>(288,745)</u> | <u>(113,323)</u> | <u>(53,202)</u> | <u>(166,525)</u> |
| Cash Flows from Investing Activities | | | | | | |
| Interest received | 26,018 | 129,498 | 155,516 | 55,462 | 270,523 | 325,984 |
| | <u>26,018</u> | <u>129,498</u> | <u>155,516</u> | <u>55,462</u> | <u>270,523</u> | <u>325,984</u> |
| Cash Flows from Reorganization Items | | | | | | |
| Cash payments to Bankruptcy Class 3 and 4 Unsecured | (325,000) | - | (325,000) | (1,030,000) | - | (1,030,000) |
| | <u>(325,000)</u> | <u>-</u> | <u>(325,000)</u> | <u>(1,030,000)</u> | <u>-</u> | <u>(1,030,000)</u> |
| Net Increase (Decrease) in Cash and Cash Equivalents | 63,049 | 2,896,142 | 2,959,191 | (696,450) | 1,451,435 | 754,985 |
| Cash Equivalents at Beginning of Year | 7,395,355 | 23,736,461 | 31,131,816 | 7,483,365 | 24,449,208 | 31,932,573 |
| Cash Equivalents at End of Month | <u>\$ 7,458,404</u> | <u>\$ 26,632,603</u> | <u>\$ 34,091,008</u> | <u>\$ 6,786,915</u> | <u>\$ 25,900,643</u> | <u>\$ 32,687,558</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
FIVE MONTHS ENDING NOVEMBER 30, 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 |
| OPERATING REVENUES | | | | | | | | | |
| Medi-Cal FFP | \$ 1,695,993 | \$ 1,763,713 | \$ (67,721) | \$ 1,468,953 | \$ 1,889,523 | \$ (420,570) | \$ 3,164,946 | \$ 3,653,237 | \$ (488,291) |
| Medi-Cal FFP Prior Year | 73,963 | - | 73,963 | 39,756 | - | 39,756 | 113,718 | - | 113,718 |
| Medi-Cal SGF-EPSDT | 386,637 | 666,321 | (279,684) | 285,023 | 440,123 | (155,099) | 671,660 | 1,106,444 | (434,784) |
| Medi-Cal SGF-EPSDT Prior Year | (13,444) | - | (13,444) | 30,295 | - | 30,295 | 16,851 | - | 16,851 |
| Medicare | 511 | 1,250 | (739) | 854 | 583 | 270 | 1,365 | 1,833 | (468) |
| Patient fees and insurance | 180 | 1,042 | (862) | - | - | - | 180 | 1,042 | (862) |
| Grants and contracts | 241,858 | 121,985 | 119,873 | 12,001 | - | 12,001 | 253,859 | 121,985 | 131,874 |
| Rent income - TCMH & MHSA Housing | 11,612 | 15,125 | (3,513) | 36,134 | 46,021 | (9,887) | 47,746 | 61,146 | (13,400) |
| Other income | 52,961 | - | 52,961 | 283 | - | 283 | 53,244 | - | 53,244 |
| Provision for contractual disallowances | (177,881) | (235,608) | 57,726 | (151,394) | (230,673) | 79,279 | (329,276) | (466,280) | 137,005 |
| Net Operating Revenues | 2,272,389 | 2,333,828 | (61,439) | 1,721,904 | 2,145,578 | (423,673) | 3,994,294 | 4,479,406 | (485,112) |
| OPERATING EXPENSES | | | | | | | | | |
| Salaries, wages and benefits | 3,279,009 | 3,476,276 | (197,267) | 5,122,463 | 5,443,002 | (320,539) | 8,401,472 | 8,919,278 | (517,806) |
| Facility and equipment operating cost | 235,867 | 292,808 | (56,941) | 495,461 | 611,558 | (116,097) | 731,328 | 904,366 | (173,038) |
| Client program costs | 140,446 | 50,036 | 90,409 | 883,365 | 504,157 | 379,208 | 1,023,810 | 554,193 | 469,617 |
| Grants | - | - | - | 34,786 | 33,333 | 1,453 | 34,786 | 33,333 | 1,453 |
| MHSA training/learning costs | - | - | - | 55,563 | 64,588 | (9,025) | 55,563 | 64,588 | (9,025) |
| Depreciation | 59,773 | 38,169 | 21,604 | 173,493 | 149,690 | 23,803 | 233,266 | 187,859 | 45,407 |
| Other operating expenses | 243,635 | 263,883 | (20,248) | 486,518 | 564,535 | (78,018) | 730,153 | 828,419 | (98,266) |
| Total Operating Expenses | 3,958,730 | 4,121,172 | (162,442) | 7,251,649 | 7,370,865 | (119,216) | 11,210,378 | 11,492,036 | (281,658) |
| OPERATING (LOSS) | (1,686,341) | (1,787,343) | 101,003 | (5,529,744) | (5,225,287) | (304,457) | (7,216,085) | (7,012,630) | (203,454) |
| Non-Operating Revenues (Expenses) | | | | | | | | | |
| Realignment | 1,962,780 | 1,523,060 | 439,720 | - | - | - | 1,962,780 | 1,523,060 | 439,720 |
| MHSA Funding | - | - | - | 12,526,088 | 13,246,166 | (720,078) | 12,526,088 | 13,246,166 | (720,078) |
| Housing & Community Dev.-NPLH | (8,000) | - | (8,000) | - | - | - | (8,000) | - | (8,000) |
| Interest (expense) income, net | (2,359) | 11,245 | (13,604) | 70,659 | 138,333 | (67,674) | 68,301 | 149,579 | (81,278) |
| Total Non-Operating Revenues (Expense) | 1,952,421 | 1,534,305 | 418,116 | 12,596,747 | 13,384,499 | (787,752) | 14,549,168 | 14,918,805 | (369,636) |
| Special Item: Net reorganization income (expense) | - | - | - | - | - | - | - | - | - |
| INCREASE(DECREASE) IN NET POSITION | \$ 266,081 | \$ (253,038) | \$ 519,119 | \$ 7,067,003 | \$ 8,159,212 | \$ (1,092,209) | \$ 7,333,083 | \$ 7,906,174 | \$ (573,091) |

Definitions:

Medi-Cal FFP= Federal Financial Participation Reimbursement

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
FIVE MONTHS ENDING NOVEMBER 30, 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 lower than budget by \$485 thousand for the following reasons:

- 1 Medi-Cal FFP revenues for FY 2020-21** were \$488 thousand lower than the budget. Medi-Cal FFP revenues were \$68 thousand lower for TCMH and \$420 thousand lower for MHSA. At TCMH, the adult program revenues were higher than budget by \$180 thousand and the children program revenues were lower by \$248 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$321 thousand and the Children and TAY FSP programs were lower by \$99 thousand. Additionally, as the results of the fiscal years 2015-16 and 2016-17 interim cost report settlements, a total of \$114 thousand in prior years Medi-Cal FFP revenues were recorded to the current year operations.
- 2 Medi-Cal SGF-EPSDT revenues for fiscal year 2020-21** were lower than budget by \$435 thousand of which \$280 thousand lower were from TCMH and \$155 thousand lower were from MHSA. As was mentioned above, approximately \$17 thousand in prior years Medi-Cal SGF-EPSDT revenues were recorded due to the fiscal years 2015-16 and 2016-17 interim cost report settlements. SGF-EPSDT relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.
 - > *Medi-Cal and Medi-Cal SGF-EPSDT revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled.*
- 3 Medicare revenues** are in line with 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 \$132 thousand. Grants and Contracts are \$120 thousand higher for TCMH and \$12 thousand higher for MHSA. At TCMH, the higher revenues were due to the Measure H program which provides housing assistance to those who are at risk of homelessness in the three cities. At MHSA, the higher grants and contracts amount represents the Clifford Bee 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 \$13 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 2020-21 is \$137 thousand lower than budget due to lower revenues.

Operating Expenses

Operating expenses were lower than budget by \$282 thousand for the following reasons:

- 1 Salaries and benefits** are \$518 thousand lower than budget and of that amount, salaries and benefits are \$197 thousand lower for TCMH operations and are \$321 thousand lower for MHSA operations. These variances are due to the following:
 - TCMH** salaries were lower than budget by \$34 thousand and benefits are lower than budget by \$163 thousand due to lower various insurances.
 - MHSA** salaries are lower than budget by \$183 thousand. The direct program salary costs are lower by \$105 thousand due to vacant positions and the administrative salary costs are lower than budget by \$78 thousand. Benefits are lower than budget by \$137 thousand. Of that, health insurance is lower by \$131 thousand, state unemployment is lower by \$36 thousand, workers compensation is lower by \$24 thousand. These lower costs are offset by the higher retirement contributions due to the annual payment of the CalPERS unfunded accrued liability in July.
- 2 Facility and equipment operating costs** were lower than budget by \$173 thousand. Facility and equipment operating costs were \$57 thousand lower for TCMH and \$116 thousand lower for MHSA.
- 3 Client program costs** are higher than the budget by \$470 thousand. This included a payment of \$396 thousand to the City of Pomona-Hope for Home Year-Round Emergency Shelter for which the amount was budgeted and spread out throughout the fiscal year.

**TRI-CITY MENTAL HEALTH AUTHORITY
ACTUAL TO BUDGET VARIANCE EXPLANATIONS
FIVE MONTHS ENDING NOVEMBER 30, 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)

- 4 **Grants for fiscal year 2020-21** awarded under the Community Wellbeing project are higher than budget by \$1 thousand.
- 5 **MHSA learning and training costs** are lower than the budget by \$9 thousand.
- 6 **Depreciation** is higher than budget by \$45 thousand.
- 7 **Other operating expenses** were lower than budget by \$98 thousand of which \$20 thousand lower was from TCMH and \$78 thousand lower was from MHSA. At TCMH, attorney fee is lower than budget by \$30 thousand and personnel recruiting fees are lower by \$21 thousand and are offset by higher IT professional fee. For MHSA, professional fees are lower than the budget by \$57 thousand, attorney fees are lower by \$24 thousand, personnel recruiting fees are lower by \$16 thousand, conference and mileage reimbursement are lower by \$12 thousand. These lower costs are offset by higher security expense.

Non-Operating Revenues (Expenses)

Non-operating revenues, net, are lower than budget by approximately \$370 thousand as follows:

- 1 **TCMH non-operating revenues** are \$418 thousand higher than the budget. Of that, realignment fund is higher than the budget by \$44 thousand. Interest income netted with interest expense is lower by \$14 thousand. Housing and Community Development revenue is lower by \$8 thousand. In August, Tri-City refunded the amount to the California Department of Housing, the un-used balance of the original \$100 thousand funded to Tri-City for the No Place Like Home project.
- 2 **MHSA non-operating revenue** is \$720 thousand lower than the budget. In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

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

| | Actual | Budget | Variance |
|--|----------------------|----------------------|---------------------|
| CSS funds received and available to be spent | \$ 10,712,194 | \$ 10,712,194 | \$ - |
| PEI funds received and available to be spent | 1,497,456 | 2,217,534 | (720,078) |
| WET funds received and available to be spent | - | - | - |
| CAP/TECH funds received and available to be spent | - | - | - |
| INN funds received and available to be spent | 316,438 | 316,438 | - |
| Non-operating revenues recorded | <u>\$ 12,526,088</u> | <u>\$ 13,246,166</u> | <u>\$ (720,078)</u> |

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

PEI recorded revenue is lower than budget by \$720 thousand. The difference is due to the amounts received and available for the PEI plan through November 2020. The additional funds received during the fiscal year 2020-21 will be recorded as revenue up to the budgeted amount.

Interest income for MHSA is lower than budget by \$68 thousand.

TRI-CITY MENTAL HEALTH AUTHORITY
CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FIVE MONTHS ENDED NOVEMBER 30, 2020 AND 2019

| | PERIOD ENDED 11/30/20 | | | PERIOD ENDED 11/30/19 | | |
|--|-----------------------|----------------------|---------------------------|-----------------------|----------------------|-------------------------|
| | TCMH Unaudited | MHSA Unaudited | Consolidated Unaudited | TCMH Audited | MHSA Audited | Consolidated Audited |
| REVENUES | | | | | | |
| Medi-Cal FFP, net of reserves | \$ 1,554,110 | \$ 1,349,545 | \$ 2,903,654 | \$ 1,523,098 | \$ 1,203,693 | \$ 2,726,791 |
| Medi-Cal FFP FYE Prior Year | 68,939 | 33,941 | 102,881 | - | - | - |
| Medi-Cal SGF-EPSTDT | 355,662 | 258,852 | 614,514 | 369,701 | 251,242 | 620,942 |
| Medi-Cal SGF-EPSTDT Prior Year | (13,444) | 30,295 | 16,851 | - | - | - |
| Medicare | 511 | 854 | 1,365 | 1,665 | 1,212 | 2,877 |
| Realignment | 1,962,780 | - | 1,962,780 | 1,643,913 | - | 1,643,913 |
| MHSA funds | - | 12,526,088 | 12,526,088 | - | 11,010,687 | 11,010,687 |
| Grants and contracts | 241,858 | 12,001 | 253,859 | 5,986 | 12,111 | 18,097 |
| Housing & Community Dev.-NPLH | (8,000) | - | (8,000) | - | - | - |
| Patient fees and insurance | 180 | - | 180 | 1,169 | - | 1,169 |
| Rent income - TCMH & MHSA Housing | 11,612 | 36,134 | 47,746 | 14,061 | 36,811 | 50,872 |
| Other income | 52,961 | 283 | 53,244 | 617 | 323 | 940 |
| Interest Income | 14,584 | 70,659 | 85,243 | 43,386 | 222,273 | 265,658 |
| Total Revenues | 4,241,753 | 14,318,651 | 18,560,404 | 3,603,594 | 12,738,351 | 16,341,945 |
| EXPENSES | | | | | | |
| Salaries, wages and benefits | 3,279,009 | 5,122,463 | 8,401,472 | 2,868,242 | 4,570,500 | 7,438,741 |
| Facility and equipment operating cost | 235,867 | 495,461 | 731,328 | 285,983 | 591,145 | 877,128 |
| Client lodging, transportation, and supply expense | 144,064 | 894,099 | 1,038,164 | 54,874 | 280,193 | 335,066 |
| Depreciation | 59,773 | 173,493 | 233,266 | 36,682 | 146,149 | 182,831 |
| Interest expense | 16,942 | - | 16,942 | 17,566 | - | 17,566 |
| Other operating expenses | 240,016 | 566,132 | 806,149 | 259,712 | 516,759 | 776,472 |
| Total Expenses | 3,975,672 | 7,251,649 | 11,227,320 | 3,523,058 | 6,104,747 | 9,627,805 |
| INCREASE (DECREASE) IN NET POSITION | 266,081 | 7,067,003 | 7,333,083 | 80,536 | 6,633,604 | 6,714,140 |
| NET POSITION, BEGINNING OF YEAR | 3,879,375 | 22,645,870 | 26,525,245 | 3,229,029 | 21,242,083 | 24,471,112 |
| NET POSITION, END OF MONTH | \$ 4,145,456 | \$ 29,712,873 | \$ 33,858,328 | \$ 3,309,565 | \$ 27,875,687 | \$ 31,185,252 |

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

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)



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

DATE: January 21, 2020

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

FROM: Angela Igrisan, LCSW, Chief Clinical Officer

SUBJECT: Monthly Clinical Services Report

The Clinical Department again joined the Navigators in assisting the Los Angeles County Department of Mental Health's efforts to provide mental health treatment at the Sheraton COVID-19 Isolation Center. Staff were deployed the last week in December of 2021. There will be a member of the team there 4 days per week for 8 hours per day.

Upon the departure of the Chief Operations Officer, the Chief Clinical Officer has assumed supervisory duties for the Support Systems staff effective January 1, 2021.

ACCESS TO CARE

There was a total of 157 service requests made for adults in the month of December. In terms of request type, 7 were walk-in service requests, 138 were called-in, there were 7 SRTS referrals, there was 2 in- writing referrals and 3 FSP/FCCS referrals. There was a total of 23 service requests that were hospital discharges. Historically, December is our lowest month in terms of service requests.

There was a total of 50 service requests received at the Royalty location for children and TAY in the month of December. Of the 50 service requests, 0 were walk-ins, 34 were called-in, 14 were in-writing referrals, 0 were FSP referrals and 2 were SRTS referrals. There were 3 hospital discharges. Of note, 10% of the families identified Spanish as their primary language, 2% identified as Mandarin speaking, with the remainder families identifying English as their primary language.

SUBSTANCE ABUSE TREATMENT TEAM

The SUD program is fully staffed and have full case loads of 40 clients, on the average. Referrals have increased and in the month of December 2020, 43% of the adults who received an intake were referred for treatment of their co-occurring disorders by the SUD team.

The team's participation in the Pacific Southwest Addiction Technology Transfer Center's Organizational Process Improvement Initiative continues for a few more months. This quality improvement project consists of monthly statewide development meetings along with a local process of change analysis.

AGENDA ITEM NO. 9

POMONA HEALTH CENTER WELLNESS COMMUNITY

The Clinical Department continues with its collaboration with LA County Department of Public Health by providing one full time therapist to the Wellness Community location. The Clinician has done/is doing the following:

- Offering weekly free parenting support groups
- Helping to market and spread the word to the community about the resources Pomona Wellness Community provides
- Completed 8-week Teen Mindfulness Group offered to the public for free
- Co-created a peer led LGBTQ community support group
- Developing support group to address Stress Management Skills for adults

CHILD AND FAMILY TEAM

The School Partnership team received 16 referrals in the month of December 2020. This brings the total number of referrals for the school year, so far, to 122. PUSD family resource center had to shut down for the first time during the pandemic due to exposure, however, the collaboration continues. Adaptations were made so the PUSD staff could continue to make the referrals via phone in lieu of faxing in referrals. PUSD continues to reach out for support and referrals.

The Children's team continues to experience challenges in recruiting Supervisors for the unit. There are two openings which have been extended.

CLINICAL WELLNESS ADVOCATES

Janet Lewis, Supervisor for the Clinical Wellness Advocates has announced her retirement for February 8, 2021. The recruitment for her replacement is underway. Tri-City thanks her for her wonderful service in developing the CWA team and wishes her the best in her retirement.

THERAPEUTIC COMMUNITY GARDEN

Since the Therapeutic Community Garden team changed the way it supports the community, going from in person to virtual support, the weekly groups have changed. The team has developed new virtual groups as well as developed new ways to stay connected to the community during this time. This month the team focused on outreaching and reintroducing the virtual support offered through TCG to both Tri-City employees and community members. They also added a fourth virtual group called the Garden Bloomers. This group is for adults aged 55 years and older. Other activities provided by the TCG team include participation in the Youth and Family Action Committee in La Verne, the Inland Valley Hope Partners, as well as a variety of other activities.

SUCCESS STORY-Therapeutic Community Garden

The TCG program provides our success story for this month's report. The end of the year allows us to reminisce on what the last twelve months have brought, it also allows us to remember the challenges faced and most importantly how we were able to make it through the hard times. This month we highlight one of TCG's avid participants, who although faced with many challenges this year, he continues to remain optimistic for the future.

He begins by sharing how nature has had a significant impact on his life, health, and wellbeing. He identified a huge appreciation for the Therapeutic Community Garden, the harvest and the team. He acknowledged the impact wellness calls and virtual groups have had on his overall mental health. He mentions the many parallels nature has had to his life and how it has supported in overcoming so many challenges this year. He shares his hope for the new year and his desire to give back to future generations. This month we highlight this participant for his love to mother nature and his resilience.



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

DATE: January 20, 2021

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

FROM: Dr. Seeyam Teimoori, Medical Director

SUBJECT: Medical Director's Monthly Report

Medication support/crisis management staff continue to provide in-person services to our community during COVID-19 pandemic. Although the Team was notably impacted themselves by the COVID-19 surge in December, the medication support/crisis management division continued to provide a remarkable number of services across the three cities.

IOET Program

- Number of all new outreach= 49
- Number client given intake appointments=37
- Number of clients opened= 11
- Total number of ALL clients outreached=161
- Total number of homeless served=102
- Percentage of clients outreached that are homeless= 63%
- Percentage of clients enrolled this month in formal services that are homeless= 18%
- Total number clients outreached since inception: 3208
- Total number clients enrolled since inception: 1153
- Service area:
 - Pomona= 133
 - Laverne= 4
 - Claremont= 24
 - Total= 161

Integrated Care Services:

- Number of initial health assessments completed= 4
- Number of clients linked to PCP appointments=9

Supplemental Crisis Calls (After hours, non-enrolled persons)

- Number of calls received- 13
- Service Area
 - Pomona- 9
 - Laverne-1
 - Claremont-1
 - Outside service area-2



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

DATE: January 20, 2021

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

FROM: Rimmi Hundal, Director of MHSA & Ethnic Services

SUBJECT: Monthly MHSA and Ethnic Services Report

ETHNIC SERVICES

Staff trainings for the next component of our Cultural Justice, Equity, Diversity, and Inclusion hosted by Dr. Allen Lipscomb have been scheduled for January through March, continuing Tri-City's efforts to become an anti-racist organization. Tri-City staff have also formed a book club and will be meeting monthly to discuss the book they are reading. These meetings are a great forum to practice the skills they are learning and developing through the trainings provided by Dr. Lipscomb. Together as an agency we are reading the book "So You Want to Talk About Race" by Ijeoma Oluo. The book was selected by staff.

The different advisory councils took a break from meeting during the month of December and have resumed meeting this month. For Black History month, the African American Family and Wellness Advisory Council (AAFWAC) will be hosting a webinar on Thursday, February 18th at 6pm. The title of the webinar is "Health is Wealth" and will focus on how food affects your cells and causes diseases.

MHSA COMMUNITY PLANNING PROCESS

Tri-City's annual MHSA Community Planning survey has been completed and the results were tabulated by the Best Practice team. These results will be shared with stakeholders and in the MHSA workgroups to help inform decisions regarding future programming as well as new Innovation projects.

WORKFORCE EDUCATION AND TRAINING (WET)

During the month of December, the WET program, continued to communicate with the community via social media. Tri-City's Facebook page reached 2184 people, and Instagram page reached 342 people, an increase of 11.8%. Our LinkedIn page was updated, transitioning from the Tri-City Recruiter page toward the Tri-City Mental Health page (<https://www.linkedin.com/company/tricitymhs/>) which is more current, and has a higher number of followers. LinkedIn has become an important component of our strategy to recruit a competent workforce to meet the needs of our community with staff encouraged to share open positions with their networks.

PREVENTION AND EARLY INTERVENTION (PEI)

Community Wellbeing

Community Wellbeing Grants are designed to help communities across the three cities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. This grants allow communities that serve ages 0 to 25 to apply for grants for up to \$10,000 per year for up to three years. Information night for the grants will be held on February 11 from 6:00pm-7:00pm during which staff will offer detailed information on the Community Wellbeing Grants. Bidders conference will be held on February 24 from 9:00am-10:30am and February 25 from 6:00pm-7:30pm. The Bidders' Conference is mandatory for anyone interested in applying. The link for registration for the meetings and the application can be found on Tri-City's website.

Peer Mentor Program

On December 17th a peer mentor hosted a webinar via RingCentral titled "Positive Coping Skills During COVID" for St. Mary Orthodox Church, an Indian American community. The presentation focused on identifying common mental health themes, stigma of mental health, identifying positive coping skills and local resources during COVID.

On December 7th staff and peer mentor facilitated the Virtual Wellness Roundtable: "Stronger Together in Recovery" for consumers seeking extra support as they navigate transition and change in their lives. Since participants disclosed that the group was beneficial the virtual roundtable will be extended and will occur 2x/monthly over the next few months.

Stigma Reduction

Staff are working on a collaboration with the mentors from the Peer Mentor Program to create a virtual art gallery that will take place in March during Green Ribbon Week (GRW). This year GRW will take place from March 15th until March 21st. GRW is an annual event that takes place during the third week of March and the goal is to promote mental health awareness and reduce stigma by engaging in healthy conversations about mental health in our community. Due to Covid-19 and social/physical restrictions, this year GRW will be held virtually. Throughout the week, staff will be posting information, resources, and sharing ideas on how community members can support GRW via social media. The virtual art gallery will take place on Thursday, March 18th.

Wellness Center

Each year in December, the Wellness Center hosts a tree lighting event and due to the pandemic, the event was hosted virtually on December 18th, from 3-5pm. The tree lighting event was called “Holly Jolly Holiday Party” and took place on December 18 and was attended by 21 participants with ages ranging from 9 years old to older adults. Participants created holiday ornaments with a mental health during the holidays theme, had a roundtable conversation on staying mentally well during the holiday season, played an at home scavenger hunt that turned out to be a competitive and a joyous event, and ended the evening with a holiday themed movie.

INNOVATION

In December 2020, Tri-City issued an open invitation to community members and stakeholders from the Tri-City area to share their ideas for potential Innovation projects. The next Innovation workgroup is scheduled for Thursday, January 21st, where these new concepts will be reviewed in hopes of launching a new Innovation Project in July of 2021. More information and a link to this virtual workgroup can be found on Tri-City’s website.



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

DATE: January 20, 2021

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

COMPLIANCE & BEST PRACTICES

In 2019, the California Department of Health Care Services (DHCS) put for a requirement (MHSUDS Information Notice 19-026) that Mental Health Plans (MHP) ensure prior-authorization has been approved before certain services can begin. One of the services noted, Intensive Home-Based Services, is a clinical service that Tri-City provides. As the outpatient mental health authority for the three cities, and not a provider agency to the MHP, Los Angeles Department of Mental Health (LA DMH), the Best Practices Division has been seeking collaboration with LA DMH in order to develop a strategy for Tri-City to retain authority over this prior authorization process so as not to delay and/or compromise the efficiency of its service delivery to clients. Negotiations are slow but moving along in the desired direction.

Additionally, the Best Practice Division and the Clinical Department have been working together to ensure that existing workflow protocols are seamlessly adjusted to meet the requirements for prior-authorization.

AUDITS, DATA, MONITORING & EVALUATION

In order to strengthen agency data reporting for the Full-Service Partnership program (FSP), a new data collection method was developed, that reduces the steps and time needed to complete and submit Outcome Measures Applications (OMAs).

OMAs are data tools, used to gather, track and monitor how Full-Service Partnership (FSP) clients are progressing across various functioning domains, such as (but not limited to): hospitalization, employment, arrest, homelessness, connection to a primary care physician.

OMA reporting is not only required, but is critical to demonstrating the statewide and local need and purpose for FSP services, and well as being essential to planning for client care.