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



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

## GOVERNING BOARD AGENDA

WEDNESDAY, APRIL 20, 2022

5:00 P.M.

### MEETING LOCATION

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

Please click the link below to join the meeting:

<https://tricitymhs-org.zoom.us/j/82974463892?pwd=SjAxdVdNNis1d2VhSFILM3AzdDNjOT09>

Passcode: +vD#7@Sj

Or Telephone: 1-213-338-8477

Webinar ID: 829 7446 3892

Passcode: 83934251

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

*The public can make a comment during the meeting by using the 'raised hand' feature, or by calling in, if they wish to address a particular agenda item or to make a general comment on a matter within the subject matter jurisdiction of the Governing Board. The Chair will call on the member of the public at the appropriate time and allow the person to provide live comment. The public can also submit a comment by writing an email to [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org). All email messages received by 3:30 p.m. will be shared with the Governing Board before the meeting. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.*

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

### CALL TO ORDER

Chair Leano calls the meeting to Order.

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**ROLL CALL**

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

**POSTING OF AGENDA**

The Agenda is posted 72 hours prior to each meeting at the following Tri-City locations: Administration, 1717 N. Indian Hill Blvd. #B in Claremont; Clinical Facility, 2008 N. Garey Avenue in Pomona; Wellness Center, 1403 N. Garey Avenue in Pomona; Royalty Offices, 1900 Royalty Drive #180/280 in Pomona; MHSA Office, 2001 N. Garey Avenue in Pomona; and on the Tri-City’s website: <http://www.tricitymhs.org>

<b>CONSENT CALENDAR</b>
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**1. CONSIDERATION OF RESOLUTION NO. 646 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)**

Recommendation: “A motion to adopt Resolution No. 646 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority’s public meetings pursuant to Government Code § 54953.”

**2. APPROVAL OF MINUTES FROM THE MARCH 16, 2022 GOVERNING BOARD REGULAR MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Regular Meeting of February 16, 2022.”

**3. APPROVAL OF MINUTES FROM THE APRIL 7, 2022 GOVERNING BOARD SPECIAL MEETING**

Recommendation: “A motion to approve the Minutes of the Governing Board Special Meeting of April 7, 2022.”

**4. CONSIDERATION OF RESOLUTION NO. 647 ESTABLISHING CLASS SPECIFICATION AND SALARY RANGE FOR THE POSITION OF ACCOUNTING TECHNICIAN; AND REVISING THE AUTHORITY’S MASTER CLASSIFICATION AND SALARY SCHEDULE TO REFLECT THIS CHANGE EFFECTIVE APRIL 20, 2022**

Recommendation: “A motion to adopt Resolution No. 647 establishing and adding the position of Accounting Technician to the Authority’s Master Classification and Salary Schedule effective April 20, 2022.”

**NEW BUSINESS****5. CONSIDERATION TO RE-APPOINT TWILA STEPHENS AND TONI L. WATSON AS MEMBERS TO THE TRI-CITY MENTAL HEALTH COMMISSION**

**Recommendation:** “A motion to reappoint Twila Stephens and Toni L. Watson as members to the Mental Health Commission for a three-year term expiring on March 2025.”

**6. CONSIDERATION OF RESOLUTION NO. 648 AUTHORIZING AN AMENDMENT TO FISCAL YEAR 2021-22 BUDGET BY INCREASING PROFESSIONAL SERVICES IN THE AMOUNT OF \$97,000; AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH EAST VALLEY COMMUNITY HEALTH CENTER (EVCHC) TO PROVIDE COVID-19 TESTING TO TCMHA EMPLOYEES**

**Recommendation:** “A motion to adopt Resolution No. 648 amending the Fiscal Year 2021-22 Budget by increasing Professional Services in the amount of \$97,000; and authorizing the Interim Executive Director to execute the a MOU with EVCHC for COVID-19 testing services.”

**7. CONSIDERATION OF RESOLUTION NO. 649 AUTHORIZING AN AGREEMENT WITH ROBERT HALF INTERNATIONAL, INC. FOR THE ACQUISITION OF TEMPORARY PERSONNEL SERVICES, AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE IT**

**Recommendation:** “A motion to adopt Resolution No. 649 authorizing the Interim Executive Director to execute the Agreement with Robert Half International Inc. for the acquisition of temporary personnel services.”

**8. CONSIDERATION OF RESOLUTION NO. 650 AUTHORIZING THE FIRST AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH THE CITY OF CLAREMONT FOR PSYCHIATRIC ASSESSMENT AND CARE TEAM (PACT) COMMUNITY RESPONSE SERVICES**

**Recommendation:** “A motion to adopt Resolution No. 650 Authorizing the Interim Executive Director to execute the First Amendment to the MOU with the City of Claremont for PACT Community Response Services.”

**9. CONSIDERATION OF RESOLUTION NO. 651 ADOPTING THE MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23 AS RECOMMENDED BY TCMHA MENTAL HEALTH COMMISSION**

**Recommendation:** “A motion to adopt Resolution No. 651 approving the Authority’s MHSA Annual Update For Fiscal Year 2022-23 as recommended by TCMHA MHC.”

- 10. CONSIDERATION OF RESOLUTION NO. 652 APPROVING THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PROJECT UNDER THE MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION PLAN EFFECTIVE JULY 1, 2022 THROUGH JUNE 30, 2025 AS RECOMMENDED BY TCMHA MENTAL HEALTH COMMISSION**

Recommendation: “A motion to adopt Resolution No. 652 approving the Multi-County Psychiatric Advance Directives (PDAs) Project under MHSA Innovation Plan effective July 1, 2022 through June 30, 2025, as recommended by the Mental Health Commission.”

- 11. CONSIDERATION OF EXTENDING AGREEMENT WITH EIDE BAILLY FOR AUDIT SERVICES FOR FISCAL YEARS ENDING JUNE 30, 2022, AND 2023, IN THE AMOUNT OF \$36,428 PER YEAR, RESPECTIVELY**

Recommendation: “A motion to authorize extending the Agreement with Eide Bailly for Audit Services for Fiscal Years Ending June 30, 2022, and 2023 and direct staff to prepare the Amendment for Board approval at its May 18, 2022 meeting.

### MONTHLY STAFF REPORTS

- 12. JESSE DUFF, INTERIM EXECUTIVE DIRECTOR REPORT**
- 13. DIANA ACOSTA, CHIEF FINANCIAL OFFICER REPORT**
- 14. LIZ RENTERIA, CHIEF CLINICAL OFFICER REPORT**
- 15. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**
- 16. RIMMI HUNDAL, DIRECTOR OF MHSA AND ETHNIC SERVICES REPORT**
- 17. NATALIE MAJORS-STEWART, CHIEF COMPLIANCE OFFICER REPORT**
- 18. KEN RIOMALES, CHIEF INFORMATION OFFICER REPORT**

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

### GOVERNING BOARD COMMENTS

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

**PUBLIC COMMENT**

The public can make a comment during the open meeting by using the ‘raised hand’ feature, or by calling-in, if they wish to make a general comment on a matter within the subject matter jurisdiction of the Governing Board. The public can also make a comment before the meeting by writing an email to [molmos@tricitymhs.org](mailto:molmos@tricitymhs.org). All emails received by 3:30 p.m. will be shared with the Governing Board before the meeting. No action shall be taken on any item not appearing on the Agenda. The Chair reserves the right to place limits on duration of comments.

**ADJOURNMENT**

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

MICAELA P. OLMOS  
JPA ADMINISTRATOR/CLERK



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

**DATE:** April 20, 2022

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

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

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

**SUBJECT:** Consideration of Resolution No. 646 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)

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Summary:

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

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

Background:

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

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

**Governing Board of Tri-City Mental Health Authority**  
***Consideration of Resolution No. 646 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)***  
**April 20, 2022**  
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On March 17, 2020, Governor Newsom issued Executive Order No. N-29-20, suspending the Brown Act's teleconferencing requirements (enumerated above) in order to address the need for public meetings during the present public health emergency (COVID-19) and allow legislative bodies to meet virtually as long as certain notice and accessibility requirements were met; and on June 11, 2021, Governor Newsom issued Executive Order No. N-8-21 continuing the suspension of the Brown Act's teleconferencing requirements through September 30, 2021.

On September 16, 2021, the State Legislature amended the Brown Act through Assembly Bill No. 361 (AB 361), codified under Government Code § 54953, waiving certain provisions of the Brown Act in order to allow local agencies to continue to meet using teleconferencing without complying with the regular teleconferencing requirements of the Brown Act when a legislative body holds a meeting during a proclaimed state of emergency and it unsafe to meet in person.

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

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

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

**Governing Board of Tri-City Mental Health Authority**  
**Consideration of Resolution No. 646 Authorizing the Implementation of Teleconferencing Requirements during a Proclaimed State of Emergency Under Government Code Section 54953 (AB 361)**  
**April 20, 2022**  
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Tri-City Mental Health Authority (TCMHA) has already implemented the above stated requirements for conducting public meetings and is in compliance with AB 361, thus there will be no change of the currently established procedures. Teleconference accessibility is available via call-in option or through via RingCentral Webinars platform (internet-based service option) and both the telephone number and meeting link are listed on the published agenda for each meeting as well as on TCMHA's buildings and website.

The JPA Administrator/Clerk monitors public comment submitted via email correspondence (as published on the agenda); and designated staff monitors comment via teleconference throughout each public meeting and provides access for public comment opportunities in real time both verbally (via call-in or by using the 'raised hand' feature) and in writing (in the 'chat' and 'Q & A' options.)

Funding:

None required.

Recommendation:

Staff recommends that the Governing Board approve and adopt Resolution No. 646 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953.

Attachments:

*Attachment 1-A:* Resolution No. 646 - DRAFT



## RESOLUTION NO. 646

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

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

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

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

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

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

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

2. **Action**

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

[Continued on page 2]

**3. Adoption**

PASSED AND ADOPTED at a Special Meeting of the Governing Board held on April 20, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA OLMOS, RECORDING SECRETARY

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

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

DRAFT



## MINUTES

### **REGULAR MEETING OF THE GOVERNING BOARD MARCH 16, 2022 – 5:00 P.M.**

The Governing Board held on Wednesday, February 16, 2022 at 5:00 p.m. its Regular Meeting Via Teleconference pursuant to Government Code § 54953, which allows the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

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

**ROLL CALL** Roll call was taken by General Counsel Pieper.

#### GOVERNING BOARD

**PRESENT:** Jed Leano, City of Claremont, Chair  
Robin Carder, City of La Verne, Vice-Chair (left at 5:58 p.m.)  
Carolyn Cockrell, City of La Verne, Board Member  
Paula Lantz, City of Pomona, Board Member  
John Nolte, City of Pomona, Board Member (joined at 5:02 p.m.)  
Elizabeth Ontiveros-Cole, City of Pomona, Board Member  
Ronald T. Vera, City of Claremont, Board Member (joined at 5:17 p.m.)

**ABSENT:** None.

**STAFF:** Jesse H. Duff, Interim Executive Director  
Darold Pieper, General Counsel  
Diana Acosta, Chief Financial Officer  
Elizabeth Renteria, Chief Clinical Officer  
Seeyam Teimoori, Medical Director  
Rimmi Hundal, Director of MHSA & Ethnic Services  
Natalie Majors-Stewart, Chief Compliance Officer  
Ken Riomales, Chief Information Officer

Interim Executive Director Duff recommended that Agenda Item No. 6 -*Consideration To Suspend The Memorandum Of Understanding With The City Of Claremont For Psychiatric Assessment And Care Team (PACT) Community Response Services*- be pulled from the Agenda and not be considered during today's meeting. He reported that Tri-City Mental Health Authority staff met with the City of Claremont staff and it was his understanding that a solution to the issue was reached, which will be fair to both the City of Claremont and Tri-City; and that any recommended solution will be presented to the Governing Board for its approval at its April 20th meeting, noting that the Claremont City Council will also consider the proposed solution during its April 12th meeting.

Chair Leano pulled Agenda Item No. 6 from today's Agenda, and then he confirmed that the Claremont City Council would be considering the recommended solution to this matter during its April 12th meeting.

### **CONSENT CALENDAR**

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

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

**1. CONSIDERATION OF RESOLUTION NO. 637 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)**

Recommendation: "A motion to adopt Resolution No. 637 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct the Authority's public meetings pursuant to Government Code § 54953."

**2. APPROVAL OF MINUTES FROM THE FEBRUARY 16, 2022 GOVERNING BOARD REGULAR MEETING**

Recommendation: "A motion to approve the Minutes of the Governing Board Regular Meeting of February 16, 2022."

**3. CONSIDERATION OF RESOLUTION NO. 638 ESTABLISHING THE TRI-CITY MENTAL HEALTH AUTHORITY SUPPLEMENTAL PAID SICK LEAVE OF 2022 POLICY NO. I.24 EFFECTIVE RETROACTIVE TO JANUARY 1, 2022**

Recommendation: "A motion to adopt Resolution No. 638 establishing the Authority's Supplemental Paid Sick Leave of 2022 Policy and Procedure No. I.24 effective retroactive to January 1, 2022."

### **NEW BUSINESS**

**4. CONSIDERATION OF RESOLUTION NO. 639 ADOPTING REVISED CLASSIFICATION AND SALARY SCHEDULE REFLECTING A 5% EQUITY ADJUSTMENT PAYROLL INCREASE FOR ALL CLASSIFICATIONS EFFECTIVE MARCH 7, 2022**

Interim Executive Director Duff stated that executive management staff was recommending that the Governing Board approve an equity adjustment to payroll of 5% for all classifications and making that adjustment effective March 7, 2022. He then reported that, as the Board is aware, over the last two or three years, Tri-City has been struggling to compete in the marketplace for

professional behavioral health staff members; that the HR report shows the several positions that we have been down for several months now; that in an effort to be more competitive in the job market to retain our current staff and to also attract talent to TCMHA, that staff recommends a 5% equity adjustment to bring us more in line with market conditions, noting that this is what all of our research indicates. He then stated that in addition to this action, the adjusting the salaries and the salary classifications, based upon the study performed by Koff and Associates, will resolve a lot of the issues that Tri-City has been struggling with over the last several years and will be able to bring staff to acceptable levels. He explained that the fiscal impact for the remainder of the Fiscal Year 2021-22 will be an increase of approximately \$328,000 to salary and wages, and pointed out that a budget adjustment is not necessary at this time, given the number of vacancies that exist.

Vice-Chair Carder inquired if the \$328,000 from this year's budget will be from March until December, or is it just until the end of June. Chief Financial Officer Acosta replied that it would be until the end of June, and that the cost until December would be more, since the \$328,000 is only one-fourth of the grand total amount. Vice-Chair Carder further inquired if this amount can be afforded. Chief Financial Officer Acosta replied in the affirmative, noting that what we cannot afford is not to do something like this.

Interim Executive Director Duff explained that since we have been down drastically in our clinical staff, which are staff that provide direct service to our clients, their case loads are much larger than we would like to see; therefore, when clinical staff are scrambling to meet with all of their clients to provide services, which for Tri-City is priority number one, unfortunately, billing takes second place. He then stated that he is hopeful that with this equity adjustment, more staff will be hired and we will see an increase in billing, which in turn will offset some of this additional costs for the equity increase.

Chair Leano sought clarification regarding Tri-City not efficiently collecting our billing cycle. Interim Executive Director Duff replied in the affirmative, pointing out that it is unfortunate; however, the fact is that staff currently has the largest caseload and the priority is to serve clients which sometimes it does not leave sufficient time to do all the required billing; thus, Tri-City is losing revenue because of the lack of billing, noting that it is not any fault of our clinical staff which are performing their jobs admirably.

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

There being no further discussion, Board Member Lantz moved, and Board Member Cockrell seconded, to adopt Resolution No. 639 authorizing a 5% equity adjustment increase to payroll for all classifications as reflected in the revised Classification and Salary Schedule for Tri-City Mental Health Authority effective March 7, 2022. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, and Ontiveros-Cole; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: Board Member Vera.

**5. CONSIDERATION OF RESOLUTION NO. 640 ADOPTING A REVISED SALARY RANGE FOR CLINICAL THERAPIST I/II AND CLINICAL SUPERVISOR I/II POSITIONS; AND ESTABLISHING THE AUTHORITY'S MASTER CLASSIFICATION AND SALARY SCHEDULE TO REFLECT THIS CHANGE EFFECTIVE MARCH 7, 2022**

Interim Executive Director Duff stated that Item No. 4 and Item No. 5 are somewhat coupled with the same purpose, and indicated that two years ago Tri-City contracted Koff and Associates for a classification and compensation study, which supposed to last 18 months; however, it has taken two years to complete because of the interruption caused by the pandemic. He then explained that staff's recommendations are based upon all the data gathered by Koff and Associates; and reported that it was discovered that our lower salary ranges were close to 30% under market, which is just not competitive; that the maximum salary ranges are close to being competitive at the maximum level; and that salary ranges and classifications should be more in line with what is common with cities and counties based on a six step classification program; therefore, the recommended salary schedule shows a 30% increase from the minimum 30% range and all the way to the maximum with a 5% difference between each step for six steps structure.

At 5:17 p.m., Board Member Vera joined the meeting.

Interim Executive Director Duff stated that it is being recommended that this salary structure be implemented in two phases, the first is to approve salary classification and adjustments for the clinical staff because it is where we have an immediate and urgent need to address this part of Tri-City's operation; and that in September or October staff will recommend approving salary classifications for the remainder of the organization. He said that he believes, this will complete the recruitment and retention program and hopes that this will Tri-City back to full staffing levels.

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

There being no further comment, Vice-Chair Carder moved, and Board Member Cockrell seconded, to adopt Resolution No. 640 authorizing a revised Salary Range for Clinical Therapist I/II and Clinical Supervisors I/II positions as reflected in the Master Classification and Salary Schedule for Tri-City Mental Health Authority effective March 7, 2022. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

AGENDA ITEM NO. 6 WAS PULLED FROM THE AGENDA.

**7. CONSIDERATION OF RESOLUTION NO. 641 APPROVING SUBCONTRACT AGREEMENT NO. 7460-CA MOBILE CRISIS-TRICITY-01 WITH ADVOCATES FOR HUMAN POTENTIAL, INC. (AHP) FOR BEHAVIORAL HEALTH MOBILE CRISIS AND NON-CRISIS SERVICES (MOBILE CRISIS) PROJECT NO. 21-10349 WITH THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS); AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER**

Chief Clinical Officer Renteria reported that Tri-City applied for a mobile crisis planning grant and was awarded \$200,000; that the DHCS subcontracted with Advocates For Human Potential to implement the grant; and that staff was recommending that the Board approve and authorize executing the agreement with Advocates For Human Potential to do Tri-City's mobile Crisis planning process so that we can eventually bring mobile crisis services more fully for youth into our communities. She then said that at the end of the planning process Tri-City will be eligible for additional funds to implement the plan.

Board Member Vera sought clarification regarding the planning grant and the performance period from September 15th baseline. Chief Clinical Officer Renteria explained that the September 15, 2021 baseline is when the DHCS and the Advocates For Human Potential said the project started; thus, there would have been community meetings to offer technical support to communities; that Tri-City is just presenting the contract to the Board now because we just recently received it from the Advocates For Human Potential, even though we were awarded the grant some time ago. Board Member Vera further inquired if this grant was previously approved or did we go to bid, noting that he wanted to find out how we end up with this contract. Chief Clinical Renteria explained that the contract was through DHCS, which is contracting with the Advocates For Human Potential to do the grant; that Tri-City applied for the grant and as Tri-City became a recipient, we have to contract with the subcontractor that DHCS selected to get the funds.

Board Member Lantz expressed being confused about the process since there is another agenda item related to this one; and shared that she does not recall any meetings being conducted by this group in our community, and that she also was not aware if they have been meeting with Claremont or La Verne; however, she expressed concern if we have not had the meetings since there is a timeline that goes back to six or eight months ago, noting that the Board is just agreeing to the contract in the middle of March and theoretically it started at a time when no activity was being done; thus, she was not comfortable approving the contract that has dates that are so out of sync with reality; that the time is limited; and that according to the contract they can change the time frames and the scope of work at any time without our approval. Chief Clinical Officer Renteria stated that she share the same concern; that those dates were decided by the funders when the project started; that she had conversations with the Advocates For Human Potential, and that our funding period can be adjusted to roll over depending on the date of execution, noting that it was communicated to her via email.

Discussion ensued regarding the concern about the cost of the plan; about the way DHCS envision having plans, with planning and engagement of the community, before they award the implementation funding piece; about how the planning grants are the way the DHCS moves forward with big project implementation; and that community engagement and planning cannot start in the Tri-City area until the Agreement is executed.

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

There being no further discussion, Vice-Chair Carder moved, and Board Member Nolte seconded, to adopt Resolution No. 641 approving Subcontract Agreement No. 7460-CA MOBILE CRISIS-TRICITY-01 with AHP for Behavioral Health Mobile Crisis and Non-Crisis Services Project No. 21-10349 with the CA DHCS, and authorizing the Interim Executive Director to execute the agreement and any amendments thereafter. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, and Ontiveros-Cole; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: Board Members Lantz and Vera. ABSENT: None.

- 8. CONSIDERATION OF RESOLUTION NO. 642 APPROVING GRANT AGREEMENT NO. 21MHSOAC061 IN THE AMOUNT OF \$3,820,932.00 FOR MENTAL HEALTH STUDENT SERVICES ACT (MHSSA) WITH THE MENTAL HEALTH SERVICES AND OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC); AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE THE AGREEMENT AND ANY AMENDMENTS THEREAFTER**

Chief Clinical Officer Renteria reported that the Mental Health Student Services Act funding was a grant that became available to local mental health counties in the fall of this year; that Tri-City applied and was awarded \$3,820,932.00 over the course of four years ending in June 30 2026; that these funds will be used to improve mental health services for children, youth and young adults and within school integration; that there is a planning period and some of the funds will be used for that; and that the remaining funds will be used to employ some staff to provide direct services, train various people in the community, including teachers; and that some funds also will be made available to community partners that want to do some additional services to support the mental health for children, youth and young adults.

Board Member Cockrell inquired what would be the oversight in the implementation of this program. Chief Clinical Officer Renteria replied that it was very specific in the grant application, the creation of a Community Stakeholder Committee that will make sure that services are designed from stakeholder input and then implemented according to that design, and pointed out that we have a number of processes that we are designing in place to make sure that we are listening to the needs of the community and also making sure that we address the plan as outlined by the Community. Board Member Cockrell further inquired that if when those pieces are in place, if there would be regular opportunities for community partners to give input. Chief Clinical Officer Renteria replied in the affirmative, indicating that the reason they have such a lengthy planning processes is because they want to establish an ongoing community group that is monitoring the implementation and making sure that the needs are met as identified by the Community; and that there will be things like a needs assessment that will be part of the process. Board Member Cockrell further inquired if the local schools will have a place at the table. Chief Clinical Officer Renteria replied in the affirmative, as well as a lot of community providers, including law enforcement.

Board Member Vera stated that he knows the executive director of Octopod, pointing out that he used to be the development officer at the Fairplex when he was on its board; and inquired if we solicited services from Octopod for the planning purposes or if they reached out to us to implement; and asked about the relationship with Octopod. Chief Clinical Officer Renteria stated that we are hoping to work with Octopod to do the planning for both the Mobile Crisis grant and this MHSSA grant; and explained that both grants had the recommendation of contracting with an outside provider to do the facilitation; that staff wanted to keep it with somebody local that knew our community, was already established, and that had participated in other community planning events; that former executive Director Toni Navarro put her in contact with Mr. Belafonte to maybe identify potential people that would be able to assist us in anticipation of receiving the grant; that resulted in having two contracts for the two pieces of work (Mobile Crises and MHSSA); and that we are hoping to do planning in concert with one another so that the same group of people is not called several different times to give the same kind of input.

Board Member Lantz referred to one of the requirements of having at least one school district participate, and inquired if we have buy in. Chief Clinical Officer Renteria replied in the affirmative, indicating that one of the requirements was to submit letters of intent of collaboration or support; and that Tri-City received these letters from all the local school districts, including our school of arts. Board Member Lantz stated that the services or the program will be located on site; however, some of the folks that are their target recipients of service are not necessarily going to be on the school site; and inquired if they are exclusive to school sites or will they have an off-campus presence as well. Chief Clinical Officer Renteria stated that there will be both, on or close to school site, and also other locations in the community and do some community-based outreach.



Board Member Cockrell inquired if they will be able to go out to homes to assist those students who perhaps are having difficulty being at school. Chief Clinical Officer Renteria stated that it is certainly one of our hopes, noting that the reason for having a planning process requirement by these grants, is to obtain community input and to plan for the needs, as people see.

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

There being no further comment, Vice-Chair Carder moved, and Board Member Cockrell seconded, to adopt Resolution No. 642 approving Grant Agreement No. 21MHSOAC061 in the amount of \$3,820,932.00 for MHSSA with the MHSOAC, and authorizing the Interim Executive Director to execute the agreement and any amendments thereafter. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

**9. CONSIDERATION OF RESOLUTION NO. 643 AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE AN AGREEMENT WITH OCTOPOD SOLUTIONS, INC. IN AN AMOUNT NOT TO EXCEED \$60,000 FOR THE DEVELOPMENT OF A STRATEGIC IMPLEMENTATION OF A MENTAL HEALTH STUDENTS SERVICES ACT (MHSSA) PROJECT FOR TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA)**

Chief Clinical Officer Renteria reported that the contract for consideration with Octopod is for the planning grant MHSSA project; that part of the Mental Health Service Oversight Accountability Commission and MHSSA grant, is to contract with Octopod to do the planning piece for the execution of this grant which involves community stakeholder involvement, getting their input, buy in, and what we ultimately translate into an action plan and an accountability plan for the implementation of providing additional mental health services to children, youth and young adults in our catchment area; that the grant specifically required to use facilitators to do this type of work in the community; and that through the recommendation of our former executive director, it is recommended to enter an agreement with somebody local that understands the community and could work as soon as possible.

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

There being no further discussion, Board Member Vera moved, and Board Member Ontiveros-Cole seconded, to adopt Resolution No. 643 Authorizing the Interim Executive Director to execute an Agreement with Octopod Solutions, Inc. for the development of a MHSSA Project for TCMHA in an amount not to exceed \$60,000. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

**10. CONSIDERATION OF RESOLUTION NO. 644 AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE AN AGREEMENT WITH OCTOPOD SOLUTIONS, INC. IN AN AMOUNT NOT TO EXCEED \$70,000 FOR THE DEVELOPMENT OF A STRATEGIC IMPLEMENTATION OF INTERVENTION CRISIS CARE MOBILE UNITS (CCMU) FOR TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA)**

Chief Clinical Officer Renteria reported that this in reference to the Mobile Crisis planning grant; that the contract with Octopod is to facilitate the stakeholder involvement feedback session so that we can inform the plan for mobile crisis services freeze in our Community.

Board Member Vera sought clarification if Octopod will be doing two community participation processes. Chief Clinical Officer Renteria replied in the affirmative, noting that both of these grants have community participation as part of their requirement; that since both grants are for youth primarily, it is anticipated that we were probably going to be calling on the same group of stakeholders, with a few differences here and there, and rather than confusing the community with two very divergent processes, Octopod will work on both of these projects and use the information gathered from one stakeholder meeting and another stakeholder meeting and kind of commingle them so that we are not creating redundancies for our community and staff, and we are gleaning from both these processes.

Board Member Lantz commented that it appears as if Octopod will be having X number of meetings, and they will be utilizing the information that they gather at those meetings to plug into whichever of the programs that information is focused on. Chief Clinical Officer Renteria stated that this is correct and that information can be shared. Board Member Lantz then expressed concern for paying twice for the same meetings, noting that while she understands that they take the money and resources and come out with different reports and evaluations, as it relates to the focuses of each of those grants, still seems like we are paying them twice. Chief Clinical Officer Renteria explained that there will be different questions and there might be differences in the convening of the groups since one is mostly for Mobile Crisis grants and the other one is for more direct regular on-going services. Board Member Lantz noted that it sounded like staff did not want to confuse people with one meeting focused on this and another meeting focused on that. Chief Clinical Office Renteria explained that for continuity, having the same facilitator do both of these requirements would help the community build trust, noting that there may be some subtle differences, but for continuity, having the same facilitator would be helpful.

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

There being no further discussion, Board Member Nolte moved, and Vice-Chair Carder seconded, to adopt Resolution No. 644 Authorizing the Interim Executive Director to execute an Agreement with Octopod Solutions, Inc. for the development of Intervention CCMU for TCMHA in an amount not to exceed \$70,000. The motion was carried by the following vote: AYES: Board Members Cockrell, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: Board Member Lantz. ABSTAIN: None. ABSENT: None.

## **MONTHLY STAFF REPORTS**

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

Interim Executive Director Duff reported that consultant Wendy Brown Creative Partners (WBCP) launched the recruitment for the executive director on February 24th; that one and a-half weeks into the launch they have received 23 applications; that they recently sent out direct mailers to 263 potential candidates; that all the dates that were previously discussed are still on schedule, noting that the shortlist meeting with the Governing Board will take place on April 7th; that the first round of interviews is scheduled on April 26th; and that the interviews for the finalists for the position will be held on May 3rd.

At 5:58 p.m., Vice-Chair Carder left the meeting.

Board Member Vera inquired what will be discussed during the April 7th meeting. Interim Executive Director Duff indicated that WBCP will discuss with the Board the interview process; provide an overview of their findings of the preliminary discussions with the lead candidates; and probably make recommendations of the candidates that would be invited to the first interview on April 26th.

Board Member Cockrell inquired if the interview questions will be shared with the Board. Interim Executive Director Duff replied that probably there will be some discussion about the questions that WBCP will draft and share with the Board.

Chief Information Officer Riomales reported that there is a delayed question regarding the previous resolutions from an anonymous attendee.

Chair Leano inquired of Counsel Pieper about the appropriate procedure here.

Counsel Pieper stated that it would be appropriate to respond to the question, noting that it is a question about staffing shortages and the interaction with these resolutions. He then read the question: “how will current staffing shortages impact Tri-City’s ability to implement and perform resolutions 641 and 642, have those barriers been resolved.”

Chief Clinical Officer Renteria stated that with the resolutions that were passed to improve staff salaries, Tri-City will be able to recruit staff and meet the needs, noting that a program analyst has already been hired to assist with the implementation; and that the first portion of both grants is planning, thus, there will not be a lot of direct hiring in the beginning phase, and reiterated that we do have staff ready to help with the implementation.

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

Chief Financial Officer Acosta reported that currently Finance’s attention has been the remainder of the implementation of the classification and compensation study; that their attention is also being turned over to the budget; that it is insurance renewal season, thus they are currently filling out applications which is an annual process; that facilities projects continue to be underway; and that they are also involved with the Cerner implementation of going live on the new electronic health records program.

Board Member Lantz thanked Chief Financial Officer Acosta for responding to her questions about the time frames of some of the projects that the Board approved a couple of years ago.

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

Chief Clinical Officer Renteria stepped away to take a critical call.

## **14. SEEYAM TEIMOORI, MEDICAL DIRECTOR REPORT**

Medical Director Dr. Teimoori reported that in addition to the service data, he provided some information about current stats of mental health, which show the services that we provide really matters; and thanked the Board for its support by addressing the shortage of staff.

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

Director of MHSA & Ethnic Services Hundal announced that March is women's history month and is celebrated with the goal of highlighting achievements and contributions made by women in a variety of fields and who have changed the world in so many different ways; that Tri-City's various advisory councils have taken time to address women that have made history in their culture; that a few months ago the Board approved the Diversity Equity and Inclusion (DEI) Coordinator position and reported that Andrea Espinosa had been hired for the position, noting that she comes with a lot of experience, that she is a first generation college student, and that she has a passion for working with unserved and underserved populations. She then reported that she sent the Board an email this week with a link to the MHSA Annual Update and the new Innovation Project, which have been posted online for a 30-day public comment period; that the MHSA public hearing will take place during the next Mental Health Commission meeting; and if approved, it will be presented to Board at its April 20th meeting for its approval and adoption, noting that the Innovation Plan will required further approval from the Mental Health Oversight and Accountability Commission; and that the goal is to get on their agenda before the end of June start the implementation process in July. She also reported that it is the season for Tri-City's Community Wellbeing grants; that the applications are due by April 1st via email which will be reviewed by a panel of Community Members and staff; that after the review process, applicants will be invited to participate in an interview process on May 11th and 12th. Lastly, she said that we are in the middle of Green Ribbon Week, and this year's theme is #TalkToHeal, pointing out that the goal is always to eliminate stigma so people can come in for services and not be shy about talking about mental health or mental illness.

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

Chief Compliance Officer Majors-Stewart reported that in Best Practices, staff continue to place more focus on preparing for the implementations of both the Electronic Health Record transition, and the next phases for the CalAIM requirements, which are both set to be implemented around July this summer; that that these two combined changes are very significant in terms of the planning that is going into it the learning that will need to be acquired by Tri-City staff and the significant changes to the workflow; that although it is anticipated that these changes will be beneficial for staff in terms of making their work easier, it will also expedite our ability to see and document our services for our clients; that staff is taking into consideration the significance of these changes and are very mindful in how we are approaching all phases of these implementations in light of our current staff challenges. She then reported that, in terms of specific best practice and compliance protocols, staff is making sure to keep things very steady and current existing structure, avoiding adding new projects, and also pulling back on non-essential changes on projects in order to give enough space, enough time, and attention to these two large implementations; and indicated that she will provide more information within the next few months on the key details related to CalAIM policy and documentation, which also encompasses how we approached the quality of our documentation and how auditing will be done.

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

Chief Information Officer Riomales stated that in addition to basic operational updates provided on his monthly report, he will provide a status of the Cerner implementation, and reported that staff is now moving forward into the next major milestone of 'super user' training, which is the first level of training that Tri-City staff will be receiving to become somewhat subject matter experts on

the Program in the agency moving forward; and that training for the agency as a whole, it will occur approximately in two weeks from now, followed by our 'end user' training beginning in the month of May. He also stated that he previously reported that staff would be utilizing a 'train the trainer' approach, which would utilize super users to conduct the training; however, after consulting with various key stakeholders and further analysis, it was determined that it would not be the most conducive a strategy to deploy due to our current staffing; and that instead, a centralized training approach will be utilized; and he, along with Natalie Majors-Stewart, and other various key stakeholders, are currently in the planning phases of that; that he will provide an update in the coming months along those lines; and that staff is preparing questions and coordinating efforts so that we can get clarity from LACDMH regarding our requirements for IT interoperability, a key function that we are looking to explore and make sure that we are fully compliant on, pointing out that anecdotally our functionality should make Tri-City compliant with any kind of interoperability requirements; however, staff still wants a definitive clarification to make sure that in fact it will satisfy all of our needs.

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

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

#### **GOVERNING BOARD COMMENTS**

Board Member Vera announced that NAMI –National Alliance on Mental Illness- has an annual fundraiser, NAMI Walk, scheduled for Saturday, May 21st; and noted that in the past Tri-City has had its executive director and staff volunteer as marshals and stated that it would be nice to have Tri-City staff involved again this year and explore the possibility of Tri-City being a fiscal sponsor for the Walk.

Jed Leano directed staff to coordinate the scheduling of a Special meeting of the Governing Board for the purpose of adopting a resolution to conduct virtual meetings.

#### **PUBLIC COMMENT**

There was no public comment.

#### **ADJOURNMENT**

At 6:15 p.m., on consensus of the Governing Board its meeting of March 16, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, April 20, 2022 at 5:00 p.m., via teleconference pursuant to Government Code § 54953.



## MINUTES

### **SPECIAL MEETING OF THE GOVERNING BOARD APRIL 7, 2022 – 2:30 P.M.**

The Governing Board held on Wednesday, April 7, 2022 at 2:32 p.m. a Special Meeting Via Teleconference pursuant to Government Code § 54953, which allows the continuation to hold meetings without gathering in a room in an effort to minimize the spread and mitigate the effects of COVID-19 (Corona Virus Disease of 2019).

**CALL TO ORDER** Vice-Chair Carder called the meeting to order at 2:32 p.m.

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

#### GOVERNING BOARD

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

**ABSENT:** None

**STAFF:** Jesse Duff, Interim Executive Director  
Diana Acosta, Chief Financial Officer  
Natalie Majors-Stewart, Chief Compliance Officer  
Ken Riomales, Chief Information Officer  
Mica Olmos, JPA Administrator/Clerk

#### **PUBLIC COMMENT**

There was no public comment.

#### **NEW BUSINESS**

- 1. CONSIDERATION OF RESOLUTION NO. 645 AUTHORIZING THE IMPLEMENTATION OF TELECONFERENCING REQUIREMENTS DURING A PROCLAIMED STATE OF EMERGENCY UNDER GOVERNMENT CODE SECTION 54953 (AB 361)**

There being no comment, Chair Leano moved, and Board Member Cockrell seconded, to adopt Resolution No. 645 finding and declaring that it is unsafe to meet in person during the proclaimed state of emergency as a result of the continued threat of COVID-19, and authorizes the Interim Executive Director, or his designee, to continue utilizing teleconferencing accessibility to conduct

**AGENDA ITEM NO. 3**

the Authority's public meetings pursuant to Government Code § 54953. The motion was carried by the following vote: AYES: Board Members Cockrell, Lantz, Nolte, Ontiveros-Cole, and Vera; Vice-Chair Carder; and Chair Leano. NOES: None. ABSTAIN: None. ABSENT: None.

**CLOSED SESSION**

At 2:37 p.m., the Governing Board recessed to a Closed Session Pursuant to Government Code § 54957, Public Employment, Executive Director.

**RECONVENE TO OPEN SESSION**

At 4:23 p.m., the Governing Board returned and joined the open session.

Vice-Chair Carder reported that the Governing Board selected from the recruitment search, the candidates for the first set of interviews for the position of Executive Director of Tri-City Mental Health Authority.

**ADJOURNMENT**

At 4:25 p.m., on consensus of the Governing Board its Special Meeting of April 7, 2022 was adjourned. The next Regular Meeting of the Governing Board will be held on Wednesday, April 20, 2022 at 5:00 p.m., via teleconference pursuant to Government Code § 54953, due to the COVID-19 pandemic.

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Micaela P. Olmos, JPA Administrator/Clerk



Tri-City Mental Health Authority  
AGENDA REPORT

**DATE:** April 20, 2022

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

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

**BY:** Diana Acosta, Chief Financial Officer

**SUBJECT:** Consideration of Resolution No. 647, Establishing Class Specification and Salary Range for the Position of Accounting Technician, and Revising the Authority's Master Classification and Salary Schedule Effective April 20, 2022

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Summary:

Staff recommends establishing the position of the Accounting Technician under the classification of General Service Employees.

Background:

Under the supervision of the Accounting Manager, the Accounting Technician will be primarily responsible for the payroll processing function as well as other technical accounting transactions as detailed in the attached job description.

Koff and Associates has conducted a job evaluation of the Accounting Technician position and survey results are also attached for review.

Fiscal Impact:

The funding source for this position is 50% MHSA and 50% Realignment, as the position is administrative and serves the entire Agency. The following is the proposed Salary Range:

Accounting Technician: Salary Range 22 (\$52,341.74 – \$66,802.74)

Recommendation:

Staff recommends that the Governing Board approve and adopt Resolution No. 647 establishing and adding the position of Accounting Technician to Tri-City's Master Classification and Salary Schedule effective April 20, 2021.

Attachments

*Attachment 4-A:* Resolution No. 647- Draft

*Attachment 4-B:* Accounting Technician Job Description

*Attachment 4-C:* Market Compensation Data from Koff and Associates



**RESOLUTION NO. 647**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ESTABLISHING CLASS SPECIFICATION AND SALARY RANGE FOR THE POSITION OF ACCOUNTING TECHNICIAN; AND REVISING ITS MASTER CLASSIFICATION AND SALARY SCHEDULE EFFECTIVE APRIL 20, 2022**

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”), desires to establish the Accounting Technician position, under the classification of general services employees, to perform duties primarily in support of payroll but not limited to accounts payable, accounts receivable, and other clerical accounting functions.

B. The Authority’s Governing Board has previously approved job descriptions, classifications, salary ranges, and benefits for the Authority’s employees through the adoption of Resolutions. The funding source for this position is 50% MHA and 50% Realignment.

C. A class and compensation market review was conducted by Koff and Associates in order to establish the appropriate salary range for the Accounting Technician position as follows:

Accounting Technician                      Salary Range 22 (\$52,341.74 – \$66,802.74)

**2. Action**

The Governing Board approves and authorizes the Accounting Technician job classification to be added to the Authority’s Master Classification and Salary Schedule as shown in ‘Exhibit A’ attached herein effective April 20, 2022.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA OLMOS, RECORDING SECRETARY

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

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

Client  
Proposed Salary Plan  
Month Year

Salary Range	Annually					Monthly						Per Pay Period						Hourly						
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
1	31,163.60	32,721.73	34,357.86	36,075.73	37,879.50	39,773.34	2,596.97	2,726.81	2,863.15	3,006.31	3,156.63	3,314.45	1,198.60	1,258.53	1,321.46	1,387.53	1,456.90	1,529.74	14,982.50	15,731.60	17,344.10	17,444.10	18,211.30	19,129.10
2	31,942.56	33,539.79	35,216.69	36,977.62	38,826.53	40,767.79	2,661.88	2,794.98	2,934.72	3,081.47	3,235.54	3,397.32	1,228.56	1,289.99	1,354.49	1,422.22	1,493.33	1,567.99	16,518.20	16,124.90	16,931.10	17,777.10	18,666.90	19,599.90
3	32,741.28	34,378.24	36,097.15	37,901.97	39,797.06	41,786.99	2,728.44	2,864.85	3,008.10	3,158.50	3,316.42	3,482.25	1,259.28	1,322.24	1,388.35	1,457.77	1,530.66	1,607.19	17,354.40	16,528.00	17,354.40	18,222.10	19,133.20	20,089.00
4	33,559.66	35,237.70	36,999.66	38,849.62	40,792.13	42,831.57	2,796.65	2,936.47	3,089.34	3,237.47	3,397.34	3,569.30	1,290.76	1,355.20	1,423.06	1,494.22	1,568.93	1,647.37	18,200.00	17,354.40	18,200.00	19,133.20	20,089.00	20,992.00
5	34,398.62	36,118.58	37,924.64	39,820.77	41,811.74	43,902.35	2,866.55	3,009.88	3,160.39	3,318.40	3,484.31	3,658.53	1,323.02	1,389.18	1,458.64	1,531.57	1,608.14	1,688.55	19,050.00	18,200.00	19,050.00	20,010.00	21,000.00	21,660.00
6	35,258.70	37,021.71	38,872.70	40,816.26	42,857.15	44,999.97	2,938.23	3,085.14	3,239.39	3,401.35	3,571.43	3,750.00	1,356.10	1,423.91	1,495.10	1,569.86	1,648.35	1,730.77	19,900.00	19,050.00	19,900.00	20,910.00	21,960.00	22,640.00
7	36,140.21	37,947.10	39,844.48	41,836.70	43,928.56	46,125.04	3,011.68	3,162.26	3,320.37	3,486.39	3,660.71	3,843.75	1,390.01	1,459.50	1,532.48	1,609.10	1,689.56	1,774.04	20,750.00	19,900.00	20,750.00	21,780.00	22,850.00	23,560.00
8	37,043.55	38,895.79	40,840.59	42,882.74	45,026.80	47,278.19	3,086.96	3,241.32	3,400.38	3,575.56	3,752.23	3,939.85	1,424.75	1,495.99	1,570.79	1,649.34	1,731.80	1,818.39	21,600.00	20,750.00	21,600.00	22,670.00	23,790.00	24,540.00
9	37,969.78	39,868.19	41,861.66	43,954.77	46,152.50	48,460.05	3,164.15	3,322.35	3,488.47	3,662.90	3,846.04	4,038.34	1,460.38	1,533.39	1,610.06	1,690.57	1,775.10	1,863.85	22,450.00	21,600.00	22,450.00	23,570.00	24,740.00	25,550.00
10	38,918.88	40,864.93	42,908.11	45,053.63	47,306.27	49,671.65	3,243.24	3,405.41	3,575.68	3,754.47	3,942.19	4,139.30	1,496.88	1,571.73	1,650.31	1,732.83	1,817.47	1,910.45	23,300.00	22,450.00	23,300.00	24,470.00	25,700.00	26,580.00
11	39,891.90	41,886.62	43,980.98	46,179.95	48,488.96	50,913.41	3,324.33	3,490.55	3,665.08	3,848.33	4,040.75	4,242.78	1,530.30	1,611.02	1,691.58	1,776.15	1,864.96	1,958.21	24,150.00	23,300.00	24,150.00	25,370.00	26,650.00	27,590.00
12	40,889.26	42,933.70	45,080.46	47,334.35	49,701.18	52,186.16	3,407.44	3,577.81	3,756.71	3,944.53	4,141.77	4,348.85	1,572.66	1,651.30	1,733.86	1,820.55	1,911.58	2,007.16	25,000.00	24,150.00	25,000.00	26,270.00	27,600.00	28,590.00
13	41,911.58	44,006.98	46,207.41	48,517.87	50,943.78	53,490.94	3,492.63	3,667.25	3,850.62	4,043.16	4,245.31	4,457.58	1,611.98	1,692.58	1,777.21	1,866.50	1,959.38	2,057.34	26,850.00	26,000.00	26,850.00	28,180.00	29,570.00	30,610.00
14	42,959.28	45,107.30	47,362.64	49,730.72	52,217.36	54,828.18	3,579.94	3,758.94	3,946.89	4,144.23	4,351.45	4,569.01	1,652.28	1,734.90	1,821.64	1,912.72	2,008.36	2,108.78	27,700.00	26,850.00	27,700.00	29,080.00	30,520.00	31,610.00
15	44,033.18	46,234.86	48,546.58	50,973.94	53,522.77	56,198.90	3,669.43	3,852.91	4,045.55	4,247.83	4,460.23	4,683.24	1,693.58	1,778.26	1,867.18	1,960.54	2,058.57	2,161.50	28,550.00	27,700.00	28,550.00	30,000.00	31,500.00	32,650.00
16	45,134.13	47,390.72	49,760.26	52,248.35	54,860.83	57,603.73	3,761.18	3,949.23	4,146.69	4,354.03	4,571.74	4,800.31	1,735.93	1,822.72	1,913.86	2,009.55	2,110.03	2,215.53	29,400.00	28,550.00	29,400.00	30,900.00	32,450.00	33,660.00
17	46,262.53	48,575.49	51,004.30	53,554.59	56,232.38	59,043.92	3,855.21	4,047.96	4,250.36	4,462.88	4,686.03	4,920.33	1,779.33	1,868.29	1,961.70	2,059.79	2,162.78	2,270.92	30,250.00	29,400.00	30,250.00	31,800.00	33,400.00	34,670.00
18	47,419.01	49,790.00	52,279.55	54,893.49	57,638.05	60,520.10	3,951.58	4,149.17	4,356.63	4,574.46	4,803.17	5,043.34	1,823.81	1,915.00	2,010.75	2,111.29	2,216.85	2,327.70	31,100.00	30,250.00	31,100.00	32,700.00	34,350.00	35,670.00
19	48,604.40	51,034.67	53,586.42	56,265.66	59,079.07	62,039.09	4,050.37	4,252.89	4,465.53	4,688.40	4,923.26	5,169.42	1,869.40	1,961.02	2,061.02	2,164.06	2,272.27	2,385.89	31,950.00	31,100.00	31,950.00	33,600.00	35,300.00	36,650.00
20	49,819.54	52,310.54	54,926.14	57,672.37	60,556.08	63,583.73	4,151.63	4,359.21	4,577.18	4,806.03	5,046.34	5,298.64	1,916.14	2,011.94	2,112.54	2,218.17	2,329.08	2,445.53	32,800.00	31,950.00	32,800.00	34,500.00	36,250.00	37,650.00
21	51,065.04	53,618.24	56,295.15	59,114.22	62,069.90	65,121.58	4,255.42	4,468.19	4,691.60	4,926.19	5,172.49	5,431.12	1,964.04	2,062.24	2,165.55	2,273.62	2,387.30	2,506.67	33,650.00	32,800.00	33,650.00	35,400.00	37,200.00	38,650.00
22	52,341.74	54,958.80	57,706.69	60,592.06	63,621.58	66,802.74	4,361.81	4,579.90	4,808.89	5,049.34	5,301.80	5,566.89	2,013.14	2,113.80	2,219.49	2,330.46	2,446.98	2,569.34	34,500.00	33,650.00	34,500.00	36,300.00	38,150.00	39,650.00
23	53,650.27	56,332.85	59,149.38	62,106.93	65,126.92	68,472.77	4,470.86	4,694.40	4,929.11	5,175.58	5,434.35	5,706.06	2,063.47	2,164.28	2,274.98	2,388.73	2,508.16	2,633.57	35,350.00	34,500.00	35,350.00	37,200.00	39,150.00	40,700.00
24	54,991.46	57,741.01	60,628.05	63,659.44	66,842.46	70,184.61	4,582.62	4,811.75	5,052.34	5,304.95	5,570.21	5,848.72	2,115.06	2,220.81	2,331.85	2,448.44	2,570.86	2,699.41	36,200.00	35,350.00	36,200.00	38,100.00	39,950.00	41,550.00
25	56,366.34	59,184.53	62,143.74	65,251.06	68,513.54	71,939.30	4,697.19	4,932.04	5,176.65	5,437.59	5,699.94	5,994.94	2,167.94	2,276.33	2,390.14	2,509.66	2,635.14	2,766.90	37,050.00	36,200.00	37,050.00	39,000.00	40,850.00	42,500.00
26	57,775.54	60,664.24	63,697.50	66,882.40	70,226.42	73,737.66	4,814.63	5,055.35	5,308.13	5,573.53	5,852.20	6,144.81	2,222.14	2,333.24	2,449.90	2,572.40	2,701.02	2,836.06	37,900.00	37,050.00	37,900.00	39,850.00	41,700.00	43,400.00
27	59,219.89	62,180.77	65,289.95	68,554.30	71,982.14	75,781.17	4,934.99	5,181.73	5,440.83	5,712.86	6,002.51	6,298.43	2,277.69	2,391.57	2,511.15	2,636.70	2,768.54	2,906.97	38,750.00	37,900.00	38,750.00	40,700.00	42,500.00	44,250.00
28	60,700.43	63,735.36	66,923.13	70,268.22	73,781.55	77,470.64	5,058.37	5,311.28	5,576.84	5,855.69	6,148.46	6,455.89	2,334.63	2,451.36	2,573.93	2,702.62	2,837.75	2,979.64	39,600.00	38,750.00	39,600.00	41,550.00	43,350.00	45,150.00
29	62,217.79	65,328.64	68,595.07	72,024.99	75,626.10	79,407.54	5,184.82	5,444.05	5,716.26	6,002.08	6,302.17	6,617.29	2,392.99	2,512.64	2,638.27	2,770.19	2,908.70	3,054.10	40,450.00	39,600.00	40,450.00	42,400.00	44,200.00	46,000.00
30	63,773.22	66,961.86	70,310.03	73,825.65	77,516.82	81,392.69	5,314.43	5,580.15	5,859.17	6,152.14	6,459.73	6,782.24	2,452.82	2,575.46	2,704.23	2,839.45	2,981.42	3,130.49	41,300.00	40,450.00	41,300.00	43,250.00	44,950.00	46,750.00
31	65,367.54	68,636.05	72,067.84	75,671.23	79,454.75	83,427.55	5,447.29	5,719.67	6,005.65	6,305.94	6,621.23	6,952.30	2,514.14	2,639.85	2,771.84	2,910.43	3,055.95	3,208.75	42,150.00	41,300.00	42,150.00	44,100.00	45,750.00	47,500.00
32	67,001.79	70,351.84	73,869.54	77,562.99	81,441.15	85,513.17	5,583.48	5,862.65	6,155.79	6,463.58	6,786.76	7,126.10	2,576.99	2,705.84	2,841.14	2,983.19	3,132.35	3,288.97	43,000.00	42,150.00	43,000.00	45,000.00	46,750.00	48,500.00
33	68,676.82	72,110.69	75,716.16	79,501.97	83,477.06	87,650.99	5,723.07	6,009.22	6,308.68	6,625.16	6,956.42	7,304.25	2,641.42	2,773.19	2,912.16	3,057.77	3,210.66	3,371.19	43,850.00	43,000.00	43,850.00	45,900.00	47,650.00	49,400.00
34	70,393.86	73,913.42	77,609.17	81,489.62	85,564.13	89,842.27	5,866.15	6,159.45	6,467.43	6,790.80	7,130.34	7,486.86	2,707.46	2,842.82	2,984.97	3,134.22	3,290.93	3,455.47	44,700.00	43,850.00	44,700.00	46,750.00	48,500.00	50,250.00
35	72,153.54	75,761.30	79,549.39	83,526.77	87,703.20	92,088.26	6,012.79	6,313.44	6,629.12	6,960.56	7,308.60	7,674.02	2,775.14	2,913.90	3,059.59	3,212.57	3,375.20	3,541.86	45,550.00	44,700.00	45,550.00	47,600.00	49,400.00	51,150.00
36	73,957.52	77,655.34	81,538.08	85,615.09	89,895.73	94,390.61	6,163.13	6,471.28	6,794.84	7,134.59	7,491.31	7,865.88	2,844.52	2,986.74	3,136.08	3,292.89	3,457.53	3,630.41						

Client  
Proposed Salary Plan  
Month Year

Salary Range	Annually						Monthly						Per Pay Period						Hourly					
	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
76	198,580.51	208,509.60	218,934.98	229,881.81	241,375.89	253,444.67	16,548.38	17,375.80	18,244.58	19,156.82	20,114.66	21,120.39	7,637.71	8,019.60	8,420.58	8,841.61	9,283.69	9,747.87	95,471.40	100,245.00	105,257.20	110,520.10	116,046.10	121,848.40
77	203,545.06	213,722.29	224,408.29	235,628.85	247,410.18	259,780.77	16,962.09	17,810.19	18,700.69	19,635.74	20,617.51	21,648.40	7,828.66	8,220.09	8,631.09	9,062.65	9,515.78	9,991.57	97,858.20	102,751.10	107,888.60	113,283.10	118,947.20	124,894.60
78	208,633.57	219,065.39	230,018.67	241,519.62	253,595.47	266,275.36	17,386.13	18,255.45	19,168.22	20,126.63	21,132.96	22,189.61	8,024.37	8,425.59	8,846.87	9,289.22	9,753.67	10,241.36	100,304.60	105,319.90	110,589.90	116,115.20	121,920.90	128,017.00
79	213,849.38	224,542.03	235,769.04	247,557.44	259,935.31	272,932.19	17,820.78	18,711.84	19,647.42	20,629.79	21,661.28	22,744.35	8,224.98	8,636.23	9,068.04	9,521.44	9,997.51	10,497.39	102,812.20	107,952.90	113,350.50	119,018.00	124,968.90	131,217.40
80	219,195.81	230,155.54	241,663.34	253,746.48	266,433.86	279,755.42	18,266.32	19,179.63	20,138.61	21,145.54	22,202.82	23,312.95	8,430.61	8,852.14	9,294.74	9,759.48	10,247.46	10,759.82	105,382.60	110,651.70	116,184.30	121,993.50	128,093.20	134,497.80
81	224,675.57	235,909.44	247,704.91	260,090.06	273,094.64	286,749.42	18,722.96	19,659.12	20,642.08	21,674.17	22,757.89	23,895.79	8,641.37	9,073.44	9,527.11	10,003.46	10,503.64	11,028.82	108,017.10	113,418.00	119,088.90	125,043.30	131,295.50	137,860.30
82	230,292.40	241,807.07	253,897.49	266,592.35	279,922.03	293,918.14	19,191.03	20,150.59	21,158.12	22,216.03	23,326.84	24,493.18	8,857.40	9,300.27	9,765.29	10,253.55	10,766.23	11,304.54	110,717.50	116,253.40	122,066.10	128,169.40	134,577.90	141,306.80
83	236,049.84	247,852.38	260,244.82	273,257.09	286,919.98	301,265.95	19,670.82	20,654.37	21,687.07	22,771.42	23,910.00	25,105.50	9,078.84	9,532.78	10,009.42	10,509.89	11,035.38	11,587.15	113,485.50	119,159.80	125,117.70	131,373.60	137,942.30	144,839.40
84	241,951.01	254,048.70	266,751.06	280,088.64	294,093.07	308,797.63	20,162.58	21,170.73	22,229.25	23,340.72	24,507.76	25,733.14	9,305.81	9,771.10	10,259.66	10,772.64	11,311.27	11,876.83	116,322.60	122,138.80	128,245.70	134,658.00	141,390.90	148,460.40
85	247,999.86	260,399.78	273,419.74	287,090.75	301,445.25	316,517.55	20,666.65	21,699.98	22,784.98	23,924.23	25,120.44	26,376.46	9,538.46	10,015.38	10,516.14	11,041.95	11,594.05	12,173.75	119,230.70	125,192.20	131,451.80	138,024.40	144,925.60	152,171.90
86	254,199.92	266,909.76	280,255.25	294,268.00	308,981.50	324,430.50	21,183.33	22,242.48	23,354.60	24,522.33	25,748.46	27,035.87	9,776.92	10,265.76	10,779.05	11,318.00	11,883.90	12,478.10	122,211.50	128,322.00	134,738.10	141,475.00	148,548.80	155,976.20
87	260,554.74	273,582.61	287,261.73	301,624.75	316,706.00	332,541.25	21,712.89	22,798.55	23,938.48	25,135.40	26,392.17	27,711.77	10,021.34	10,522.41	11,048.53	11,600.95	12,181.00	12,790.05	125,266.70	131,530.10	138,106.60	145,011.90	152,262.50	159,875.60
88	267,068.67	280,422.06	294,443.14	309,165.38	324,623.73	340,854.80	22,255.72	23,368.51	24,536.93	25,763.78	27,051.98	28,404.57	10,271.87	10,785.46	11,324.74	11,890.98	12,485.53	13,109.80	128,398.40	134,818.30	141,559.20	148,637.20	156,069.10	163,872.50
89	273,745.47	287,432.70	301,804.26	316,894.45	332,739.26	349,376.14	22,812.12	23,952.73	25,150.35	26,407.87	27,728.27	29,114.68	10,528.67	11,055.10	11,607.86	12,188.25	12,797.66	13,437.54	131,608.40	138,188.80	145,098.20	152,353.10	159,970.80	167,969.30
90	280,589.09	294,618.48	309,349.46	324,816.96	341,057.81	358,110.69	23,382.42	24,551.54	25,779.12	27,068.08	28,421.48	29,842.56	10,791.89	11,331.48	11,898.06	12,492.96	13,117.61	13,773.49	134,896.60	141,643.50	148,725.70	156,162.00	163,970.10	172,168.60
91	287,603.68	301,983.97	317,083.10	332,937.28	349,584.14	367,063.42	23,966.97	25,165.33	26,423.59	27,744.77	29,132.01	30,588.62	11,061.68	11,614.77	12,195.50	12,805.28	13,445.54	14,117.82	138,271.00	145,184.60	152,443.80	160,066.00	168,069.30	176,472.80
92	294,793.82	309,533.54	325,010.19	341,260.82	358,323.89	376,239.97	24,566.15	25,794.46	27,084.18	28,438.40	29,860.32	31,353.33	11,338.22	11,905.14	12,500.39	13,125.42	13,781.69	14,470.77	141,727.80	148,814.20	156,254.90	164,067.70	172,271.10	180,884.60
93	302,163.68	317,271.97	333,135.50	349,792.35	367,281.82	385,645.94	25,180.31	26,439.33	27,761.29	29,149.36	30,606.82	32,137.16	11,621.68	12,202.77	12,812.90	13,453.55	14,126.22	14,832.54	145,271.00	152,534.60	160,161.30	168,169.40	176,577.80	185,406.70
94	309,717.82	325,203.63	341,463.82	358,537.09	376,463.98	395,287.15	25,809.82	27,100.30	28,455.32	29,878.09	31,372.00	32,940.60	11,912.22	12,507.83	13,133.22	13,789.89	14,479.38	15,203.35	148,902.80	156,347.90	164,165.30	172,373.60	180,992.30	190,041.90
95	317,460.83	333,333.73	350,000.56	367,500.43	385,875.57	405,169.23	26,455.07	27,777.81	29,166.71	30,625.04	32,156.30	33,764.10	12,210.03	12,820.53	13,461.56	14,134.63	14,841.37	15,583.43	152,625.40	160,256.60	168,269.50	176,682.90	185,517.10	194,792.90
96	325,397.28	341,667.04	358,750.50	376,688.00	395,522.40	415,298.62	27,116.44	28,472.25	29,895.87	31,390.67	32,960.20	34,608.22	12,515.28	13,141.04	13,798.10	14,488.00	15,212.40	15,973.02	156,441.00	164,263.00	172,476.20	181,100.00	190,155.00	199,662.80
97	333,532.16	350,208.77	367,719.25	386,105.20	405,410.51	425,680.94	27,794.35	29,184.06	30,643.27	32,175.43	33,784.21	35,473.41	12,828.16	13,469.57	14,143.05	14,850.20	15,592.71	16,372.34	160,352.00	168,369.60	176,788.10	185,627.50	194,908.90	204,654.30
98	341,870.46	358,964.11	376,912.22	395,757.86	415,545.73	436,323.06	28,489.21	29,913.68	31,409.35	32,979.82	34,628.81	36,360.25	13,148.86	13,806.31	14,496.62	15,221.46	15,982.53	16,781.66	164,360.80	172,578.90	181,207.80	190,268.20	199,781.60	209,770.70
99	350,417.18	367,938.06	386,335.04	405,651.79	425,934.29	447,231.20	29,201.43	30,661.51	32,194.59	33,804.32	35,494.52	37,269.27	13,477.58	14,151.46	14,859.04	15,601.99	16,382.09	17,201.20	168,469.80	176,893.30	185,738.00	195,024.90	204,776.10	215,015.00
100	359,177.73	377,136.66	395,993.31	415,793.04	436,582.64	458,411.82	29,931.48	31,428.05	32,999.44	34,649.42	36,381.89	38,200.99	13,814.53	14,505.26	15,230.51	15,992.04	16,791.64	17,631.22	172,681.60	181,315.70	190,381.40	199,900.50	209,895.50	220,390.30

**TRI-CITY MENTAL HEALTH AUTHORITY  
CLASSIFICATION AND SALARIES SCHEDULE  
EFFECTIVE MARCH 7, 2022  
ADOPTED APRIL 20, 2022**

<b>Classification</b>	<b>Range</b>
<b>Clinical Therapist I</b>	37
<b>Clinical Therapist II</b>	41
<b>Clinical Supervisor I</b>	45
<b>Clinical Supervisor II</b>	49
<b>Accounting Technician</b>	22



## **ACCOUNTING TECHNICIAN**

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

**FLSA STATUS:** Non-Exempt

### **DEFINITION:**

Under general supervision, performs a variety of clerical accounting support duties in the preparation, maintenance, and processing of accounting records and transactions, including payroll, accounts payable and accounts receivable; balances, maintains, and adjusts manual and computerized accounting and financial records; and performs related duties as assigned.

### **SUPERVISION RECEIVED AND EXERCISED:**

Receives general supervision from the Accounting Manager. Exercises no direct supervision of staff.

### **DISTINGUISHING CHARACTERISTICS:**

This journey level classification is responsible for independently performing technical duties primarily in support of payroll but not limited to accounts payable, accounts receivable, and other clerical and administrative accounting functions. Positions at this level exercise judgment and initiative in their assigned tasks, receive only occasional instruction or assistance as new or unusual situations arise, and are fully aware of the operating procedures and policies of the work unit.

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

- Reviews and audits payroll documents submitted by Agency departments for accuracy, completeness, and compliance with legal and Agency-wide Payroll requirements.
- Assists in auditing and processing payroll transactions. Assists in the resolution of payroll problems and payroll transaction exceptions.
- May prepare special reports from payroll records.
- Assists in gathering data needed to answer correspondence or prepare reports requiring specialized knowledge of the Agency payroll process.
- Reviews and processes vendor invoices and payment requests, receives and date stamps the invoices; obtains approval of signatures, and enters invoices into the accounting system.

- Enters journal vouchers and deposits into the accounting system to be posted.
- Audits invoices and conducts research to correct accounts payable discrepancies and prepares adjustment journal entries.
- Reviews and approves travel reimbursements; verifies submission of travel authorization forms.
- Processes and gathers applicable tax forms from each respective vendor, ensures the name, address, and social security numbers are correct; runs the vendor report and compares the numbers to the vendor ledger reports, enters the applicable data into the appropriate software, prints the forms for each vendor, mails the forms back to each vendor, and mails required forms to the IRS.
- Generates and tracks purchase orders; ensures all purchase orders have appropriate signatures; keeps track of packing slips and attaches them to the corresponding invoices; processes invoices and audit batches.
- Provides a variety of accounting and administrative support such as assisting with the preparation and reconciliation of payroll, accounts payable aging reports, recording cash receipts, certifying and stamping checks, bank transfers, and journal entries into the general ledger system.
- Observes and complies with all Authority and mandated safety rules, regulations, and protocols.
- Performs related duties as assigned.

#### **QUALIFICATIONS:**

Any combination of education, training, and experience that provides the required knowledge, skills, and abilities to perform the essential duties of the position is qualifying. Incumbents will possess the most desirable combination of education, training, skills, and experience, as demonstrated in their past and current employment history. A typical example includes:

#### **Education and Experience:**

Education: Equivalent to completion of the twelfth (12<sup>th</sup>) grade.

Experience: Two (2) years of experience in the preparation, maintenance, and processing of account records including payroll, accounts payable, accounts receivable, or related experience.

#### **Knowledge of:**

- Methods, practices, and procedures of financial and account document processing including balancing transactions and statements.
- Terminology and practices of financial and account document processing and recordkeeping, including accounts payable and accounts receivable.

- Business arithmetic and basic financial techniques.
- District policies and procedures for recording and processing purchasing and accounting transactions.
- Methods and techniques of reviewing documentation used in accounting transactions.
- Principles and practices of record keeping.
- Authority and mandated safety rules, regulations, and protocols.
- Techniques for providing a high level of customer service, interacting and effectively dealing with the public, community-based organizations and service providers, stakeholders, and Authority staff.
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination, including computers and software programs relevant to work performed.

**Ability to:**

- Perform clerical accounting duties in support of general accounting programs.
- Verify and reconcile accounting records; ensure proper authorization and documentation for disbursements.
- Maintain and balance a variety of financial files, records and accounts.
- Make accurate arithmetic computations.
- Enter and retrieve data from a computer with sufficient speed and accuracy to perform assigned work.
- Establish and maintain a variety of filing, recordkeeping, and tracking systems.
- Use tact, initiative, prudence, and independent judgment within general policy and procedural guidelines.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Effectively use computer systems, software applications relevant to work performed, and modern business equipment to perform a variety of work tasks.

**PHYSICAL DEMANDS (ADA)**

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; vision to read printed materials and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing in work areas and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects up to 25 pounds.

## **ENVIRONMENTAL CONDITIONS**

Employees work in an office environment with moderate noise levels, controlled temperature conditions, and no direct exposure to hazardous physical substances. Employees may also interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

## **WORKING CONDITIONS**

In accordance with California Government Code Section 3100, Tri-City Mental Health Authority employees, in the event of a disaster, are considered disaster service workers and may be asked to protect the health, safety, lives, and property of the people of the State.

Receive satisfactory results from a background investigation, which includes fingerprinting; a pre-employment physical examination, which includes a drug/alcohol test; and an administrative review.



**Tri-City Mental Health Authority - Market Compensation Data**

<b>Accounting Technician</b>				
Rank	Comparator Agency	Classification Title	Top Step	Salary Effective Date
	<b>Tri-City Mental Health Authority</b>	<b>Accounting Technician</b>	<b>Proposed</b>	<b>Proposed</b>
1	City of Brea	Accounting Technician II	\$4,884	7/3/2019
2	City of Chino	Accounting Technician	\$5,395	7/1/2021
3	City of Claremont	Accounting Assistant	\$4,451	8/25/2020
4	City of La Verne	Account Clerk III	\$4,400	12/1/2020
5	City of Pomona	Accounting Technician II	\$4,168	7/1/2020
6	County of Los Angeles	Accounting Technician I	\$4,773	1/1/2021
7	County of Orange	Accounting Technician	\$4,983	6/18/2021
8	County of Riverside	Accounting Technician I	\$5,098	5/20/2021
9	County of San Bernardino	Accounting Technician	\$4,640	1/1/2021
10	Cucamonga Valley Water District	Account Clerk II	\$5,889	11/10/2020
11	South Coast Air Quality Management District	Accounting Technician	\$5,273	7/1/2020

<b>Summary Results</b>	<b>Top Monthly</b>
Average of Comparators	\$ 4,905
Median of Comparators	\$ 4,884
Number of Matches	11

N/C - Non Comparator



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

**DATE:** April 20, 2022  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Jesse H. Duff, Interim Executive Director  
**BY:** Mica Olmos, JPA Administrator/Clerk  
**SUBJECT:** Consideration to Re-Appoint Twila Stephens and Toni L. Watson as Members to the Tri-City Mental Health Commission

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Summary:

Twila Stephens and Toni L. Watson became Mental Health Commission (MHC) Members in March 2016. Since then, they continue to be active participants in the Mental Health Commission; and their membership was renewed in March 2019, which term expired at the end of March 2022. They have submitted a new application (Attachments 5-A and 5-B) and would like to continue their membership of the Mental Health Commission.

Background:

Article IV Section E., Term of Office of the Mental Health Commission Bylaws, states that appointments to the Tri-City Mental Health Commission shall be made for a term of three-years providing that during that period, appointees retain the status which qualified them for appointment and fulfill the responsibilities of Commission membership. Members may be re-appointed to additional three-year terms by action of the Governing Board.

Fiscal Impact:

None.

Recommendation:

Staff recommends that the Governing Board reappoint Twila Stephens and Toni L. Watson as members to the Mental Health Commission for a three-year term expiring on March 2025.

Attachments

*Attachment 5-A:* Twila Stephens' Application for Membership to the MHC

*Attachment 5-B:* Toni L. Watson's Application for Membership to the MHC



Mental Health Commission  
APPLICATION FOR MEMBERSHIP

Date of Application: 4/7/2022

Name: TWILA L. STEPHENS Date of Birth : [REDACTED]

Street Address: [REDACTED] City: POMONA Zip Code: 91766

Residence Telephone: \_\_\_\_\_ Cell Phone: [REDACTED]

Business Address: [REDACTED] City: POMONA Zip Code: 91767

E-mail Address: [REDACTED] Bus. Telephone: [REDACTED]

Approximate length of time you have resided *or* worked within Tri-City Catchment Area: (Pomona, Claremont, La Verne)

Residence: 10 years Work: nearly 5 years

Previous Work Experience (past 7 years):

<u>Employer:</u>	<u>Occupation:</u>	<u>Dates: From - To</u>
<u>TRI-CITY MENTAL HEALTH</u>	<u>[REDACTED]</u>	<u>11/13/17-PRESENT</u>

<u>GOODWILL SOCAL/AJCC</u>	<u>[REDACTED]</u>	
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Languages spoken: ENGLISH

How did you hear about Tri-City's Mental Health Commission?  
RENEWING MY APPLICATION

Please list Group or Organization Memberships, purpose of the group and dates of involvement:

<u>Group/Organization:</u>	<u>Purpose:</u>	<u>Dates: From - To:</u>
<u>SGV HOMELESS CONSORTIUM</u>	<u>HOMELESS SOLUTIONS &amp; RESOURCE SHARING</u>	<u>2011-Present</u>

<u>HOUSING POMONA LEADERSHIP ACADEMY</u>	<u>LEARN TO FULFILL POMONA'S HOUSING VISION</u>	<u>3/16/21-Present</u>
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How have you been involved in your community? List organization names, purpose and dates of service.

<u>Organization:</u>	<u>Purpose:</u>	<u>Dates: From - To:</u>
<u>TRI-CITY MHS</u>	<u>COURAGEOUS MINDS</u>	<u>2013-Present</u>

<u>HOUSING POMONA LEADERSHIP ACADEMY</u>	<u>INFORM DECISIONS FOR POMONA'S HOUSING ELEMENT</u>	<u>3/16/21-Present</u>
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<u>LA COUNTY LIBRARY SYSTEM</u>	<u>TRANSCRIBE CULTURALLY SIGNIFICANT HISTORICAL DOCUMENTS</u>	<u>6/18/19-Present</u>
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Please list any special interests or involvement which might be helpful to you as a Tri-City Mental Health Commission Member:

I AM INTERESTED IN POLICIES THAT FURTHER (OR RESTRICT ) DEVELOPMENT OF HOUSING STOCK. INTHE HOUSING POMONA LEADERSHIP ACADEMY, I PARTICIATED IN A 6-WEEK COURSE THAT CULMINATED IN STAKEHOLDERS LIKE ME PROVIDING INPUT INTO HOW POMONA COULD CHANGE POLICIES, ZONING LAWS, ETC., TO REDUCE THE CONTINUED TRAUMA OF BEING HOMELESS. MY WORK FOR LA COUNTY LIBRARY GIVES ME NEW PERSPECTIVES ON HISTORICAL RACISM, ESPECIALLY FOR NATIVE AMERICAN, AND BLACK INDIVIDUALS.

Please describe briefly the reasons for your interest in serving on the Tri-City Mental Health Commission:

MENTAL HEALTH CHALLENGES HAVE AND DO IMPACT ME AND MY ADULT DAUGHTER, FRIENDS, AND CLIENTS I SERVE AT TRI-CITY. I HAVE SEEN MANY CHANGESV IN THE CONTINUUM OF CARE IN THE LAST 10 YEARS AND WANT TO BE PART OF THE MOVEMENT THAT CONTINUES TO ADVOCATE FOR INNOVATIVE AND CULTURALLY APPROPRIATE SERVICE DELIVERY TO IMPROVE LIVES FOR GENERATIONS TO COME.

**WIC 5604.d provides that members of the Mental Health Commission must be free of any conflict of interest. The content of the questions below is based on the standards established by the legislation.**

Are you or your spouse an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

If your answer is Yes; where you or your spouse a consumer of mental health services before becoming an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

**Service on the Mental Health Commission requires attendance at one mid-day monthly meeting that lasts approximately two hours and at infrequent special purpose meetings.**

Does your personal schedule allow you to set aside a minimum of two hours each month for Mental Health Commission Meetings?  Yes  No

**State law provides that a significant portion of the Commission must be comprised of mental health service consumers or immediate family members of persons receiving mental health services.**

I qualify as a recipient of mental health services.

I qualify as an immediate family member of a recipient of mental health services.

Additional comments or information you would like to add: \_\_\_\_\_

I certify that all statements in this application are true and complete to the best of my knowledge. I authorize Tri-City to make inquiries to determine my suitability for membership on the Mental Health Commission. I understand that any misrepresentation made may be grounds for rejection of this application or dismissal from the Commission.

\_\_\_\_\_

(Signature)

**Please attach any additional documentation or information that you deem to be relevant to your application.**

**RETURN YOUR SIGNED APPLICATION TO:** JPA Administrator/Clerk  
Tri-City Mental Health Authority  
1717 N. Indian Hill Boulevard, Suite B  
Claremont, CA 91711-2788



Mental Health Commission  
APPLICATION FOR MEMBERSHIP

Date of Application: April 10, 2022

Name: Toni Lynn Watson Date of Birth : [REDACTED]

Street Address: [REDACTED] City: Pomona Zip Code: 91766

Residence Telephone: [REDACTED] Cell Phone: [REDACTED]

Business Address: \_\_\_\_\_ City: Pomona Zip Code: \_\_\_\_\_

E-mail Address: [REDACTED] Bus. Telephone: \_\_\_\_\_

Approximate length of time you have resided *or* worked within Tri-City Catchment Area: (Pomona, Claremont, La Verne)

Residence: 22 years Work: \_\_\_\_\_ years

Previous Work Experience (past 7 years):

<u>Employer:</u>	<u>Occupation:</u>	<u>Dates: From - To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages spoken: \_\_\_\_\_

How did you hear about Tri-City's Mental Health Commission?

I'm currently serving on the Mental Health Commission

Please list Group or Organization Memberships, purpose of the group and dates of involvement:

<u>Group/Organization:</u>	<u>Purpose:</u>	<u>Dates: From - To:</u>
<u>Project Return</u>	<u>Peer Run Support Groups</u>	<u>2014- present</u>
_____	_____	_____
_____	_____	_____

How have you been involved in your community? List organization names, purpose and dates of service.

<u>Organization:</u>	<u>Purpose:</u>	<u>Dates: From - To:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please see my previous application for Mental Health Commission for date

Please list any special interests or involvement which might be helpful to you as a Tri-City Mental Health Commission Member:

I want to serve and continue to be a voice in my community

Please describe briefly the reasons for your interest in serving on the Tri-City Mental Health Commission:

I wish to serve my community and be a voice I did not seek mental health services for a very long time because of stigma where I got treatment and I don't want to see another child that was like me so I went my entire childhood and a good portion of my adulthood believing the stigma and I don't want to contin

**WIC 5604.d provides that members of the Mental Health Commission must be free of any conflict of interest. The content of the questions below is based on the standards established by the legislation.**

Are you or your spouse an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

If your answer is Yes; where you or your spouse a consumer of mental health services before becoming an employee of the State or County Mental Health System or an affiliated contract agency?  Yes  No

**Service on the Mental Health Commission requires attendance at one mid-day monthly meeting that lasts approximately two hours and at infrequent special purpose meetings.**

Does your personal schedule allow you to set aside a minimum of two hours each month for Mental Health Commission Meetings?  Yes  No

**State law provides that a significant portion of the Commission must be comprised of mental health service consumers or immediate family members of persons receiving mental health services.**


I qualify as a recipient of mental health services.

I qualify as an immediate family member of a recipient of mental health services.

Additional comments or information you would like to add: \_\_\_\_\_

I hope I will be reappointed

I certify that all statements in this application are true and complete to the best of my knowledge. I authorize Tri-City to make inquiries to determine my suitability for membership on the Mental Health Commission. I understand that any misrepresentation made may be grounds for rejection of this application or dismissal from the Commission.

  
(Signature)

**Please attach any additional documentation or information that you deem to be relevant to your application.**

**RETURN YOUR SIGNED APPLICATION TO:** JPA Administrator/Clerk  
Tri-City Mental Health Authority  
1717 N. Indian Hill Boulevard, Suite B  
Claremont, CA 91711-2788



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

**DATE:** April 20, 2022

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

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

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

**SUBJECT:** Approval of Resolution No. 648 Authorizing an Amendment to Fiscal Year 2021-22 Budget by Increasing Professional Services in the Amount of \$97,000; and Authorizing the Interim Executive Director to Execute a Memorandum of Understanding with East Valley Community Health Center (EVCHC) to Provide COVID-19 Testing to TCMHA Employees

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Summary:

Tri-City is seeking approval of the Memorandum of Understanding (“MOU”) with East Valley Community Health Center (EVCHC) who will be providing COVID-19 testing to our employees who have approved exemptions from Tri-City’s COVID-19 Policy.

Background:

On August 27, 2021, the Governing Board approved Tri-City’s Mandatory COVID-19 Vaccination Policy which complied with the California Department of Public Health’s order of August 5, 2021 that required all health care workers to be fully vaccinated except in cases where staff have approved medical or religious exemptions. Staff with approved exemptions must complete weekly COVID-19 testing in order to meet the requirements of the policy.

In October 2021, East Valley Community Health Center, a local community health center located in Pomona, California, began providing free concierge testing services for our exempt staff twice weekly at our MHSA building located at 2001 N. Garey Avenue. In January 2022, EVCHC notified Tri-City that due to challenges and changes with staffing at EVCHC they would need to (1) move the testing of our Tri-City staff to their Pomona location and (2) commence billing Tri-City for the required testing.

After researching multiple referrals for other testing vendors over the course of several weeks, Tri-City has found that EVCHC continues to be the best option for COVID-19 testing for our employees because of factors such as price, timing and minimal disruption to staffing. We will continue to search for alternative COVID-19 testing options.

**Governing Board of Tri-City Mental Health Authority**  
***Approval of Resolution No. 648 Authorizing an Amendment to Fiscal Year 2021-22 Budget by Increasing Professional Services in the Amount of \$97,000 and Authorizing the Interim Executive Director to Execute a Memorandum of Understanding with East Valley Community Health Center (EVCHC) to Provide COVID-19 Testing to TCMHA Employees***  
**April 20, 2022**  
**Page 2**

Fiscal Impact:

The cost per COVID-19 test is \$81.16. Currently, Tri-City has 25 staff with approved exemptions that are required to test twice weekly as per Tri-City's COVID-19 Vaccination Policy. If all 25 staff members seek COVID-19 testing through Tri-City (as an option, Tri-City staff may seek COVID-19 on their own outside of Tri-City) the fiscal year 2021-22 budget will effectively increase by approximately \$97,000. Currently, on average, approximately 7-8 of Tri-City's staff with approved exemptions seek testing through Tri-City.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 648 amending the Fiscal Year 2021-22 Budget by increasing Professional Services in the amount of \$97,000; and authorizing the Interim Executive Director to execute the Memorandum of Understanding with East Valley Community Health Center for COVID-19 testing services for Tri-City employees.

Attachments

*Attachment 6-A:* Resolution No. 648 - DRAFT

*Attachment 6-B:* TCMHA and EVCHC MOU for Covid-19 Testing Services



**RESOLUTION NO. 648**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING AN AMENDMENT TO FISCAL YEAR 2021-22 BUDGET BY INCREASING PROFESSIONAL SERVICES IN THE AMOUNT OF \$97,000; AND AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE A MEMORANDUM OF UNDERSTANDING WITH EAST VALLEY COMMUNITY HEALTH CENTER TO PROVIDE COVID-19 TESTING TO TCMHA EMPLOYEES**

**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”), wishes to enter into an Agreement with East Valley Community Health Center (“EVCHC”) effective January 11, 2022, (“Agreement”) for COVID-19 testing services for TCMHA employees.

B. The Authority agrees to pay \$81.16 per COVID-19 test. The Authority’s Fiscal Year 2021-22 Budget will increase by approximately \$97,000.

C. The Authority affirms that EVCHC is an independent contractor and the Agreement does not create or establish the relationship of employee, agent, joint venture or partner of TCMHA.

**2. Action**

The Governing Board authorizes the Interim Executive Director to execute the Agreement with EVCHC for COVID-19 testing services; and authorizes amending its Budget for Fiscal Year 2021-22 by increasing Professional Services in the amount of \$97,000.00.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022 by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

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

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

## MEMORANDUM OF UNDERSTANDING

### **BY AND BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY (TCMHA) AND EAST VALLEY COMMUNITY HEALTH CENTER (EVCHC) TO PROVIDE COVID-19 TESTING TO TCMHA EMPLOYEES**

#### **1. PARTIES AND DATE**

This Memorandum of Understanding (MOU or Agreement) is made and entered into as of April 20, 2022 by and between Tri-City Mental Health Authority (TCMHA), a joint powers agency organized under the laws of the State of California with its administrative office at 1717 N. Indian Hill Boulevard, Suite B, Claremont, California 91711, and East Valley Community Health Center (EVCHC), a non-profit and tax-exempt charitable organization, with its headquarters at 420 S. Glendora Avenue, West Covina, CA 91790, hereinafter collectively referred to as Parties or individually as Party.

#### **2. RECITALS/BACKGROUND**

**A.** COVID-19 remains a concern to public health; and in order to combat its further spread and to provide adequate protection to the public, reopening protocols include creating access for the community to COVID-19 testing.

**B.** The goal of this collaboration is to assist with identifying workers with COVID-19 and to help prevent or reduce further transmission of COVID-19 in the workplace.

**C.** As a Federally Qualified Health Center, EVCHC agrees to provide COVID-19 testing to TCMHA staff at the following site:

EVCHC Pomona  
1555 S Garey Ave  
Pomona, CA 91766

**D.** EVCHC will require from each TCMHA staff being tested a signed release allowing EVCHC to disclose the test results to TCMHA. EVCHC will provide the test results to TCMHA. TCMHA will not compensate EVCHC for any test of a TCMHA staff member who declines to sign such a release.

#### **3. COMPENSATION**

TCMHA agrees to pay EVCHC for COVID-19 testing services at the rate of \$81.16 per test. EVCHC will forward a monthly invoice for services rendered to TCMHA staff. TCMHA agrees to submit payment to EVCHC within 30 days of invoice date.

**ATTACHMENT 6-B**

Tri-City COVID-19 Testing for Employees

#### **4. TERM OF MOU**

The term of this MOU shall commence January 11, 2022 and shall be in full force and effect for one year, or until amended or terminated whichever comes first, in whole or in part, by either Party at any time, without cause, upon ten (10) calendar days prior written notice to the other Party. Parties Agree to cooperate fully in any such transition.

It is the parties' intent to resolve any disputes by meeting and conferring in good faith to resolve such disputes that may arise with regard to the parties' obligations under this MOU

#### **5. GENERAL TERMS AND CONDITIONS**

##### **A. Relationship of Parties**

The express intention of the Parties is that EVCHC, its officers and employees, shall act in an independent capacity and not as officers, employees or agents of TCMHA. Nothing in this MOU shall be interpreted or construed as creating or establishing an agency, employer/employee, partnership, franchise, joint venture or any other fiduciary relationship other than that of independent contractor; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other Party, nor shall either Party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.

##### **B. Indemnity And Insurance**

Each Party shall indemnify and hold harmless the other Party, their elected and appointed officers, employees, representatives, volunteers, and contractors who serve as officers, officials, or staff, from and against any and all liability, including but not limited to demands, claims, actions, suits, accidents, injuries, fees, costs, expenses, liability, and/or proceedings (including attorney and expert witness fees), arising from or connected with each Party's respective acts and/or omissions arising from and/or relating to this Memorandum of Understanding.

##### **C. Health Insurance Portability and Accountability Act**

The Parties and their officers, employees, and agents providing services pursuant to this Agreement shall adhere to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR, Parts 160 and 164, 42 CFR, Part 2, and Welfare Institutions Code (WIC) Sections 5328 through 5330, inclusive, and all other applicable County, State, and federal laws, ordinances, rules, regulations, manuals, guidelines, and directives, relating to confidentiality and privacy. The Parties shall require all their officers, employees, and agents providing services under this Agreement to acknowledge understanding of, and agree to fully comply with, such confidentiality and privacy provisions.

**D. Governing Law, Jurisdiction and Venue**

This Memorandum of Understanding shall be governed by, and construed in accordance with, the laws of the State of California. Parties agree and consent to the exclusive jurisdiction of the courts of the State of California for all purposes regarding this Agreement and further agrees and consents that venue of any action brought hereunder shall be exclusively in the County of Los Angeles, California.

**A. Representative and Notice**

a. TCMHA's Representative. Tri-City Mental Health Authority hereby designates its Executive Director or Interim Executive Director to act as its representative for the performance of this Agreement and shall have the power to act on behalf of TCMHA for all purposes under this Agreement.

b. EVCHC's Representative. East Valley Community Health Center hereby designates its Chief Executive Officer to act as its representative for the performance of this Agreement and shall have the power to act on behalf of EVCHC for all purposes under this Agreement.

c. Delivery of Notices. All notices permitted or required under this Agreement shall be given to the respective Parties in writing, and will be deemed to have been duly given when delivered personally or when deposited in the United States Mail, First Class, at the following address and addressed as indicated:

If to TCMHA:

Tri-City Mental Health Authority  
1717 N. Indian Hill Boulevard, #B  
Claremont, CA 91711-2788  
Attn: Executive Director

If to EVCHC:

East Valley Community Health Center  
1555 S Garey Ave  
Pomona, CA 91766  
Attn: Chief Executive Officer

**E. Attestation**

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

**F. Entire Agreement**

This MOU and any other documents incorporated herein by specific reference, represents the entire and integrated agreement between the Parties. This MOU supersedes all prior agreements, written or oral, between TCMHA and EVCHC relating to the subject matter of this Agreement.

This MOU may not be modified, changed or discharged in whole or in part, except by an agreement in writing signed by TCMHA and the EVCHC. The validity or unenforceability of any provision of this MOU declared by a valid judgment or decree of a court of competent jurisdiction, shall not affect the validity or enforceability of any other provision of this MOU. No delay or omission by TCMHA in exercising any right under this MOU will operate as a waiver of that or any other right. A waiver or consent given by TCMHA on any one occasion is effective only in that instance and will not be construed as a bar to or waiver of any right on any other occasion or a waiver of any other condition of performance under this Agreement.

## 6. EXECUTION

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

**TRI-CITY MENTAL HEALTH AUTHORITY**

**EAST VALLEY COMMUNITY HEALTH CENTER**

By: \_\_\_\_\_  
Jesse H. Duff, Interim Executive Director

By: \_\_\_\_\_  
Alicia Mardini, Chief Executive Officer

Attest:

By: \_\_\_\_\_  
Micaela P. Olmos  
JPA Administrator/Clerk

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

By: \_\_\_\_\_  
Darold D. Pieper, General Counsel

**EXHIBIT A**



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

EAST VALLEY COMMUNITY HEALTH CENTER

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

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

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

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

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

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

Alicia Mardini, Chief Executive Officer

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Date	EVCHC's Representative Name	EVCHC's Representative Signature
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Jesse H. Duff, Interim Executive Director

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Date	TCMHA Executive Official's Name	TCMHA Executive Official's Signature
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Finance



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

**DATE:** April 20, 2022

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

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

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

**SUBJECT:** Consideration of Resolution No. 649 Authorizing an Agreement with Robert Half International Inc. for the Acquisition of Temporary Personnel Services, and authorizing the Interim Executive Director to Execute the Agreement

---

Summary:

Tri-City is seeking approval to enter into an agreement with Robert Half International Inc. ("Robert Half") to acquire temporary staffing services for various vacant clerical and administrative services positions.

Background:

As with all public behavioral health agencies across the state and the country, Tri-City continues to experience a staffing shortage of qualified professionals to perform the critical tasks in the course of normal public behavioral health business. Over the last several weeks, Tri-City's Operations Division, specifically the Front Desk/Medical Records Team, has experienced four (4) vacancies due to promotion, resignations and separation in the Program Support Assistant classification which are tasked with performing client-facing clerical and administrative duties such as check-ins, appointment scheduling, medical record preparation, etc. While Tri-City is actively recruiting to fill the positions full-time, the vacancies have outpaced our ability to backfill the positions as they become available.

Recruiting for qualified clerical and administrative professionals who possess behavioral health or medical experience and are willing to work in a client-facing environment with persons that are moderately to severely mentally ill has become increasingly more difficult. Hence, in order to continue to meet the increasing needs of clients and the community, Tri-City is seeking to contract with a temporary agency, Robert Half, who can supply experienced professionals on a temporary basis to the perform the needed work until the current regular full-time vacancies can be filled through a normal recruitment process. It is Tri-City's intention with this agreement to be able to continue to utilize Robert Half services in the future, if and when a need for temporary services arises to provide extra help for temporary special projects.

**Governing Board of Tri-City Mental Health Authority**  
***Consideration of Resolution No. 649 Authorizing an Agreement with Robert Half International Inc. for the Acquisition of Temporary Personnel Services, and authorizing the Interim Executive Director to Execute the Agreement April 20, 2022***  
**Page 2**

Fiscal Impact:

Due to the ongoing vacancies, an amendment to the Fiscal Year 2021-22 budget is not currently deemed necessary. The funding source will be a mix of Realignment and MHSA funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 649 authorizing the Interim Executive Director to execute the Agreement with Robert Half International, Inc. for the acquisition of temporary personnel services.

Attachments

*Attachment 7-A:* Resolution No. 649

*Attachment 7-B:* RH Customer Agreement



**RESOLUTION NO. 649**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE INTERIM EXECUTIVE DIRECTOR TO EXECUTE AN AGREEMENT WITH ROBERT HALF INTERNATIONAL INC. FOR THE ACQUISITION OF TEMPORARY PERSONNEL SERVICES EFFECTIVE APRIL 20, 2022**

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) desires to enter into an Agreement with Robert Half International Inc. (“RH) for the acquisition of temporary personnel services effective April 20, 2022; and to continue to utilize RH services in the future for when temporary services arises to provide extra help for temporary special projects.

B. The Authority affirms that RH is an independent contractor and the Agreement does not create or establish the relationship of employee, agent, joint venture or partner of TCMHA.

**2. Action**

The Governing Board approves the Agreement for the acquisition of temporary personnel services with Robert Half International Inc. effective April 20, 2022; and authorizes the Authority’s Interim Executive Director to execute the Agreement.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

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

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

# RH Customer Agreement

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This RH Customer Agreement (the "Agreement") governs transactions by which you retain the services of Robert Half International Inc., doing business through its finance & accounting, administrative & customer support, and management resources practice groups ("RH"), to assist Tri-City Mental Health Authority ("you" or "your") in meeting its contract talent needs.

## Part 1 - General

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### 1.1 Definitions

"Professional" means the individual assigned to you by RH.

"Branch" means the RH branch located at the address identified under the Robert Half International Inc. signature line of this Agreement.

"Services" means the provision of services by the Professional to you.

### 1.2 Agreement Structure

Additional terms for the Services are included in Exhibit A, which are attached to this Agreement. RH also provides additional terms for Services in documents called "job arrangement letters" which are also part of this Agreement. All transactions under this Agreement will have a job arrangement letter, which will be sent to you when RH provides Services to you. In order to initiate Services, you will provide RH with notice (e.g., via telephone, e-mail, facsimile, or mail) describing the Services you need in reasonable detail. RH will promptly reply to such request and indicate whether RH will or will not provide the requested Services. If RH elects to provide the requested Services, RH will send you a job arrangement letter.

If there is a conflict among the terms in the various documents, those of this Agreement prevail over those of a job arrangement letter. You accept the terms in a job arrangement letter by your approval of the Professional's weekly timesheet or electronic time record.

Services become subject to this Agreement when RH accepts your order by 1) sending you a job arrangement letter, or 2) providing the Services.

### 1.3 Charges and Payment

Amounts are due and payable as RH specifies in Exhibit A, including the fees payable for directly hiring Professionals and the fees payable if a Professional works overtime, e.g., in excess of 40 hours per week. You agree to pay accordingly, including any late payment fee.

### 1.4 Changes to the Agreement Terms

For a change to be valid, both parties must sign it. Additional or different terms in any written communication from you (such as a purchase order) are void.

### 1.5 Limitation of Liability

Circumstances may arise where, because of a default on RH's part or other liability, you are entitled to recover damages from RH. Regardless of the basis on which you are entitled to claim damages from RH (including fundamental breach, negligence, misrepresentation, or other contract or tort claim), RH's liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid to RH for the Services that are the subject of the claim. It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and RH shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures.

#### Items for Which RH is Not Liable

Under no circumstances is RH liable for any special, incidental, exemplary, indirect, lost profits, or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility.

### 1.6 General Principles of Our Relationship

- a. Each party will maintain workers' compensation insurance and commercial liability insurance.
- b. RH will be responsible, to the extent applicable, for any workers' compensation insurance, federal, state and local withholding and unemployment taxes, social security, state disability insurance or other payroll charges for the Professionals.
- c. In the event that any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions of this Agreement remain in full force and effect.

### 1.7 Agreement Term

This Agreement will continue for a period of one year after the last date listed below, unless terminated earlier. Either party may terminate this Agreement on thirty days' written notice to the other.

Either party may terminate this Agreement if the other does not comply with any of its terms, provided the one who is not complying is given written notice and reasonable time to comply.

Any terms of this Agreement which by their nature extend beyond the Agreement termination remain in effect until fulfilled, including the payment obligations set forth in Section 1.3 above, and apply to each party's respective successors and assignees.

#### **1.8 Warranties**

EXCEPT AS SET FORTH IN EXHIBIT A, RH MAKES NO EXPRESS OR IMPLIED WARRANTIES REGARDING THE SERVICES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTY OF QUALITY, PERFORMANCE, MERCHANTABILITY OR FITNESS FOR ANY PURPOSE.

### **Part 2 - Services**

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#### **2.1 Pre-Assignment Screening**

If you require RH to perform background checks or other placement screenings of Professionals, you agree to notify RH prior to the start of services under this Agreement. RH will conduct such checks or screenings only if they are described in a signed, written amendment to this Agreement. If you request a copy of the results of any checks conducted on RH's Professionals, you agree to keep such results strictly confidential and to use such results in accordance with applicable laws and solely for employment purposes.

#### **2.2 Scope of Assignment**

You shall supervise Professionals providing services to you. You shall not permit or require Professionals (i) to perform services outside of the scope of Professional's assignment; (ii) to sign contracts or statements (including SEC documents); (iii) to make any management decisions; or (iv) to use computers, or other electronic devices, software or network equipment owned or licensed by Professional.

#### **2.3 Cash Handling and Other Financial Transactions and Activities**

If you permit or allow a Professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables, or conduct financial transactions or other related activities, you accept sole responsibility for all claims, demands and liability that may arise from permitting these activities. You represent and warrant that to the extent you permit or allow a Professional to engage in the activities described in this paragraph, you will not permit or allow a Professional to handle more than (i) \$1,000 per day if you are a non-profit entity, or (ii) \$25,000 per day if you are a for-profit entity. Since RH is not a professional accounting firm, you agree that you will not permit or require Professional (a) to render an opinion on behalf of RH or on your behalf regarding financial statements; (b) to sign the name of RH on any document; or (c) to sign their own names on financial statements or tax returns.

#### **2.4 Workplace Safety**

It is understood that you have full responsibility for: (i) providing safe working conditions as required by law, including compliance with all public health and occupational safety regulations and guidelines applicable to your business, and (ii) ensuring that safety plans exist for, and safety related training is provided to, Professionals working on your premises. To ensure the safety of potentially vulnerable individuals on your premises, you agree not to require our Professionals to have unsupervised or unmonitored contact with (a) minors or (b) adults who are under your care, custody or supervision because of mental health impairments. If any assignment under this Agreement is for work to be performed under a government contract or subcontract, you will notify RH immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if RH is legally required to initiate E-Verify verification procedures for any Professional. RH reserves the right to re-assign any Professional.

#### **2.5 Operation of Vehicle and Equipment**

RH does not authorize Professionals to operate machinery (other than office machines) or vehicles. If you wish to permit Professionals to drive for business purposes, you accept sole responsibility for all liability, damages, injuries or other claims that may arise or be incurred as a result of such driving. If you require Professionals to drive a vehicle owned by you or your employee, you agree to maintain such vehicle in good working condition and maintain all necessary and appropriate insurance for the operation of such vehicle. Under no circumstances will you permit Professionals to: (i) make bank deposits, (ii) carry cash in excess of \$100, negotiable instruments or other valuables while driving, or (iii) carry passengers in the vehicle. It is agreed that you accept full responsibility for, and that RH does not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.

#### **2.6 Remote Work**

You may request that RH permit its Professionals to provide services to you remotely (i.e., from a location other than your or your customer's premises) using your or RH's laptop and/or other computer or telecommunications equipment (the "Equipment"). You acknowledge and agree that RH shall have no control over, and You shall be solely responsible for, (i) the logical and physical performance, reliability and security of the Equipment or related devices, network accessibility and availability, software, services, tools and e-mail accounts (collectively, "Computer Systems") used by the Professional, and (ii) the security, integrity, and backing up of the data and other information stored therein or transmitted thereby. Moreover, you must not permit Professional to save or store any of your files or other data on the Computer Systems provided by RH (including, but not limited to, any virtual desktop infrastructure

solution). You agree that RH shall not be liable for any loss, damage, expense, harm, business interruption or inconvenience resulting from the use of such Computer Systems.

**2.7 Claims**

RH will not be responsible for any claim related to the engagement, including, but not limited to, any Services performed during such engagement, unless you reported such claim in writing to RH within ninety (90) days after termination of the applicable assignment.

**2.8 Confidentiality**

The Professionals will execute any confidentiality agreement that you may require. You agree to be responsible for obtaining the Professional's signature. You agree to hold in confidence the identity of any Professional and the Professional's resume, social security number and other legally protected personal information, and you agree to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.

This Agreement is only applicable to, and the only Robert Half branch and practice groups obligated under this Agreement are, the finance & accounting, administrative & customer support, and management resources practice groups of the Branch. This Agreement and its job arrangement letter(s) are the complete agreement regarding these transactions and replace any prior oral or written communications between the Branch and you regarding these transactions.

By signing below, both parties agree to the terms of this Agreement. Once signed, 1) any reproduction of this Agreement or job arrangement letter(s) made by reliable means (for example, photocopy or facsimile) is considered an original and 2) all Services ordered under this Agreement are subject to it.

*Agreed to:*  
**Tri-City Mental Health Authority**

*Agreed to:*  
**Robert Half International Inc.**

By \_\_\_\_\_  
Authorized Signature

By \_\_\_\_\_  
Authorized Signature

Name (type or print):

Name (type or print):

Date:

Date:

Customer address: 1900 N. Royalty Dr., Pomona,  
CA, 91767

Branch address: 865 S. Figueroa Street Suite 2600  
Los Angeles CA, 90017

*After signing, please return a copy of This Agreement to the RH "Branch address" shown above.*

## Exhibit A

Professionals are assigned to you under the following additional terms:

1. **Guarantee** - RH guarantees your satisfaction with the Services of the Professional by extending to you (i) a one-day (8 hours) guarantee for placements made through the finance & accounting or administrative & customer support practice group or (ii) a two-day (16 hours) guarantee for placements made through the management resources practice group (the "Guarantee Period"). If, for any reason, the Professional is not satisfactory to you, RH will not charge for the hours worked during the Guarantee Period, provided that you allow RH to replace the Professional. Unless RH is contacted by you before the end of the Guarantee Period, you agree that the Professional is satisfactory for the purposes of this guarantee.
2. **Bill Rates and Time Sheet** - Hourly rates for all assignments will be agreed on a case-by-case basis. Professional will present a time sheet or an electronic time record to you for verification and approval at the end of each week. RH will bill you weekly for the total hours worked; RH's invoices are due upon receipt, including applicable sales and service taxes all of which are payable by you. In the event that RH's invoices are not paid by you when due, you agree to pay all of RH's costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, RH may, at RH's option, charge interest on any overdue amounts at a rate of the lesser of 1½% per month or the highest rate allowed by applicable law from the date the amount first became due. RH may charge you a fee for the provision of equipment or technology, if you request that Professional use equipment or technology provided by RH. RH may also increase RH's rates to reflect increases in RH's cost of doing business, including costs associated with higher wages for workers and/or related taxes, benefits or other costs. RH will provide written or verbal notice of technology charges and/or increases in rates. Any increase in rates will be prospective, starting as of the effective date RH specifies.
3. **Overtime** - If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
4. **Hiring the Professional** - After you evaluate the performance and potential of a Professional on the job, you may wish to employ this person directly. In such event, you agree to pay a conversion fee. The conversion fee is payable if you hire the Professional, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if the Professional is hired by (i) a subsidiary or other related company or business as a result of your referral of the Professional to that company or (ii) one of your customers as a result of the Professional providing services to that customer.

The conversion fee will be owed and invoiced upon your hiring of the Professional, and payment is due upon receipt of the invoice. The same calculation will be used if you convert the Professional on a part-time basis using the full-time equivalent salary.

The conversion fee will equal a percentage of the Professional's aggregate annual compensation, including bonuses:

<b>Hours Billed and Paid</b>	<b>Conversion Rate</b>
0 hours to 160 hours	22%
161 hours to 320 hours	15%
321 hours to 520 hours	10%
521 hours to 720 hours	5%
721 hours or more	\$1,500



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

**DATE:** April 20, 2022

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

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

**SUBJECT:** Consideration of Resolution No. 650 Authorizing the First Amendment to the Memorandum of Understanding with the City of Claremont for Psychiatric Assessment and Care Team (PACT) Community Response Services

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Summary:

Staff is seeking Governing Board approval to amend the Memorandum of Understanding with the City of Claremont and authorize the Interim Executive Director to execute the First Amendment to the Psychiatric Assessment and Care Team (PACT) Community Response Services Memorandum of Understanding.

Background:

February 17, 2021, the Governing Board adopted Resolution No. 575 to execute a Memorandum of Understanding with the City of Claremont, to establish and implement the PACT program in collaboration with the Claremont Police Department (CPD). The PACT program was designed to address mental and physical health issues by utilizing trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance.

Following the murder of George Floyd in May 2020, many city leaders began to reflect and re-evaluate the exclusive use of police in responding to certain community situations such as calls for dealing with persons who are homeless or calls about familial concerns regarding emotional crises that might more readily be de-escalated from a potential 5150/5585 with the addition of specialized professionals at the scene. Therefore, Claremont's former City Manager and Police Chief contacted TCMHA to discuss adding a mental health team on-site at their police department to address those situations.

Staff along with legal Counsel began to address insurance coverage needs as a result of the execution of the MOU. Over the course of several months it became clear that TCMHA's excess liability coverage could not be extended to cover the PACT program. On May 24, 2021 Keenan (TCMHA's insurance broker) indicated that they were nearing finalizing terms for TCMHA's insurance program renewal and that it would be more than likely that they will not have an option available to present within the short time frame due to a couple of reasons: 1) there are few excess carriers willing to take on any exposures relating to law enforcement liability; and 2) it is a direct reflection of the current insurance

**Governing Board of Tri-City Mental Health Authority**  
**Consideration of Resolution No. 650 Authorizing the First Amendment to the Memorandum of Understanding with the City of Claremont for Psychiatric Assessment and Care Team (PACT) Community Response Services**  
**April 20, 2022**  
**Page 2**

market conditions and the challenges faced by public agencies with law enforcement personnel.

After months of discussions with TCMHA staff and Keenan; Keenan, ultimately, notified TCMHA that an indication (a non-binding rate) was secured as follows:

- \$1M Excess for an annual premium of \$100K
- \$2M Excess for an annual premium of \$200K

Both options are excess limits over the primary limits with Tri-City's existing coverage of \$2 Million per occurrence and \$3 million in the aggregate (with Capital Specialty insurance company) noting that they may be able to negotiate more favorable terms at the time of marketing the entire program including options for higher policy limits (which is currently underway); and both indications would exclude abuse and molestation. Costs associated with the PACT program are funded exclusively via 1991 realignment, TCMHA's most limited funding source.

TCMHA has spent approximately \$150 thousand of 1991 Realignment Funds budgeted in Fiscal Year 2020-21 to employ two (2) full-time employees: one (1) Licensed Clinical Therapist and one (1) Licensed Psychiatric Technician (LPT), who are stationed on-site at the Claremont Police Department.

Notwithstanding that TCMHA had been collaborating with our local police departments to provide mental health services to our communities, this MOU with the City of Claremont has increased TCMHA exposure to liability simply because it is specific and memorializes the partnership and collaboration with the PACT program. Therefore, there is a high probability that TCMHA will be named into a lawsuit when there is one, regardless if it is at fault or not, and TCMHA will have to pay for its own defense which will be costly and currently it does not have the appropriate coverage for this collaboration with the City of Claremont.

Over the past several weeks TCMHA staff have been working with the City of Claremont staff to find solutions. At this time the City of Claremont has agreed to pay for 50% of the costs for fiscal year 2022-23 which have been mutually agreed to be \$350,000 and consist of \$150,000 for Employee Costs and \$200,000 for Insurance Costs. Going forward and as noted in the attached amendment, the total costs shall be mutually agreed and determined for subsequent fiscal years. As a result of this agreement, the projected additional costs to Tri-City would ultimately increase by \$25,000 noting that Tri-City was already covering the employee costs of \$150,000 (Total Costs of \$350,000 minus City of Claremont portion of \$175,000=\$175,000). The Claremont City Council unanimously approved the First Amendment to the MOU at its April 12, 2022 meeting.

**Governing Board of Tri-City Mental Health Authority**  
**Consideration of Resolution No. 650 Authorizing the First Amendment to the Memorandum of Understanding with the City of Claremont for Psychiatric Assessment and Care Team (PACT) Community Response Services**  
**April 20, 2022**  
**Page 3**

In the event our other two city partners request a similar program and arrangement, this agreement may potentially serve as the baseline arrangement.

Fiscal Impact:

Prior to this amendment and since the inception of this program, Tri-City was covering the staffing portion of the costs of approximately \$150,000 annually. As noted above and as a result of this amendment, the additional impact to Tri-City will be approximately \$25,000 ongoing, which will also be covered by 1991 Realignment Funds.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 650 authorizing the Interim Executive Director to execute the First Amendment to the Memorandum of Understanding with the City of Claremont for the PACT program.

Attachments:

*Attachment 8-A:* Resolution No 650 -DRAFT

*Attachment 8-B:* First Amendment to Memorandum of Understanding with the City of Claremont for PACT Community Response Services -DRAFT



**RESOLUTION NO. 650**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY AUTHORIZING THE FIRST AMENDMENT TO THE MEMORANDUM OF UNDERSTANDING WITH THE CITY OF CLAREMONT FOR PSYCHIATRIC ASSESSMENT AND CARE TEAM (PACT) COMMUNITY RESPONSE SERVICES**

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) adopted Resolution No. 575 to enter into a Memorandum of Understanding with the City of Claremont to establish and implement the PACT program effective March 1, 2021.

B. The Authority desires amend the MOU to establish the mutual responsibility of the City of Claremont and TCMHA to pay fifty percent (50%) of the Total Costs associated with the services provided by TCMHA under this MOU.

C. The Total Costs for Fiscal Year 2022-23 is agreed to be \$350,000 consisting of \$150,000 for Employee Costs and \$200,000 for Insurance Costs. The Total Costs shall be mutually agreed and determined for subsequent fiscal years.

**2. Action**

The Governing Board approves the First Amendment to the MOU for the PACT program with the City of Claremont; and agrees to pay fifty percent (50%) of \$350,000 (Total Costs); and authorizes the Executive Director to execute the First Amendment.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA OLMOS, RECORDING SECRETARY

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

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

**FIRST AMENDMENT**  
**TO**  
**MEMORANDUM OF UNDERSTANDING**  
**BY AND BETWEEN TRI-CITY MENTAL HEALTH AUTHORITY**  
**AND THE CITY OF CLAREMONT TO ESTABLISH COMMUNITY**  
**RESPONSE BY CLAREMONT POLICE DEPARTMENT AND THE**  
**PSYCHIATRIC ASSESSMENT CARE TEAM (PACT)**

**1. PARTIES AND DATE**

This First Amendment (“First Amendment”) is made and entered into as of April 1, 2022 (“Amendment Date”), by and between TRI-CITY MENTAL HEALTH AUTHORITY, a joint powers agency organized under the laws of the State of California (“TCMHA”) and the CITY OF CLAREMONT, a municipal government (“CITY”). TCMHA and CITY are sometimes individually referred to as a “Party” and collectively as “Parties.”

**2. RECITALS/BACKGROUND**

**2.1** TCMHA and CITY entered into a Memorandum of Understanding (“MOU”) effective March 1, 2021, for TCMHA to provide mental health professional support during regular TCMHA business hours, to Claremont Police Department through the Psychiatric Assessment and Care Team (PACT) Program.

**2.2** The Parties desire to amend the MOU to establish the mutual responsibility to pay for the costs associated with the services provided by TCMHA under this MOU.

**2.3** All the terms and conditions in the original MOU stay intact and unchanged. Except as set forth in this First Amendment, the MOU shall continue in full force and effect according to its terms. If there is conflict between this First Amendment and the MOU or any prior amendment(s), the terms of this First Amendment shall prevail.

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

**3. AMENDMENT**

Article 6 of the MOU (Compensation) is amended to read as follows:

Each Party agrees to pay fifty percent (50%) of the “Total Costs” associated with:

1. TCMHA employing two (2) full-time employees: one (1) Licensed Clinical Therapist and one (1) Licensed Psychiatric Technician (LPT), who are stationed on-site at the Claremont Police Department (“Employee Costs”); and
2. TCMHA’s excess liability coverage to insure the PACT program services (“Insurance Costs”).

**ATTACHMENT 8-B**

The Total Costs for Fiscal Year 2022/23 is agreed to be \$350,000 consisting of \$150,000 for Employee Costs and \$200,000 for Insurance Costs. The Total Costs shall be mutually agreed and determined for subsequent fiscal years.

**4. EXECUTION**

**IN WITNESS WHEREOF**, the Parties have executed this First Amendment as of the Amendment Date.

**TRI-CITY MENTAL HEALTH  
AUTHORITY**

**CITY OF CLAREMONT**

By: \_\_\_\_\_  
Jesse H. Duff, Interim Executive Director

By: \_\_\_\_\_  
Adam Pirrie, City Manager

Attest:

Attest:

By: \_\_\_\_\_  
Micaela P. Olmos  
JPA Administrator/Clerk

By: \_\_\_\_\_  
Jamie Costanza, Deputy City Clerk

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

Approved as to Form:  
RUTAN & TUCKER, LLP

By: \_\_\_\_\_  
Darold D. Pieper, General Counsel

By: \_\_\_\_\_  
Alisha Patterson, City Attorney



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

**DATE:** April 20, 2022

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

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

**BY:** Rimmi Hundal, Director of MHSA and Ethnic Services  
Dana Barford, Manager of MHSA

**SUBJECT:** Consideration of Resolution No. 651 Adopting the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 as Recommended by the TCMHA Mental Health Commission

---

Summary:

The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures. The MHSA Projects Manager presented an overview of the (MHSA) Annual Update for FY 2022-23 during the Public Hearing at its Regular Meeting of the Tri-City Mental Health Commission held on April 12, 2022. This plan was endorsed by the Commission and is now presented to the Governing Board for approval and adoption.

Background:

This Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23 was posted on March 11, 2022, and the required minimum 30-day review process ended on April 12, 2022. Staff circulated a draft of the Annual Update by making electronic copies available on Tri-City's website and hard copies available at several community centers and other places of community gatherings. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. All comments received regarding this plan were shared during the Public Hearing held on April 12, 2022.

Stakeholder involvement is a critical component to the decade-long success of the MHSA process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Annual Update, community members were invited to participate in stakeholder meetings and workgroups focusing on reviewing current MHSA programming and identifying possible gaps in service.

Fiscal Impact:

The Agency has funds available under MHSA to support the MHSA Annual Update for Fiscal Year 2022-23.

**Governing Board of Tri-City Mental Health Authority**  
***Consideration of Resolution No. 651 Adopting the Mental Health Services Act (MHSA)***  
***Annual Update for Fiscal Year 2022-23 as Recommended by the TCMHA Mental Health***  
***Commission***  
**April 20, 2022**  
**Page 2**

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 651 approving the Authority's Mental Health Services Act (MHSA) Annual Update For Fiscal Year 2022-23 as recommended by the TCMHA Mental Health Commission.

Attachment:

*Attachment 9-A:* Resolution No 651- DRAFT

*Attachment 9-B:* MHSA Annual Update for Fiscal Year 2022-23.

**RESOLUTION NO. 651**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY ADOPTING ITS MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FOR FISCAL YEAR 2022-23**

**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”) wishes to adopt the Authority’s Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2022-23, as recommended by the Authority’s Mental Health Commission.

B. The Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Updates for all Mental Health Services Act (MHSA) programs and expenditures.

C. The MHSA Annual Update was developed through a Community Planning Process wherein stakeholders and community members participate in reviewing and recommending programming and services.

**2. Action**

The Governing Board approves the Authority’s MHSA Annual Update for Fiscal Year 2022-23; and authorizes the Executive Director, or designee, to prepare and submit any and all reports related thereto.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022, by the following vote:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

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

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



MENTAL HEALTH SERVICES ACT (MHSA)

# ANNUAL UPDATE

Annual Update FY 2022-23



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# MHSA County Compliance Certification

County: TRI-CITY MENTAL HEALTH AUTHORITY

<b>Local Mental Health Director</b> Name: JESSE DUFF/Interim Exec. Director Telephone Number: (909) 623-6131 E-mail: <a href="mailto:jduff@tricitymhs.org">jduff@tricitymhs.org</a>	<b>Program Lead</b> Name: RIMMI HUNDAL Telephone Number: (909) 784-3016 E-mail: <a href="mailto:rhundal@tricitymhs.org">rhundal@tricitymhs.org</a>
County Mental Health Mailing Address: 1717 N. Indian Hill Boulevard Suite B, Claremont, CA 91711	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three- Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This MHSA Annual Update Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft MHSA Annual Update Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Annual Update FY 2022-23 and Expenditure Plan, attached hereto, was adopted by the Tri-City Governing Board on April 20, 2022.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Annual Update FY 2022-23 and Expenditure Plan are true and correct.

Jesse Duff

Local Mental Health Director/Designee (PRINT)  
County: TRI-CITY MENTAL HEALTH AUTHORITY

Signature

Date




# Executive Summary

## COVID Update

Throughout FY 2020-21, Tri-City's MHSAs staff engaged community members and program participants primarily via Ring Central, a virtual platform. However, many critical frontline workers such as the Community Navigators and the Intensive Outreach and Engagement Team were able to work directly in the field meeting individuals "where they are" by utilizing personal protective equipment and following strict safety protocols.

## Community Planning Process

The community planning process began in the fall of 2021 and continued throughout the fiscal year utilizing a virtual platform. Community members were invited to attend multiple stakeholder meetings, MHSAs workgroups and the MHSAs Public Hearing. In addition, the community was presented with the annual Community Planning Process Survey which provided an opportunity for participants to share their feedback regarding possible gaps in service or unmet needs of community members.

	MHSAs Event	Dates
	Community Planning Process Survey	Fall 2021
	Stakeholder Meetings	8/11/2021 9/23/2021 9/30/2021 2/24/2022
	MHSAs Workgroups	2/17/2022
	Innovation Workgroups	10/21/2021 12/06/2021 12/16/2021 12/21/2021 1/26/2022
	30-Day Posting of MHSAs Annual Update FY 2022-23	3/11/2022 to 4/12/2022
	MHSAs Public Hearing	4/12/2022
	Tri-City Governing Board Approval and Adoption	4/20/2022

# MHSA Plan Highlights & Actions Since Previous Annual Update

## Community Services and Supports (CSS)

CSS Program	Total Number Served FY 2020-21
Full-Service Partnerships	641
Full-Service Partnerships Projection for FY 2021-22	674
Community Navigators	1,812
Wellness Center	869
Supplemental Crisis Services	1,281
Field Capable Clinical Services for Older Adults	32
Permanent Supportive Housing	227

## Prevention and Early Intervention (PEI)

PEI Program	Total Number Served FY 2020-21
Community Wellbeing	7,805
Community Mental Health Trainings	1,067
Stigma Reduction and Suicide Prevention	149
Older Adult and Transition Age Youth Wellbeing	101 Individual; 246 Group
Wellness Center PEI /TAY and Older Adults	1,427
Family Wellbeing	367
NAMI: Community Capacity Building/Ending the Silence	0
Housing Stability Program	19 Landlords; 70 Attendees
Therapeutic Community Gardening	97
Early Psychosis Program	109

## Innovation (INN)

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level.

A new Innovation project, *Restorative Practices in Mental Health (RPIMH)*, was proposed and approved by Tri-City stakeholders, Mental Health Commissioners, and Governing Board members. However, after meeting with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC), it was determined by the Chair and Executive Director of the MHSOAC that the project did not meet the threshold for "Innovation" and the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward.

## Workforce Education and Training (WET)

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress and resiliency, and restorative practices.

In August 2021, Tri-City stakeholders approved the transfer of \$900,000 from the Community Services and Supports plan to Workforce Education and Training (WET) plan. The purpose of these funds was to create: 1) two new positions within WET. The first position is Social Media Specialist, who will focus on increasing Tri-City's social medial presence. The second position is Diversity Equity and Inclusion Coordinator who will oversee the cultural inclusion strategy of the agency; 2) create new incentives for new hires as well as existing staff as a part of recruitment and retention strategy under the existing WET program, Engaging Volunteers and Future Employees, which includes a student loan repayment option. The budget for the loan repayment option is \$500,000 in one-time funds.

## Capital Facilities and Technological Needs (CFTN)

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first is an amendment represented the redistribution of tasks and costs between original vendors contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767. The second proposed to expend existing MHSA funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record system and client referral management platform.

# Introduction to Tri-City Mental Health Authority

On June 21, 1960, Tri-City Mental Health Authority was formed and established through a Joint Powers Authority Agreement between the cities of Pomona, Claremont and La Verne. This union established Tri-City as a “county” and mental health authority for these three cities. Since 2008, Tri-City has benefited from funding under the Mental Health Services Act and expanded from a “treatment only service” agency to a full system of care based on the Recovery Model.

For more than 60 years, Tri-City has provided services that are clinically, culturally, and linguistically appropriate for community members. Tri-City’s commitment and belief in wellness and recovery for each of our clients has guided our service delivery and program development. By treating each individual based on their own identified cultural, language and health beliefs, Tri-City is able to demonstrate cultural humility while delivering services that are sensitive to both the customs and cultures of our clients.

## Demographics

The total population for the Tri-City area is approximately 220,313 residents. Pomona has more than twice the population of the other two cities combined.

**Table 1: Population by City**

Total Population by City				
City	La Verne	Claremont	Pomona	Tri-City Area
<b>Total population</b>	31,334	37,266	151,713	<b>220,313</b>

Source: U.S. Census data from 2020 DEC Redistricting Data

The following tables indicate the total population by age group and race/ethnicity:

**Table 2: Total Population by Age Group**

Total Population by Age Group					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Age
Age Group:					
0-14	5,209	5,187	31,381	23.0%	18.95%
15-24	4,278	7,281	27,404	38,963	17.67%
25-59	13,501	14,626	69,717	97,844	44.37%
60+	9,223	8,996	23,707	41,926	19.01%
<b>Totals</b>	<b>32,211</b>	<b>36,090</b>	<b>152,209</b>	<b>220,510</b>	<b>100.00%</b>

Source: U.S. Census data from 2019 ACS 5-Year Estimates

**Table 3: Total Population by Race/Ethnicity**

Total Population by Ethnicity					
City:	La Verne	Claremont	Pomona	Tri-City Area	% by Ethnicity
Ethnicity:					
African American	906	1,783	8,116	10,805	4.90%
Asian Pacific Islander	3,426	5,858	16,088	25,372	11.52%
Hispanic/Latinx	11,185	9,416	108,044	128,645	58.39%
Native American	81	90	386	557	0.25%
White	14,373	17,628	15,669	47,670	21.64%
Other	183	272	697	1,152	0.52%
Two or more races	1,180	2,219	2,713	6,112	2.77%
<b>Totals</b>	<b>31,334</b>	<b>37,266</b>	<b>151,713</b>	<b>220,313</b>	<b>100.00%</b>

Source: U.S. Census data from 2020 DEC Redistricting Data

## Mental Health Service Act (MHSA)

The Mental Health Services Act (MHSA), also known as Proposition 63, has served as the primary source of funding for all MHSA programs for Tri-City Mental Health since 2008. Passed in 2004, the MHSA is funded through a tax imposed on Californian's whose income exceeds 1 million dollars. Known as the "millionaire's tax" this initiative is designed to expand and transform California's county mental health system to provide more comprehensive care for those with serious mental illness, specifically in unserved and underserved populations.

## Five Components of the Mental Health Services Act

Component	Focus	Year Plan Approved
<b>Community Services and Supports (CSS)</b>	Provides intensive treatment and transition services for people who suffer with serious and persistent mental illness	2009
<b>Prevention and Early Intervention (PEI)</b>	Implement services that promote wellness and prevent suffering from untreated mental illness	2010
<b>Workforce Education and Training (WET)</b>	Goal is to develop a diverse workforce and provide trainings for current staff	2012
<b>Innovation</b>	Develop new projects to increase access and quality of services to underserved groups	2012
<b>Capital Facilities and Technological Needs</b>	Supports the creation of facilities and technology infrastructure used for the delivery of MHSA services	2013

## MHSA Community Planning Process

The success of the MHSA Community Planning Process is built on a strong and effective community partnership. Per the Welfare and Institution Code section 5848, counties are required to collaborate with constituents and stakeholders throughout the planning and development process for any MHSA program or plan.

One critical component to the stakeholder process is the partnership and collaboration between Tri-City staff and stakeholders throughout the community planning process that includes meaningful stakeholder involvement on: mental health policy, monitoring, quality improvement, evaluation, and budget allocations. (Welfare and Institutions Code (W&I) section 5848).

Stakeholder involvement and opportunities for participation regarding specific areas of the community planning process are listed below:

<p><b>Mental Health Policy</b></p> <hr/> <p>Public comments during Mental Health Commission meetings, Governing Board meetings and other stakeholder events</p>	<p><b>Program Planning and Implementation</b></p> <hr/> <p>Stakeholder and Orientation meetings, MHSA workgroups, Community Planning Survey, and Cultural Wellness Advisory committees</p>	<p><b>Monitoring</b></p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA Workgroups, review outcomes for programs, 30-Day comment period for MHSA plans and updates, comments made during MHSA Public Hearing</p>
<p><b>Quality Improvement</b></p> <hr/> <p>Annual Community Planning Survey, surveys completed following trainings, webinars, and presentations, Cultural Wellness Committees</p>	<p><b>Evaluation</b></p> <hr/> <p>Stakeholder and Orientation Meetings, opportunity for questions, MHSA workgroups, review outcomes for programs, 30-day postings and public comments, Public Hearing public comments</p>	<p><b>Budget Allocations</b></p> <hr/> <p>Stakeholder/Orientation Meetings, MHSA workgroups, 30-day plan postings and Public Hearing</p>

Community involvement and representation matters, and Tri-City continues to seek the involvement of local community partners, consumers, and stakeholders as we strive to achieve diversity, equity, and inclusion in all aspects of this agency.

Opportunities for collaboration include:



Tri-City Event	Description
<b>MHSA Stakeholder Orientation (Virtual)</b>	Virtual presentation which encompasses the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care.
<b>MHSA Staff Orientation (Virtual)</b>	Virtual presentations during new employee orientation includes the history of community mental health leading up to the passage of the Mental Health Services Act. Also includes an overview of all MHSA Plans and programs currently implemented through Tri-City's system of care. Staff are also invited to attend stakeholder meetings where additional information is provided.
<b>Community Planning Survey (Online)</b>	This annual online survey is shared with stakeholders and community partners where they are invited to provide Tri-City staff their thoughts and concerns regarding mental health support services in the cities of Pomona, Claremont, and La Verne. From these responses, future community workgroups and Tri-City staff will work in collaboration to develop or expand programs and services based on MHSA guidelines and funding.
<b>MHSA Workgroups (Virtual)</b>	Stakeholders, community members, and partners participate in virtual workgroups which include the review of current MHSA programs implemented under CSS, PEI, and INN plans.
<b>Innovation Focus Groups (Virtual)</b>	Stakeholders are invited to join the Innovation focus/workgroups to share their ideas or suggestions regarding potential projects that could be considered new and innovative. In addition, videos are posted on Tri-City's website which explain the Innovation project process.
<b>Innovation Idea Survey (Online)</b>	The Innovation Idea Survey was created to help community members and stakeholders develop new ideas to be considered for Innovation Projects. Ideas submitted through the survey are discussed during Innovation focus/workgroups.
<b>Community Meetings</b>	Tri-City staff attend multiple community meetings and events, mostly virtual at this time, to learn first-hand about the needs of the community as well as providing them an opportunity to discuss issues or concerns directly with Tri-City staff.
<b>Interviews with Community Members/Partners</b>	Community members are often interviewed (key informant interviews) and engage in dialogues with Tri-City staff and consultants when community input is critical to informing the decision process. Examples include providing input in the development of Tri-City's new branding campaign and the desired qualifications of a new Executive Director.
<b>Mid-Year Stakeholder Meeting (Virtual)</b>	Stakeholders and community partners are invited to participate in a mid-year stakeholder meeting where they have the opportunity to hear MHSA program updates, review any new MHSA projects or programs, and provide feedback regarding allocation of MHSA funding.
<b>30-Day Posting of 3-Year Plan and Annual Update</b>	All MHSA Three-Year Program and Expenditure Plans and Annual Updates are posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the plans are distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
<b>Public Hearing and Mental Health Commission</b>	The Tri-City Mental Health Commission hosts an MHSA Public Hearing. Community members are invited to join and review a presentation on program updates summarized in the most recent MHSA Three-Year Program and Expenditure plan or Annual Update. Participants can provide feedback to staff which is reviewed and incorporated into the Plan or Update.
<b>Governing Board Meeting/Approval</b>	Community members and stakeholders are invited to all Governing Board meetings to provide feedback and ask questions during the public comment period.

The following table reflects specific community planning activities and collaboration impacting the development of this MHSA Annual Update FY 2022-23.

MHSA Event	Dates	Purpose
Stakeholder Meeting	8/11/2021	Amendment to MHSA Annual Update FY 2021-22 Transfer of Funds from CSS to CFTN and WET
30-Day Posting for Amendment to MHSA Annual Update FY 2021-22	8/13/2021 - 9/14/2021	Opportunity for stakeholders to provide comments regarding this document
Mental Health Commission Approval	11/9/2021	Required by MHSA
Tri-City Governing Board Approval	11/17/2021	Required by MHSA
TAY Stakeholder Meeting	9/23/2021	Introduction to MHSA geared towards TAY and TAY service providers
Stakeholder Meeting	9/30/2021	Orientation to MHSA and introduction to current programs, evaluations, and budgets
Community Services and Supports (CSS) Workgroup	2/17/2022	Workgroup participants reviewed the CSS program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each. In addition, a proposal was shared which allowed the transfer of funds from CSS to WET and CFTN.
Prevention and Early Intervention (PEI) Workgroup	2/17/2022	Workgroup participants reviewed the PEI program outcomes for FY 2020-21 and were able to comment on the successes and challenges of each.
Innovation Workgroups	10/21/2021 12/6/2021 12/16/2021 12/21/2021 1/26/2022	Stakeholders joined together to review the needs of the community and share ideas in an effort to identify and create a new MHSA Innovation project.
Stakeholder Meeting	2/24/2022	Community members came together for the mid-year stakeholder meeting. Presentations included the request for transfer of CSS funds to WET and CFTN; creating three new Community Navigator positions; and approval of the new Innovation project, Psychiatric Advance Directives.
30-Day Posting for New Innovation Plan	3/11/2022 - 4/12/2022	The new Innovation plan, Psychiatric Advance Directives (PADs) was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.
30-Day Posting for MHSA Annual Update FY 2022-23	3/11/2022 - 4/12/2022	The MHSA Annual Update for FY 2022-23 was posted on Tri-City's website and social media for a 30-day review period. In addition, paper copies of the Annual Update were distributed throughout the three cities at local venues such as city halls, libraries, and community centers.

**MHSA Public Hearing/ Mental Health Commission Meeting**

4/12/2022

The Mental Health Commission for Tri-City will host the MHSA Public Hearing where community members are invited to join and review a presentation regarding program updates summarized in the most recent MHSA Annual Update for FY 2022-23 and the new Innovation project, Psychiatric Advance Directives (PADs). Participant feedback to staff will be reviewed and incorporated into this plan. The Mental Health Commission will be asked to endorse both plans for submission to Tri-City's Governing Board.

**Tri-City Governing Board Approval**

5/18/2022

Tri-City's Governing Board will meet to approve and adopt the Annual Update for FY 2022-23 and the new Innovation project Psychiatric Advance Directives (PADs).

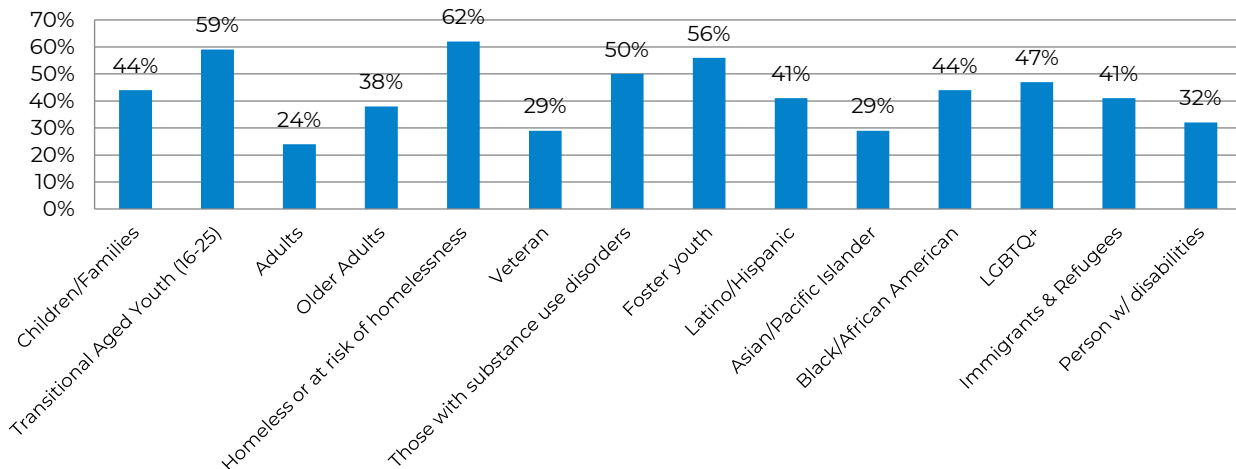
## MHSA Community Planning Survey

Beginning in September 2021, stakeholders and community partners were invited to complete Tri-City's MHSA Planning Process Survey which provides an opportunity to share their thoughts and concerns regarding the availability of support services. This annual community planning survey is used to identify the needs and priorities of the three cities. These results are then presented to workgroups who review current MHSA programming and make recommendations for staff consideration. Survey results were then shared with community stakeholders during the stakeholder workgroup and incorporated into this MHSA Annual Update for FY 2022-23. This survey is just one of many opportunities where stakeholders can share their voice regarding the needs of the communities.

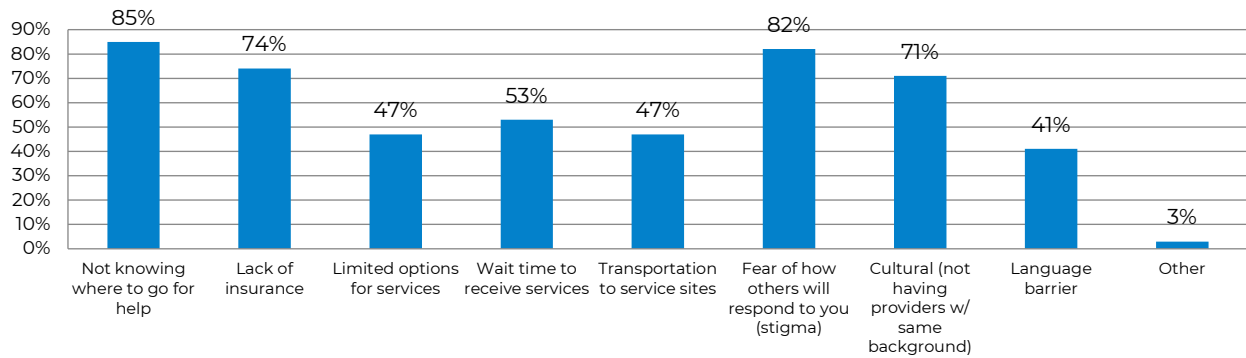
This survey is available in both English and Spanish and sent via email to stakeholders based on a distribution list which is updated throughout the year. In addition, a flyer was created with a QR code and distributed throughout the three cities which allowed participants to complete the survey online. The survey was also presented to specific advocacy groups including four cultural wellness advisory groups and community grant recipients.

Highlights from this survey include:

**Indicate the population(s) you feel is most unserved/underserved in the below mentioned communities. (Check all that apply.)**



**What do you feel are barriers to individuals seeking mental health support?  
(Check all that apply)**



The following are a few examples of comments made by survey participants regarding how they would like to see future MHSA funds used to continue or secure more efficient programming to the community. These comments were presented to the MHSA workgroup participants and will be addressed by staff in future MHSA stakeholder meetings and workgroups.

<p>“Tri-City does the best possible job in providing services and saving lives with the extremely limited budget they manage. I trust that they will do better with more funding. This is one of the best mental health agencies in California. They are saving lives every day.”</p>	<p>“There needs to be more community outreach. Firsthand relationships should be made with constituents so that they know exactly what they need and are connected to resources without middleman. Continue having members of the community involve in the planning process of MHSA services.”</p>	<p>“Decrease in monoethnic hiring. Accountability. Cultural competency needs to be reinforced. Dignity and respect need to be enforced. All community members should have a voice at the table as there is implicit bias that prohibits all community members from having a seat at the table. All community members should have access to equal and appropriate care. Disparities are present.”</p>
<p>“Developing a student/peer led mental health education model for various schools to allow youth to educate each other on mental health issues and provide support in the event a classmate needs more. Utilize youth as advocates for Tri-City services in which student leaders can refer classmates to services.”</p>	<p>“Supportive services for TAY and at-promise youth (BIPOC and LGBTQI). Also, put funds toward Restorative Justice listening circles and RJ conferences for those who have been harmed/those who have done harm/ stakeholders.”</p>	<p>“Continue reaching out to all communities especially those not represented as much as they should be on staff. Find ways to overcome the barriers.”</p>
<p>“Highly recommend stop working with the police and believing that they can be effective mediators or entities that can de-escalate a situation, at that, a mental health crisis. Find alternatives to police being involved and stop working with them altogether and work through TAY’s carceral logic and reflect on how you perpetuate the prison industrial complex and how you can completely divest from funneling BIPOC folks into these institutions.”</p>		<p>“I would love to see the continued partnership with other non-governmental organizations (NGOs) who have a connection with the demographic that Tri-City doesn’t serve.”</p>

## Proposals Approved During the Community Planning Process

On February 24, 2022, stakeholders came together to review and provide feedback on four MHSA program updates.

### **1. Request to transfer \$1,000,000 from Community Services and Supports (CSS) Plan to Workforce Education and Training (WET) Plan**

In FY 2020-21, Tri-City experienced the first wave of “The Great Resignation” resulting in thirty-four resignations equaling approximately 16% of Tri-City workforce at the time. By far, Clinical Therapists are the hardest position to attract and retain. In FY 2020-21 Tri-City hired twenty-four staff, fifteen of which were Clinical Therapists. By the end of the same fiscal year, 22 Clinical Therapists had resigned: 64.70% of the resignations for that fiscal year. In comparison, this FY 2021-22, we have hired 31 Clinical Therapists thus far and to date seventeen have resigned: 40.47% of the overall resignations for the current fiscal year

Over the last year, Tri-City has implemented numerous benefits and recruiting strategies to try and attract qualified talent such as:

- Hazard Pay
- \$500 Essential Worker Bonus
- \$2,500 Sign-on Bonus
- Longevity Pay
- 3% Cost-of-Living Adjustment
- Two new Loan Forgiveness programs

However, it is still difficult to compete with private managed care plans like Kaiser who are offering 100% remote work and sign-on bonuses of up to \$10,000. In order to remain competitive in attracting passionate mental health professionals in a climate where employees have their selection of opportunities, Tri-City needs to have the flexibility to create and implement strategies that have never been done before within the public sector, such as offer telecommuting on a more permanent basis, increase tuition reimbursement and loan program values, and provide comprehensive training and internship programs that are a direct pipeline to TCMH positions and the augment its ability to hire knowledgeable staff to help with implementation.

#### Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,000,000 from the Community Services and Supports (CSS) Plan to the Workforce Education and Training (WET) plan to 1) provide one year of operating and training expenses 2) continuation of the loan forgiveness program 3) funding specialized training and conferences and 4) funding activities in promoting careers in mental health.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from participants.

## **2. Request to transfer \$1,700,000 from Community Services and Supports (CSS) Plan to Capital Facilities and Technological Needs (CFTN) Plan**

Tri-City's Chief Information Officer presented the current technology status of the agency and the need to update and upgrade several critical areas of technological support. These items included replacing outdated computer equipment and a refresh for other vital components including the overall network and security, and update software, including the implementation of Windows in 2024.

In addition, funding was requested for the purchase, construction and/or building expansion for any future MHSA program, client and/or staff space related needs.

### Voting Results:

Ninety-four percent of participants voted in favor of moving forward with the transfer of \$1,700,000 from the Community Services and Supports (CSS) Plan to the Capital Facilities and Technological Needs (CFTN) plan for 1) property acquisition/construction/building expansion and 2) technology needs including computer turnover, network refresh, security refresh, paging system refresh and software-Windows implementation

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

## **3. Request to allocate \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions**

Stakeholders were presented with an overview of the Community Navigator program and the type of services and supports that community members, clients and staff have come to rely on. Tri-City currently has four navigators and has identified the need to add three more to the team.

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

Projected services provided by these three new Community Navigators include:

- Assisting clients who do not meet medical necessity with finding lower-level care and services.
- Assisting clients navigate insurance issues and non-mental health requests for services.
- Allow a Community Navigator to be embedded in the community at strategic locations where they can provide immediate support and/or linkage and referrals.
- Allows for faster response for individuals if other Community Navigators are already collaborating with clients.

- Assist clients who are struggling with obstacles when trying to connect to resources due to agencies having long waiting periods or long holds through the phone.
- Allows for additional Community Navigators to assist with resources when events, health, and medical screenings take place in the community.
- More staff available to help cover multiple resource and health fairs that may land on the same day

Voting Results:

One hundred percent of participants voted in favor of moving forward with allocating \$152,000 annually in Community Services and Supports (CSS) funds for salary and benefits to create three new Community Navigator positions.

This proposal was presented previously to the Community Services and Supports (CSS) workgroup for discussion on February 17 and received majority approval from the participants.

**4. Request to approve the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives**

Stakeholders were presented with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives. This three-year project is the product of four months of community workgroup discussions which incorporated the results of Tri-City's Community Planning Survey and new Innovation Idea Survey.

Psychiatric advance directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. A PAD preserves an individual's voice and autonomy when receiving care by allowing them to state their preferences and choices for mental health treatment.

Five additional counties are currently a part of the Collaborative. Tri-City's financial contribution to this project is estimated to cost approximately \$800,000 and will continue forward through the final stages of the approval process.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is scheduled to be presented to the Mental Health Board during a Public Hearing scheduled for April 12, 2022. This plan will then be presented to Tri-City's Governing Board on April 20, 2022 for approval and adoption.

Voting Results:

One hundred percent of participants voted in favor of moving forward with the new Innovation project, Multi-County Collaborative Psychiatric Advance Directives.

The Multi-County Collaborative Psychiatric Advance Directives was previously reviewed and selected as a priority project by Innovation workgroup participants during the recent Innovation project development process which occurred between October 2021 and January 2022.

## 30-Day Public Comment Period and Public Hearing

The MHSA Annual Update FY 2022-23 to the Three-Year Program and Expenditure Plan for FY 2020-21 through FY 2022-23 provides a comprehensive overview of the MHSA projects and programs funded through the Mental Health Services Act, based on data collected during FY 2020-21. An electronic draft of this Annual Update was posted on Tri-City's website on March 11, 2022 for a 30-day public comment period ending April 12, 2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings.

DRAFT





# MHSA Programs

The following pages contain descriptions of each MHSA funded program. The descriptions include updates to the program's development; performance outcomes; and cost per participant calculations for programs that provide direct services.

The services provided for Fiscal Year 2020-21 are highlighted in each program summary by age group, number of clients served, and average cost per person.

# Community Services and Supports (CSS)

The Community Services and Supports (CSS) Plan provides intensive treatment and transition services for people who suffer with serious and persistent mental illness or severe emotional disturbances, or who are at risk of SMI/SED.

- Full-Service Partnerships
- Community Navigators
- Wellness Center
- Supplemental Crisis Services | Intensive Outreach & Engagement Team
- Field Capable Clinical Services for Older Adults
- Permanent Supportive Housing

# Full-Service Partnerships

## Program Description

Full-Service Partnership (FSP) programs are designed for individuals who are experiencing serious emotional disturbance (SED) or severe mental illness (SMI) who would benefit from an intensive service program including housing support. The program uses a “whatever it takes” approach to help individuals achieve their goals. The Mental Health Service Act requires that 51% or more of the Community Services and Supports funds be used for Full-Service Partnerships programs.

## Target Population

Unserved and underserved individuals with serious emotional disturbance (SED) or a severe mental illness (SMI) including children and youth ages 0-15, transition age youth ages 16-25, adults ages 26-59 and older adults ages 60 and over.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	78	161	315	87	641
Projected Number to be Served FY 2021-21	88	168	327	90	674
Cost Per Person	\$21,082	\$11,873	\$11,925	\$7,150	N/A

## Program Update

The overarching theme of the Full-Service program is the collaborative relationship between Tri-City Mental Health and the client. This may also include the client's family members when appropriate. Through this collaboration, a plan is developed to provide a full spectrum of therapeutic and community services where the client can achieve their identified goals. These support services may be mental health specific or non-mental health specific, and can include housing, employment, education, and integrated treatment of co-occurring mental illness and substance abuse disorders. Personal service coordination/case management is available to assist the client with accessing needed medical, educational, social, vocational rehabilitative and/or other community services.

During fiscal year 2020-21, a total of 641 individuals were served through the Full-Service Partnership program with the majority of these being adults ages 26 to 59. This number reflects only a slight increase in numbers served in FY 2019-20 which was 636.

Most participants served through the FSP program reside in the city of Pomona and identify their race as Hispanic or Latino. Primary diagnosis for adult FSP clients includes depressive disorders and schizophrenia and psychotic disorders. For Child/TAY, depressive disorders also represented the primary diagnosis.

During FY 2020-21 the FSP staff showed incredible resiliency despite the challenges that the pandemic presented both personally and professionally. For the first part of the year, there was minimal turn over. Staff continued to provide essential crisis support and field visits to ensure that clients were receiving needed support.

In response to the limitations of the pandemic, staff focused on increasing encouragement of family support and involvement. As a result, clients who required more assistance, their family support systems were prepared and made aware of how to respond. Increased access to LPS designated staff made crisis de-escalation more efficient contributing to a decrease in involuntary hospitalizations.

Highlights for adult FSP clients included a reduction in three categories as noted in the Department of Mental Health Outcomes Measurement Application: justice involvement, hospitalizations, and homelessness.

## Challenges and Solutions

Adequate staffing continues to be a challenge for the Full-Service Partnership program. Since January 2021, Tri-City has experienced a significant reduction in workforce agency-wide including FSP staff.

During this past fiscal year, there was an increase in families who were struggling with being insufficiently housed. As a result, there was an increase in temporary emergency housing support using flex funds (funds designated to be used under special circumstances to cover additional or alternative support services). In addition, there was a shortage of housing resources available, and it was difficult to access resources due to restrictions related to the pandemic (i.e., rental offices not being open, lack of inventory).

To address the challenges related to housing needs, staff initiated an increase in collaboration between Tri-City's clinical and housing teams as well as external agencies (i.e., family solutions). Clinical teams also became more proficient in setting realistic goals and expectations with consumers and their families around housing. In the past fiscal year, a new policy was established regarding funding for temporary emergency housing funding. Staff were able to structure how they had conversations with clients about funding and resources better as a result. Along with this, clients were and continue to better understand what to expect.

Although there were several FSP clients that were responding well to the use of telehealth, the younger clients (under 10) and older TAYs (over 20) were struggling to participate in services. Staff were noticing that since the implementation of telehealth, clients were not attending sessions as consistently and seemed guarded or more difficult to engage.

To address the challenges with telehealth services, staff were able to evaluate their caseloads and increase field and in person visits to meet client care needs. There was an increase focus involving support systems in services. This not only helped clients engage in services but also ensured that clients had natural supports available, along with Tri City, during such a challenging time.

Finally, during this fiscal year, there was an increase of consumers who were using prescription medication such as Fentanyl and Xanax. Many staff didn't understand the risks of these substances and required training on how to support clients who may not be ready for substance use treatment.

To address the increase in prescription drug use, clinical teams collaborated with the Substance Use Disorder (SUD) team to make sure that staff were appropriately educate about these substances, the risks and treatment recommendations. Teams increased collaboration with

clients' support systems, psychiatrists, SUD providers, and external SUD programs. One area of ongoing improvement is collaboration with primary care doctors. Along with this, teams became more comfortable having regular conversations about substance use and the connection with mental and physical health. In addition, motivational interviewing has been a regular topic in group and individual supervisions.

## Cultural Competence

Cultural barriers and challenges are a topic that's regularly discussed in group supervision, individual supervision, and staff meetings. When conceptualizing cases, efforts are made to consider how culture may impact mental health and how intervention is offered. With support of supervisors, staff are encouraged to educate themselves on the cultures that they are servicing and familiarize themselves with resources. Along with this, staff are encouraged to create safe spaces that affirm client identities and to have open, nonjudgmental discussions with consumers about how culture impacts mental health. When possible and desired by clients/families, teams look to identify support systems that share similar identities as client/family. Often, staff make referrals to Community Wellness Advocates (CWA) or Peer Mentors so that clients/families have a support person that is representative of their culture and background.

In addition, the FSP program seeks to hire staff that are representative of the population we serve. When this is not possible, Tri-City seeks to identify supports in the community or within other internal programs that are available to clients (i.e., language line, CWAs, peer mentors). This helps to reduce barriers to services. Along with this, the program makes efforts to consult and educate staff so not to further perpetuating the disparities.

Training continues to be an ongoing need, especially pertaining to supporting the LGBTQ+ population. As there has been a great deal of staff turnover, there are staff who have not received core trainings to educate them on important concepts that ensure we are providing inclusive and affirmative services. However, the leadership team continues to make these topics relevant in their own conversations to ensure that internal trainings are prioritizing these topics.

## Community Partners

### Housing

Tri-City's clinical and housing teams collaborate regularly to support families who may be insufficiently housed access resources in the community. The housing team and clinical team communicate often to discuss available resources and feedback provided to families.

Along with this, the clinical programs often collaborate with external housing resources such as YCES, Family Solutions, House of Ruth, Hope for Homes, Cedar Springs, etc. In doing this, clinical teams can better understand resources available and steps they may need to support clients/families in taking to obtain resources.

### Substance Use Disorder (SUD) Teams

The FSP and internal and external SUD programs also communicate and collaborate regularly as well. SUD providers join FSP meetings regularly to streamline communication and feedback when discussing high risk cases. Staff regularly hold treatment team meetings together, both with and without family, to make sure that everyone is efficiently and effectively supporting clients in their treatment goals. Internal SUD providers help the clinical team in enrolling clients in external SUD programs and establishing lines of communication.

## **Department of Children and Family Services (DCFS) and Probation**

Treatments teams regularly collaborated with DCFS and probation. The purpose of this collaboration is to highlight progress, strengths, and potential needs that clients and families may have that may be preventing them from meeting their recovery goals. These teams come together to support clients and families to remove these barriers to meeting goals (i.e. needing SUD services). Collaboration is done through Child and Family Teaming meetings, Treatment team meetings, and regular collateral contact.

## **Schools**

Staff regularly communicate with schools to make sure that sufficient support is provided in the school setting. Often, school officials can see strengths and challenges that clients may have that clinical staff cannot. Clinical teams also collaborate with school mental health teams when there are crises needs to ensure that clients get the needed support to keep them safe and to transition safely back to school.

## **Other**

One area that needs improvement is collaboration with medical providers, in particular primary doctors. This will be a goal in the next fiscal year.

## **Success Story**

### **Adult FSP**

An adult client enrolled in FSP services who was struggling with managing his mental health symptoms. This client remained in the FSP program for 3 years as he struggled with engaging and managing recovery. Over time, by consistently attending appointments, meeting with services as scheduled and following through with treatment, this individual was able to transition to adult outpatient, a lower level of care, and continued with treatment services.

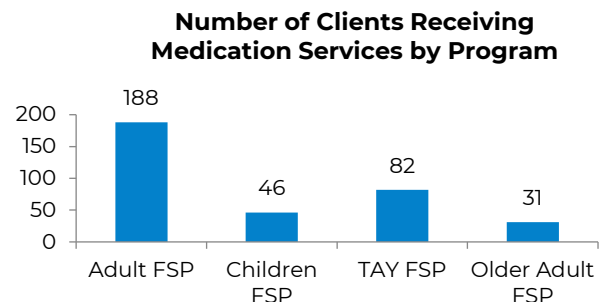
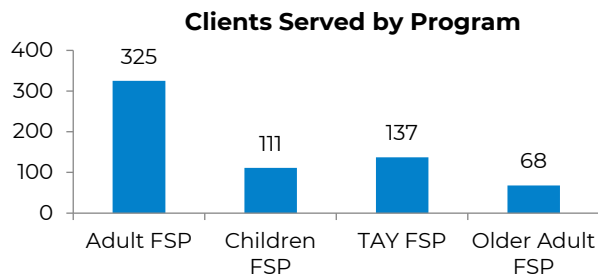
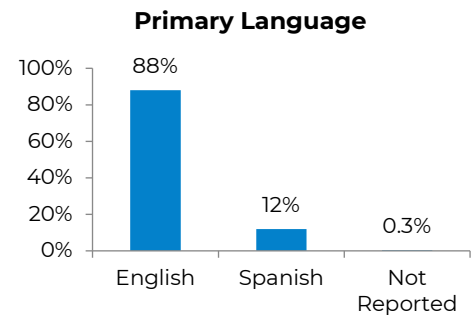
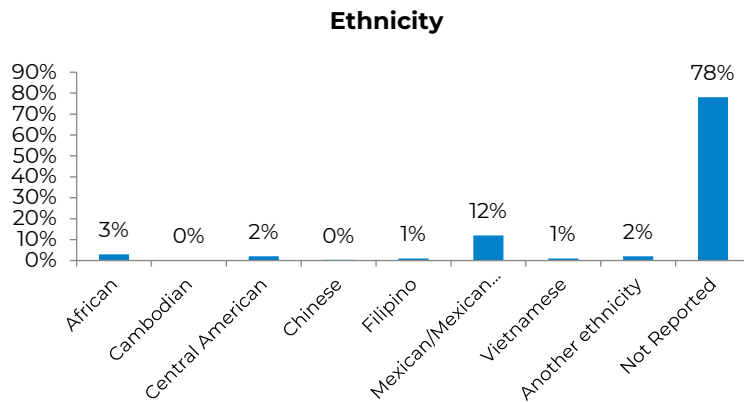
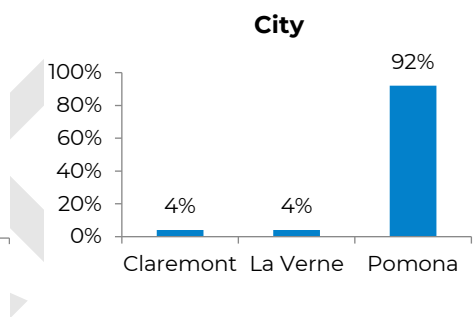
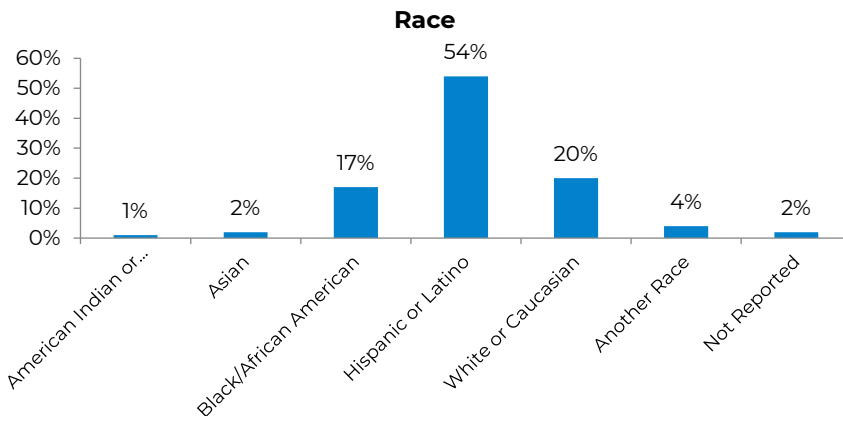
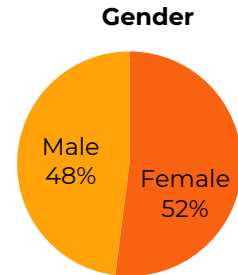
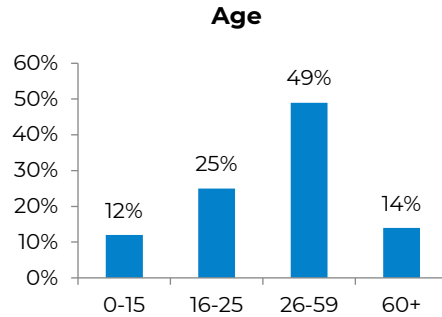
### **Child and TAY FSP**

A transition age youth was referred to Tri-City due to being insufficiently housed. In addition, this client had experienced severe psychosis that was contributing to several unsafe behaviors leading to involuntary hospitalizations. This client was distrusting of providers and would often avoid phone calls or visits from providers and would block communication between his treatment team and his natural supports. The FSP team did extensive outreach and support to re-engage the client in treatment who then began participating more regularly and became medication compliant. The client was able to re-establish relationships with family members who became a primary source of support and was able to then obtain stable housing and employment.

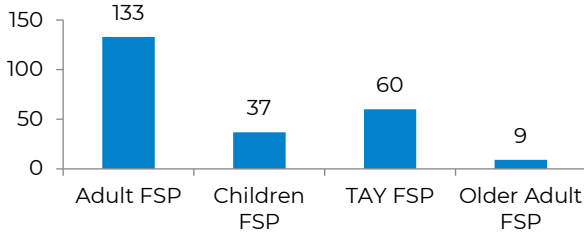
# Program Summary

## How Much Did We Do?

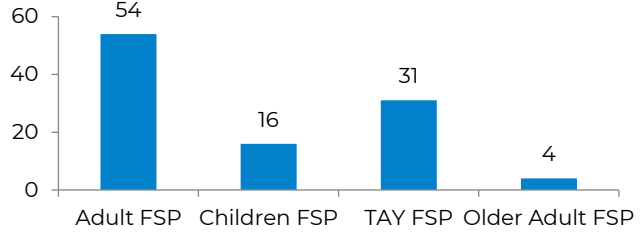
**641**  
Individuals  
Served



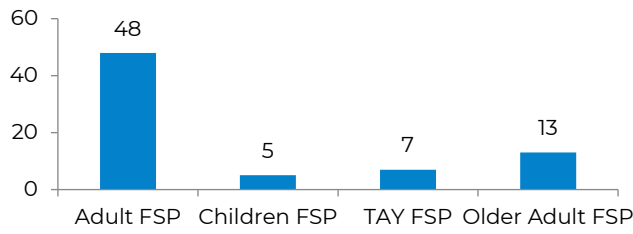
**Number of Crisis Episodes by Program**



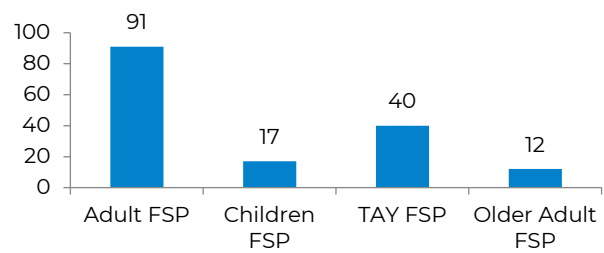
**Number of Unique FSP Clients with Crisis Episode by Program**



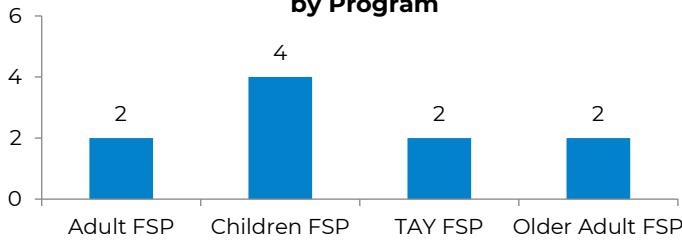
**Number of FSP Clients Connected to Housing Services by Program**



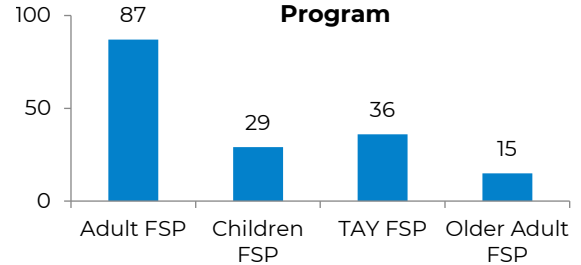
**Number of FSP Clients Connected to Co-occurring Services by Program**



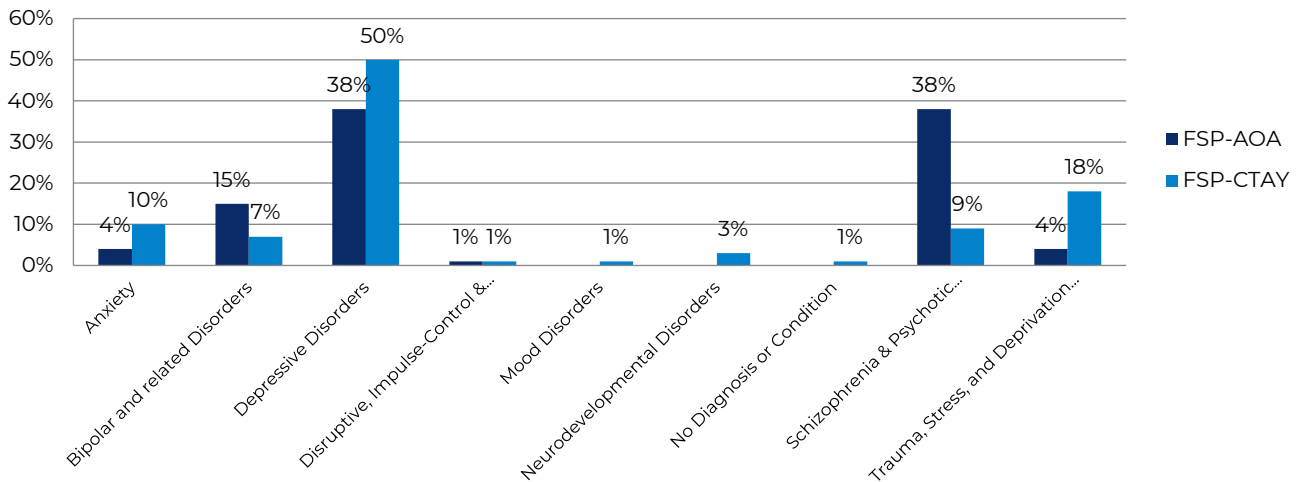
**Number of FSP Clients Connected to Therapeutic Community Gardening Program by Program**



**Number of FSP Clients Connected to Clinical Wellness Advocates Program**



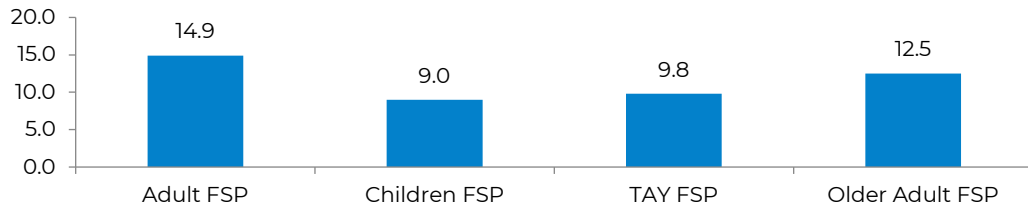
**Primary Diagnosis By Program**





## How Well Did We Do It?

**Average Length of Time Clients Enrolled (in Months) by FSP Program**



## Is Anyone Better Off?

### FSP Adult and Older Adult

**216**  
Discharges During  
FY 20-21

### FSP Children/TAY (CTAY)

**146**  
Discharges During  
FY 20-21

### OMA Outcomes for FSP CTAY (n=100)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	25% (n=25)	2% (n=2)	Yes
Hospitalizations	46% (n=46)	11% (n=11)	Yes
Homelessness	15% (n=15)	13% (n=13)	Yes
Expulsions/Suspensions from School	10% (n=5)	0% (n=0)	Yes

### OMA Outcomes for FSP Adult/Older Adult (n=90)

OMA Reductions	Pre-Intake & Intake	During FSP Enrollment (Key Event Tracking)	Reduction
Justice Involvement	47% (n=42)	1% (n=4)	Yes
Hospitalizations	57% (n=51)	20% (n=18)	Yes
Homelessness	59% (n=53)	48% (n=43)	Yes

# Community Navigators

## Program Description

Since 2009, the Community Navigators have served as the primary connection for community members to local resources, including informal community supports and available formal services. In addition, Community Navigators work closely with community partners, non-profit organizations, agencies, community food banks, and faith-based organizations who often contact Community Navigators for assistance. Resources include mental health services, substance use treatment, support groups and parenting classes. Community Navigators also collaborate with local advocacy groups in an effort to build a localized system of care that is responsive to the needs of the clients and community members we serve.

## Target Population

Tri-City clients, community members and local organizations who request referrals and linkage to clinically and culturally appropriate resources and services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Unknown	Total Served
Number Served FY 2020-21	94	139	1,128	148	303	1,812
Cost Per Person	\$175	\$175	\$175	\$175	\$175	\$175

## Program Update

In FY 2020-21, the Community Navigators saw an increase in the number of individuals served. In FY 2019-20, the CN's served 1,578 which increased to 1,812 in FY 2020-21. This highly qualified team of individuals also saw an increase in the number of contacts and requests for resources going from 4,429 to 7,179. This increase can be attributed in part to COVID 19 and the need for basic services. The primary resources requested include housing, shelters, food banks and mental health counseling.

## Challenges and Solutions

One of the primary goals for FY 2020-21 was the identification and reestablishment of community connections and resources that were depleted during the COVID 19 pandemic. Many agencies and organizations were forced to close or lost their funding streams during this time and those that survived are now beginning to reopen. Community Navigators have made it a priority to attend local resource and health fairs in order to update their list of current and viable resources.

Finding local psychiatrists that accept Medi-Cal health plans has also been a challenge. Individuals who request services and medication support but do not meet medical necessity are referred to their primary care physicians for their medications.

The Unite Us platform, a coordinated care network, will play a critical role in FY 2021-22 for the Community Navigators. This new platform will streamline the referral process and allow Navigators to electronically refer individuals to multiple community partners in real time and also track their progress.

## Cultural Competence

The Community Navigator program consists of highly trained individuals who are bilingual in English, Spanish, and Vietnamese. This has proved to be helpful since there is a high population of Spanish speaking individuals in Pomona. When out in the community, the Navigators can engage monolingual Spanish and Vietnamese speaking families and individuals. In addition, some of the navigators identify with lived experience or were raised in the area so they can better connect with local clients they serve.

The Community Navigator program receives ongoing cultural inclusion training to better assist the populations that they serve. In addition, Community Navigators are trained to identify and research any resources that can help further support the mental well-being of individuals who have additional barriers. Finally, all flyers and outreach materials are available in both English and Spanish.

## Community Partners

- **Hope for Home Service Center** - The Community Navigators have 6 beds available for clients. Navigators also collaborate closely with the Center to assist other individuals with resources and support.
- **The City of Pomona** - Navigators often get referrals from the city to help assist families and individuals who need assistance.
- **Police Departments** - The police departments in each of the three cities contact Community Navigators when they encounter individuals in need of resources or homeless assistance.
- **East Valley Medical Center** is a partner at the Hope for Home Service Center where Navigators often refer clients for COVID-19 medical clearance when putting a participant at Hope for Home and for other medical care.
- **Volunteers of America** - Navigators work closely with many of the case managers that are stationed at Hope for Home.
- **Family Solutions** - Navigators often refer families for additional crises housing and support.
- **Union Station** - Navigators will outreach to the homeless with teams that are assigned to Claremont and La Verne.
- **Los Angeles Homeless Services Authority (LAHSA)** - Navigators are able to enter data into the Homeless Management Information System (HMIS) and put homeless clients into the Coordinated Entry System (CES) to help further assist our clients.

## Success Story

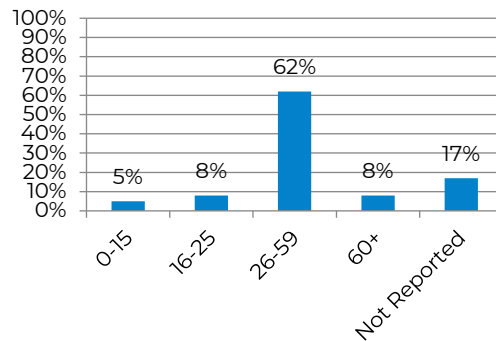
A single adult with a terminal illness was experiencing homelessness in the Tri-City area and residing in their car. After contacting the Community Navigator program for assistance, they were able to receive referrals for both food and housing. However, the client refused emergency shelter due to a negative experience in the past. The Community Navigators were then able to connect them with an agency that secures housing for individuals with terminal illnesses where they received a placement. In addition, the Navigators submitted a referral for this individual to the Change Reaction, a non-profit community support organization, where they were approved for assistance with moving to their new apartment including a portable washer to help meet medical needs. The client was very thankful and continues to be permanently housed.

## Program Summary

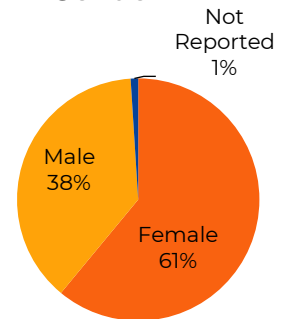
### How Much Did We Do?

**1,812**  
Unique  
Individuals Served

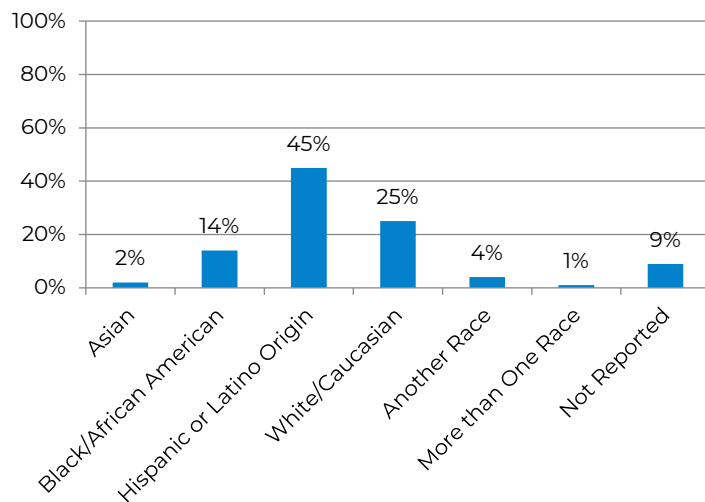
Age



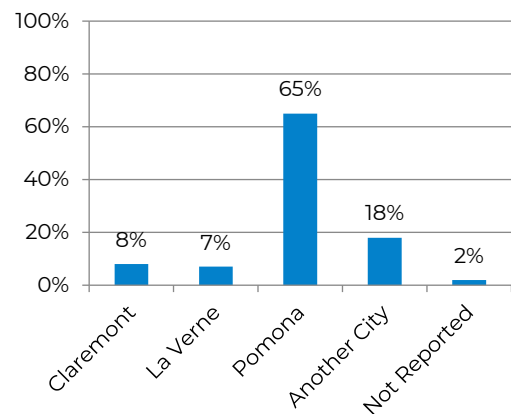
Gender

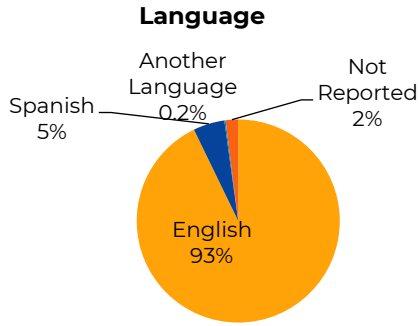


Race



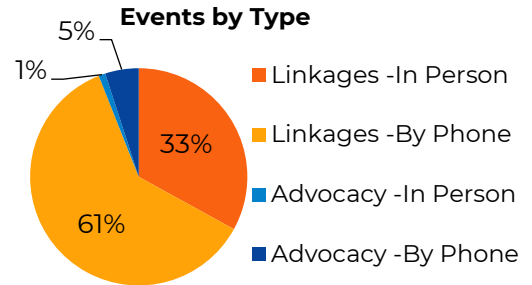
City



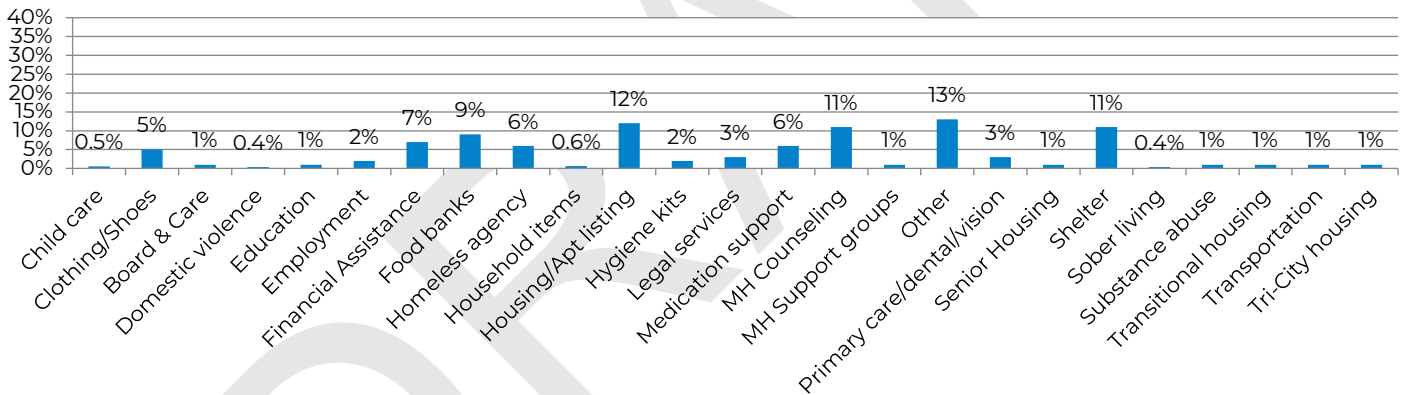


**690**  
Unique Homeless Individuals

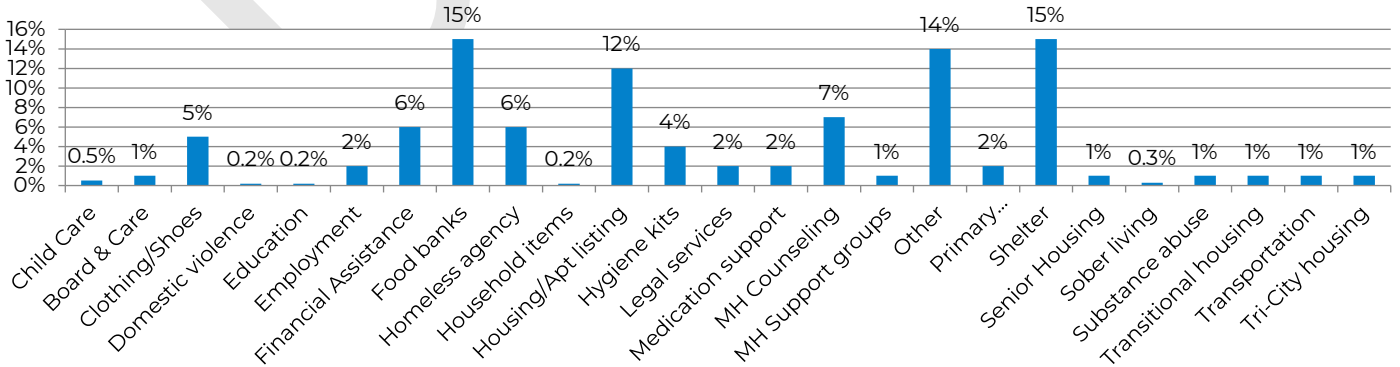
**7,179**  
Linkages made by  
Community Navigators



**All Linkages by Type**



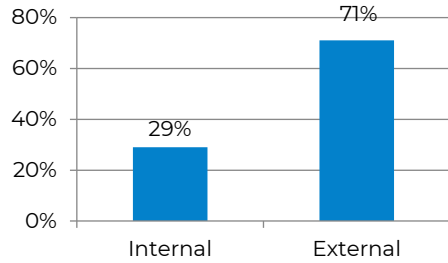
**In-Person Linkages by Type**



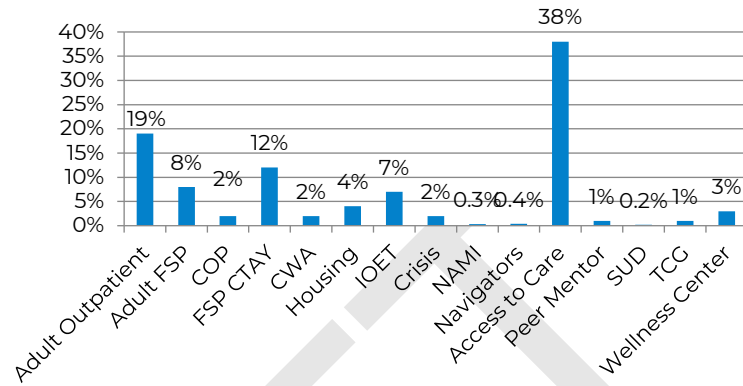
**Navigator Outreach Data not available for this fiscal year**

## How Well Did We Do It?

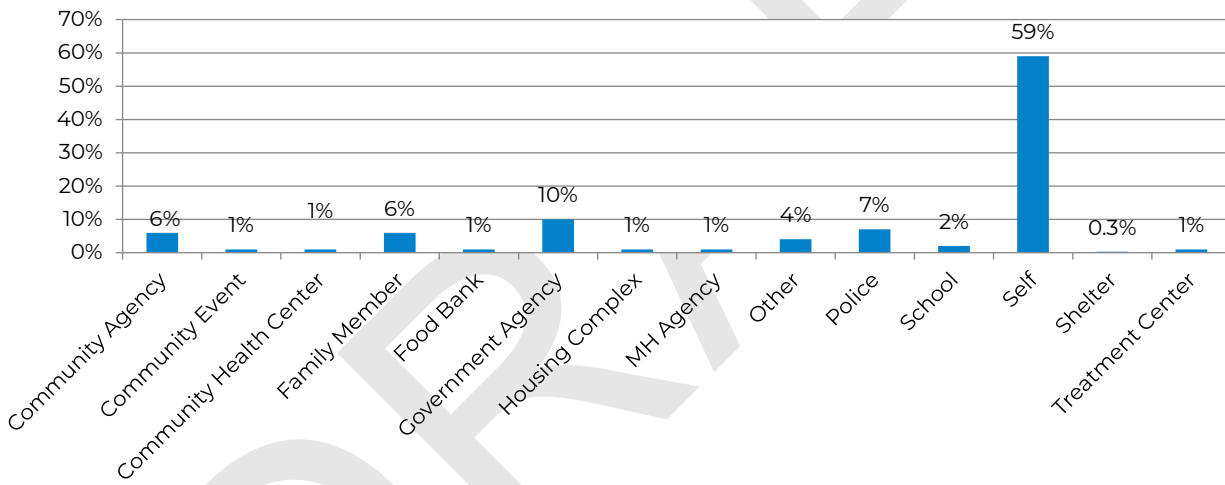
**Referral Type**



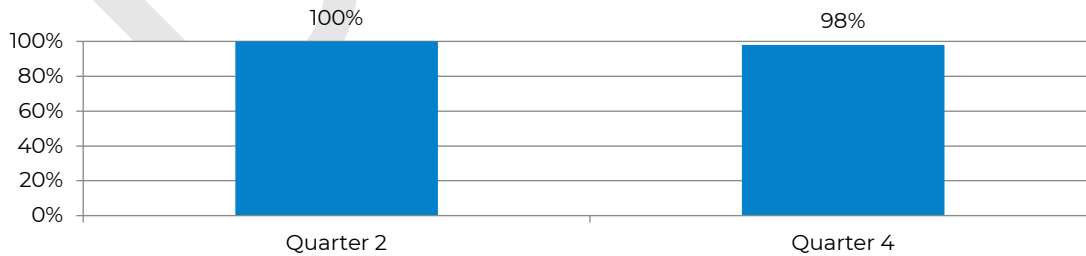
**Internal Referrals by Type**



**External Referrals by Type**

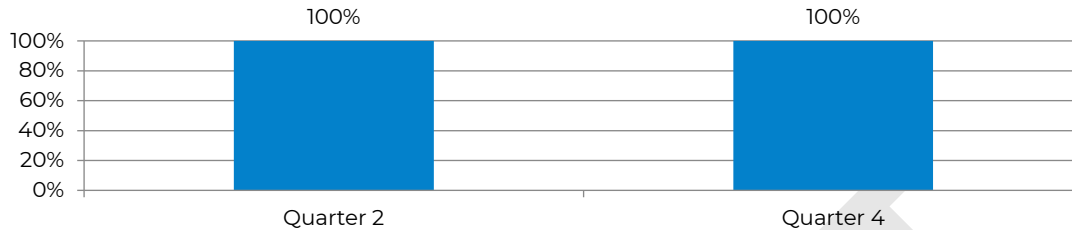


**Percentage of Participants Reporting Satisfaction with Services Provided**



## Is Anyone Better Off?

### Percentage of Community Partners Reporting, “if needed to find community resources again, would you contact the community navigators?”



### How did you benefit from talking with a Community Navigator?

“Resources provided for friend”	“It helped me a lot because I would not know where to find a Psychiatrist”
“It is hard to find resources yourself so I am glad they have navigators to help”	“I was able to get the help I needed”
“I was so grateful to get the help I needed for what I was asking for”	“I was glad to speak with the navigators because they are able to find me the resources I needed”
“I was able to get the resources I needed right away”	“I would have not been able to find those resources myself”
“I am able to find a safe place for my friend”	“I got assisted quickly with mental health resources”
“I was glad to get help from a navigator”	“I was pleased talking with the Navigator and getting help”
“Helped me with supplies to protect myself from COVID”	“I am glad the navigator was able to find me some meetings”
“I am happy to get help being I do not know where I would find what I need”	“My conversation went well and it was very helpful for me”
“The Navigator was very helpful”	“Help with finding a detox that I can afford”
“I was happy to speak with a Navigator and get the resources I needed”	“I will be taking my son to the place you referred me to”
“I was happy to get the resources I needed for my child”	“I got the Food Bank List”
“Client was provided with shelter and transportation to shelter”	“I’ll be sheltered and be in a safer environment”

# Wellness Center

## Program Description

The Wellness Center serves as a community hub that sponsors support groups and provides an array of holistic services through collaboration with other community partners. Specialized services include activities focused on TAY, older adults, and employment support. Services include support groups, educational resources and workshops, recreational activities, employment, and vocational support. Wellness staff include peer advocates, volunteers and clinical staff who can help participants engage in support services designed to increase wellbeing.

## Target Population

The Wellness Center promotes recovery, resiliency, and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	12	164	557	98	38	869
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

## Program Update

As with many MHA programs and support services, the Wellness Center had to respond quickly to the pandemic in order to provide as much continuity of services as possible. During FY 2020-2021, the Center was forced to transition an average of 72 monthly in-person support groups to virtual care via a telehealth platform. Through this adapted method of service delivery, the Wellness Center staff were still able to offer 40 support groups utilizing a virtual platform.

During this time, the Center's full-time staff were home-based while a small number of part-time staff were available onsite. Although the staff and community are waiting patiently for the return to full in person service within the next fiscal year, efforts are currently underway to develop a hybrid model which will allow for both in-person and virtual delivery of services.

## Challenges and Solutions

The biggest challenge faced by the staff in FY 2020-21 was the transition associated with moving from in-person services to a virtual platform. In addition, many Wellness Center participants found it difficult to make the switch to telehealth including limited knowledge on how to navigate these applications as well as having access to adequate technology to support their efforts.

In response to these challenges, Wellness Center staff engaged in extensive training to improve the delivery of services utilizing a virtual platform. Staff focused on addressing issues and



identifying solutions related to the lack of technology for participants where it became a barrier for participating in the virtual groups.

## Cultural Competence

Cultural inclusion is critical to the success of the Wellness Center. The Center has implemented specific groups to target LGBTQ, Spanish monolingual and TAY communities. These services are free and include linguistic support offered in several languages as well as groups designed for specific age populations. Materials are offered in the threshold languages and the Center strives to create a space where individuals can feel safe and heard.

## Community Partners

The Wellness Center works closely with outside community organizations to strengthen their network of support. Examples include Generation Her, a teen parent support group; Al-Anon for family Alcoholics Anonymous (AA) support; MSW Consortium for workforce development and other local community-based organizations for specific age-related services.

## Success Story

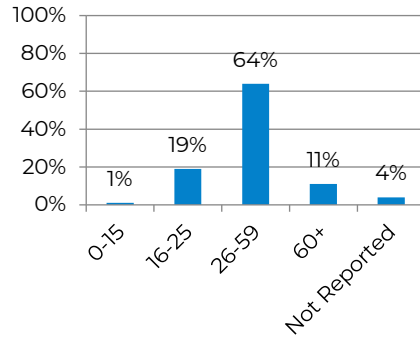
Over several years, a Wellness Center attendee participated in employment/ vocational services at the Center. Although homeless, this individual discussed their interest in obtaining a fulltime job and hoped to eventually rent their own apartment. After meeting with Wellness Center employment staff, this individual received resume assistance, current job leads and was invited to various hiring events. Center staff assisted with the application process due to this individual's limited computer skills and access to a computer. A date was scheduled for them at the Wellness Center to take their employment exams. A laptop was provided in the employment office at the Wellness Center and staff assisted with linking them to the exams. Within a few weeks of completing the exams, they received an email with a contingent offered of employment. This individual is very excited about this new opportunity and reported that they could not have completed the application without the support and encouragement of the Employment team at the Wellness Center.

# Program Summary

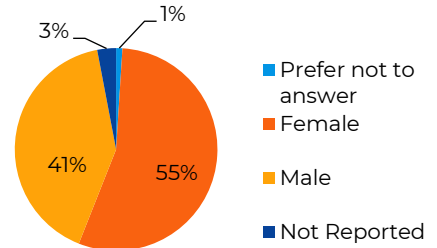
## How Much Did We Do?

**869**  
Unique  
Individuals  
attending  
Wellness Center

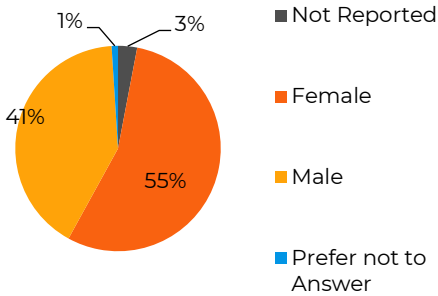
**Age Group**



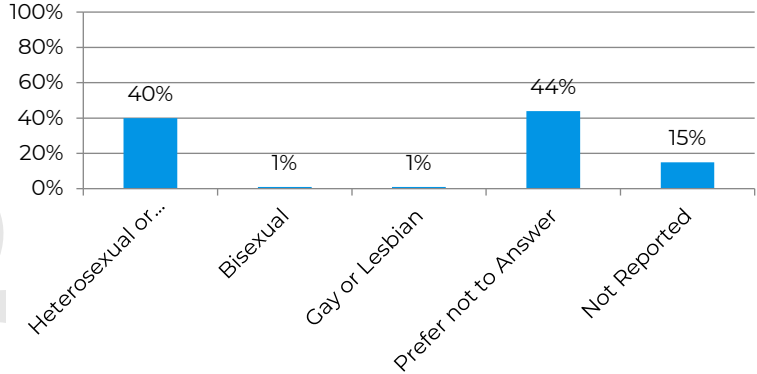
**Current Gender Identity**



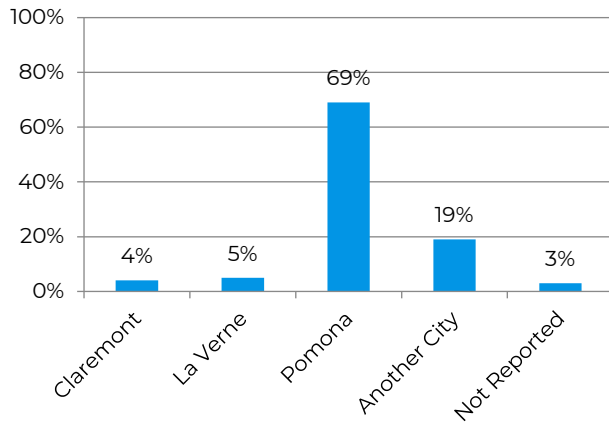
**Assigned Gender at Birth**



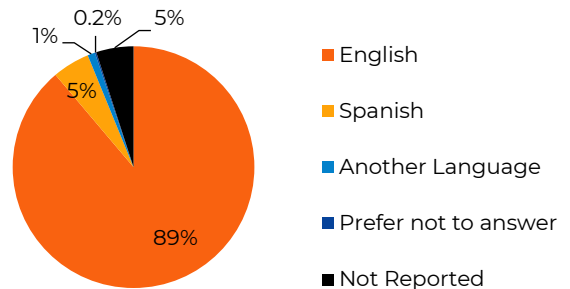
**Sexual Orientation**



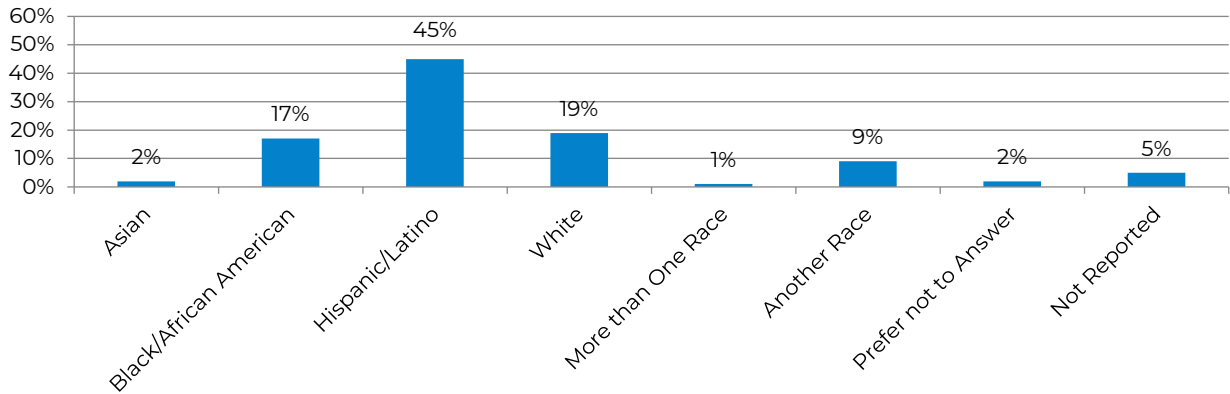
**City**



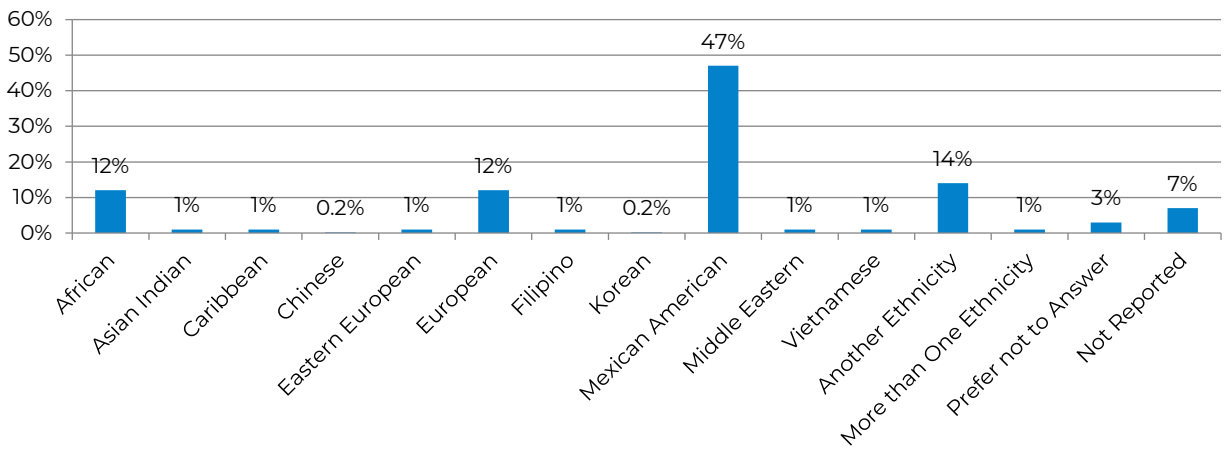
**Primary Language**



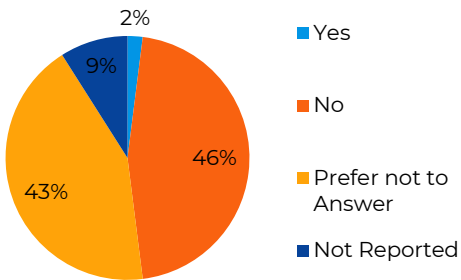
### Race



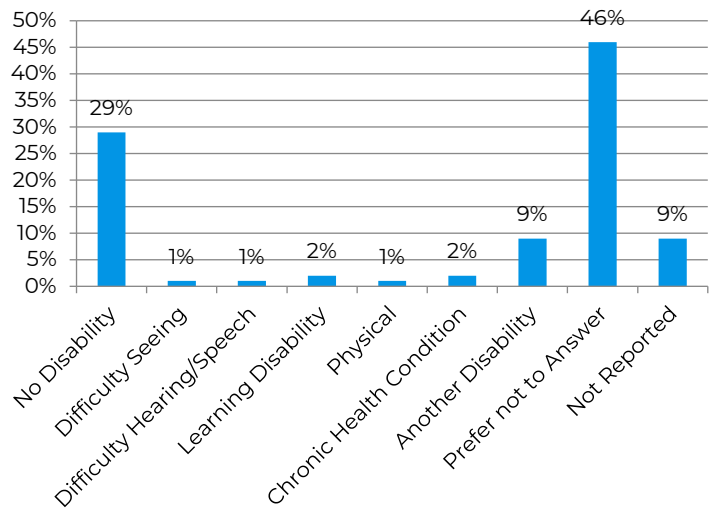
### Ethnicity



### Veteran



### Disability

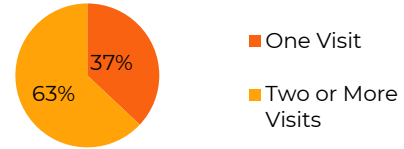


## How Well Did We Do It?

**17,391**

Number of Attendees at  
Wellness Center Events  
(Duplicated Individuals)

### Number of Times People Visited

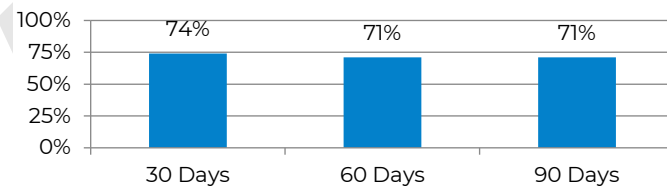


Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Adult Orientation (Group)	25	1
Anger Management (Group)	53	9
Anxiety Relief (Group)	55	8
Dual Recovery Anonymous (DRA) (Group)	50	6
Freedom Through Reality (Group)	52	11
Lose the Blues (Group)	48	4
Men's Depression (Group)	55	3
Socialization (Group)	49	9
Strong Women (Group)	55	7
Women's Self-Esteem (Group)	41	6
Comadres y Compadres (Group Español)	53	3
Sobrellevando La Ansiedad (Group Español)	45	3
Socialization (Group Español)	51	3
College Wellbeing (Group)	19	1
Computer Class Beginner (Vocational)	2	1
Educational/School (Vocational)	3	1
Employment Workshop (Vocational)	37	2
GED Prep (Vocational)	46	2
Hiring Event (Vocational)	8	11
Job Search (Vocational)	248	5
Resume/Interview (Vocational)	37	1
Work Maintenance (Vocational)	19	1

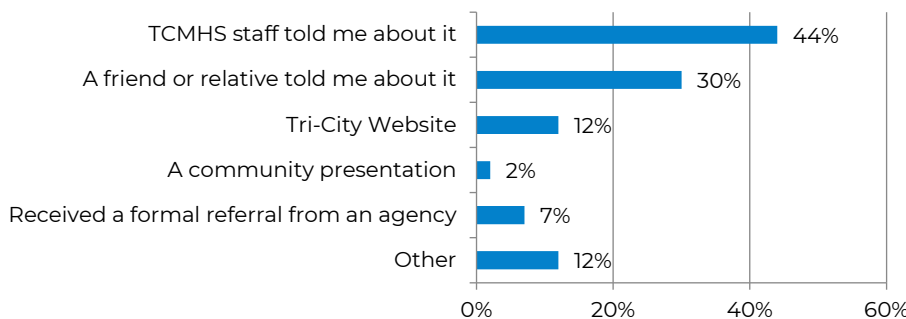
Contacts by Type	Number of Times Contact was Made
Attendance Letter	56
One-on-One	30
CCEF Grant	39
Brief Check-in	11
Other	363
PC Lab	560
Phone Call – Wellness Calls	10,711
Vocational – Phone Calls	313

**31**  
Individuals Secured  
Employment

**Percent of Participants who Maintain Employment at 30 Days · 60 Days · 90 Days**

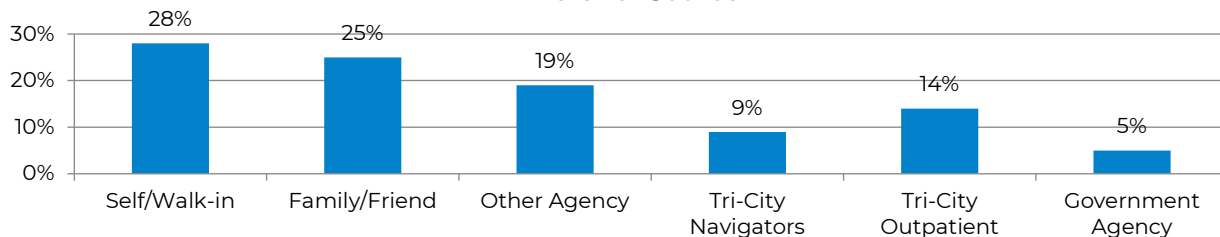


**How Did You Learn About the Wellness Center Programs? (Choose All that Apply)**



**93%**  
Satisfied with  
the “Help I get  
at Wellness  
Center  
Programs”

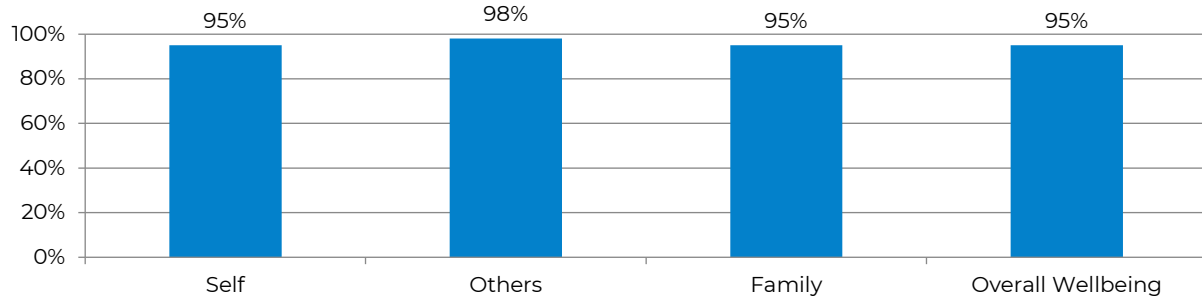
**Referral Source**



## Is Anyone Better Off?

---

**Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs**



DRAFT

# Supplemental Crisis Services

## Program Description

The Supplemental Crisis Services (SCS) program provides after-hours and weekend phone support to individuals who are experiencing a crisis and who currently are not receiving TCMHC services. Crisis walk-in services are also available during business hours at Tri-City’s clinic location. Through follow-up efforts by the Intensive Outreach and Engagement Team (IOET), individuals located in the community who are having difficulty connecting with and maintaining mental health support can receive services in an effort to help reduce the number of repeat hospitalizations and guide these individuals to the most appropriate care.

## Target Population

Individuals in crisis and currently not enrolled in Tri-City for services, who are seeking mental health support after-hours. Individuals located in the community who are having difficulty connecting with and maintaining mental health support.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	63	129	660	127	302	1,281
Cost Per Person	\$706	\$706	\$706	\$706	N/A	\$706

## Program Update

During FY 2020-21, the Supplemental Crisis Services program received 244 after-hour crisis calls (which was a 112% increase from the previous year). Even with a higher number of crisis calls for the year, program staff continued to demonstrate the ability to decrease the level of stress for callers (1 mild and 10 severe). The mean level of caller distress decreased from 3.94 at the beginning of call, to 2.52 at the end of the call. The primary reason for contacting the SCS team is by someone with symptoms who is seeking support followed by individuals who are requesting resources.

The Intensive Outreach and Engagement (IOE) team was specifically designed to reach underserved populations. The IOE team utilizes a field-based approach to outreach to known “hot spots” within the communities including encampments, parks, abandoned buildings, freeway underpasses, Hope 4 Home Service Center and home visits. They offer a whole person system of care, in which staff address all aspects of the individual’s needs.

This team of highly qualified staff receive the highest number of crisis referrals of all departments within Tri-City. In FY 2020-21, the IOE team served 982 individuals with 342 cases opened for services within Tri-City Mental Health, primarily in adult outpatient services.

## Challenges and Solutions

Although this program experienced an increase in the number of requests for assistance, Tri-City staff continue to respond to every call with a focus on the needs of each individual and the goal of meeting them “where they are”. With an ever-changing environment due to the pact of COVID, the staff met each new challenge or obstacle with a strong commitment to continue assisting community members in crisis while navigating barriers to any needed service.

## Cultural Competence

The Intensive Outreach and Engagement Team (IOET) demonstrates a non-judgmental approach to working with all individual. Each person is treated on an individual basis and without the use of labels. The IOE team incorporates literature regarding resources and referrals geared towards providing information that is culturally relevant on how to access both formal and informal services through several different avenues (traditional office, phone, or other electronic media). This allows for the individual to choose an entry point that is most comfortable and conducive to their specific needs.

The IOE team is committed to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need.

## Community Partners

The Intensive Outreach and Engagement Team is actively engaged with several community partners with the goal of providing the highest quality of support and resources. A few examples of this extensive network of support includes partnerships include Claremont, La Verne, and Pomona Police Departments, Los Angeles Homeless Services Authority (LAHSA), Union Station Homeless Services, ARC (housing advocacy), Department of Public Social Services, Prototypes (Drug Rehabilitation), East Valley Community Health Center, Hope for Home, as well as the cities Of Claremont, La Verne, and Pomona.

## Success Story

Throughout FY 2020-21, the Intensive Outreach and Engagement Team continued its commitment to removing barriers even before they encounter a person in need. Examples of these anticipated barriers include eliminating any narrative, legal status, criminal history, medical issues, or other extenuating factor, as long as there is not eminent danger and policy allows, in order to provide fair and equitable service to those in need. Known as the “Go To” team, the IOET received the highest number of referrals from the Supplemental Crisis call lines.

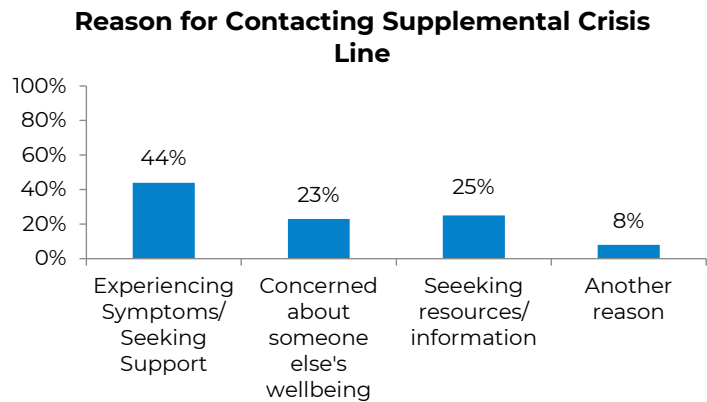
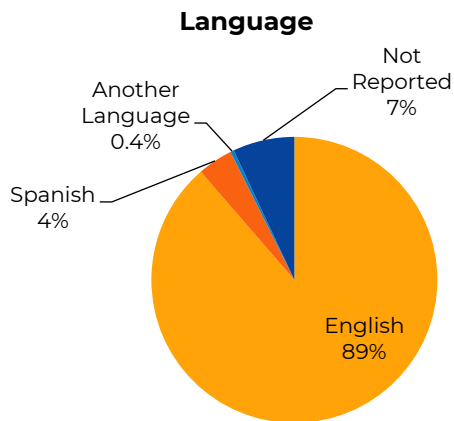
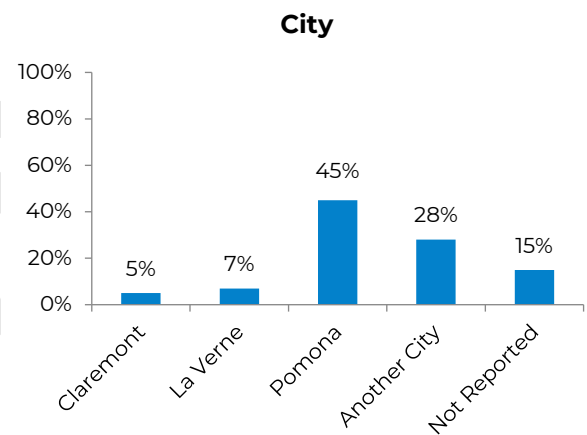
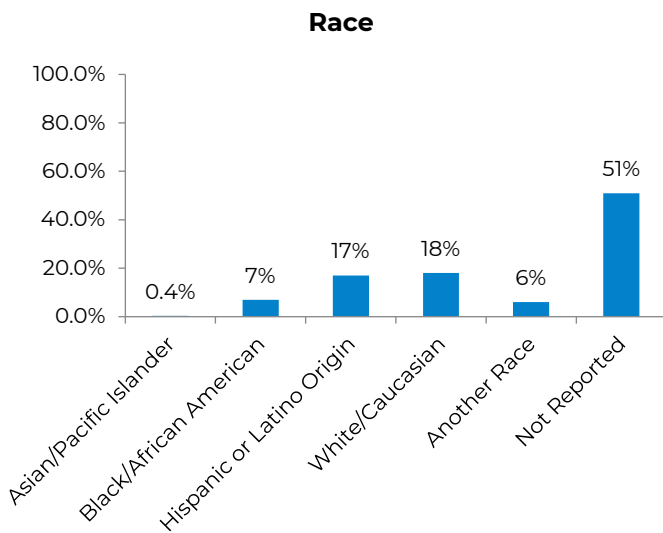
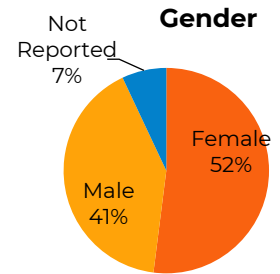
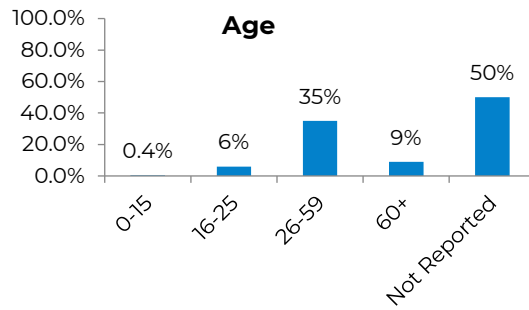


# Program Summary

## How Much Did We Do?

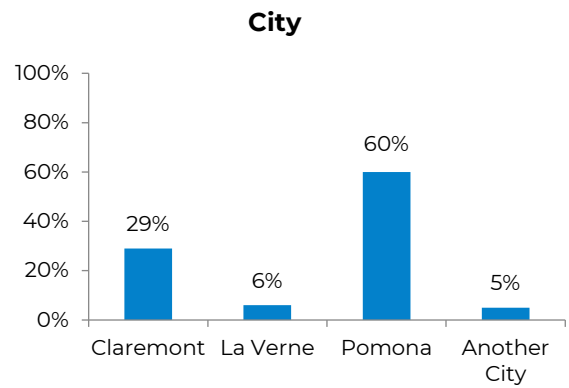
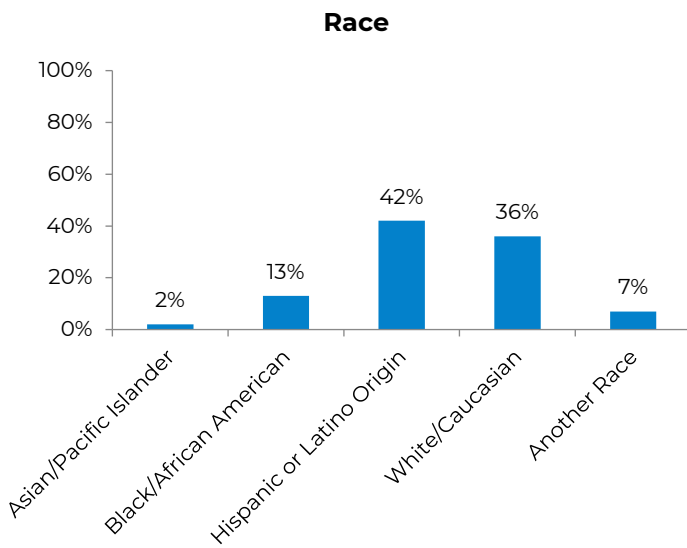
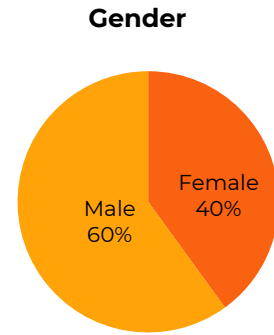
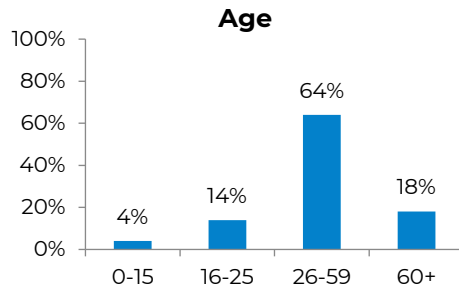
### Supplemental Crisis Calls

**244**  
Supplemental  
Crisis Calls

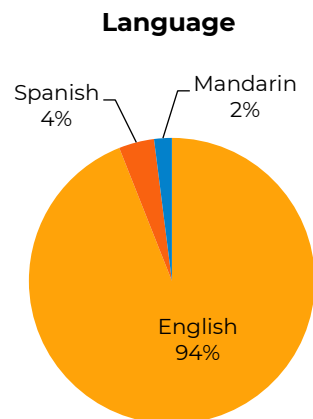


## Supplemental Crisis Walk-Ins

**55**  
Individuals  
Served



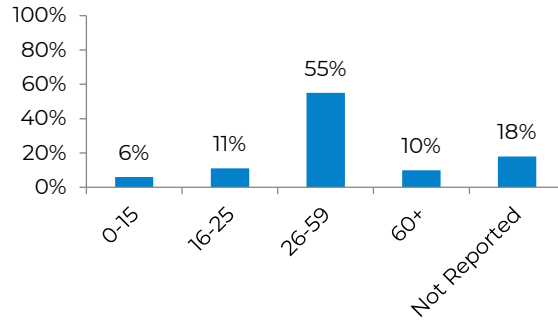
**46%**  
Crisis walk-ins also  
outreached by the Intensive  
Outreach and Engagement  
Team



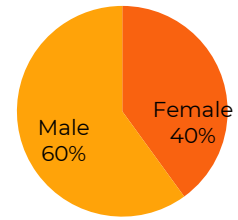
## Intensive Outreach and Engagement

**982**  
Individuals  
Served

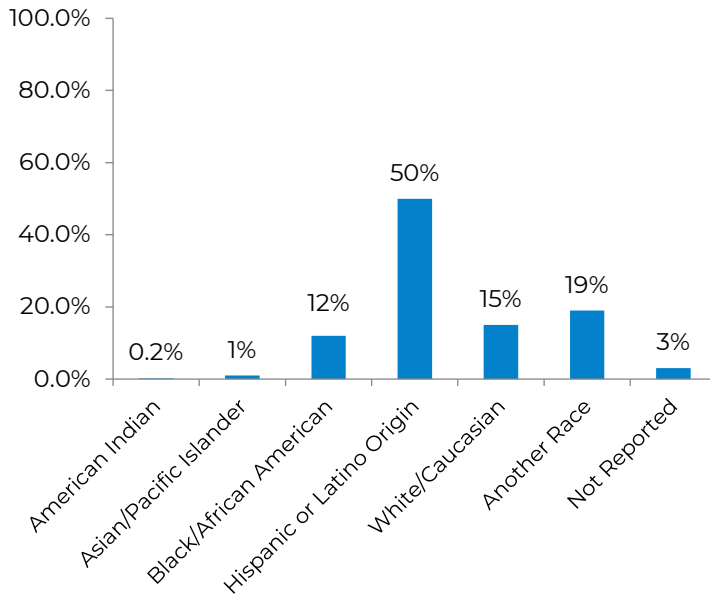
**Age**



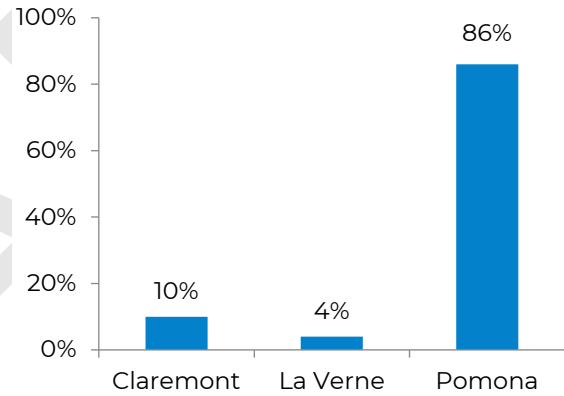
**Gender**



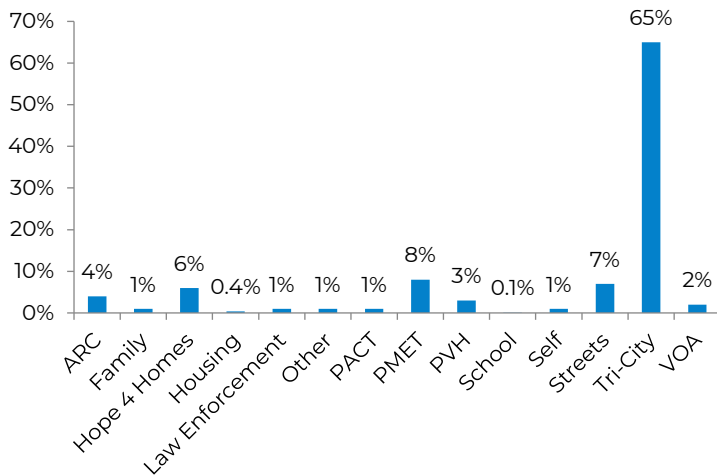
**Race**



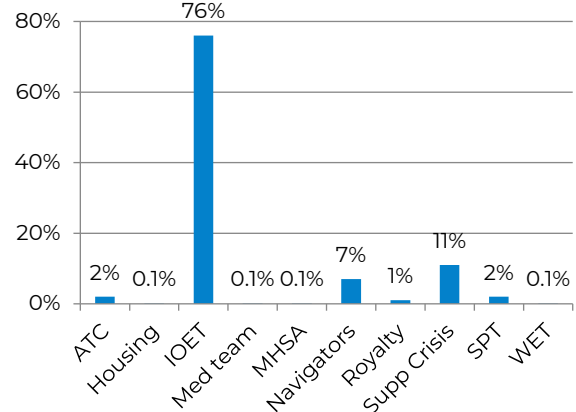
**City**



**Referral Source**



**Tri-City Referral Source**

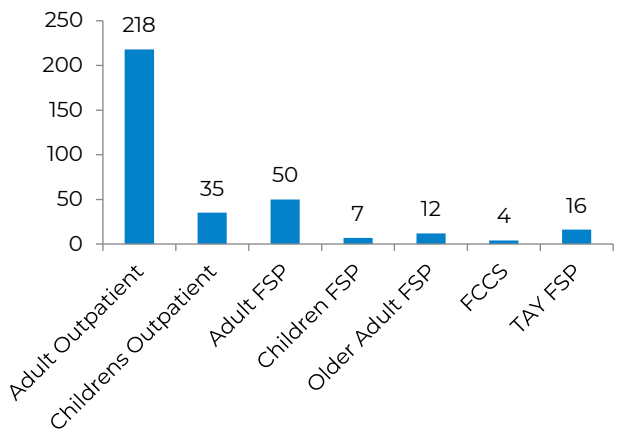


## How Well Did We Do It?

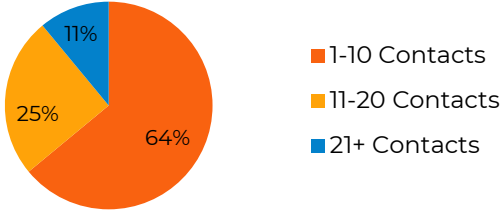
**342**  
Individuals were opened for services at Tri-City through the Intensive Outreach and Engagement Team



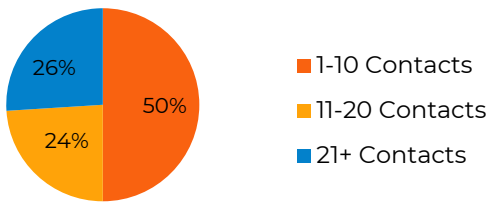
**Opened for Services**



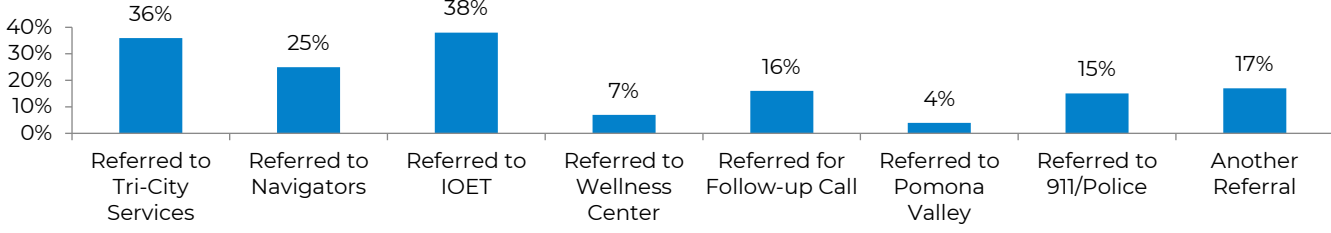
**Percent of IOET Contacts for Closed Cases**



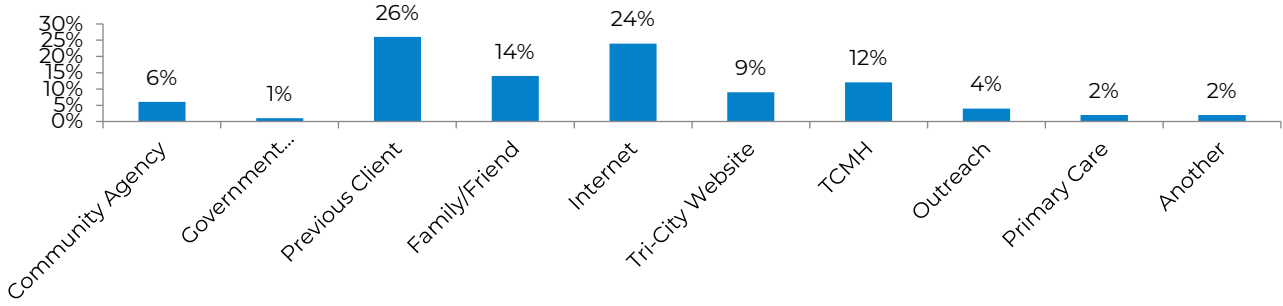
**Percent of IOET Contacts for Currently Open Cases**



**Disposition of Crisis Calls**



**How did you hear about the Supplemental Crisis Line?**

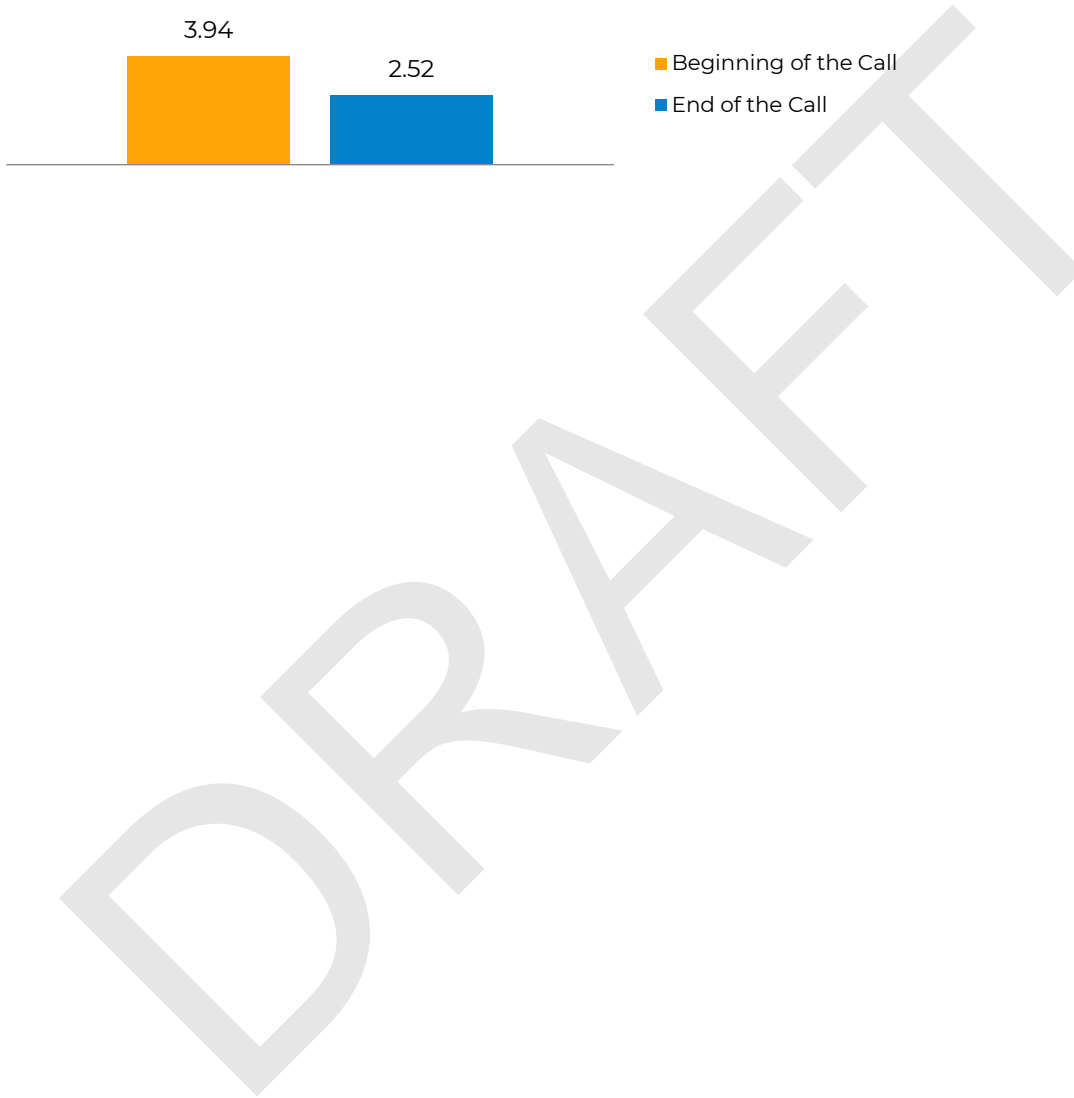


## IS ANYONE BETTER OFF?

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### Level of Distress for Crisis Callers

Callers rated their level of distress at the beginning of the phone call and at the end on a 1 to 10 scale where 1 = mild and 10 = severe (higher rating means greater level of distress).



# Field Capable Clinical Services for Older Adults

## Program Description

Through the Field Capable Clinical Services for Older Adults (FCCS) program, TCMH staff members provide mental health services to older adults ages 60 and above. FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, lack of transportation, frailty, stigma, or other limitations. Available services include but are not limited to 1) bio-psycho-social assessment 2) individual and group counseling 3) psychiatric and medication follow-up 4) case management and 5) referrals to appropriate community support services. These services are provided at locations convenient to older adults, including in-home, senior centers, medical facilities, and other community settings.

## Target Population

Older adults, ages 60 and over, who are experiencing barriers to mental health service due to a variety of issues including lack of transportation, stigma, or isolation.

Age Group	Older Adults 60+
Number Served FY 2020-21	32
Cost Per Person	\$2,503

## Program Update

During FY 2020-21, Field Capable Clinical Services for Older Adults (FCCS) served 32 unique individuals. This was an increase from 26 served in FY 2019-20. The primary city where participants reside continues to be Pomona with 78% percent of those served. The primary diagnosis seen for FY 2020-21 participants is depressive disorders and the average length of enrollment is 17.9 months.

Housing for this age group is a critical factor for recovery for this population. During this past fiscal year, 2 FCCS participants were successfully connected with housing. In addition, 12 participants were assisted by medication servicing, another support service offered through the program.

## Challenges and Solutions

In previous years, a portion of the clients in the FCCS program struggled with the concept of graduating for this program. The FCCS staff addressed this issue by focusing on offering transition support which included referrals to other programs in Tri-City's system of care including MHSA programs such as the Wellness Center, Peer Mentors, and the Therapeutic Community Garden. With this added support, 13 participants successfully completed this program and were discharged in FY 2020-21.

## Cultural Competence

The FCCS program continues to be led by a bilingual (Spanish speaking) FCCS clinician. In addition, all program brochures are available in both English and Spanish and an approved language line is also available. Community Navigators are available to provide culturally appropriate resources for clients as needed.

## Community Partners

The FCCS team regularly collaborates with the following external resources and community partners:

- **Joslyn Senior Center** – Community senior services in the city of Claremont
- **La Verne Community Center** – Community services for children, youth, adults and older adults
- **Palomares Park Community Center** – Community services and recreational programs for residents of the city of Pomona
- **Blaisdell Senior Center** - Community senior services in the city of Claremont
- **Washington Park Community Center** - Community services and recreational programs for residents of the city of Pomona
- **Meals on Wheels** – Nutrition, education, linkage and social supportive services
- **Dial-A-Ride** – Transportation services
- **Access** – Transportation services

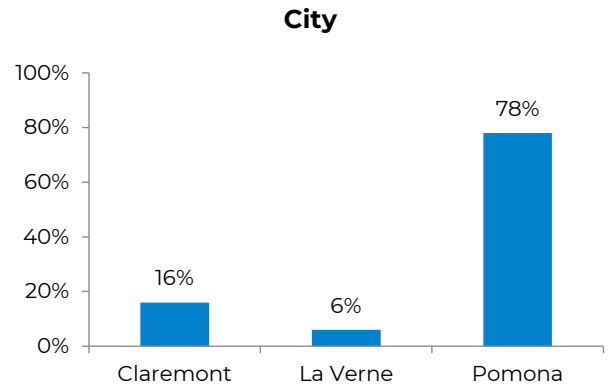
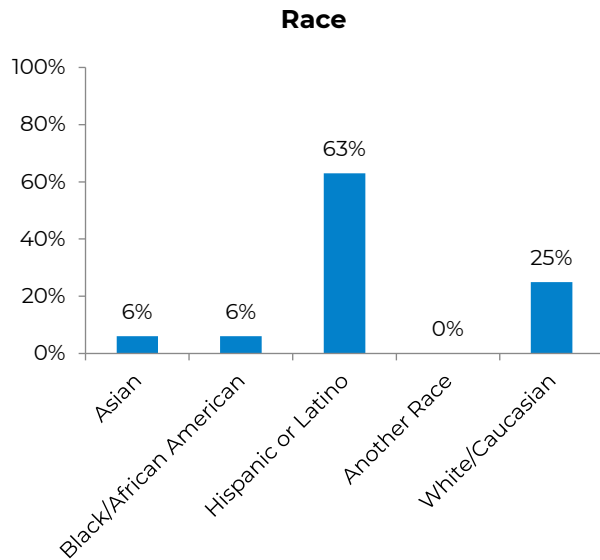
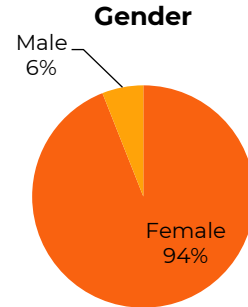
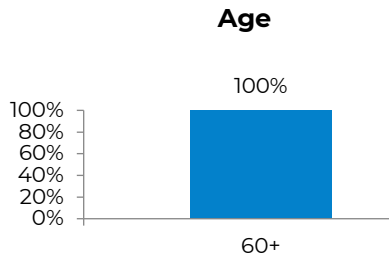
## Success Story

During FY 2020-21, a 75-year-old client suffering from depression and anxiety began weekly sessions with the FCCS therapist. Poor socialization and suicidal ideation were behaviors of concern. This client made significant progress and reported decreased depressive symptoms and presents as more optimistic. They also participated in a psychotherapeutic group at FCCS to enhance their social and communication skills. In addition, the client reported that their suicide ideation had reduced dramatically and continues to work on eliminating any negative thoughts. Lastly, the client shared they developed a “new way of thinking” and no longer assumes blame for the negative comments or behaviors of others.

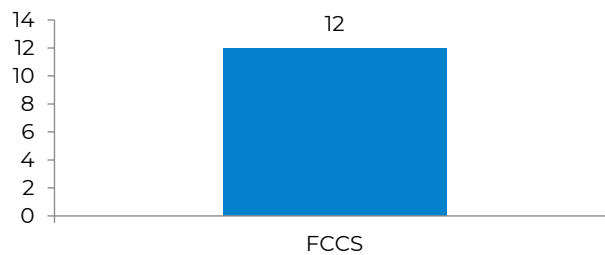
# Program Summary

## How Much Did We Do?

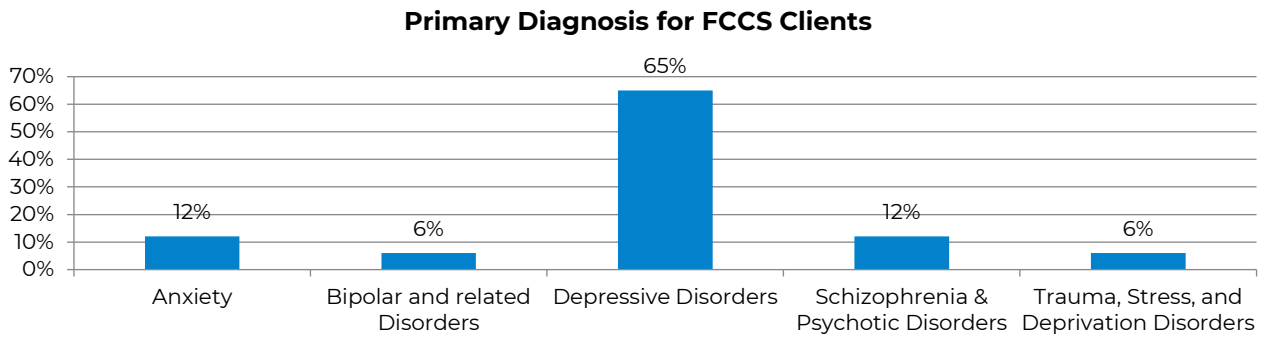
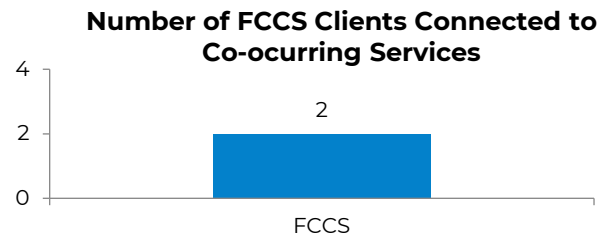
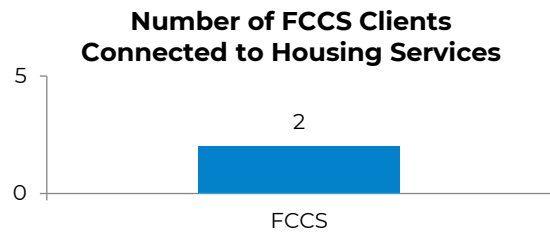
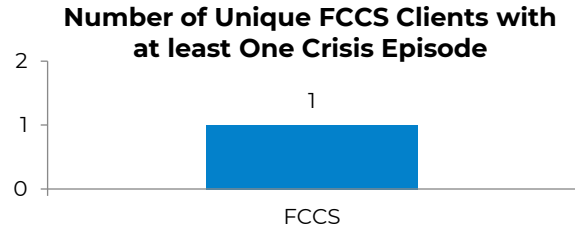
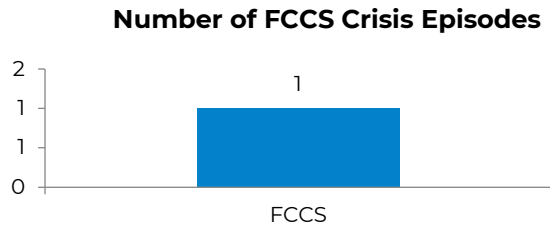
**32**  
Unique  
Individuals  
Served



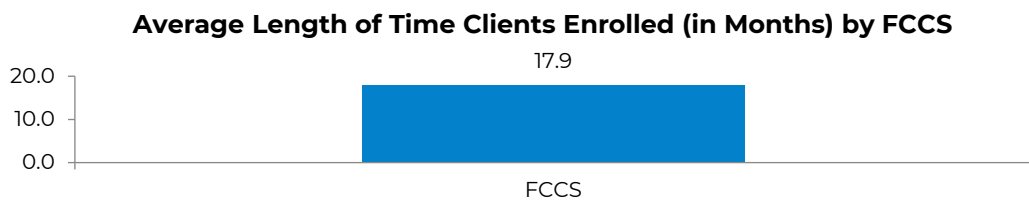
### Number of FCCS Clients Receiving Medication Services by Program







## How Well Did We Do It?



## Is Anyone Better Off?

**13**  
Discharges During  
FY 20-21

# Permanent Supportive Housing

## Program Description

Tri-City's Permanent Supportive Housing units offer living spaces for Tri-City clients who are currently receiving mental health services and their families in the cities of Claremont, La Verne and Pomona. Residential Service Coordinators are located at these sites to offer support and act as a liaison between tenants and the property staff. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration.

## Target Population

Tri-City clients living with severe and persistent mental illness and their family members.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Total Served
Number Served FY 2020-21	7	21	148	51	227

## Program Update

As the impact of the COVID pandemic continued throughout FY 2020-21, many clients and community members experienced hardships related to their finances. Stay-at-home orders kept people home from places of employment due to business closures, work hours reduced, or because they or someone in their home was vulnerable to COVID-19. Clients began to fall behind on their rent and utility payments putting them at-risk of becoming homeless.

On August 21, 2020, Governor Newsom signed Assembly Bill 3088 which extended the protections that were in place that stopped tenants from being evicted due to nonpayment of rent. Los Angeles County opened applications for rent relief assistance and the city of Pomona also offered their own rental assistance. Both programs added some relief, but the application processes presented obstacles that made it difficult for many households to apply.

By the beginning of the next calendar year, the concern for many households continued. Fortunately, on January 31, 2021, Governor Newsom signed SB 91 which outlines the rules for how California uses the \$25 billion emergency rental assistance funding gained through the stimulus bill passed by Congress on December 27, 2020. SB 91 also extended the tenant eviction protections through June 30, 2021.

The Housing Division team focused on providing the most up-to-date housing protection and assistance information to clients and community members as well as staying connected with partner agencies that were focused on providing those updates.

## Challenges and Solutions

FY 2020-21 presented multiple changes in the types of housing protections and assistance with the pandemic including overlapping guidelines between federal, state, county, and city mandates. It became difficult for service providers, clients, and the community to stay current and accurate on what level of protection they had and what options were available to them. The Housing Division team found many agencies experienced the challenges of limited office hours, virtual meetings and having to find alternative way of completing required paperwork. Staff made use of weekly webinars through agencies like the Housing Rights Center, Continuum of Care meetings, and Coordinated Entry Systems meetings to stay current with changes to renter protections and resources available. Staff shared updates within the team as well as with the agency to make sure clients were receiving accurate and consistent information.

Residential Service Coordinators (RSC) had to look for alternative ways to engage the tenants at their sites as in-person groups were no longer an option. Three new socialization and support groups were created virtually: Parent Talk, Community Resource Forum, Game Space, and a site-specific Casual Chat. The groups were offered to each client housing location, however, attendance was limited. In response, flyers for groups were created and announced prize raffles for those who attend. RSCs created and administered surveys to solicit feedback from tenants about the type of groups they would be interested in participating in. Tenants were also informed that there would be a gift card raffled at each site for completing the survey. Yet still, only a handful of responses were received.

Finally, clients continued to be matched to voucher opportunities through the Coordinated Entry System. However, staff encountered challenges when completing these applications. Staff were limited on when they could meet with the applicants and sought out support from Tri-City's clinical team and other housing staff to receive documents from applicants to try to speed up the process.

## Cultural Competence

Tri-City's housing programs offer fair housing to all individuals and families regardless of status. The Housing Department staff are trained in cultural competency and work with clients to help identify their rights regarding housing. During the Supportive Options Group (SOG), staff share with clients about resources such as Social Security Disability Insurance and Health Advocates for those who have identified having a physical disability.

Four of the six Housing Division staff are bilingual in English and Spanish. In addition, the team will offer the Language Line where interpreters are readily available if assistance is needed with a different language. In addition, communication is maintained with clients and the community by providing flyers and information in multiple languages.

During Housing Department (HD) groups, if clients identify that they encounter some type of obstacle in their current housing due to something related to being part of an underserved community, the HD team shares information about reasonable accommodations and work with housing owners and property managers to make accommodations for someone with a disability to ensure they have fair and equitable use of their unit.

## Community Partners

The following list of agencies provide additional resources to clients to help them obtain and maintain housing:

- Housing Rights Center
- Neighborhood Legal Services LA
- Summit Payee Services, Inc.
- Union Station
- Volunteers of America
- Prototypes
- Helping Hands Senior Foundation
- National Alliance on Mental Health (NAMI)
- Volunteers of America
- People's Concern
- Foothill Aids Project
- Friends in Deed
- Family Promises
- PATH
- Door of Hope
- Inland Valley Hope Partners
- YMCA
- Salvation Army
- Pacific Clinics
- Los Angeles County Offices of Education

Housing Division staff strive to understand the following agencies, their systems, and expectations to anticipate and avoid potential barriers for clients who are seeking connections to housing resources.

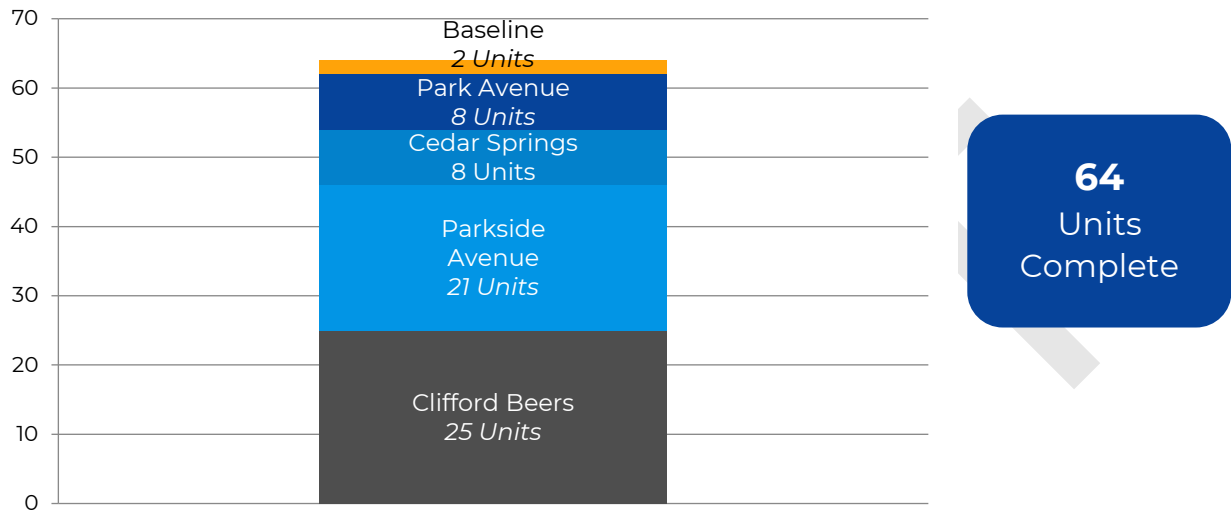
- Pomona Housing Authority (PHA)
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles County Development Authority (LACDA)
- Housing Authority of the City of Los Angeles (HACLA)
- Los Angeles County Housing Authority (HACOLA)

## Success Story

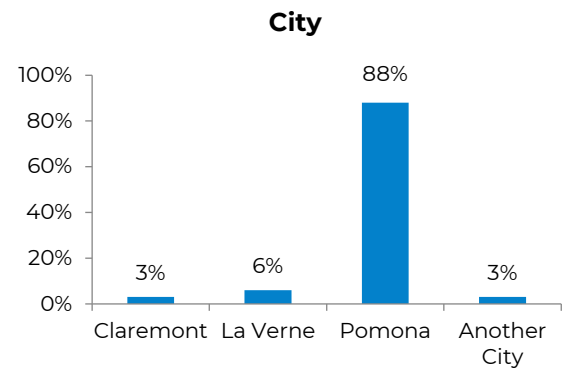
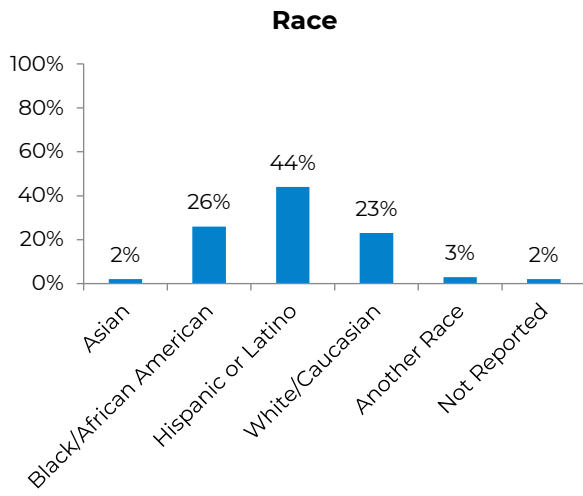
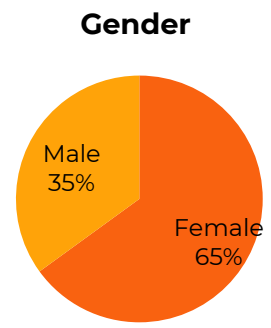
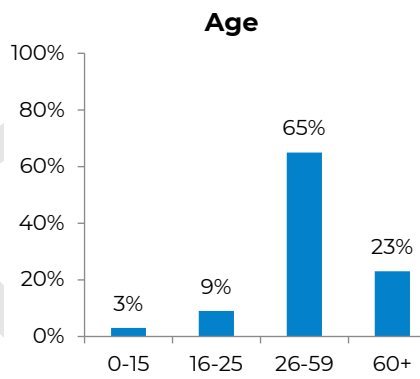
In FY 2020-21, an elderly tenant who resided in one of the permanent supportive housing units made the decision to move to a board and care facility due to deteriorating health conditions. This was not an easy decision for this individual and came only after months of support from the Residential Services Coordinator (RSC) located on site. The tenant was presented with various options over time and allowed to make the decision on their own. Once an alternative living arrangement was determined the RSC and housing team supported this individual and helped to make a smooth transition.

# Program Summary

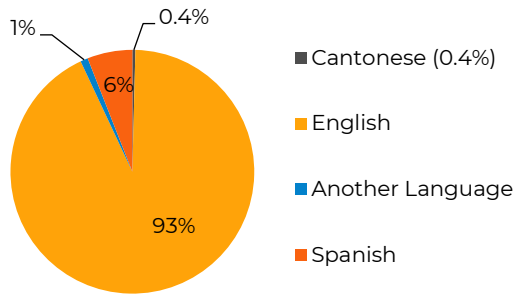
## How Much Did We Do?



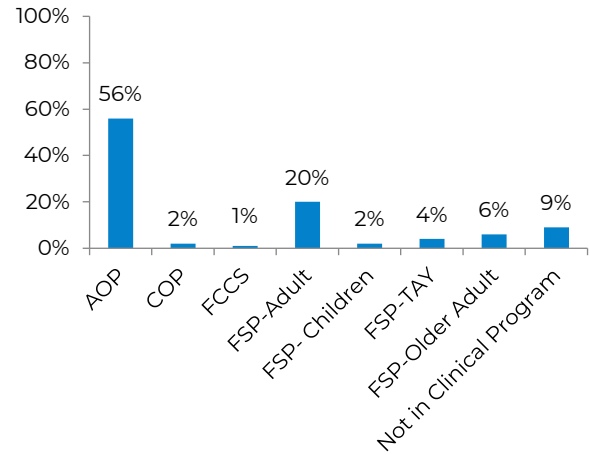
**227**  
Individuals served with Housing needs



### Language



### Clinical Program



**35**

Housing Clients Discharged due to Lower Level of Care or No Further Care Needed

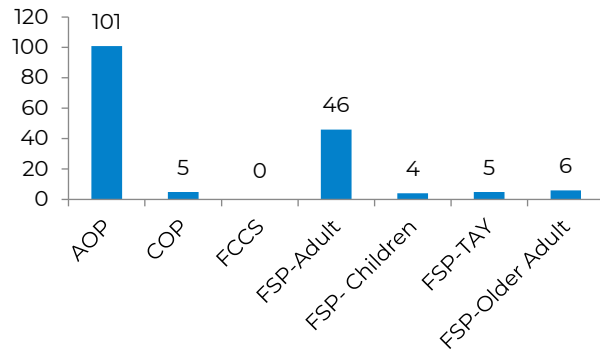
**24**

Individuals with Shelter Plus Voucher (LA/Pomona)

**167**

Housing Referrals Received

### Housing referrals by program

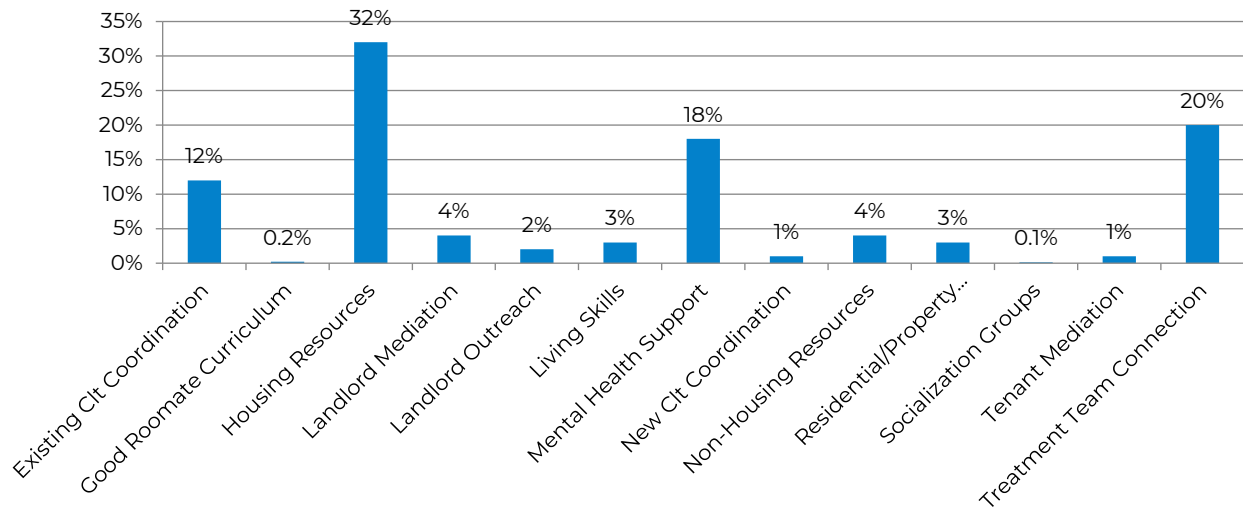


## How Well Did We Do It?

**983**  
Housing Actions

**46 Months**  
Average Length of  
Time Clients Living in  
Housing Unit

### Additional Types of Services Provided



## Is Anyone Better Off?



# Prevention and Early Intervention Programs

The Prevention and Early Intervention (PEI) Plan focuses on early intervention and prevention services, in addition to anti-stigma and suicide prevention efforts.

- Community Wellbeing Program
- Community Mental Health Trainings
- Stigma Reduction and Suicide Prevention
- Older Adult Wellbeing/Peer Mentor
- Transition Age Youth Wellbeing/ Peer Mentor
- Family Wellbeing Program
- NAMI – Ending the Silence
- Housing Stability
- Therapeutic Community Gardening
- Early Psychosis Program



# MHSA Regulations for Prevention and Early Intervention

*“The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations”.*

Prevention and Early Intervention Regulations/July 1, 2018  
(Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA)

Per the Regulations stated above, Counties are required to identify each program funded under their Prevention and Early Intervention Plan by one or more of the following categories:

## Prevention and Early Intervention Plan Required Categories/Programs

### 1. Prevention Program

- a. Housing Stability Program
- b. Therapeutic Community Gardening

### 2. Early Intervention Program

- a. Early Psychosis Program
- b. TAY and Older Adult Wellbeing (Peer Mentor Program)
- c. Therapeutic Community Gardening

### 3. Access and Linkage to Treatment Program

- a. Early Psychosis Program
- b. Family Wellbeing Program
- c. Housing Stability Program
- d. TAY and Older Adult Wellbeing (Peer Mentor Program)
- e. Therapeutic Community Gardening
- f. Wellness Center (TAY and Older Adults)

### 4. Stigma and Discrimination Reduction

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

### 5. Outreach for Increasing Recognition for Early Signs of Mental Illness Program

- a. Community Mental Health Trainings
- b. Community Wellbeing Program
- c. Early Psychosis Program
- d. Family Wellbeing Program
- e. Housing Stability Program
- f. TAY and Older Adult Wellbeing (Peer Mentor Program)
- g. Therapeutic Community Gardening
- h. Wellness Center (TAY and Older Adults)

### 6. Suicide Prevention

- a. Stigma Reduction/Suicide Prevention
- b. NAMI: Ending the Silence
- c. TAY and Older Adult Wellbeing (Peer Mentor Program)

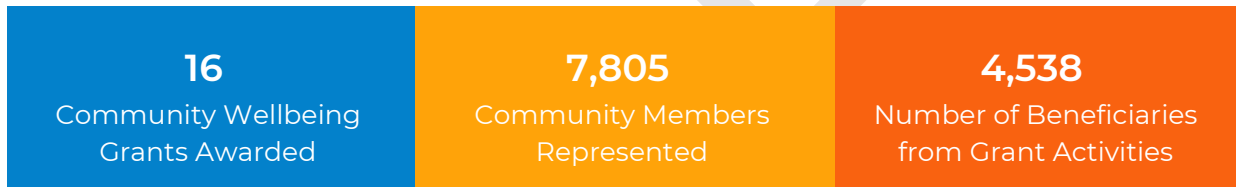
# Community Wellbeing Program

## Program Description

The Community Wellbeing (CWB) program provides grants to local communities for the promotion of their member’s wellbeing. This program supports communities and groups in Tri-City’s catchment area to assist them in strengthening their capacity to increase social connection and wellbeing. Through grants totally up to \$10,000, community projects are funded to increase awareness of mental health and wellbeing in addition to providing opportunities for these communities to network and build collaboration with other local communities. Tri-City provides technical assistance including collecting data and helping grantees evaluate the impact of their projects.

## Target Population

Communities and groups located in the cities of Claremont, La Verne and Pomona who are interested in building their own capacity to strengthen the wellbeing of their members.



Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
<b>Number Served FY 2020-21</b>	390	3,746	2,888	781	0	7,805

## Program Update

In FY 2020-21, a total of 16 Community Wellbeing Grants were awarded. These communities represent 7,805 members who will have the opportunity to participate in these community-designed and led wellbeing projects. This fiscal year marks the 10<sup>th</sup> cohort who have participated in this impactful program. Meetings were held virtually in keeping with COVID guidelines included both joint meetings with all cohort representatives as well as one-on-one meetings to discuss the individual needs and challenges experiences by each grantee. During these meetings grantees were able to share program updates as well as challenges they are currently facing. In addition, many expressed their gratitude of being a part of the CWB grant program and were eager to learn more about other Tri-City programs and services.

Each quarter grantees provide financial reports to Tri-City which reflect their spending and making sure any remaining funds are in line with their project’s needs.

## Challenges and Solutions

A common theme expressed during the meetings is the impact COVID-19 has brought to their community/projects and the need to make changes and modifications on how they deliver their projects and services. Grantees expressed that it's difficult to engage with their participants through zoom meetings and have shared ideas on how to better connect with them such as putting together wellness packets that can be mailed/delivered to their participants. To provide resources and support to their communities, grantees are interested in hosting/offering Tri-City Mental Health trainings throughout the grant year on various topics that promote mental health and wellness. Program staff shares all Tri-City resources, events, and trainings that are being offered to community members and partners such as educational webinars, Community Connections webinar, and upcoming events.

To stay connected with grantees, program staff created a "Community" Newsletter that was distributed to all grantees. Contents include Tri-City announcements, events, resources, walk-in hours, cohort announcements, and grantee project information such as the Boys and Girls Club of Parkside craft/activity ideas and After School Intervention for Dyslexic Students.

## Cultural Competence

The Community Wellbeing staff consist of a bilingual coordinator and all materials and applications are available in both English and Spanish. In addition, presentations are available in both English and Spanish.

Bright Prospect, one of the grant recipients, invited Tri-City staff to their parent meeting to share Tri-City's programs, resources, and services that can be utilized by parents and/or their children. This presentation was provided in English and Spanish. Parents were engaged and asked questions during the presentation stating they knew of Tri-City as an agency but were not aware of the programs and services Tri-City offers. The parents felt the presentation was helpful and informative because they have faced some challenges with their children during the COVID-19 pandemic and were happy to know that mental health services are available to support them and their kids.

## Community Partners

The Community Wellbeing Grant program is based on community collaboration and connection. In anticipation of new grants during the next fiscal year, 20 applicants were interviewed in May 2021 with 17 chosen to be awarded a Community Wellbeing Grant for Fiscal Year 2021-2022. These new grantees will be working with program staff to revise and finalize their budget based on the awarded amount. These new grantees attended an orientation where program staff provided an overview of the CWB program, forms, and procedures. This new cohort will begin their projects in July 2021.

## Success Story

The Community Wellbeing Program offers grants to community organizations and groups who are interested in building the wellbeing of their members. Casa Colina Hospital and Center for Health, a Wellbeing Grantee, offers the No Limits Creative Arts Program, which provides art (e.g. painting, writing, cooking, music) as a medium to help transition age youth (TAY) with special needs to build a community support system that will help decrease feelings of loneliness,

depression, anxiety, and isolation. The goal of this project is providing a safe, comfortable environment for the TAY participants to express themselves using creative arts in a safe space.

One specific example was a holiday crafting event where TAY participants could make gifts or creations for themselves. Some participants reluctantly attended due to social anxiety and even requested that their parents wait in the parking lot in case they needed a quick escape. However, everyone stayed until the end, and even expressed enthusiasm for the next event.

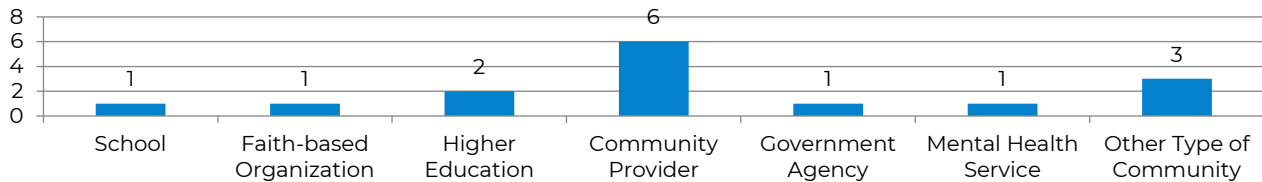
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# Program Summary

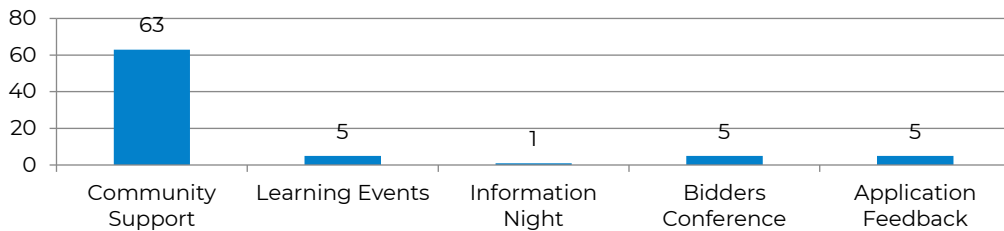
## How Much Did We Do?



### What Type of Grantee is Your Community Considered?

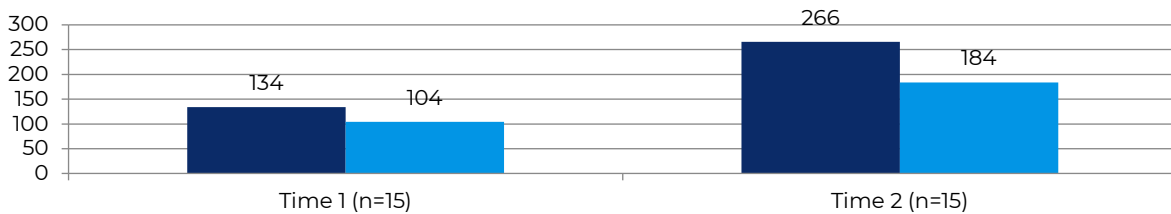


### Number of Events Held by Community Capacity Organizer



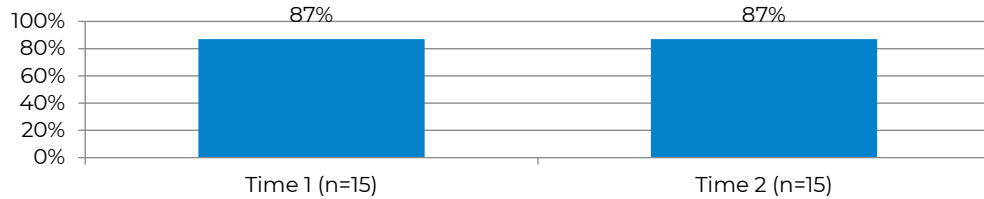
**353**  
Attendees

■ Events/Activities ■ Meetings

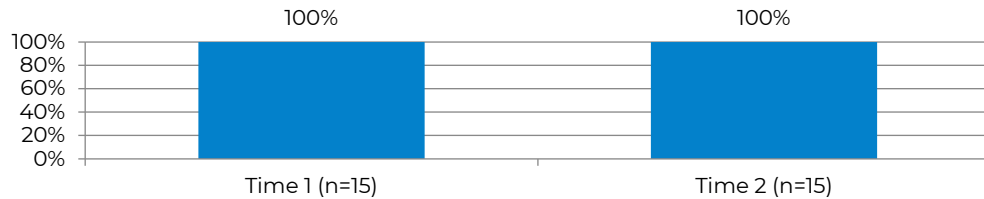


## How Well Did We Do It?

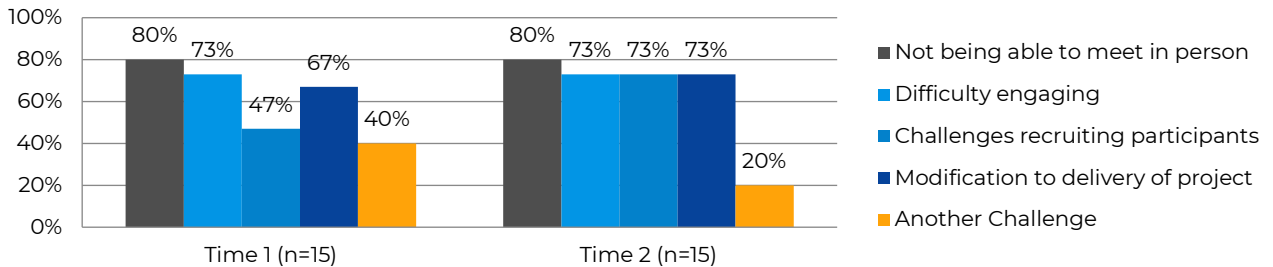
**Percentage of Grantees who Report How Successful their Community's Activities were:**



**Percent of Grantees who report they have a better understanding of the services at Tri-City and its mission:**

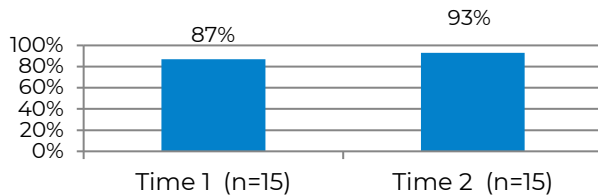


**Percent of Grantees who report challenges their communities faced (Check all that apply)**

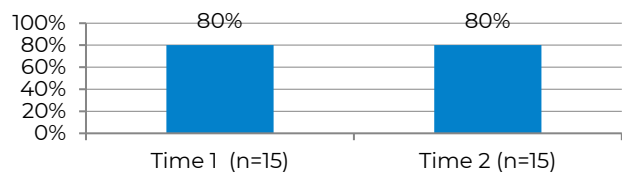


## Is Anyone Better Off?

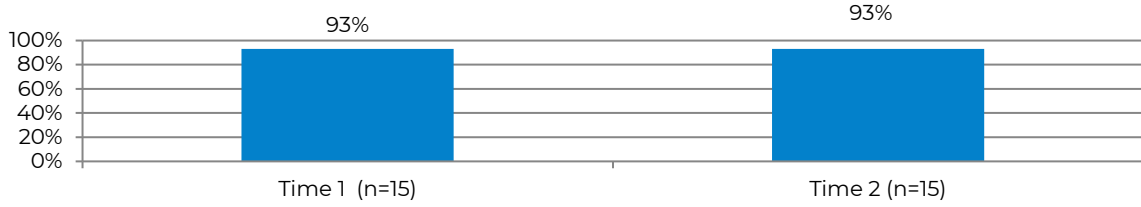
**Percentage of Grantees who Report Improvement in Supporting Each Other**



**Percentage of Grantees who Report Improvement in Their Ability to Effectively Act Together**

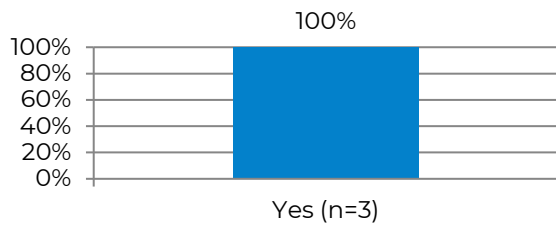


### Percentage of Grantees who Report They Know How to Access Additional Support Services from Tri-City

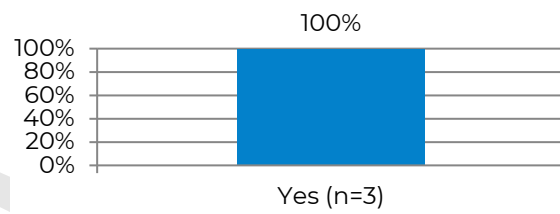


### Grantee Follow-Up Survey

**Were you able to sustain the project?**

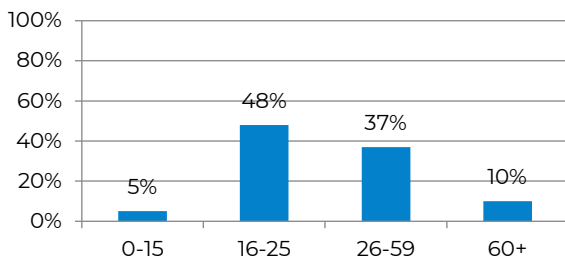


**Did Your Challenges Improve Since Receiving the Award?**

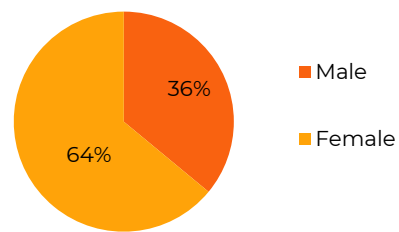


### Grantee Community PEI Demographics

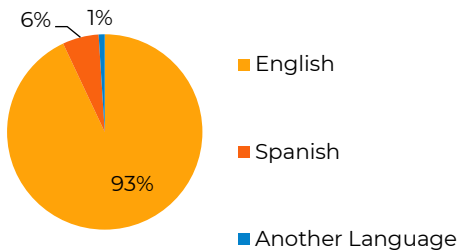
#### Age Group



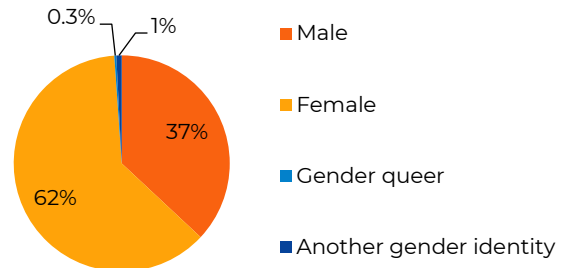
#### Assigned Gender at Birth



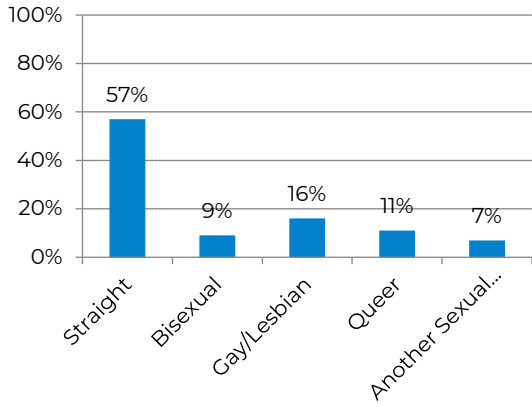
#### Language



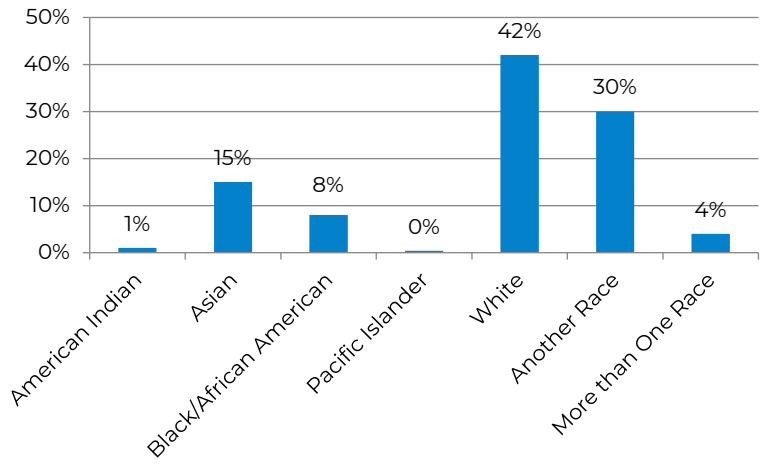
#### Current Gender Identity



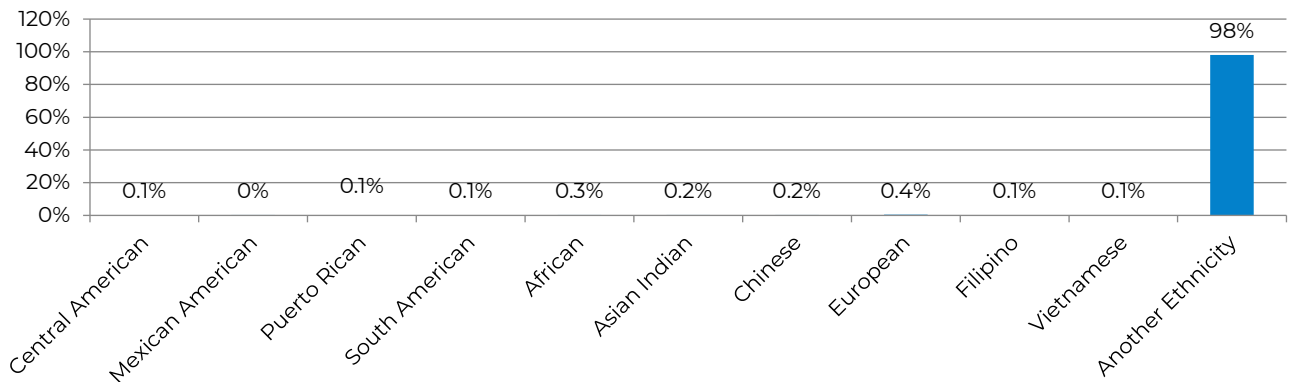
### Sexual Orientation



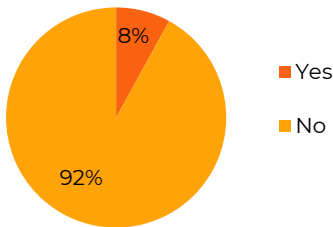
### Race



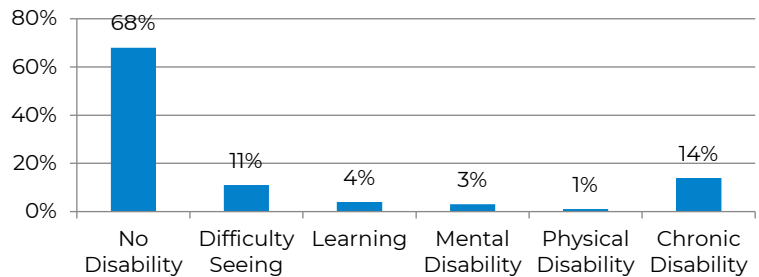
### Ethnicity



### Military Veteran



### Disability





<b>Number of Potential Responders</b>	7,805
<b>Setting in Which Responders were Engaged</b>	Community, Schools, Workplace, Virtual Platforms (e.g. Zoom), and Phone (e.g. conference calls)
<b>Type of Responders Engaged</b>	TAYs, teachers, LGBTQ+, families, students, service providers, faith-based individuals, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

DRAFT

# Community Mental Health Trainings

## Program Description

Community Mental Health Trainers offer free group trainings to community members and partners in the Tri-City service area of Claremont, La Verne and Pomona. These trainings are designed to provide participants with the skills and information they need to support themselves, friends, families, and others in mental wellness. These free trainings include Mental Health First Aid (MHFA), Adverse Childhood Experiences (ACEs), Community Resiliency Model™ (CRM), Motivational Interviewing (MI), and Everyday Mental Health (EMH) as well as workshops based on the Recovery Model, Non-Suicidal Self-Harm and parenting classes. Since the onset of COVID-19, these trainings are offered virtually.

## Target Population

Community members, community-based organizations, local schools, agencies, and Tri-City staff who are interested in learning how to recognize the early warning signs of mental illness and appropriately intervene to provide support.



Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	11	35	60	7	954	1,067

## Program Update

The Community Mental Health Training (CMHT) program was able to conduct and present to more community members during FY 20-21 than previous fiscal years. The program trained 1,067 community members across a wide range of mental health topics in 57 conducted trainings. Significant ratings from participants include: 84% of participants reported feeling confident in using or applying the skills learned in the training. Additionally, 97% of participants reported that they would recommend the training to others.

The CMHT program has outreached and trained various audience types (i.e., schools, health agencies, mental health agencies). The trainings provided support to the Tri-City community by increasing access to mental health services and helping agencies better support the community members they serve.

## Challenges and Solutions

During FY 2020-21, CMHT staff were limited as far as the number of in-person trainings they were able to complete. In response to the continuing challenges with COVID-19, CMHT staff in

partnership with other community agencies and schools increased their webinar presentations with a focus on subjects that are relevant to our community members. Some of these webinar topics included Minority Mental Health Month, Early Psychosis, Wellness Together, COVID & Stress Management, Adverse Childhood Experiences (ACEs) and Community Resiliency Model™ (CRM). Specific examples of these community trainings for notable participants included Mental Health, Wellness, and Awareness for the Health Bridges staff and students with Pomona College; Stress Management During COVID-19 for Bright Prospects staff, volunteers, and students; Everyday Mental Health and Wellness for Tri-City Interns who are currently enrolled in a graduate program and Motivational Interviewing to Tri-City Peer Mentors and graduate students enrolled at Claremont Graduate University.

## Cultural Competence

The Community Mental Health Training team consists of bilingual staff who are available to offer trainings in both English and Spanish. In addition, most materials and brochures are available in both English and Spanish.

## Community Partners

Community engagement is key to the success of the Community Mental Health trainings. Partners include local colleges, school districts, law enforcement, community-based organizations, faith-based organizations as well as Community Wellbeing Grant recipients.

## Success Story

The most popular and requested training was Adverse Childhood Experiences (ACEs). This training focused on helping participants understand that although they may have experienced childhood trauma and stress, which can have a negative impact on lifelong health and well-being, individuals and our community, as a whole, can create an environment of healing and resilience.

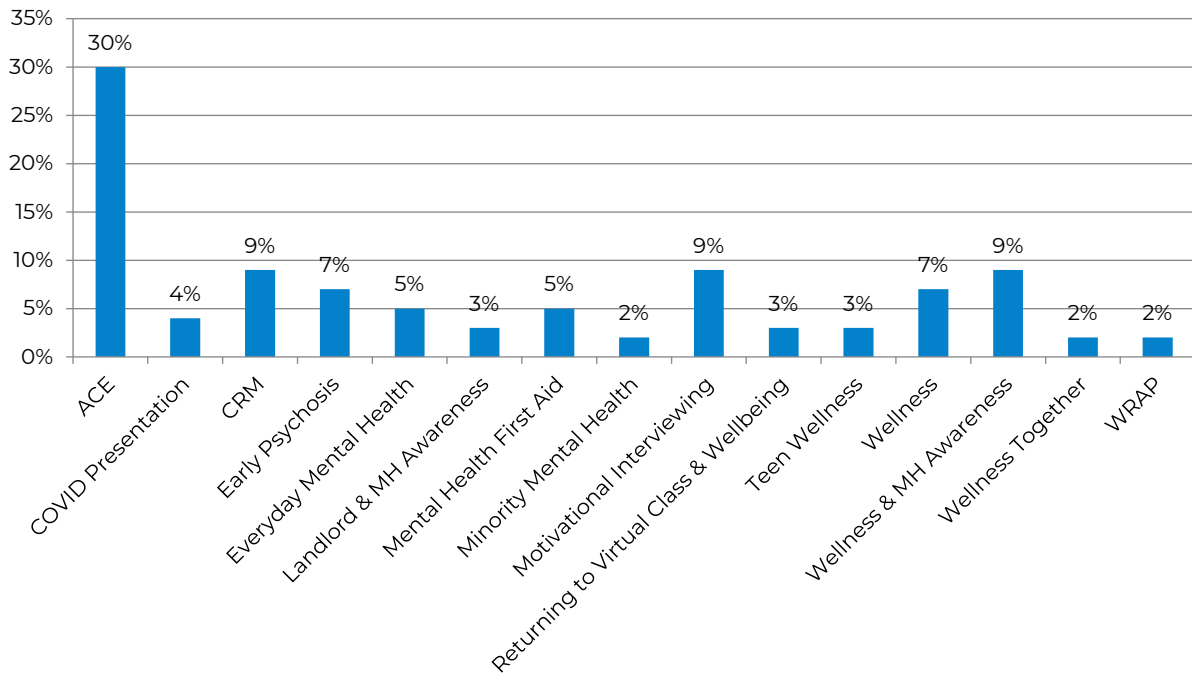
When surveyed about the trainings offered through this program, 87% of participants reported that the training was relevant to their day-to-day activities. In addition, 96% of participants rated the training sessions as good or excellent.

# Program Summary

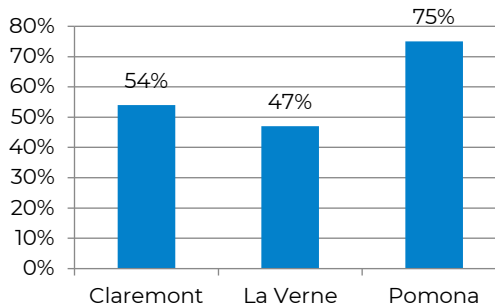
## How Much Did We Do?



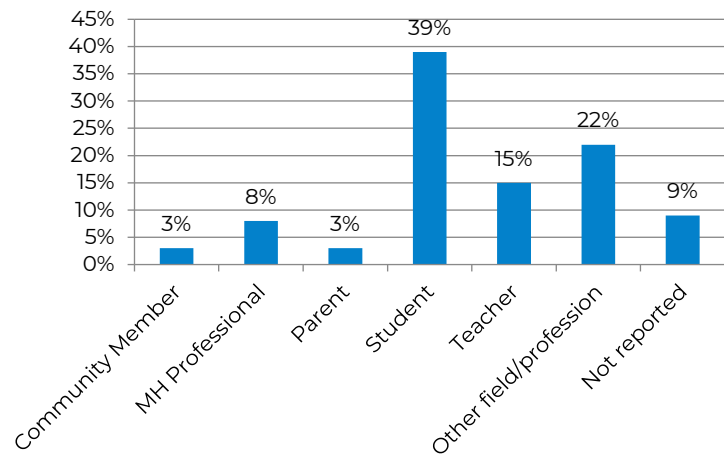
### Community Mental Health Presentations



### City of Attendees

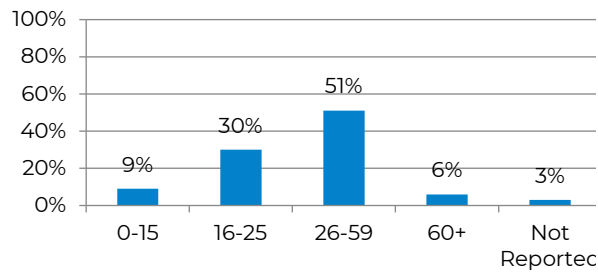


### What field/profession are you in:

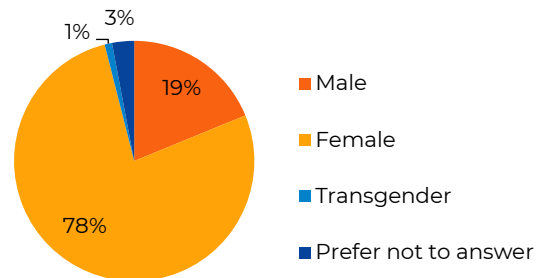


## PEI Demographics from Surveys

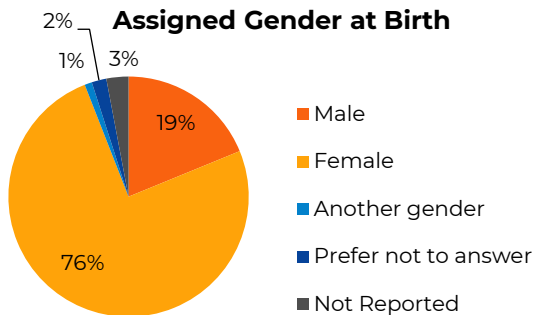
### Age Group



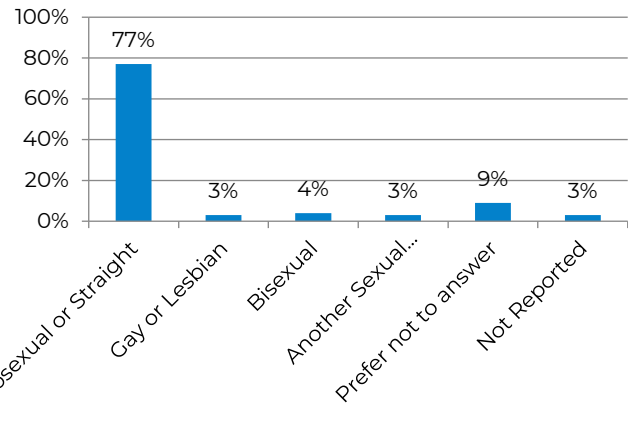
### Current Gender Identity



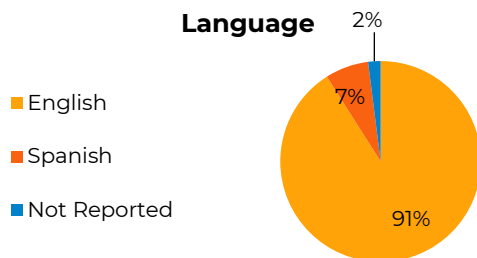
### Assigned Gender at Birth



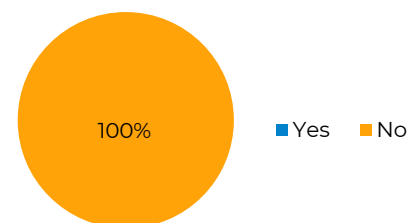
### Sexual Orientation



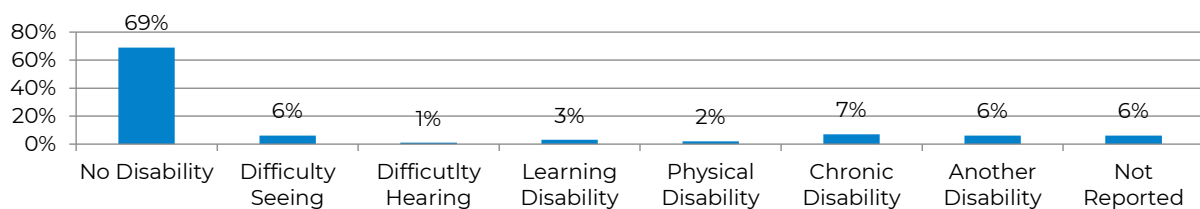
### Language



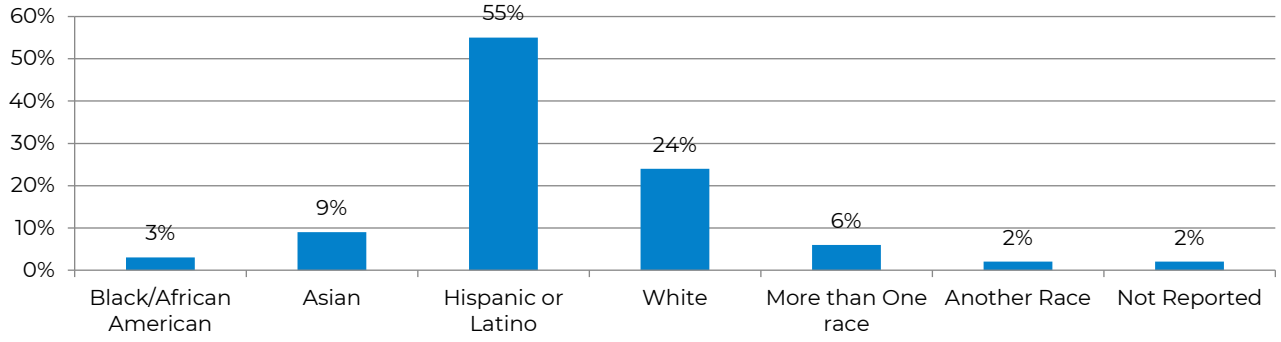
### Military Veteran



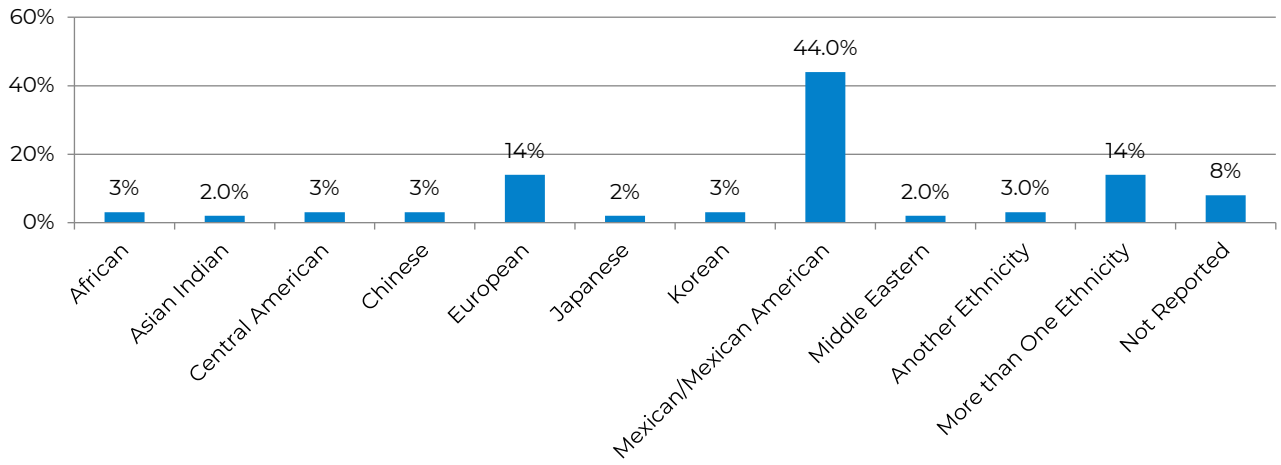
### Disability



### Race

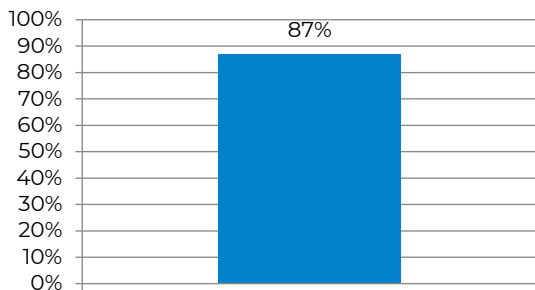


### Ethnicity

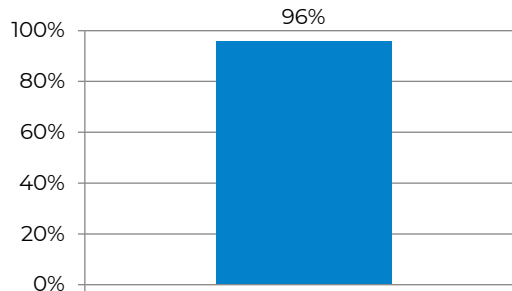


## How Well Did We Do It?

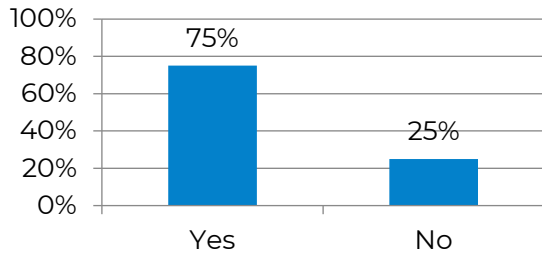
**Percentage of participants who report the training was relevant to their day to day activities:**



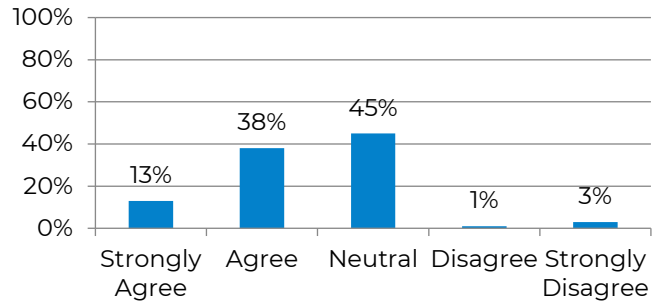
**Percentage of participants who rated the training session as good or excellent:**



**At any time in your life, have you experienced trauma or mental illness?**

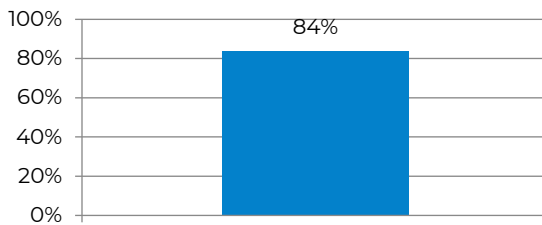


**If so, has this training helped you manage your recovery?**

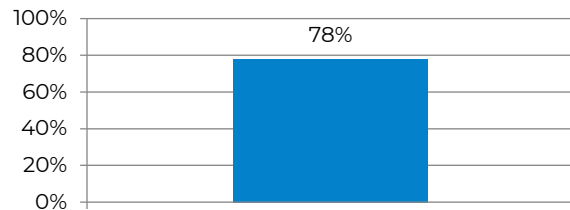


## Is Anyone Better Off?

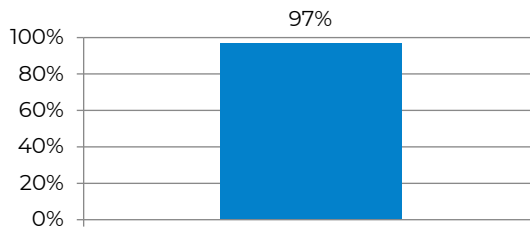
**Percentage of participants who report feeling confident in using or applying the skills learned in the training**



**Percentage of participants who report feeling more confident reaching out to someone who may be dealing with a mental health challenge or crisis**



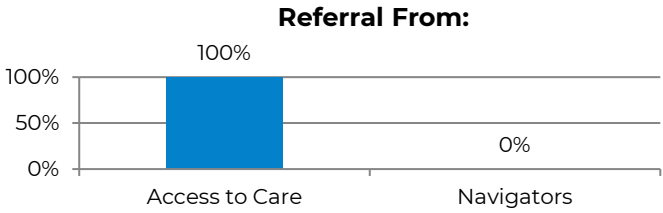
**Percentage of participants who would recommend training to others:**



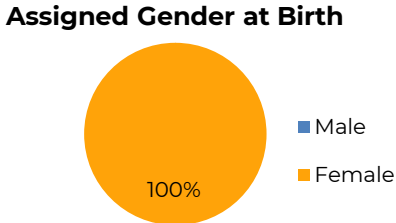
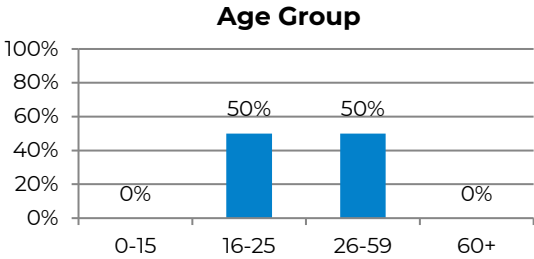
<b>Number of Potential Responders</b>	1,067
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Community, Healthcare, Schools, Local Business, Churches, Colleges, Rehabilitation, Regional Centers, Professional Associations, Law Agencies (probation/public defender's office), Department of Mental Health
<b>Type of Responders Engaged</b>	TAYs, adults, seniors, landlords, parents, residents, consumers, students, service providers, faith-based organizations and community-based organizations
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adult and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

**2**  
MHA Referrals to  
Community Mental Health  
Trainings

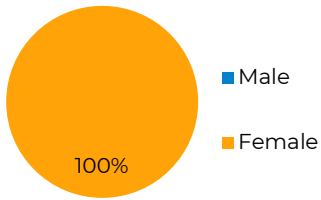


PEI Demographics Based on Referrals

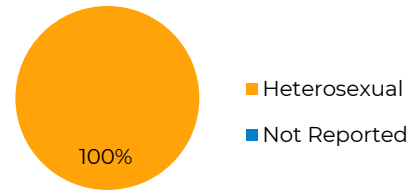




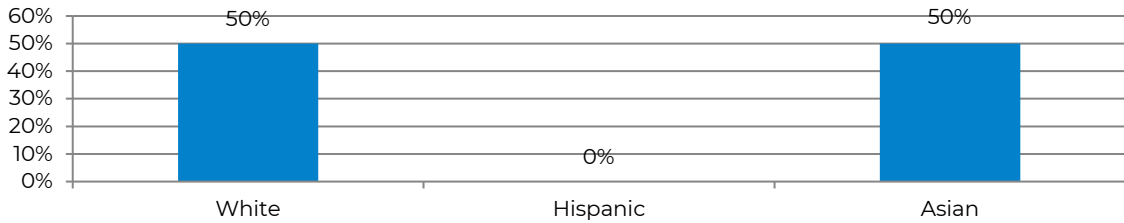
### Gender Identity



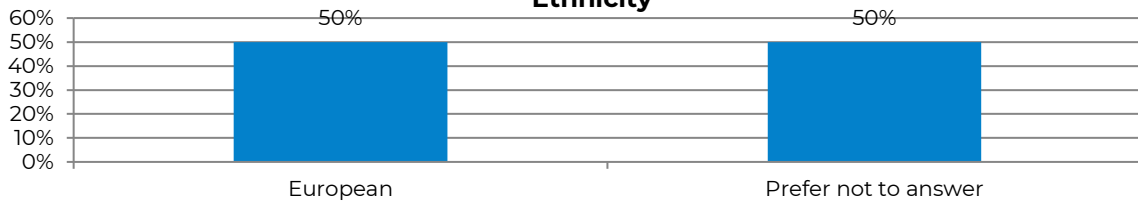
### Sexual Orientation



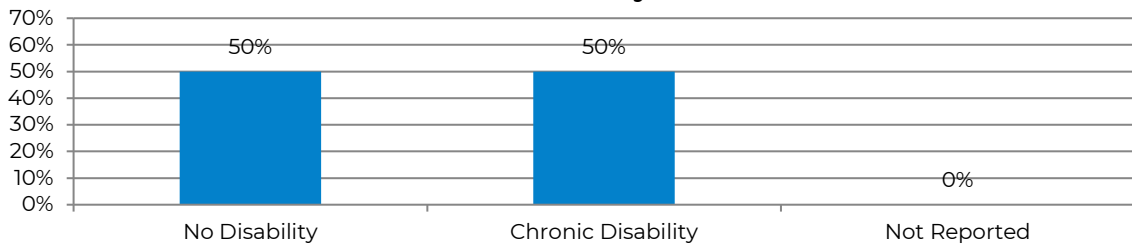
### Race



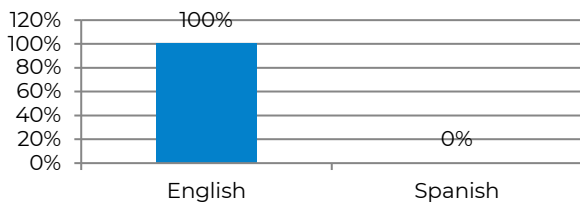
### Ethnicity



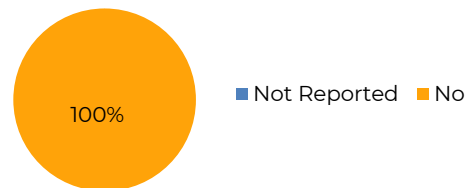
### Disability



### Language



### Military Veteran



# Stigma Reduction and Suicide Prevention

## Program Description

Tri-City's stigma reduction effort is encompassed under Room4Everyone and includes a website focused specifically on stigma reduction, along with several other components designed to empower individuals suffering with mental health challenges while generating awareness to the stigma related to mental illness. Suicide prevention efforts include offering suicide awareness trainings which provide participants with the skills needed to recognize the signs of suicide in an individual and connect them quickly and safely with the appropriate resources and support services.

## Target Population

Community members and partners including local colleges, schools, agencies, organizations, and Tri-City staff.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	3	42	1	103	149

## Program Update

The Room4Everyone campaign includes community efforts such as Green Ribbon Week, Mental Health Awareness Month, Minority Mental Health Awareness Month and Suicide Prevention and Awareness Month.

In addition, community members with lived experience participate in projects focusing on stigma reduction. Courageous Minds Speakers Bureau provides individuals with the opportunity to share their stories and struggles with mental illness and path to recovery. The Creative Minds Art Gallery is located in the MHSA Administration building and showcases art by local residents and the story behind each piece. Finally, stigma reduction presentations are offered throughout the three cities where information on mental illness as well as messages of hope and recovery are shared with community organizations, schools, and agencies.

Suicide prevention efforts include both local and state level trainings. Each Minds Matters [EMM] (California's statewide stigma reduction campaign) created the theme for Suicide Prevention Awareness Month called Hope, Resiliency, and Recovery. EMM provided all state partners a very extensive resources kit that included marketing materials [flyers, posters, social media post/blogs, etc.] and activities people can participate in throughout the month. These resources can be found on Tri-City's website and shared on social media accounts. A webinar on *Know the Signs: Suicide is Preventable* was offered to community members, partners and staff. Suicide Prevention toolkits were also provided to be distributed to community members.

## Challenges and Solutions

During FY 2020-21, the Community Capacity Organizer for this program resigned. However, the Prevention and Early Intervention staff worked diligently to review suicide prevention presentation materials and update content, and attempted to schedule stigma reduction and suicide prevention trainings for community members and partners. Due to COVID-19, the Creative Minds Art Gallery was put on hold since Tri-City was not able to collect art from local artists. However, in collaboration with Peer Mentor program staff and mentors, efforts were made to create a virtual art gallery which took place in March 2021 during Green Ribbon Week.

## Community Partners

The following are examples of community outreach and engagement:

- **Directing Change Video Contest** – Directing Change is a part of California’s statewide Stigma Reduction campaign Each Mind Matters [EMM]. The Directing Change Program and Film Contest is a unique opportunity for California students to show their creativity and educate their peers about mental health and suicide prevention by making 60-second PSAs. All Tri-City area video submissions from Cal Poly Pomona, Claremont High School, Mt. View Elementary, and School of Arts and Enterprise were viewed. After the videos were viewed, there was a panel discussion with two advisors and five students to share their experience, how this project impacted them, and encouraged others to participate next year.
- **Creative Minds Virtual Art Gallery** – Due to COVID and Social/Physical restrictions, Tri-City hosted the first virtual art gallery during Green Ribbon Week. The art theme was *Through the Lens of COVID*. Participants submitted self-made art [painting, sculpture, etc.], photography, and poetry.
- **Green Ribbon Week [GRW]** - During FY 2020-21, the GRW’s theme was “Each of Us.” During the week, social media challenges, resources, and information regarding mental health and stigma were posted for anyone to share and participate in. A list of local eateries, who had supported Tri-City’s GRW campaign in previous years, were highlighted on social media in hopes community members will support them in this time of need. A Lunch and Learn for Tri-City staff was held to discuss *Successes, Strategies, and Struggles during COVID*. The purpose was to provide a space to share, learn, and support each other during this challenging time.
- **Striving for Zero Suicide Learning Collaborative** - In an effort to better serve our communities, with our suicide prevention plan, Tri-City joined the state-wide Striving for Zero Suicide Learning Collaborative. This collaborative allowed Tri-City to network with other counties and state-wide agencies on up-to-date effective suicide prevention strategies, communication, resources, trainings, and post-intervention work. Technical Assistance will be provided to gain access to local data around suicide statics and behavioral health challenges that currently impacts our communities. This will be a 12-18-month collaborative that will start FY 2021-22.

## Success Story

Although an in-person Creative Minds Art Gallery was placed on hold due to the pandemic, PEI staff and mentors from the Peer Mentor program collaborated to host a Creative Minds Virtual Art Reception. The theme for this virtual event was “Through the Lens of COVID-19” and took place during Green Ribbon Week, which is an annual event celebrating mental health awareness. This virtual art gallery event featured 55 pieces of original art provide by 25 local artists. Each piece included a personal story about how art impacts the individual artist.

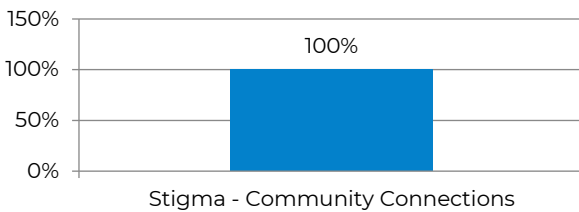
## Program Summary

### How Much Did We Do?

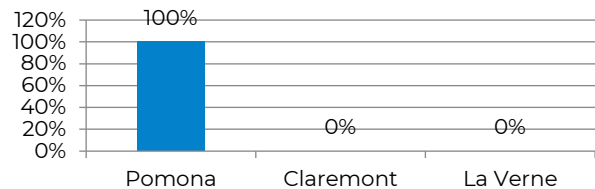
#### Stigma Reduction



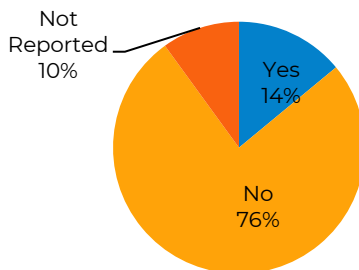
**Type of Stigma Reduction Presentations**



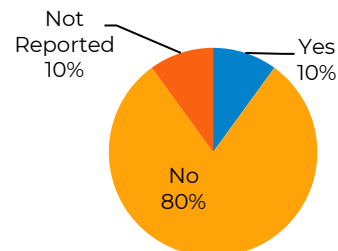
**Presentations by City (Virtual)**



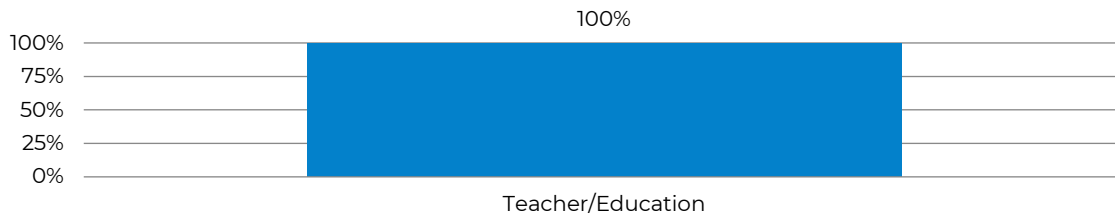
**Do You Identify As An Individual Who Struggles With Mental Health:**



**Are You Currently Receiving Mental Health Services?**

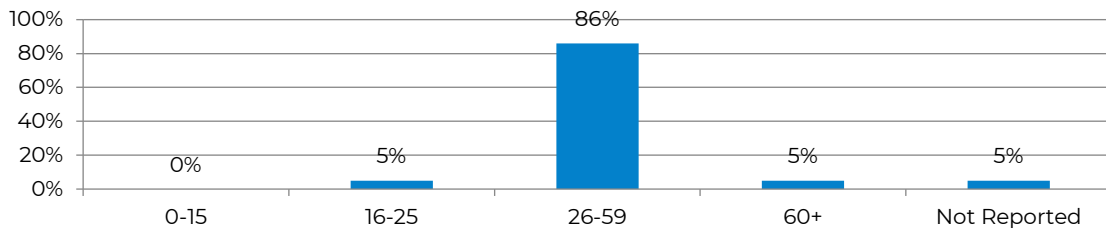


### What field/profession are you in:

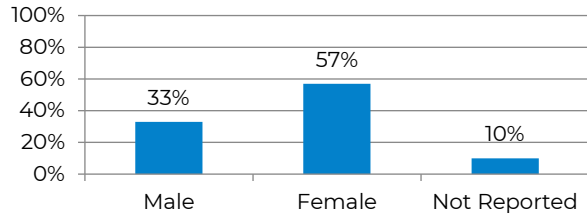


### Demographics based on participants who completed Stigma Reduction Surveys (n=21)

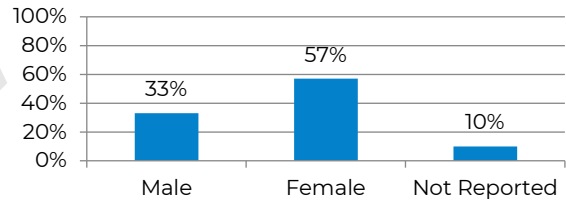
#### Age Group



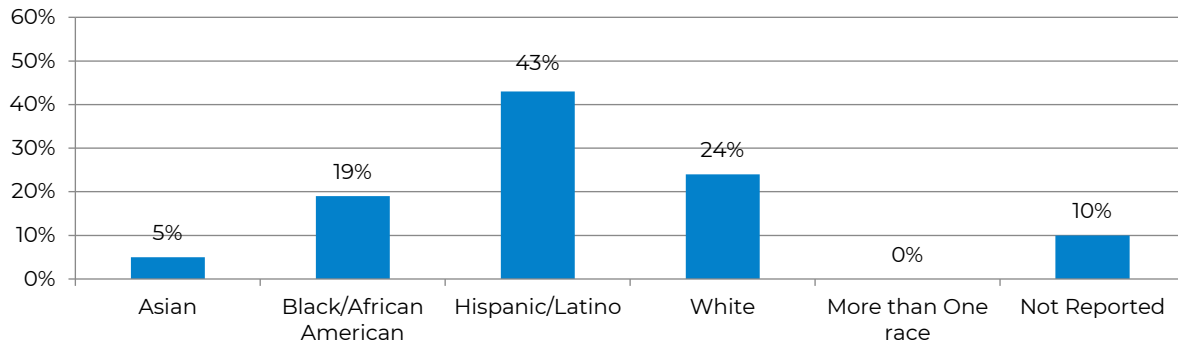
#### Current Gender Identity



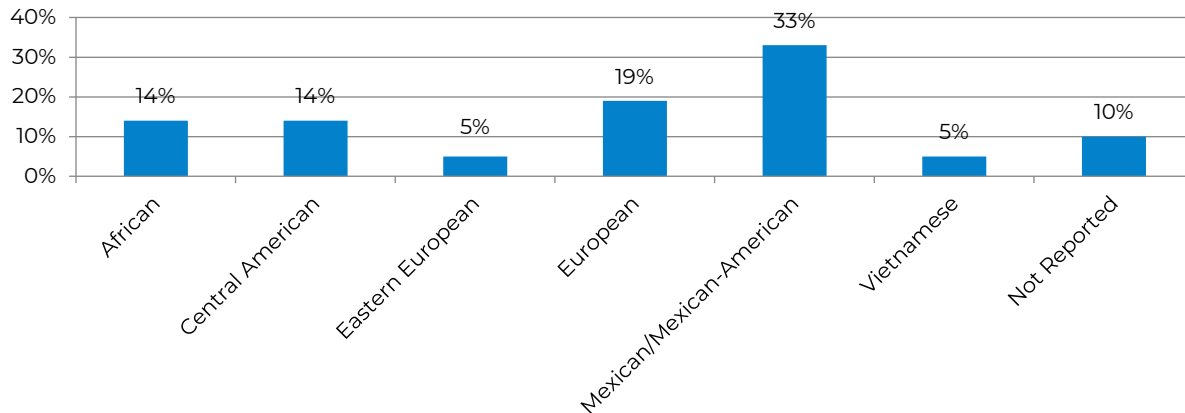
#### Assigned Gender at Birth



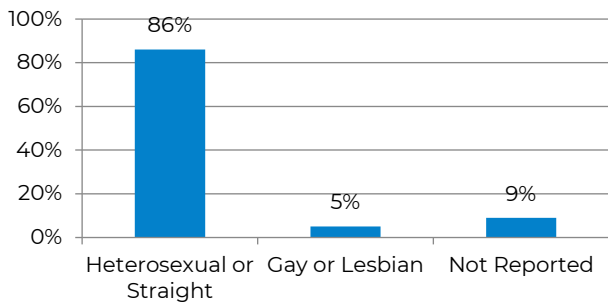
#### Race



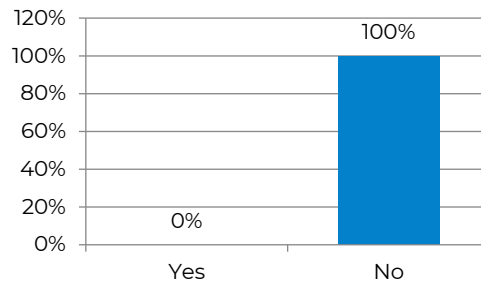
### Ethnicity



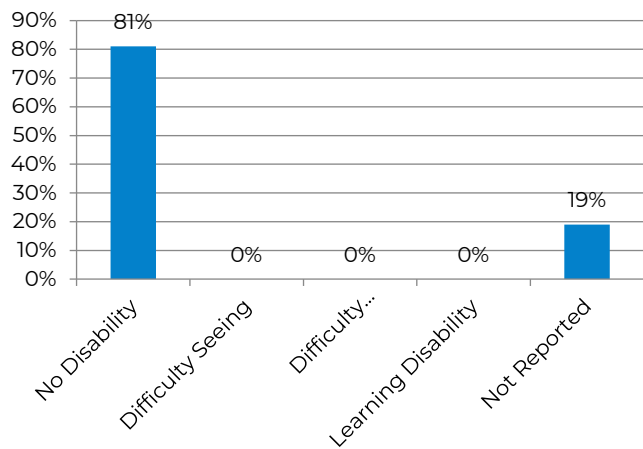
### Sexual Orientation



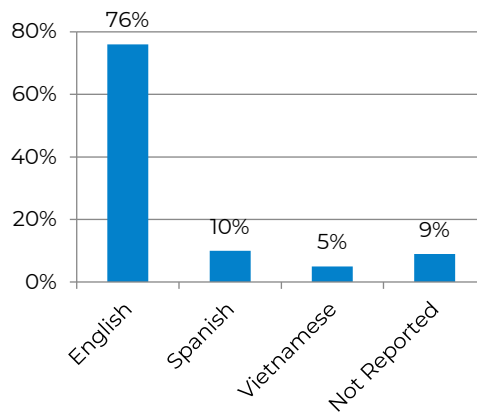
### Veteran



### Disability



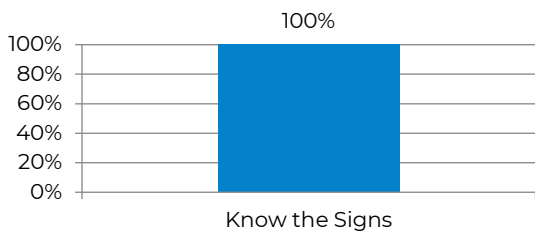
### Primary Language



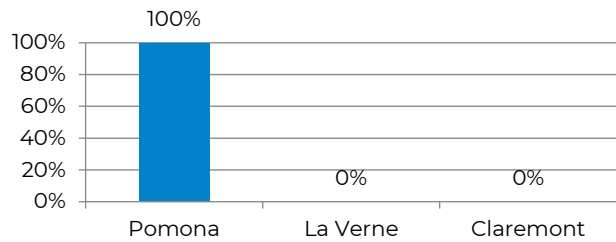
# Suicide Prevention

## 2 Suicide Prevention Trainings/ Presentations

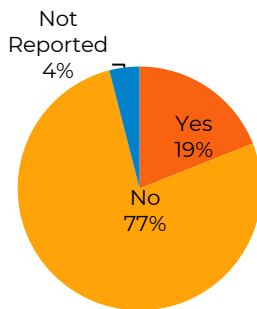
### Type of Presentaion



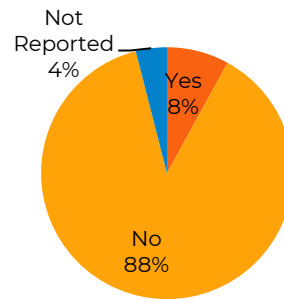
### Presentations by City (Virtual)



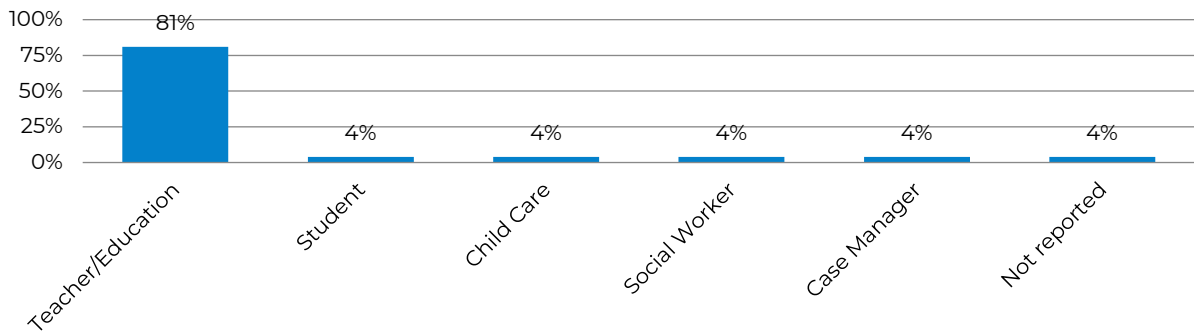
### Do You Identify As An Individual Who Struggles With Mental Health:



### Are You Currently Receiving Mental Health Services?

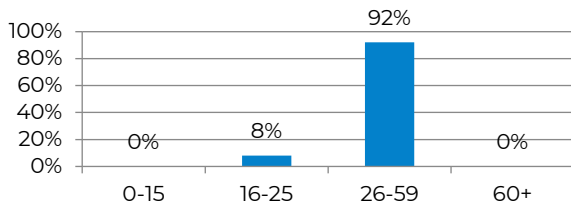


### What field/profession are you in:

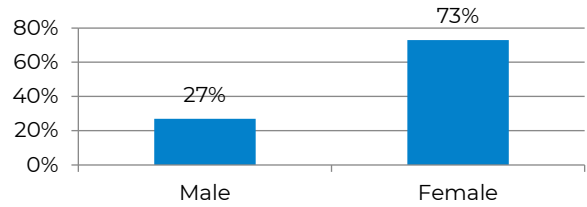


Demographics based on participants who completed Suicide Prevention Surveys (n=26)

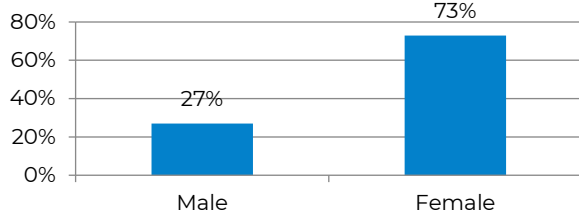
**Age Groups**



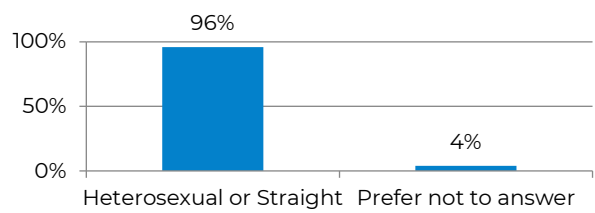
**Gender at Birth**



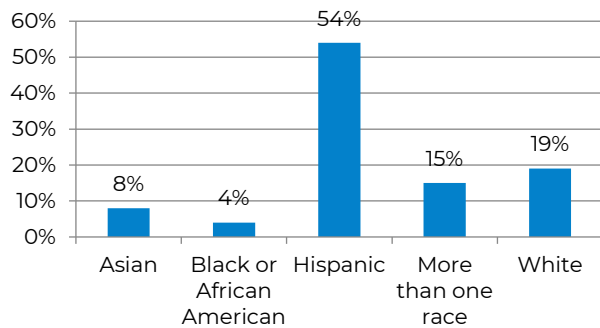
**Gender Identity**



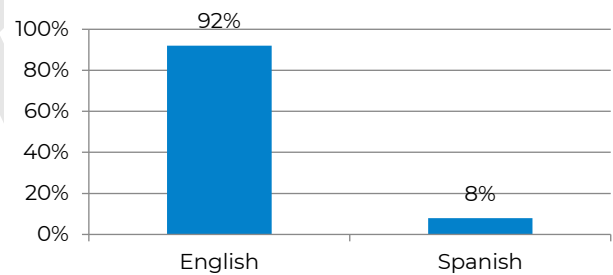
**Sexual Orientation**



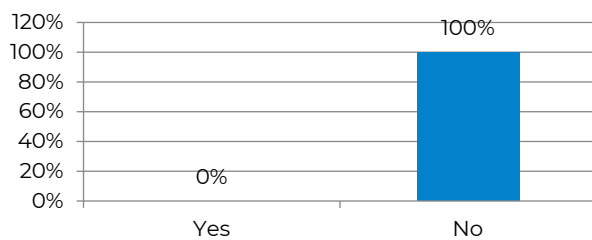
**Race**



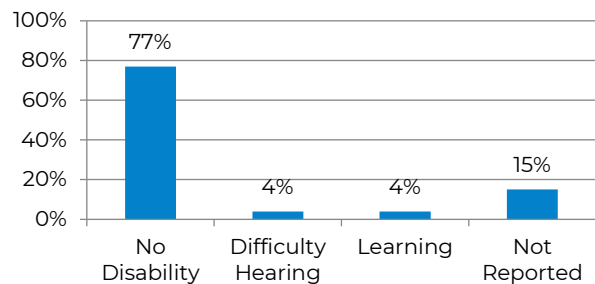
**Primary Language**



**Veteran**

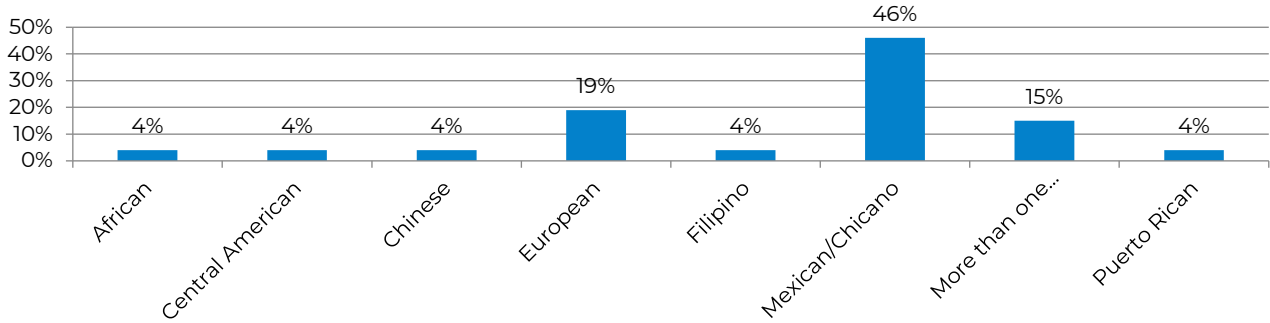


**Disability**





## Ethnicity



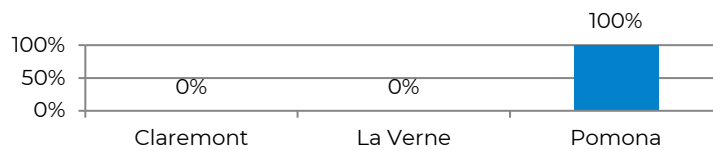
## Creative Minds



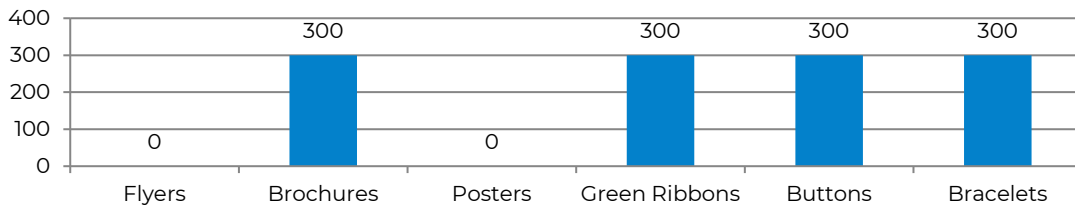
## Promotional Materials



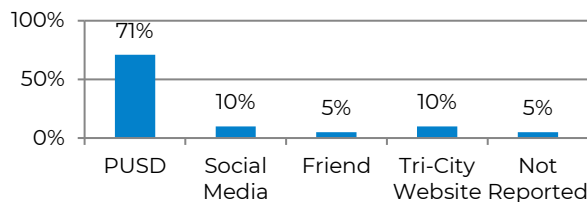
### City of Promotional Materials Distribution



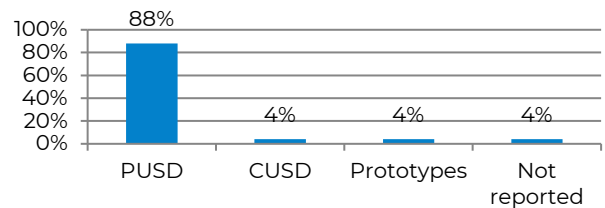
### Type of Promotional Materials



### How did you hear about Stigma Reduction Presentations



### How did you hear about Suicide Prevention Presentations



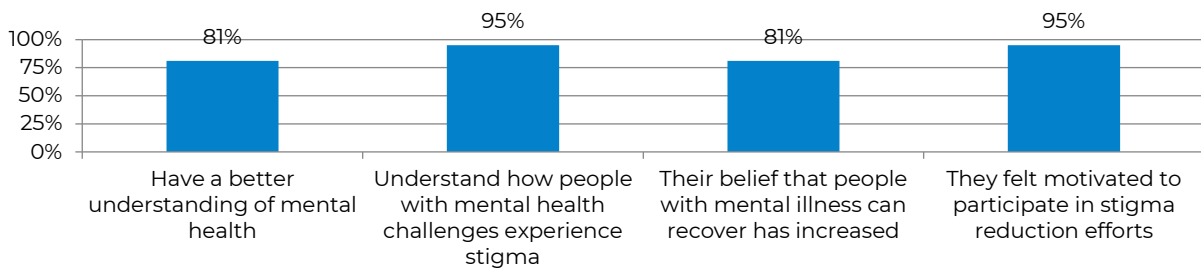
## How Well Did We Do It?



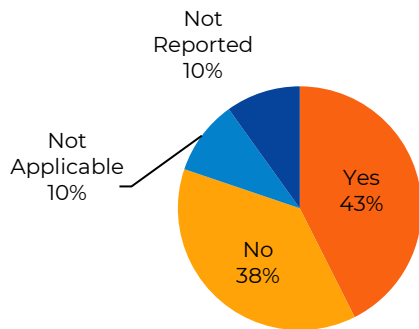
## Is Anyone Better Off?

### Stigma Reduction

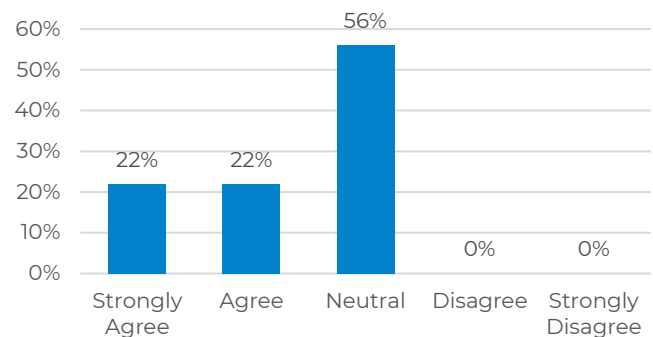
**Percentage of Stigma Reduction Attendees who reported that, as a result of the trainings:**



**At Any Time In Your Life Have You Experienced Trauma Or Mental Illness**

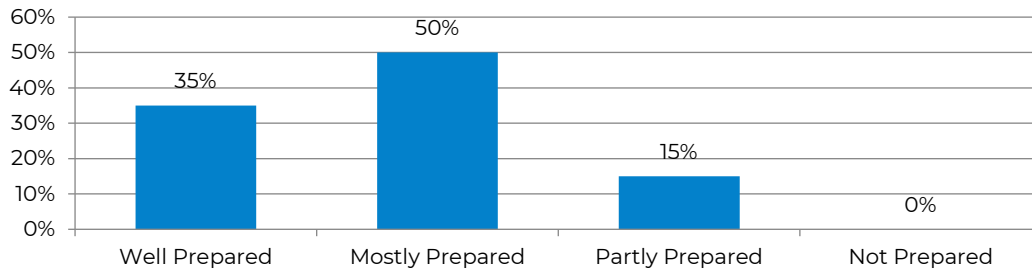


**If So, Has This Training Helped You To Manage Your Symptoms:**



## Suicide Prevention

**Percentage of Suicide Prevention attendees who reported how prepared they feel to talk directly and openly to a person about their thoughts on suicide**



**No workshops were held between July 2020 through June 2021**

<b>Number of Potential Responders</b>	149
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Community, Colleges, Schools, health centers, workplace, shelters, online and outdoors
<b>Type of Responders Engaged</b>	TAY, adults, seniors, teachers, LGBTQ+, families, suicide survivors, religious leaders, and those with lived experience
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

# Older Adult and Transition Age Youth Wellbeing Peer Mentor and Wellness Center PEI Programs

*Both the Older Adult Wellbeing and the Transition Age Youth Wellbeing programs are comprised of two projects: Peer mentoring and specialty groups/programming offered at the Wellness Center specific to TAY and older adults needs.*

## Peer Mentor Program

### Program Description

Trained volunteers (Peer Mentors) from the Tri-City area provide support to peers (Mentees) who are in emotional distress. Peer Mentors offer both individual and group support, and additional assistance through linkage to community resources that are both age and culturally matched to each individual mentee. Individuals attending the TAY and Older Adult programming located at the Wellness Center benefit from specialized support groups and activities targeting their specific needs.

### Target Population

All community members with a focus on Transition Age Youth (TAY ages 18-25) and Older Adults (ages 60 and over).

Mentors						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	14	13	5	0	32
Cost Per Person	\$371	\$371	\$371	\$371	N/A	\$371
Mentees						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	25	59	17	0	101

Peer Mentor Groups						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	18	29	64	17	118	246

## Program Update

During FY 2020-21, the Peer Mentors met bi-weekly with 16 returning mentors and 12 new mentors making a total of 28 mentors.

Activities during FY 2020-21 included the Peer Mentors and program staff creating the following virtual wellness roundtables 1) *Stronger Together in Recovery*, focusing on individuals recovering with life stressor while focusing on positive coping skills 2) *Let the Music and Lyrics Speak*, focusing on sharing current life experiences through music and poetry and 3) *Art Through Your Lens*, focusing on expressing thoughts through various arts and crafts activities. These virtual wellness roundtables were conducted via RingCentral and were designed to help combat the holiday blues, life stressors and physical distancing due to COVID-19.

Program staff created a presentation titled *Zoom Fatigue During COVID-19* for Claremont High School students that was held via RingCentral. The presentation focused on addressing the increase of zoom meetings and the impact it can have on an individual's stress level and mental wellbeing.

Another presentation involved collaboration with a Peer Mentor, who's a Vietnam Veteran, to research and create a presentation titled *Veterans and Mental Health*, focusing on mental health themes, mental wellbeing, and shared lived experience.

Staff and Peer Mentors continued to collaborate with Tri-City's Creative Minds Art Gallery to host a Creative Minds Virtual Art Reception. Staff and Peer Mentors outreached to local community partners to participate along with developing and creating the virtual gallery. The theme was *Through the Lens of COVID-19* and the reception was held during Green Ribbon Week.

## Challenges and Solutions

As with other MHSa programs, the Peer Mentors were limited by COVID restrictions and safety protocols. Contact with mentees was primarily by phone and groups meetings and trainings were held virtually. However, Tri-City staff and Mentors continued to offer support to over 100 mentees and adapted their approach based on current agency policy and protocols.

## Cultural Competence

Peer Mentors are comprised of a diverse group of individuals fluent in Hindi, Malayalam, Tamil, English, Korean, Spanish, and Cantonese. Peer Mentors were also trained in the following topics including, Culture and Minority Mental Health, Ongoing Self-Care, Positive Coping Skills and Well-being. In addition, the Peer Mentor program participated and/or facilitated in the following events and activities with topics focused on cultural competence, equity and inclusion:

Peer Mentor Activity	Dates	Description
<b>40th Annual Virtual Mental Health and Aging Conference focusing on COVID and Racism on Older Adults</b>	11/12/2020	Peer Mentor staff attended this conference, which focused on discussing the mental, physical, and spiritual impact of COVID and the racial pandemic among diverse older adults.
<b>Virtual Wellness Roundtable: Proud to be Me</b>	11/05/2020 & 11/19/2020	Staff and Peer Mentors facilitated <i>Proud to be Me</i> , a virtual wellness roundtable that provides support to consumers who identify in the LGBTQ+ community or as allies.
<b>Virtual Wellness Roundtable: Stronger Together in Recovery</b>	12/07/2020	Staff and a Peer Mentor facilitated <i>Stronger Together in Recovery</i> for consumers seeking extra support as they navigate transition and change in their lives. Due to participants disclosing that the group was beneficial the virtual roundtable was extended and occurred 2x/month.
<b>Positive Coping Skills During COVID</b>	12/17/2020	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.
<b>Cultural Competence: Implicit Bias, Micro-Aggression and the Danger of a Single Story</b>	03/02/2021 & 03/23/2021	Peer Mentors attended this training presentation. Afterward, Peer Mentor staff provided 1:1 supervision and support to mentors.
<b>Working with the LGBTQ+ Communities and Mental Health</b>	04/06/2021	Peer Mentors received this training for skill-building and awareness.
<b>Transition and Change within the Peer Mentor-Mentee Relationship</b>	04/20/2021	Peer Mentors received this training for skill-building and awareness.
<b>Culture Fest, Claremont High School</b>	04/20/2021 & 04/28/2021	Peer Mentor staff supported and facilitated wellness activities with Claremont High School's Mental Health Association for a Culture Fest event.
<b>Virtual Wellness Roundtable: Proud to be Me</b>	06/03/2021	The group discussed the impact of disclosing their sexual orientation and gender identity has had on their relationship with friends and family and the impact it has had on their mental well-being.
<b>Virtual Wellness Roundtable: Stronger Together in Recovery</b>	06/28/2021	During the group, participants highlighted their strengths and identified their support systems that they can reach out to when life stressors increase.

## Community Partners

- **Project Horseshoe Farm** – Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar for this non-profit organization. The presentation focused on working with older adults and the common mental health themes that may arise. The focus of the presentation was also on positive communication via telephone, identifying positive coping skills and local resources during COVID.
- **Neighborhood Services Department, City of Pomona** - Peer Mentor staff hosted a “Working with Older Adults During COVID-19” webinar.
- **Mental Health Association, Claremont High School** – Staff provided a presentation titled Restfulness and Mental Health for this student-led club on campus. The presentation focused on how our surroundings can contribute to the outcome of our mental wellbeing.
- **Mental Health Club, Claremont High School** - Staff and peer mentors collaborated with students and facilitated a positive coping skill activity while discussing diversity during their Culture Fest.
- **Child and Family Services, Tri-City Mental Health** - Staff connected with Child and Family Services Program Manager to discuss future collaboration to help support TAY and their family members. Program Manager shared monthly support groups and topics discussed during the meetings. The themes identified focused on family and community connection to help improve interaction with others and decrease isolation. Possible wellness roundtable to occur 1x/monthly beginning Fall 2021.

## Success Story

The Peer Mentor staff, with support from mentors, connected with Claremont High School's Mental Health Association to brainstorm with students on various activities and discussion topics related to youth and mental well-being for their Culture Fest event. This included hosting an activity and open discussion related to positive coping skills that youth could utilize when feeling overwhelmed during the pandemic and ongoing adjustments and changes. Twenty-one students participated in the event.

# Program Summary

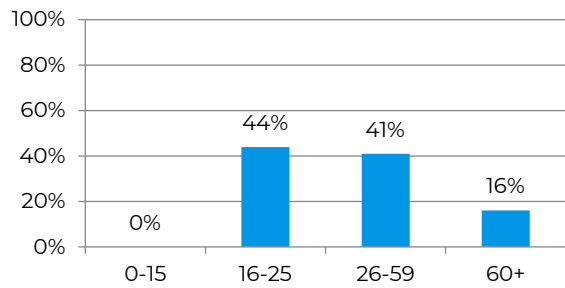
## How Much Did We Do?

### Peer Mentors

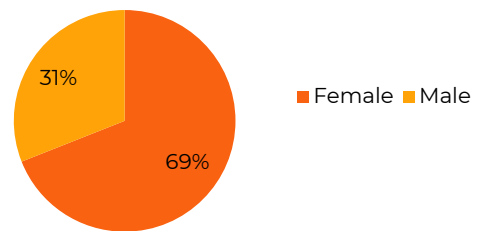
**32**  
Active Peer Mentors

**22**  
Peer Mentor Trainings

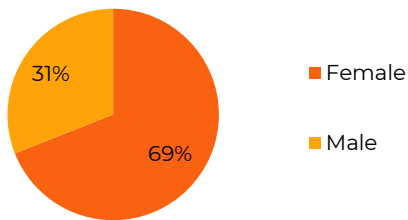
**Age**



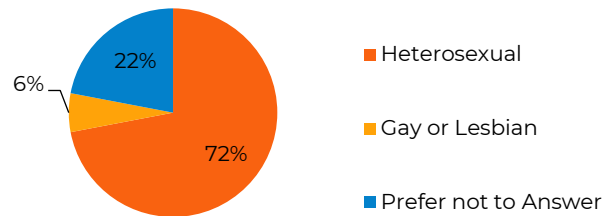
**Gender At Birth**



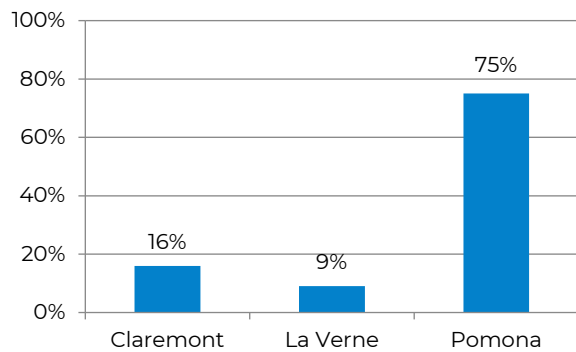
**Gender Identity**



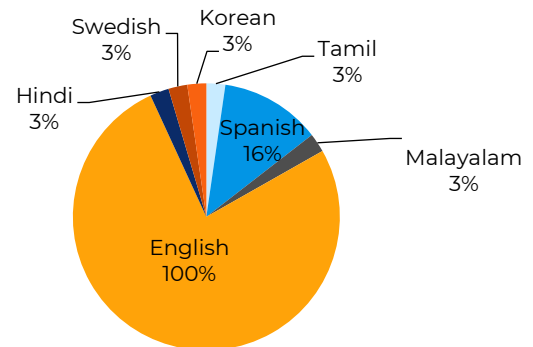
**Sexual Orientation**



**City**

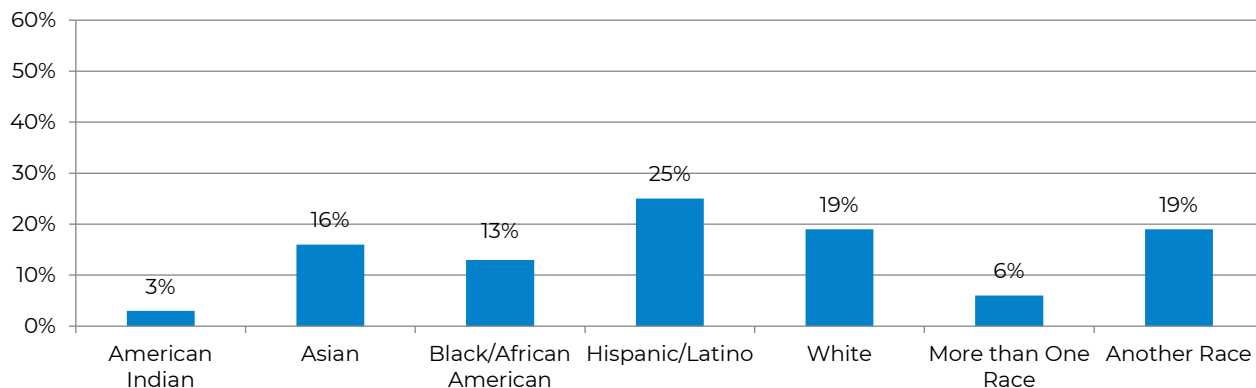


**Languages Spoken By Mentors**

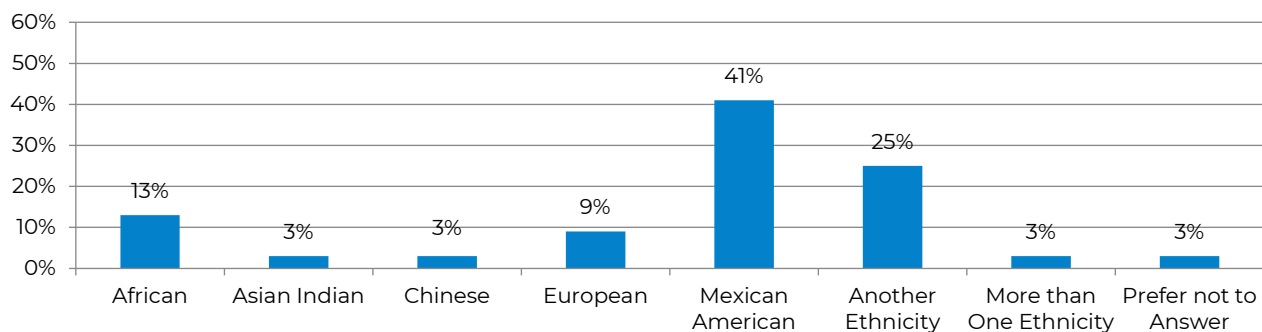




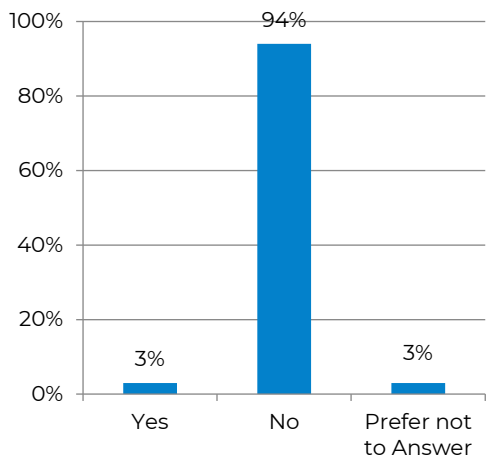
### Race



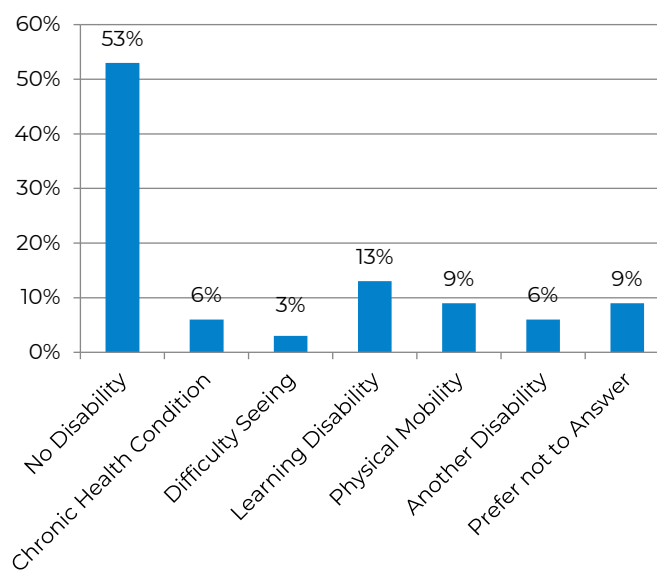
### Ethnicity



### Veteran



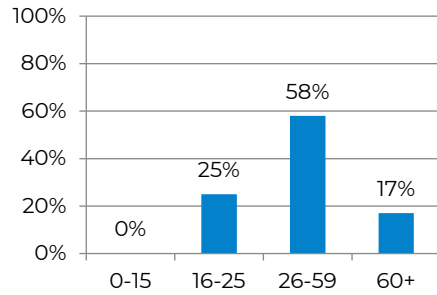
### Disability



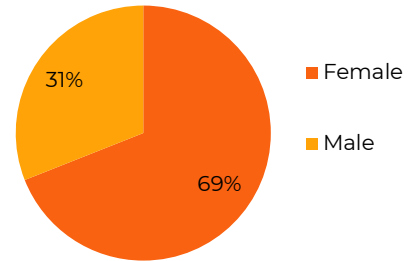
Peer Mentees

**101**  
Mentees  
Served

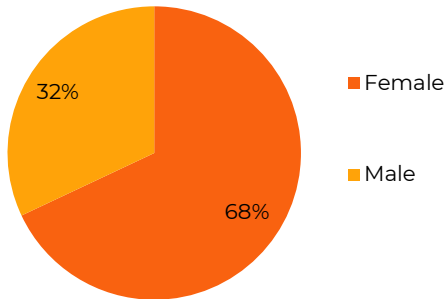
**Age**



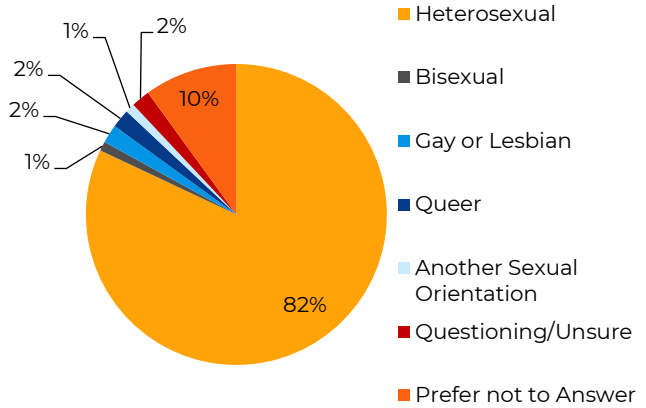
**Gender At Birth**



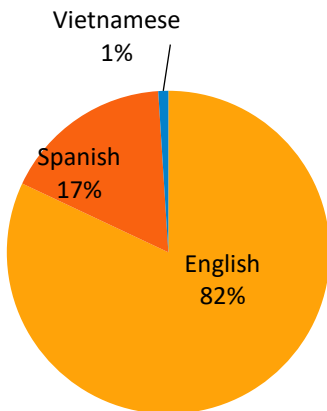
**Gender Identity**



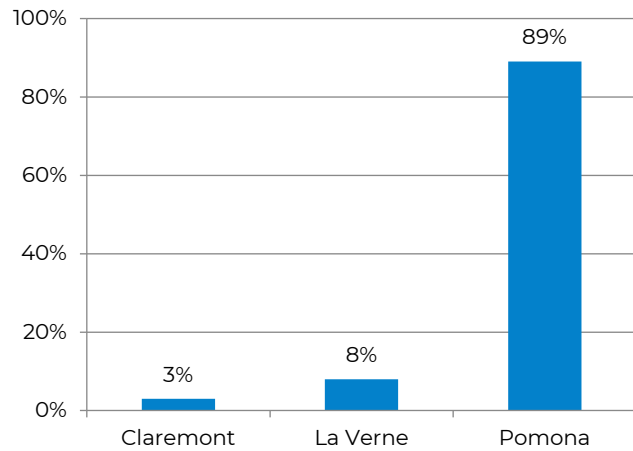
**Sexual Orientation**

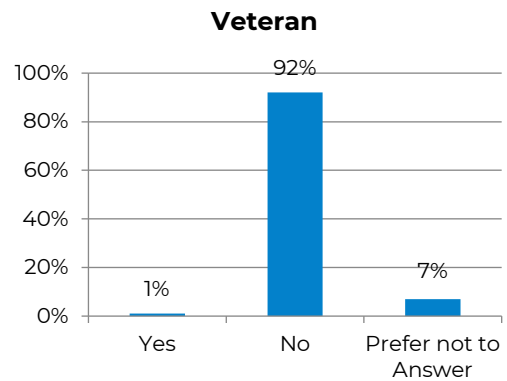
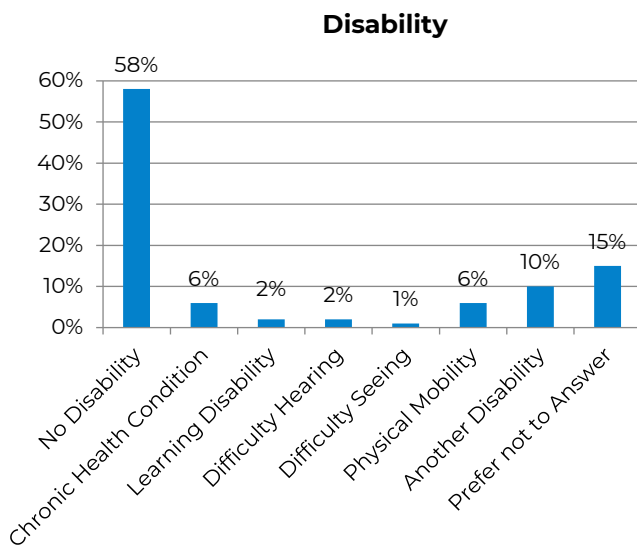
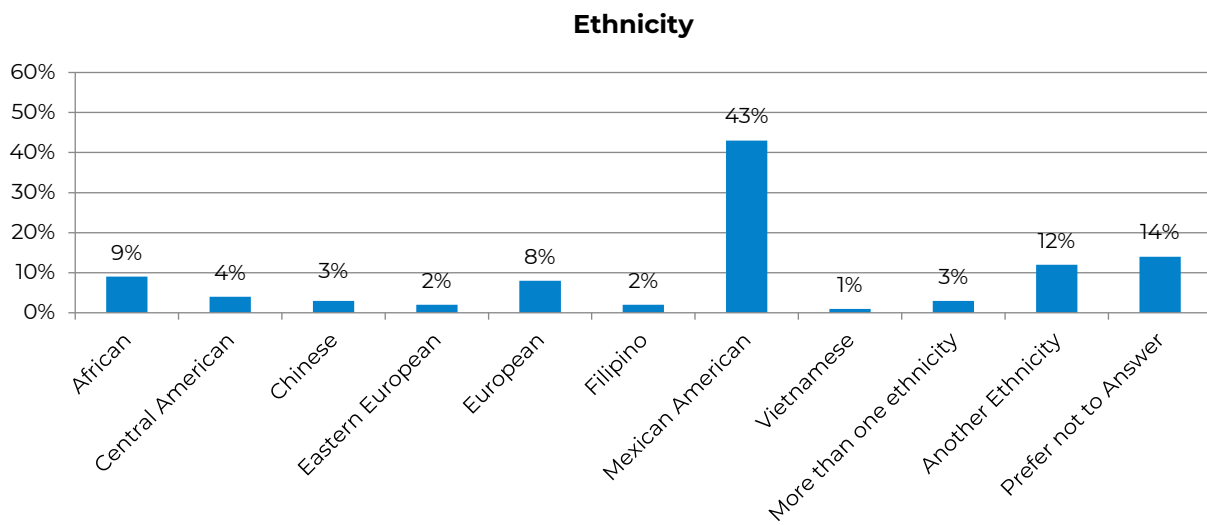
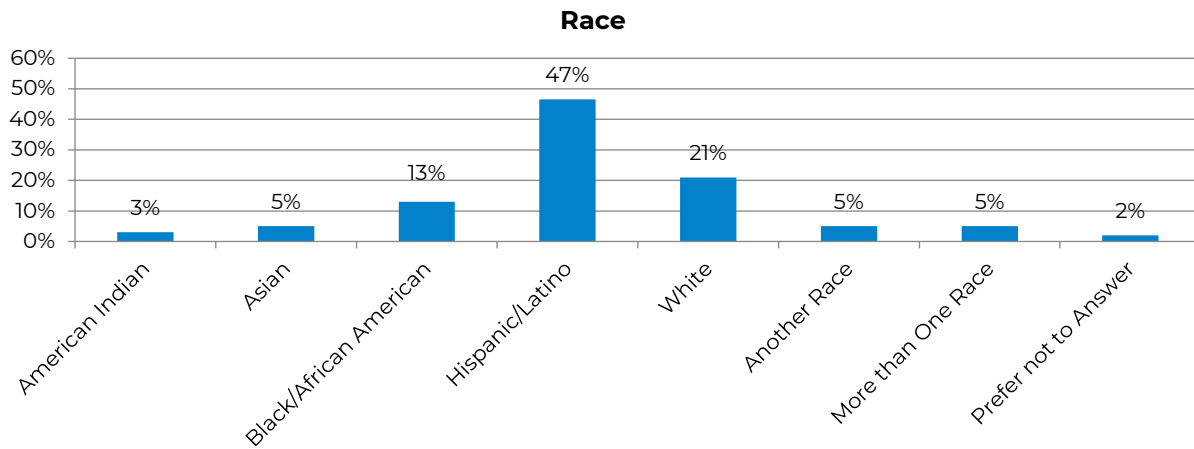


**Language**



**City**



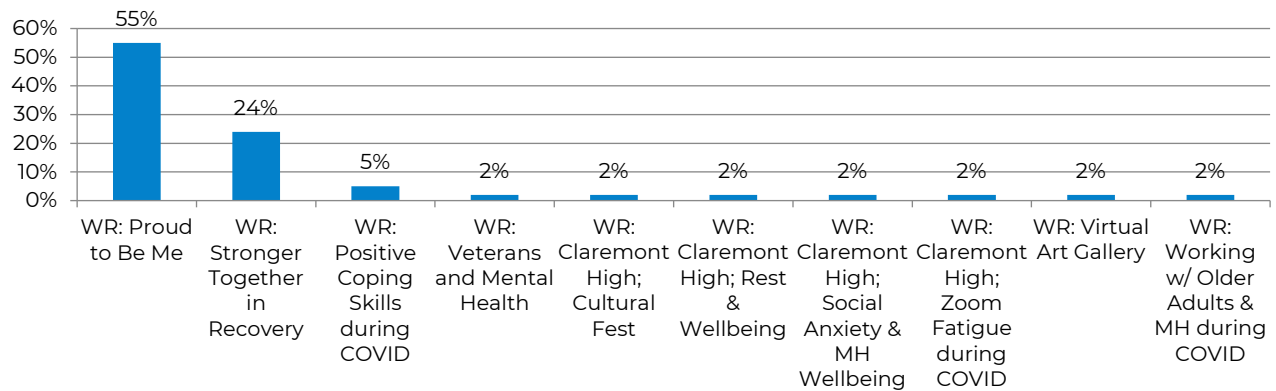


## Wellness Roundtable (WR) Activities

**147**  
Unique Participants at  
Wellness Roundtables

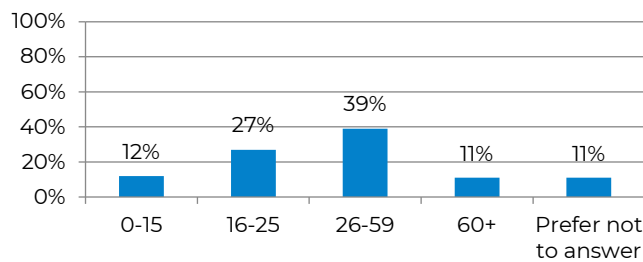
**246**  
Duplicate Participants at  
Wellness Roundtables

### Wellness Roundtable (Total= 42)

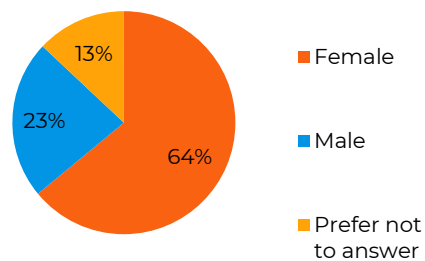


## PEI Demographics based on individuals who registered to Wellness Roundtable Activities (n=147)

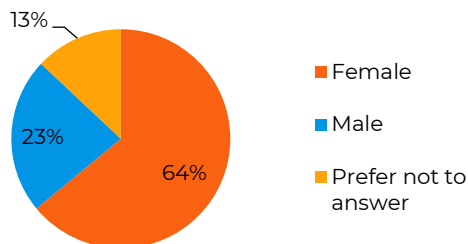
### Age Group



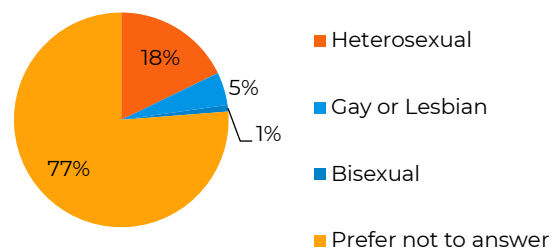
### Assigned Gender at Birth

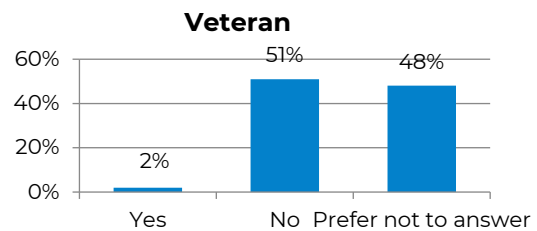
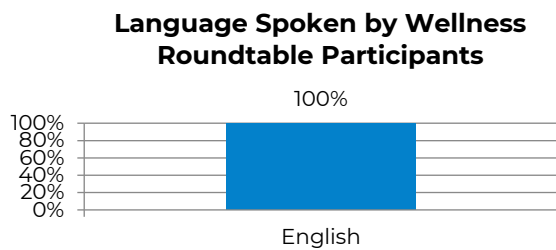
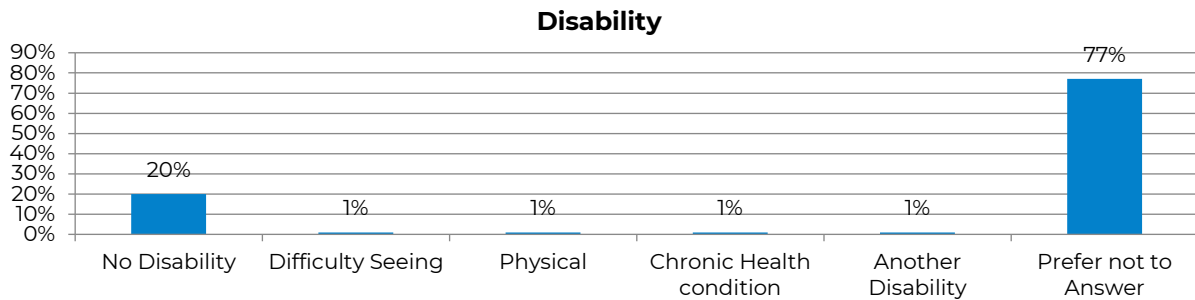
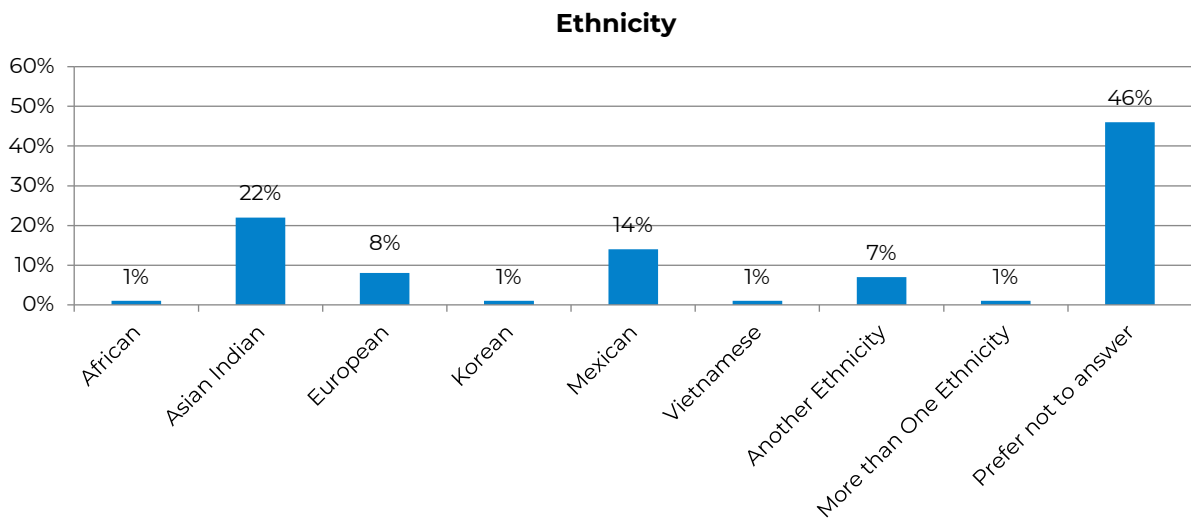
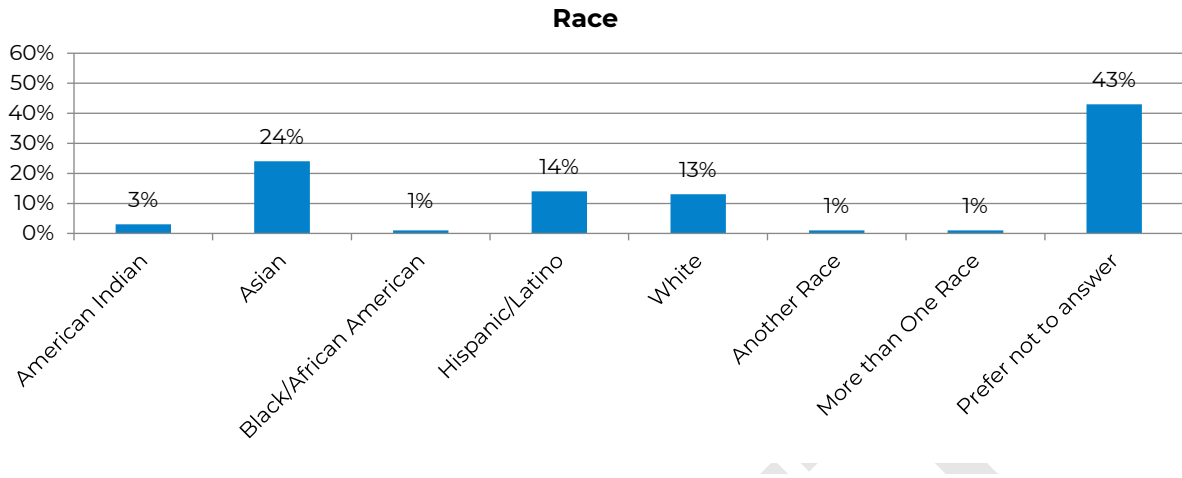


### Gender Identity

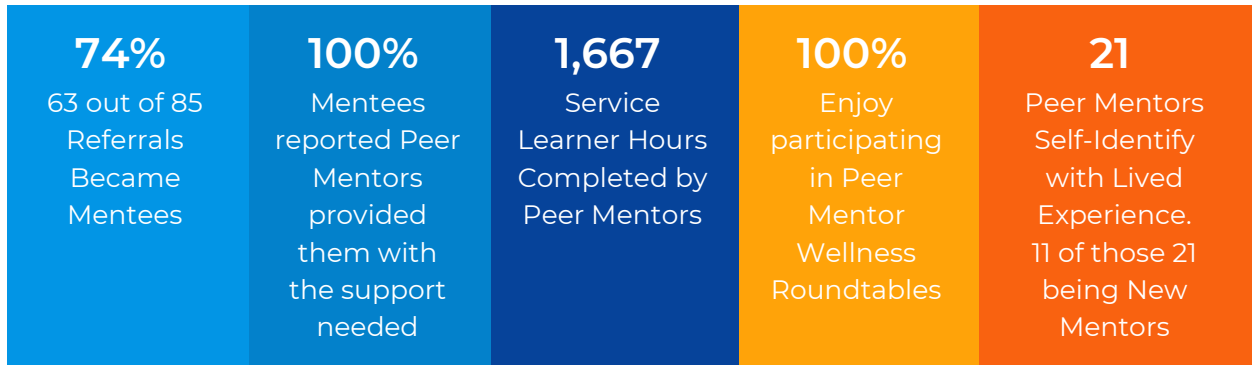


### Sexual Orientation





## How Well Did We Do It?



## Is Anyone Better Off?



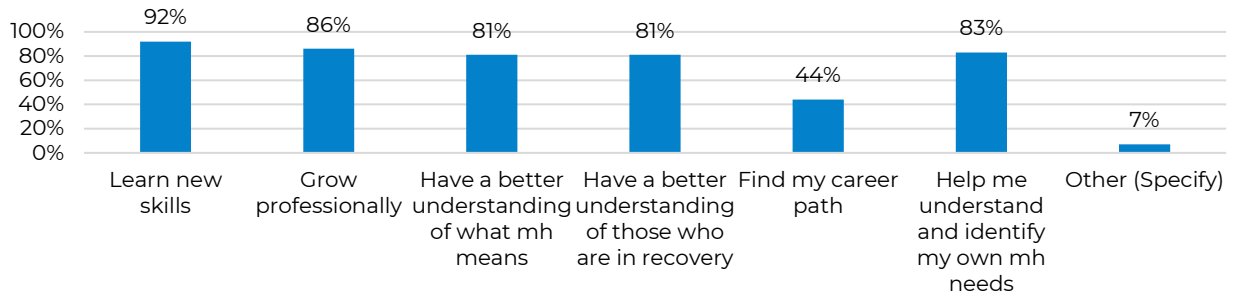
### What was your favorite part of being a mentor?

“Connecting and helping others.”	“Being able to help out another person.”
“A chance to make a difference in someone's life. To have an opportunity to grow and learn new skills for the future.”	“The program is incredibly rewarding, as I feel like I am giving back to my community.”
“How much my mentee and I learn from each other.”	“To actually observe the increased self-assurance of the mentee.”
“Ability to give back.”	“My favorite part is getting to meet with the mentees and hearing about their progress over time.”
“Providing support and resources to my mentees”	“Being able to connect and work on mental wellbeing with people from different walks of life, both mentees and other peer mentors.”
“Being able to provide support to those during a difficult experience. As well as still feeling connected with the other mentors.”	“Allowing mentees to make a difference in their lives. Finding more opportunities for the future in a positive way.”
“Helping the community and job experience.”	“Listening to people and realizing how much other people are going through.”

**List one thing from the Peer Mentor program you feel was most beneficial**

"Interaction between peer mentor and mentees"	"The Wellness Center"
"Bi-weekly trainings"	"Found the experience very helpful for academics"
"Learning about others"	"The constant support from supervisors"
"Being able to listen to others"	"Learning more about my own mental illness"
"Learning new skills for mentees"	"Being able to learn about my myself"
"Emphasis of community care and wellbeing"	"Group facilitation training"
"Training and hand-on experience"	"Being able to be there for someone else who is in need"

**How has the program helped you personally? (Mark all that apply)**

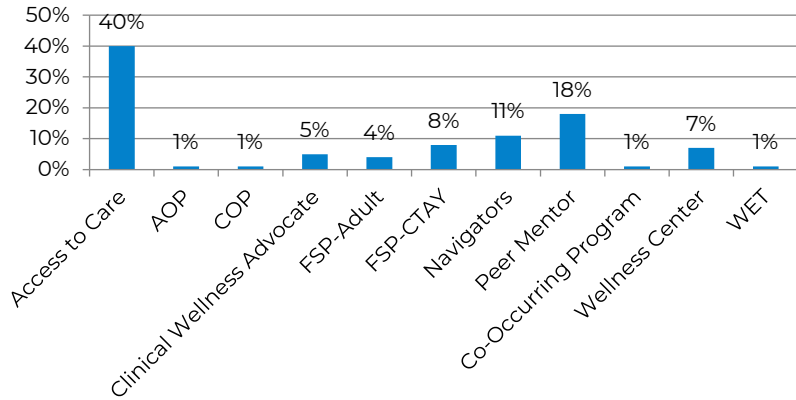


<b>Number of Potential Responders</b>	255
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Phone, Community,
<b>Type of Responders Engaged</b>	TAYs, adults, seniors, and those with lived experience
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

# Timely Access to Services for Underserved Populations Strategy

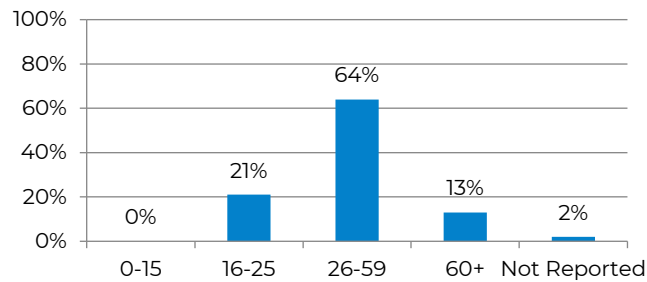
**85**  
MHA Referrals  
into Peer Mentor  
Program

**Referral From:**

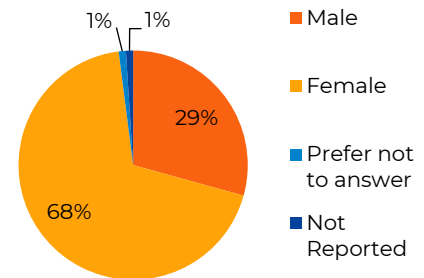


## PEI Demographics based on Referrals

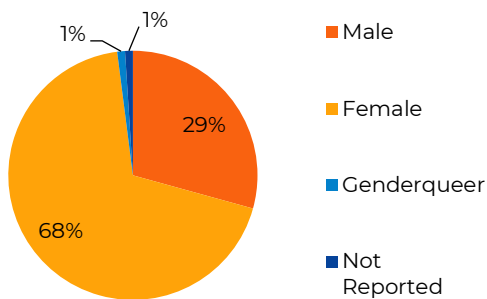
**Age Group**



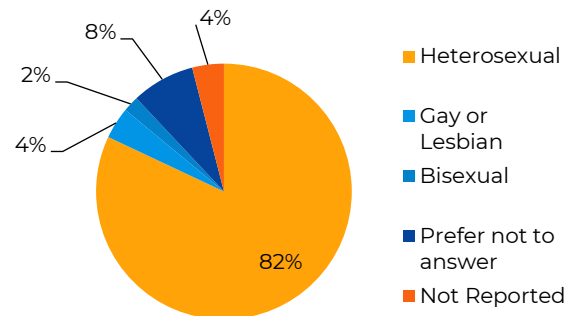
**Assigned Gender at Birth**



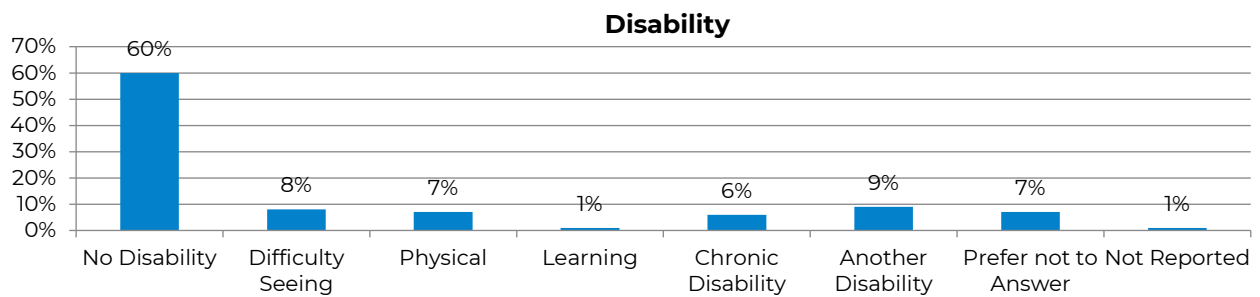
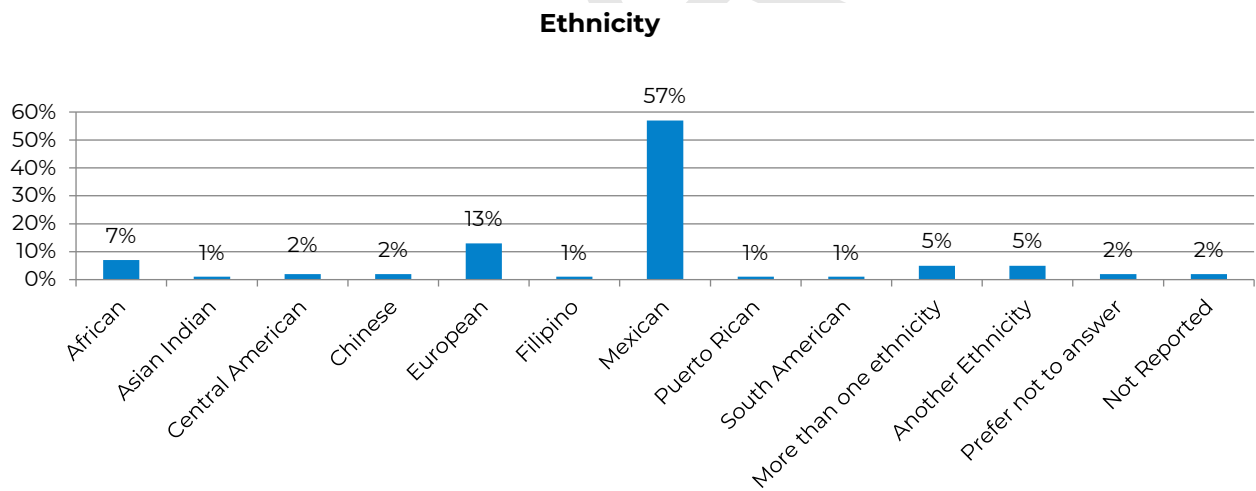
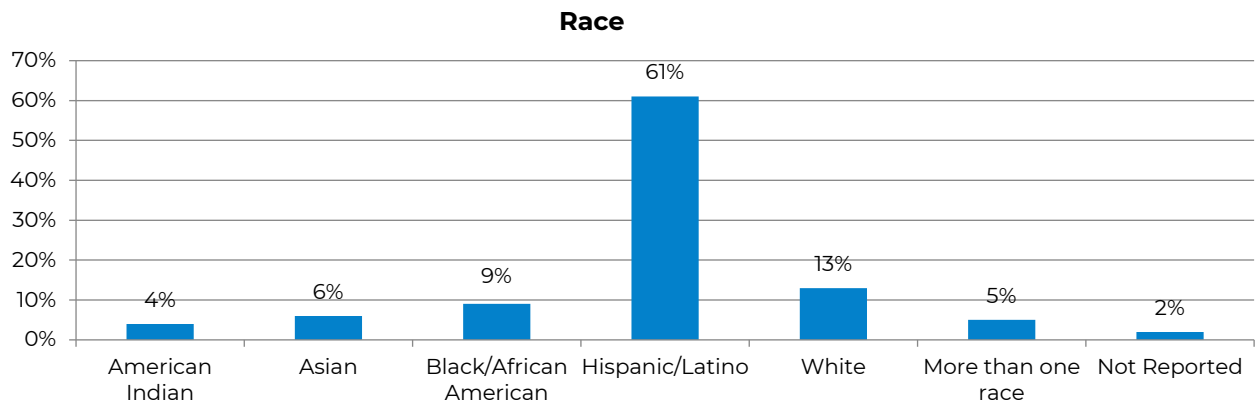
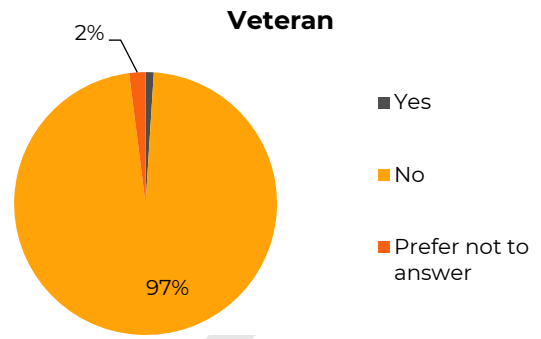
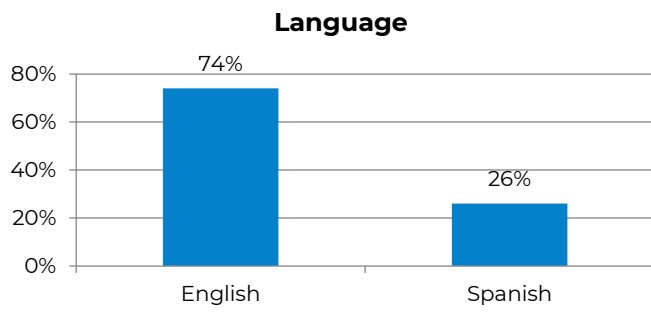
**Gender Identity**



**Sexual Orientation**







# Wellness Center PEI Programs: Transition Age Youth and Older Adults

## Target Population

Transition age youth (TAY) and older adults are considered critical populations in need of support yet tend to be some of the most difficult to engage. Reasons include issues related to stigma and difficulty with transportation. In an effort to meet the needs of these individuals, the Wellness Center utilizes Prevention and Early Intervention (PEI) funding to create programming specific to the needs and interests of these, often considered, at-risk individuals.

Wellness Center PEI						
Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	34	1,315	47	31	N/A	1,427
Cost Per Person	\$632	\$632	\$632	\$632	N/A	\$632

## Program Update

The Wellness Center PEI staff collaborated with outside agencies to offer various workshops based on staying healthy during the pandemic and integrating back into the community and workspace due to the gradual reopening of the state.

The TAY space, designed for transition age youth ages 16-25, was reopened with safety protocols in place and is functioning as a hybrid model where participants can join in person or virtual. A new support group was created at the request of TAY participants titled Peace of Mind (self-care group).

For seniors and older adults, an increase focus on programming was implemented which consisted of new groups created to benefit these individuals including Senior Vacation, Senior Bingo, and Tele-Commute, to assist seniors with understanding technology. In addition, the first annual senior retreat was implemented which consists of a 4-week retreat featuring a different theme each week.

Program staff conduct extensive outreach efforts to senior living homes and local senior community centers. The Center calendar of senior groups and events is promoted in each of these locations as well as in their newsletters and websites. Finally, staff conduct wellness calls to senior communities where residents or attendees have previously participated in Wellness Center hosted senior events.

Future programming includes increasing in-person events, especially for senior and older adults who prefer this approach to meeting over a virtual platform.

## Challenges and Solutions

Challenges for this program during FY 2020-21 included limited outreach and engagement efforts, especially for TAY, due to limited staff availability at the Center. Other challenges include attendance in TAY groups. Many will express an interest and signup, but ultimately, the attendance numbers continue to be low.

To address these challenges, the WC/PEI staff will increase their collaboration with outside agencies and offer one-time workshops and events. Historically, attendance tends to be higher for one-time workshops or events targeting TAY. Staff have reported that TAY participants have expressed a desire to rejoin the groups as the TAY space reopens.

For seniors and older adults, many of the participants continue to request in person groups and state they will not join unless they can attend in person. With this in mind, staff continue to look towards scheduling more in-person events for this population as restrictions allow.

## Cultural Competence

The Wellness Center includes Spanish speaking staff and materials, and resources are available for non-English speaking participants. Furthermore, the Center hosts support groups for non-English speaking individuals.

The TAY and older adult programming offered at the Wellness Center is open to everyone. The TAY Resource Center is a designated safe place to provide support and serve the specific needs of the TAY community. Activities and groups are created based on the needs and requests of the participants. Workshops and events are designed and tailored to meet the interests of the attendees.

## Community Partners

The Wellness Center TAY and Older Adult programs partner with several organizations to offer workshops, events trainings, and other forms of support. These groups include Compass Point, a drop-in Center for transition age youth located at David and Margaret Youth and Family Services, Claremont High School-Youth Activity Center, City of Claremont, City of Pomona, Pomona Unified School District as well as local probation officers who work with transition age youth.

## Success Story

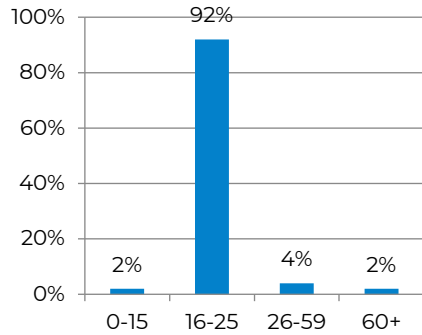
A TAY program participant, upon first attending the Wellness Center, was initially only able to participate in events with their sibling. However, over time, through the supportive efforts of Wellness Center staff and the commitment on the part of this individual, this youth slowly began to engage in TAY events and participate in support groups and outside activities independently.

# Program Summary

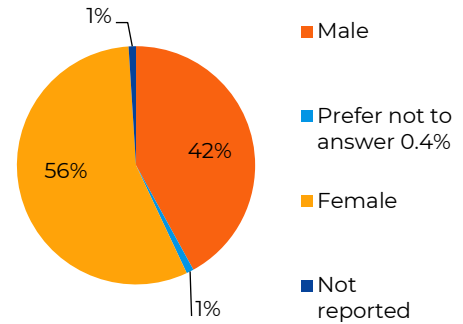
## How Much Did We Do?

**1,427**  
Unique  
Individuals  
attended  
Wellness  
Center (PEI)

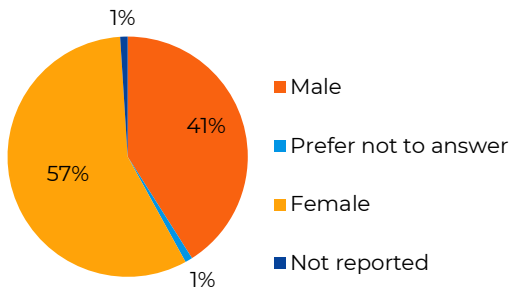
**Age Group**



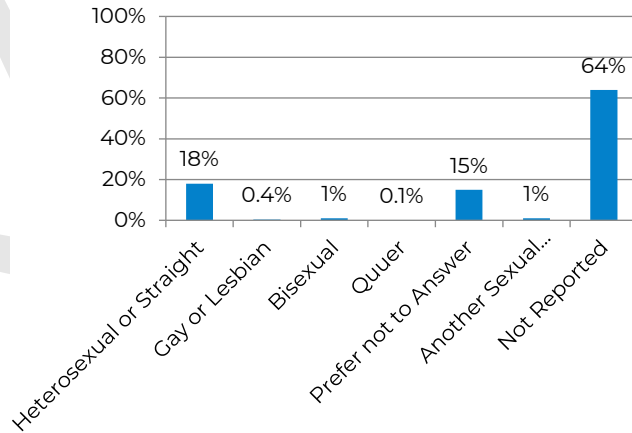
**Current Gender Identity**



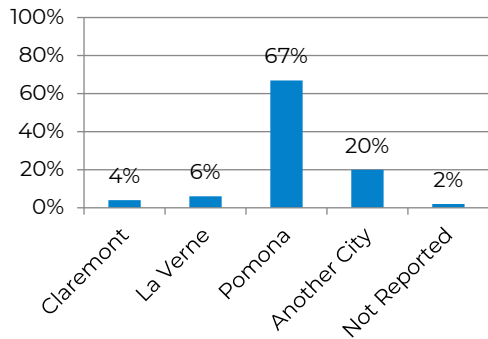
**Assigned Gender at Birth**



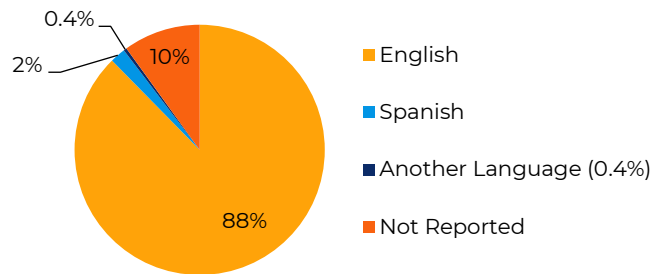
**Sexual Orientation**



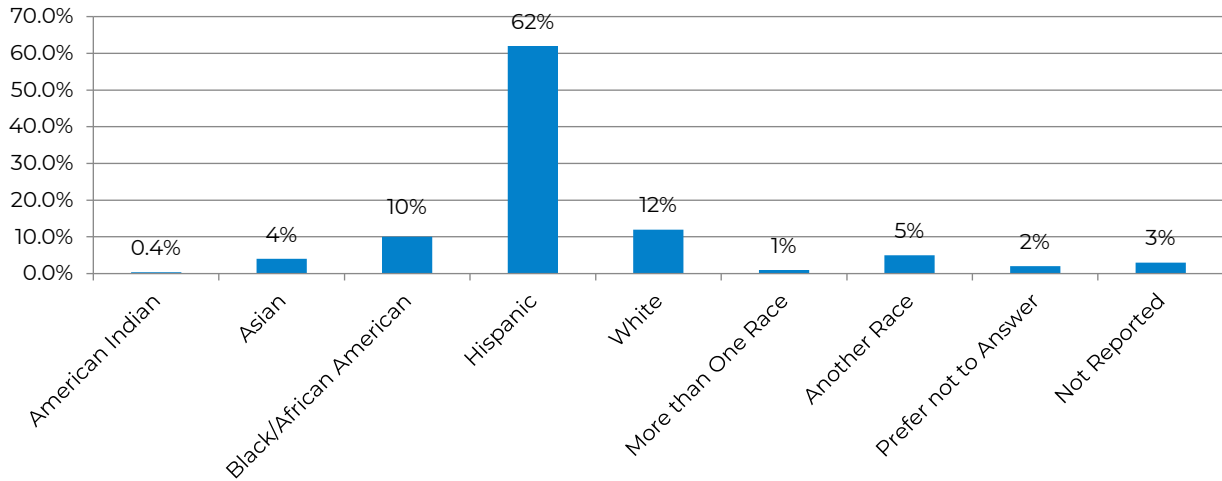
**City**



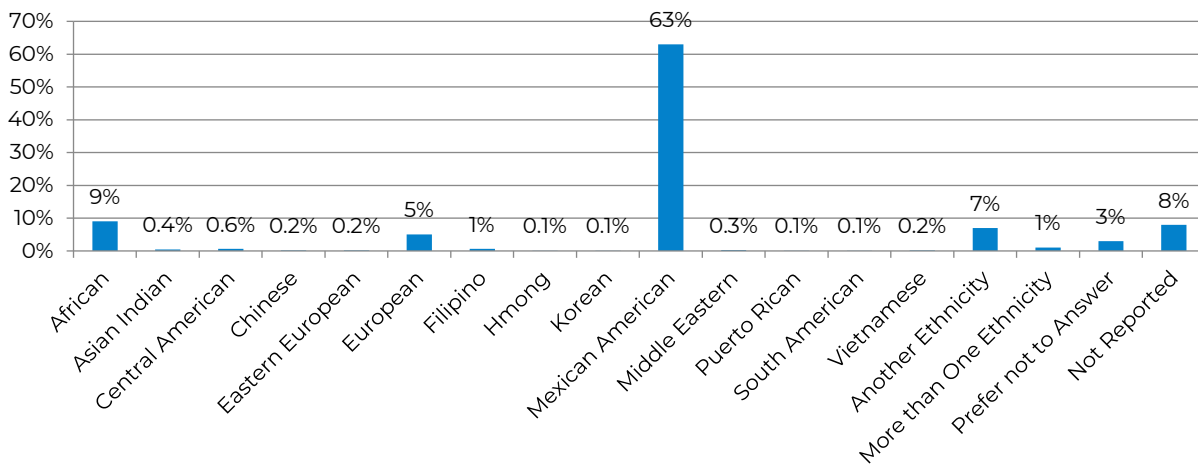
**Primary Language**



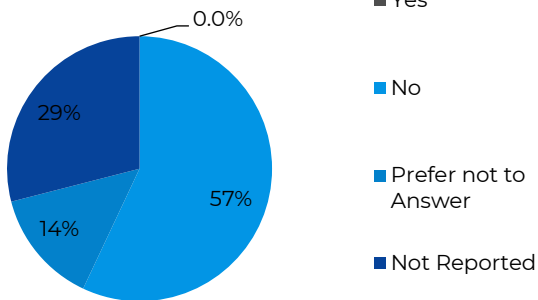
### Race



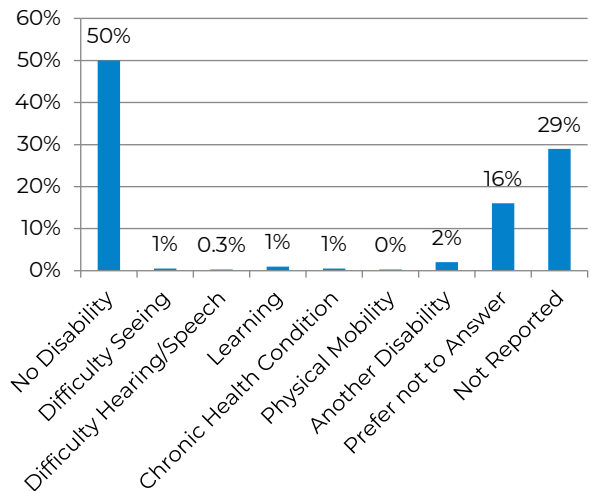
### Ethnicity



### Military Veteran



### Disability



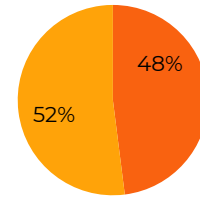
## How Well Did We Do It?

**5,832**

Number of Attendees at Wellness Center PEI Events (Duplicated Individuals)

### Number of Times People Visited

- One Visit
- Two or More Visits



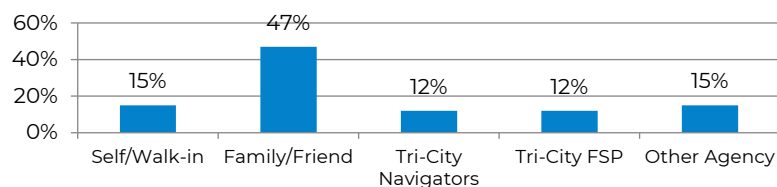
Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Platica Entre Amigos (Group Español)	34	2
Senior Calm	48	5
Senior Socialization	53	6
Senior Bingo	7	3
Senior Virtual Vacation	4	4
TAY – Friendly Feud	31	3
TAY – Guy/Girl Talk	8	2
TAY – Hope**	9	1
TAY – PPL	33	3
TAY – Stress Me Not	17	1
TAY – Together We Stand / Fun with Friends	12	1
<i>**Groups that have been discontinued</i>		

Contacts by Type	Number of Times Contact was Made
TAY – PC Lab	3
TAY – Phone Call	4,913

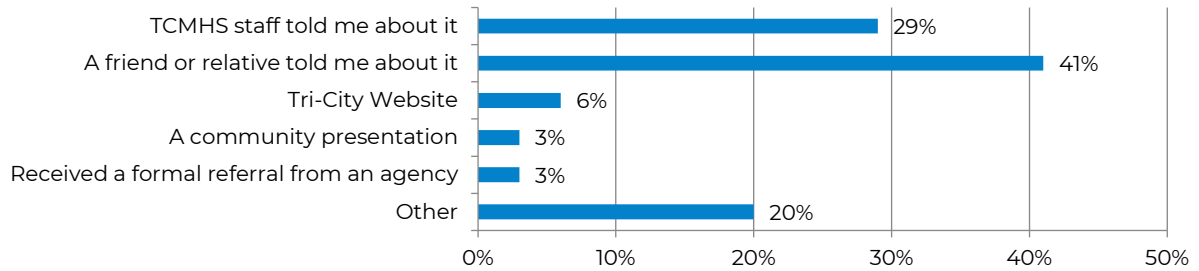
**91%**

Satisfied with the “Help I get at the Wellness Center”

### Referral Source

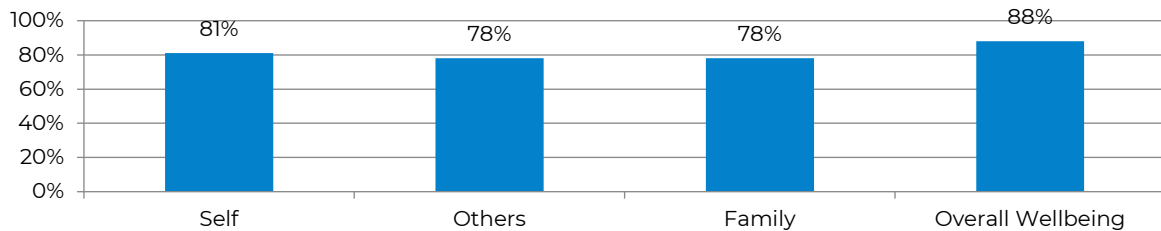


**How Did You Learn About the Wellness Center Programs?  
(Choose All that Apply)**



**Is Anyone Better Off?**

**Percent of people who report improved relationships with the following because of the help they get from the Wellness Center Programs:**

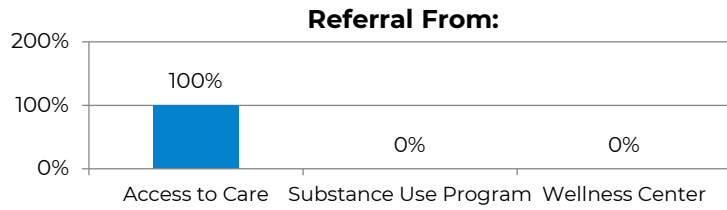


<b>Number of Potential Responders</b>	1,427
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Phone, Community, Wellness Center
<b>Type of Responders Engaged</b>	TAYs, adults, seniors, and those with lived experience
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

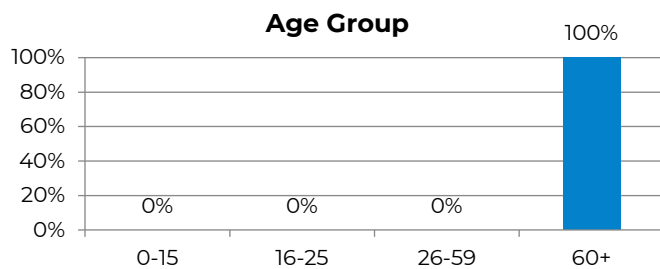
## Timely Access to Services for Underserved Populations Strategy

**1**  
Referral coming into  
Wellness Center PEI

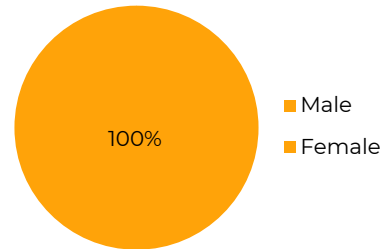
**0 out of 1**  
Referrals  
Participated in  
Wellness Center PEI



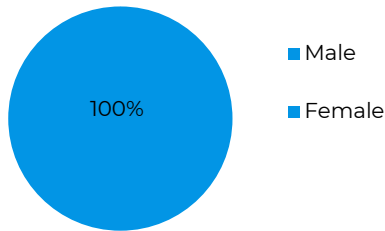
## PEI Demographics based on MHSA Referrals



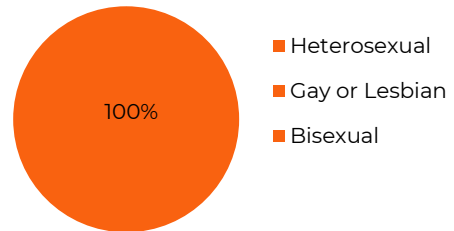
### Assigned Gender at Birth



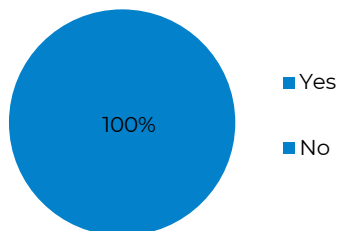
### Gender Identity



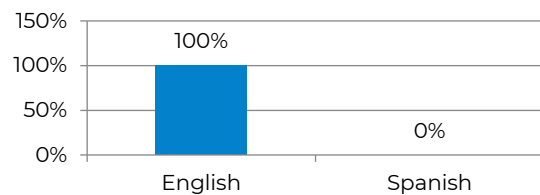
### Sexual Orientation



### Military Veteran

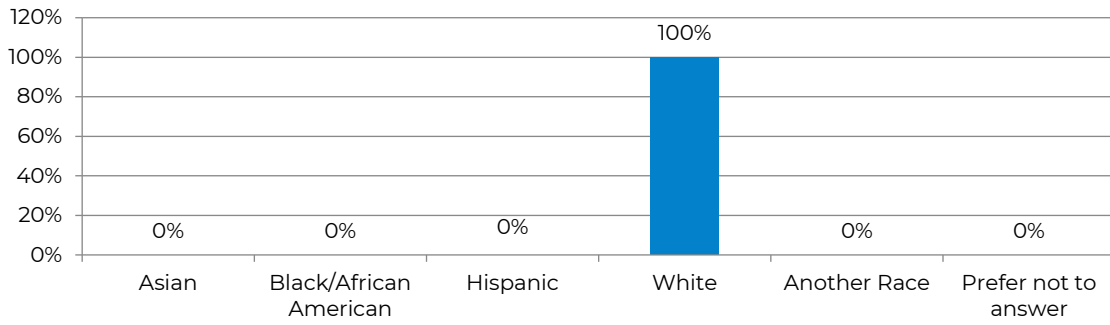


### Language

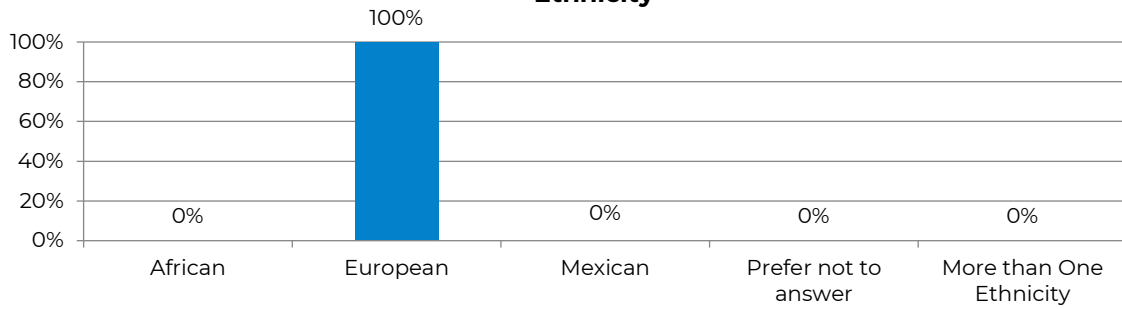




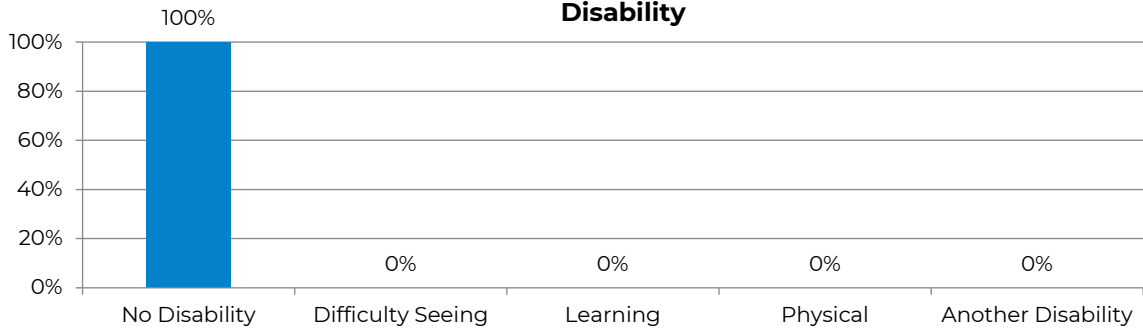
### Race



### Ethnicity



### Disability



# Family Wellbeing Program

## Program Description

The Family Wellbeing (FWB) program consists of a dynamic set of programming focused on addressing the needs of families and caregivers of people experiencing mental health challenges. Programming includes support groups, 1-1 support, and an array of culturally appropriate activities focused on wellness (e.g., exercise, cooking) and other interests that can attract family members and caregivers from vulnerable communities into peer-supported experiences. By creating a positive and nurturing support system, family members are provided the knowledge and skills necessary to increase the wellbeing of all members.

## Target Population

Family members and caregivers of people who struggle with mental illness, especially those from unserved and under-served communities.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	35	71	212	25	24	367
Cost Per Person	\$244	\$244	\$244	\$244	\$244	\$244

## Program Update

As with most MHSAs programs, the COVID-19 pandemic necessitated the transition from in-person services and groups to a virtual platform. This provided an opportunity for the FWB staff to connect with families on a new level including learning more about the individual needs of the participants throughout the pandemic. This increased connection allowed for a deeper level of trust and communication as both staff and participants were experiencing similar situations.

FWB staff were successful in adapting their annual summer camp which took place in June and July 2021. Attendees included eight campers – five of which were new participants that had never attended any services at Tri-City's Wellness Center. Campers were provided with a virtual platform to use, and supplies needed to complete each day's activities were delivered right to their doors through a contactless delivery method. Campers met virtually once a week and maintained communication via Ring Central video conferencing with some of the campers continuing to participate in weekly Kid's Zone groups.

Family Wellbeing staff collaborated with the Claremont, Pomona, and Bonita (La Verne) school districts to engage with parents and offer support. Learning about the parent's needs through various virtual meet ups, staff were able to ascertain that parent's need for mental health support has increased since the onset of the pandemic.

## Challenges and Solutions

Since the onset of the pandemic the needs and priorities for families have changed. Parents changed their focus to other basic needs such as food banks, income assistance and school support. Supporting students who were distance learning became a challenge that had never been seen before.

Utilizing technology to communicate with parents played a major role in meeting their needs. Though the use of emails and text messaging, FWB staff were able to effectively communicate with parents who were home working with their children's distance learning schedules. During support groups with children and teens staff attempted to assist with homework as much as possible as distance learning proved challenging for some students. Staff also provided resources to families to assist with homework while distance learning.

In addition, staff were able to check in more often with families. During regularly schedule support groups with parents, staff found that they were able to keep up to date with available resources as they were now in higher demand than prior to the pandemic.

## Cultural Competence

Family Wellbeing staff are bilingual and diverse in race, ethnic background, cultures, age, and sexual orientation which helps to reduce stigma and barriers to seeking services.

Staff attend various community events to meet with children and families individually to reduce barriers when accessing mental health services. By engaging families using personal stories of success and asking participants to share their experience in groups, staff attempted to reduce the stigma surrounding mental health services.

Programing is available in both English and Spanish and Family Wellbeing information brochures are available in both English and Spanish. Future efforts include to increase use of the language line to connect with participants who may prefer a language other than English. Providing additional culturally sensitive trainings for staff will also assist in enhancing current practices.

## Community Partners

Family Wellbeing program collaborates with the following programs to improve existing groups and supportive programs as well as support the community in their Family Wellbeing needs:

- **Tracks Activity Center (TAC) at El Roble Middle School in Claremont** - Provide monthly mental health workshops for teens.
- **Bonita Unified School District** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Tri-City's Master's in Social Work Interns** - Provided behavior modifications to students at 6 assigned schools during the 2020-21 school year. Thirty two students participated.
- **Pomona Unified School District (PUSD) Parent University** - Provide quarterly presentations for PTA groups on Mental Health and Families.
- **Cal Poly Pomona** - Collaborate with students majoring in Nutrition to provide education for participants through support groups.

- **Parents in Partnership** - Collaboration and platform provided to support program in their efforts to support parents who have their children removed from the home.
- **Generation Her** (non-profit organization that seeks to empower teenage mothers and their children) - This program hosts their support groups at the Wellness Center. Family Wellbeing staff connect with the group facilitator to exchange resources that would benefit children and families.

## Success Story

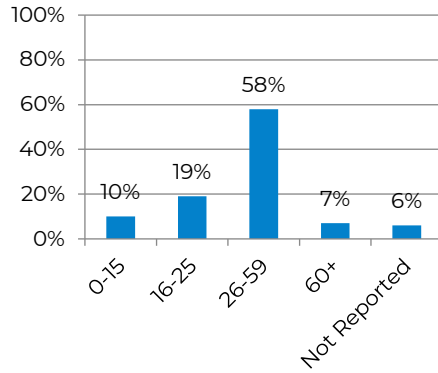
The Summer Camp program continues to be an important component for Family Wellbeing program participants especially during the pandemic. One pair of young family members learned of the Summer Camp program and were very excited to participate. They had never been to a Tri-City group prior to Summer Camp but heard about the services offered through a friend. From the very beginning they were both extremely grateful to be in the camp and each week they thanked staff for the bags and supplies! FWB staff were able to connect with the parent to offer various resources in the community including local food banks and assistance with paying bills. Both participants got along extremely well with the other campers and participated in all the activities each week. As a result of their experience in the summer camp program, both youngsters decided to join the Kid's Zone group every week and were also very engaged in that group.

# Program Summary

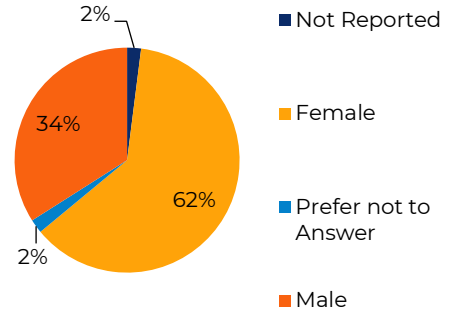
## How Much Did We Do?

**367**  
Unique  
Individuals  
attended Family  
Wellbeing

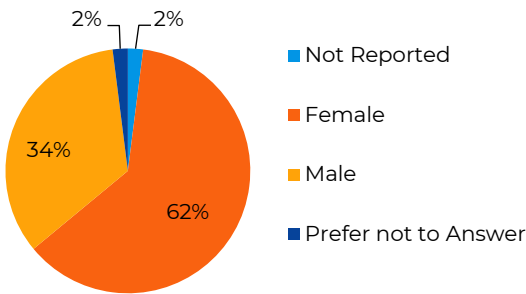
**Age Group**



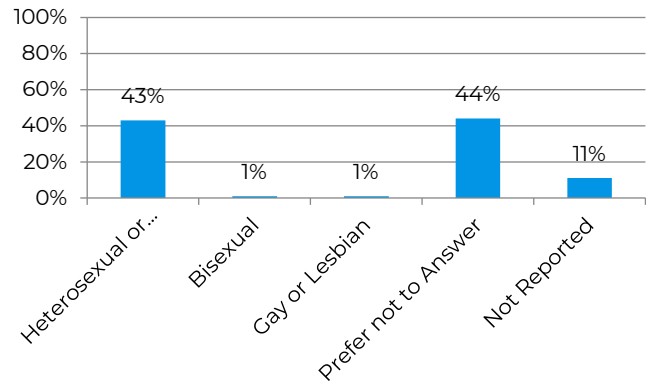
**Current Gender Identity**



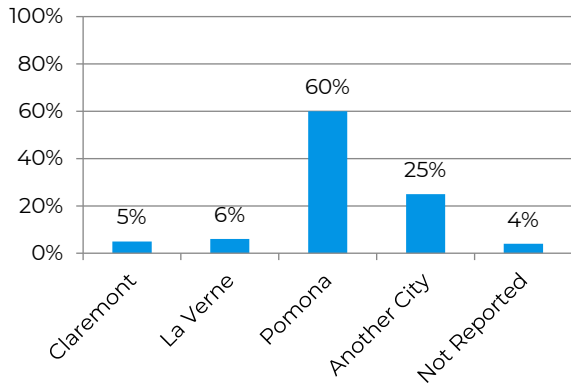
**Assigned Gender at Birth**



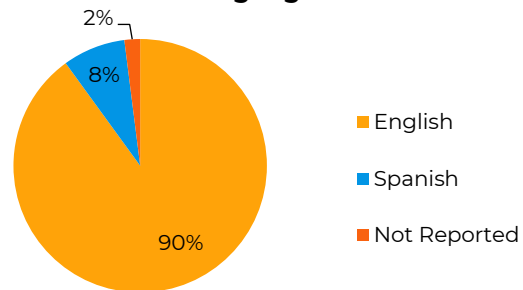
**Sexual Orientation**



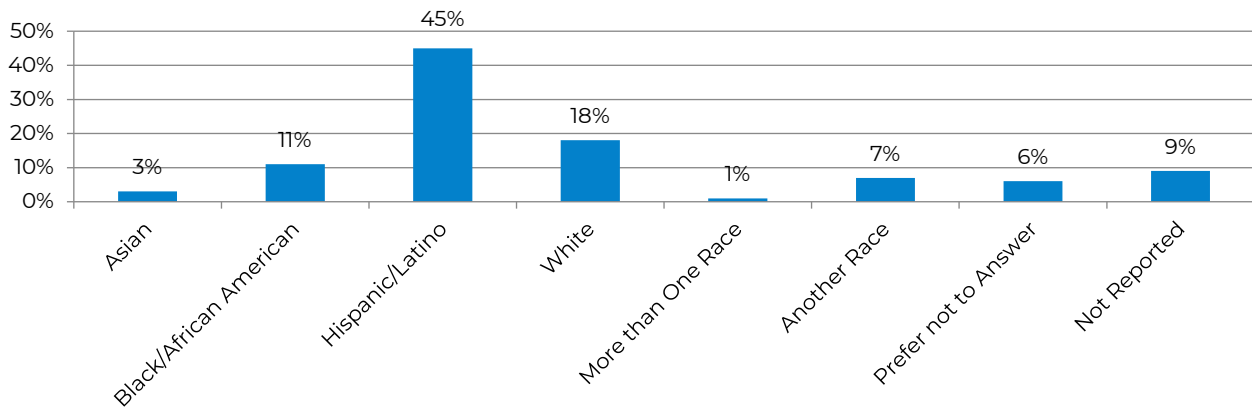
**City**



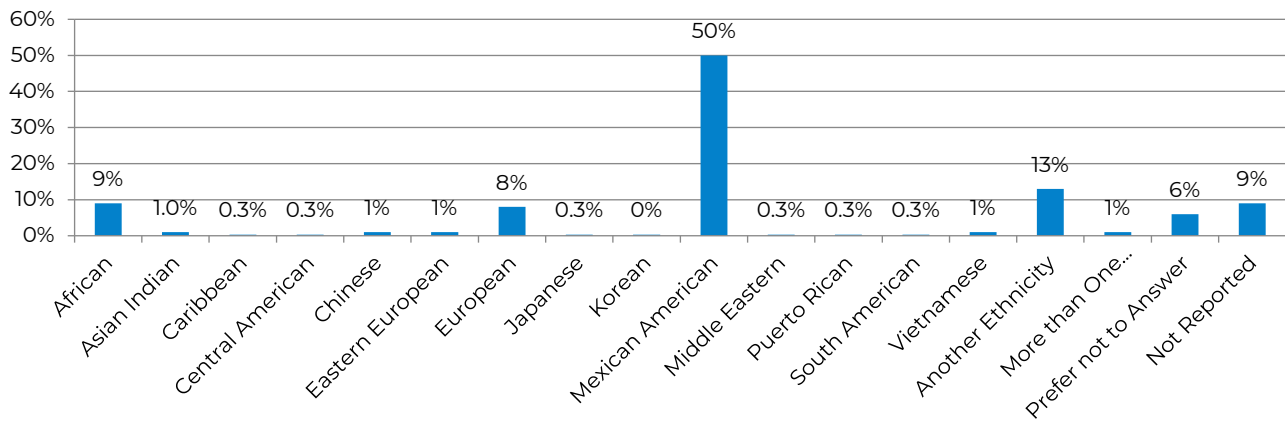
**Language**



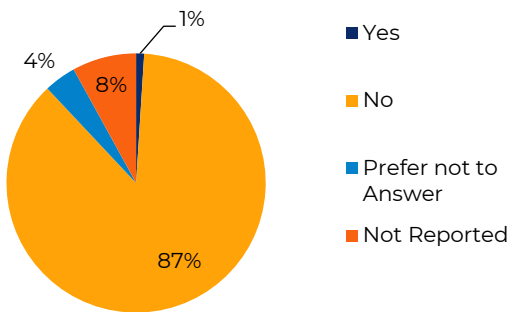
### Race



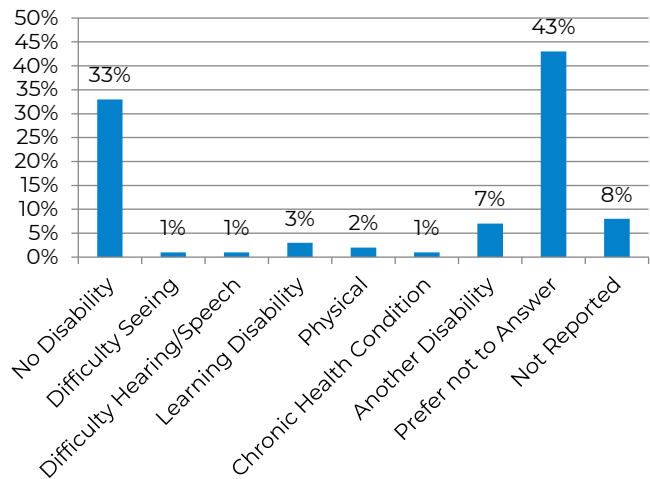
### Ethnicity



### Military Veteran



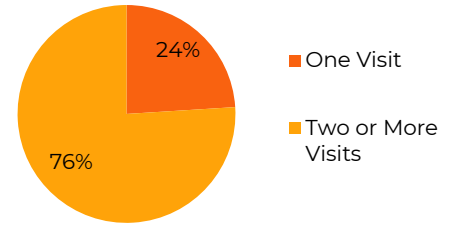
### Disability



## How Well Did We Do It?

**6,493**  
Number of Attendees at Family Wellbeing Events  
(Duplicated Individuals)

**Number of Times People Visited**



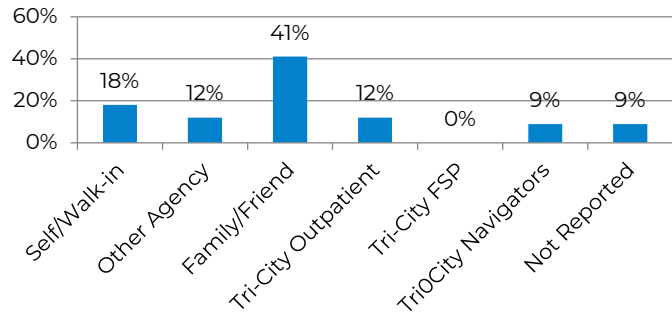
Family Wellbeing Group Name	Number of Times Group Was Held	Average Number of Attendees at a Group
Arts & Crafts	52	4
Bore No More**	3	3
Creative Writing**	1	1
Grief & Loss	42	2
Kid's Hour	50	3
Limited to Limitless**	7	3
Movie Night	6	2
Spirituality	47	5
Sacred Heart**	3	1
Summer Camp	24	5
Teen Hour	25	1
United Family	81	4

\*\*Groups that have been discontinued

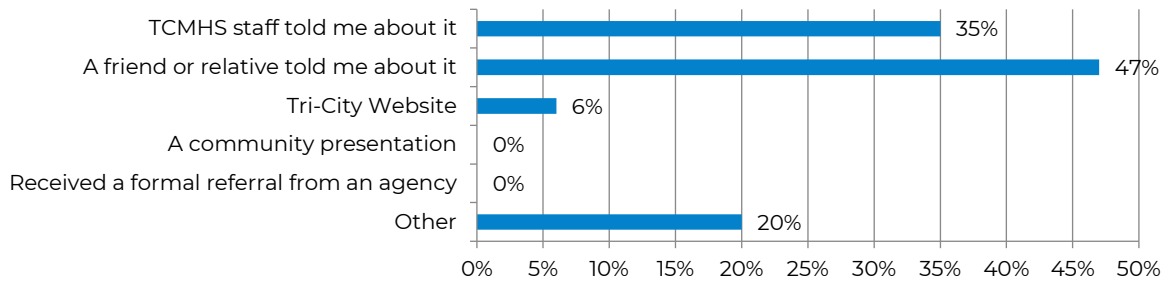
Contacts by Type	Number of Times Contact was Made
(FWS) Attendance Letter	106
(FWS) Brief Check-in	15
(FWS) One-on-One	3
(FWS) Other	57
(FWS) Phone Call	5,142
(FWS) Event	4

**97%**  
Satisfied with the  
“Help I get at the Family  
Wellbeing Program”

**Referral Source**

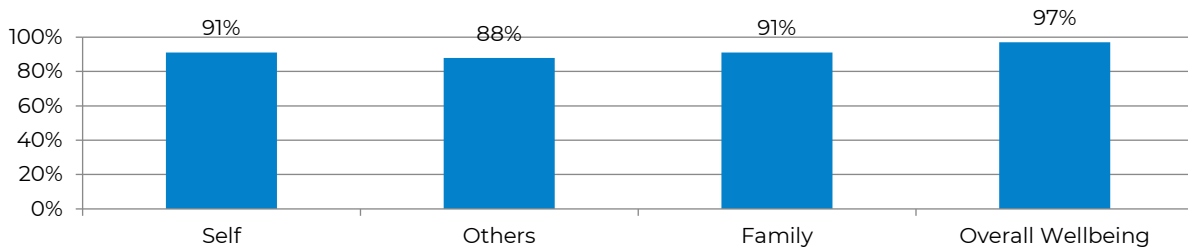


**How Did You Learn About the Family Wellbeing Program?  
(Choose All that Apply)**



**Is Anyone Better Off?**

**Percent of people who report improved relationships with the following  
because of the help they get from the Family Wellbeing Program:**

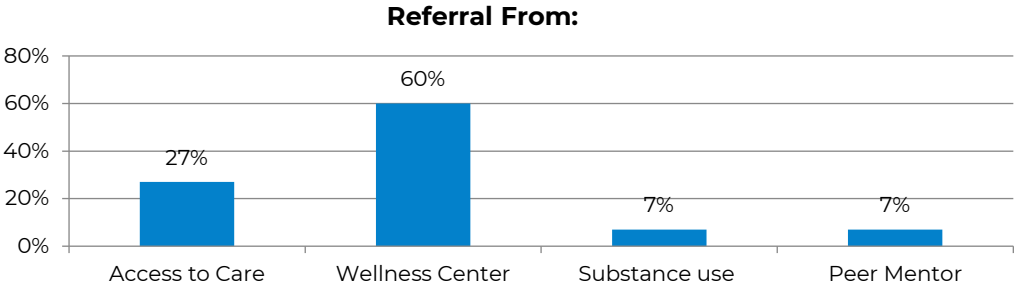




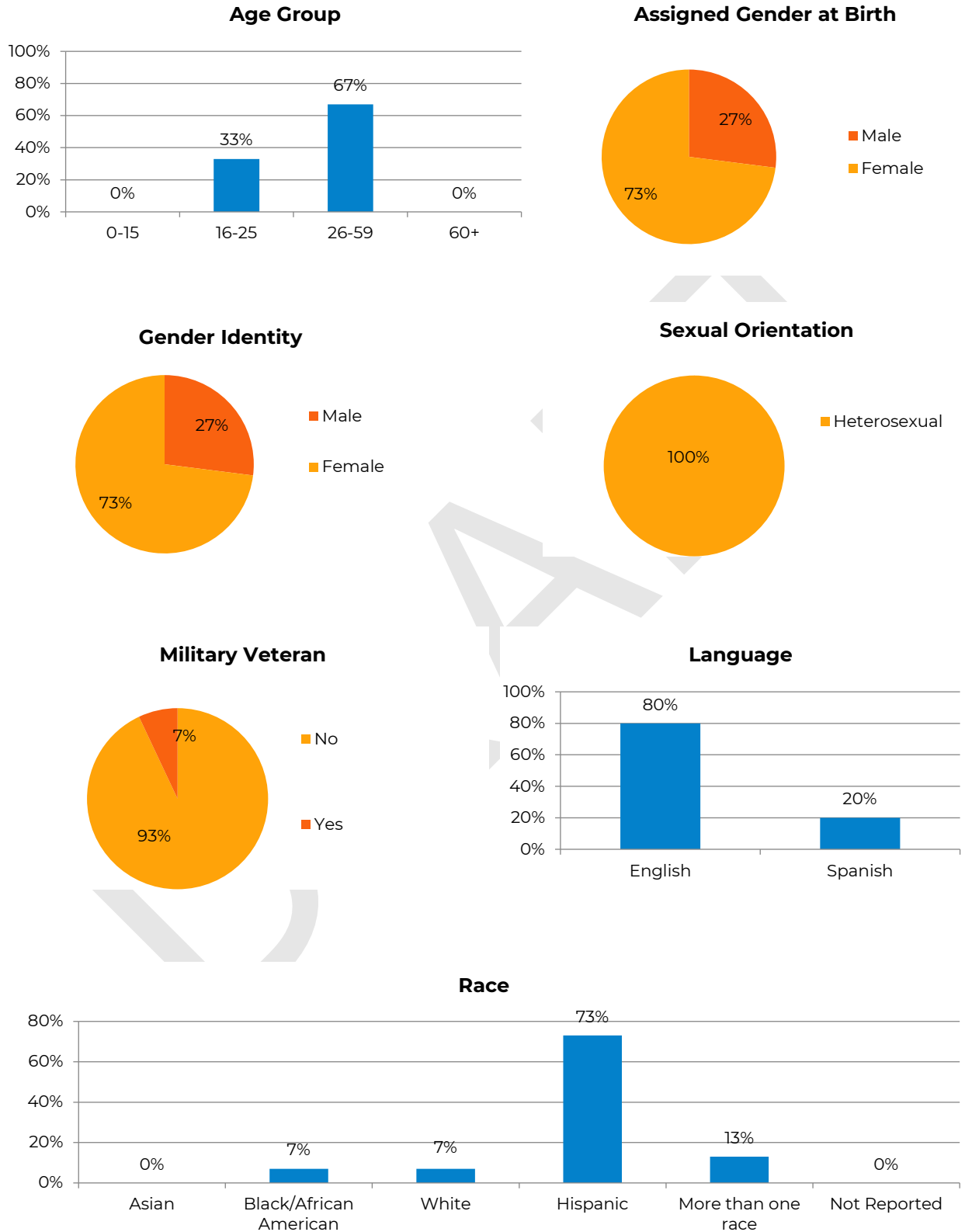
<b>Number of Potential Responders</b>	367
<b>Setting in Which Responders were Engaged</b>	Virtual platforms, Phone, Community, Wellness Center
<b>Type of Responders Engaged</b>	Parents and children
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

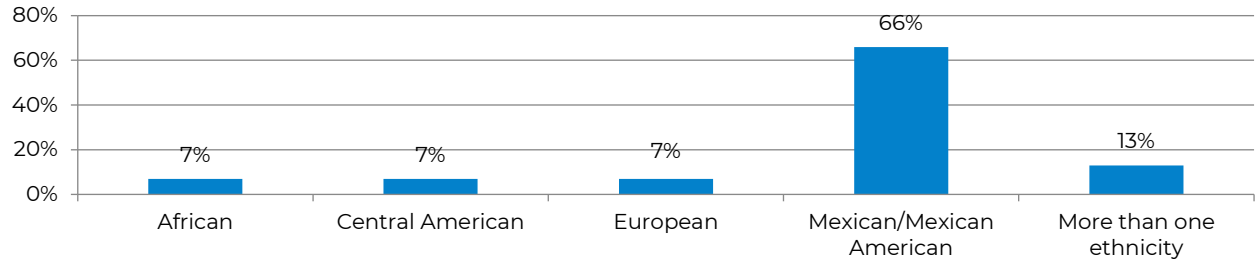
<p><b>15</b> MHA Referrals coming into Family Wellbeing Program</p>	<p><b>11 out of 15</b> Referrals Participated in Family Wellbeing Program</p>	<p><b>6 Days</b> Average Time between Referral and Participation in Family Wellbeing Program</p>
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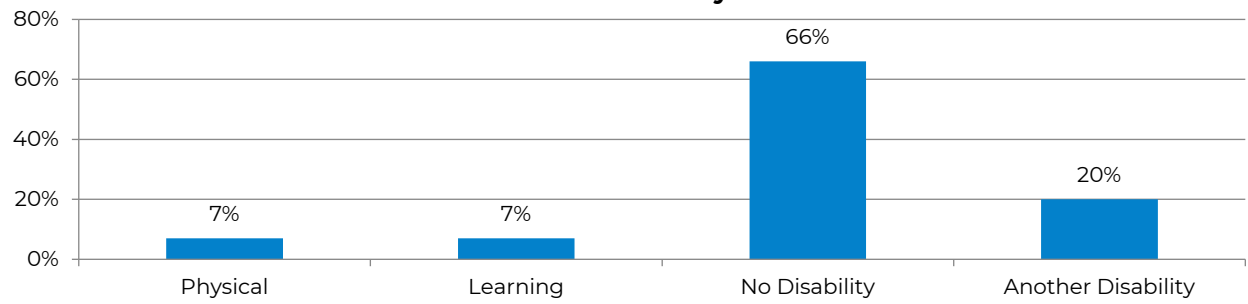
## PEI Demographics based on Referrals



### Ethnicity



### Disability



DRAFT

# Community Capacity Building: NAMI Ending the Silence

## Program Description

Ending the Silence is a community presentation offered by the National Alliance on Mental Illness (NAMI). This 50-minute program is designed to teach students, school staff and families to recognize the warning signs of mental health issues and what steps to take when they observe these symptoms in their students, friends or loved ones.

## Target Population

Ending the Silence offers three separate presentations targeting; 1) middle and high school students; 2) teachers and school staff; and 3) adults with middle or high school youth.

## Program Update

On July 16, 2020, Richard Martinez, Superintendent for Pomona Unified School District, issued a letter to parents and guardians of students advising them that when school reopens in August 2020, "it will be solely through the established distance learning model until circumstances permit otherwise". Bonita Unified School District and Claremont Unified School District issued similar notifications.

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health.

## Challenges and Solutions

Although NAMI staff continued to outreach and promote the Ending the Silence presentations, they quickly learned that since the on-set of the pandemic, the audiences were looking for more specific information that could help them navigate the impact of COVID 19.

Since NAMI California does not allow modifications to their signature program presentations such as Ending the Silence, NAMI trainers were able to supplement the presentation with information that focused on the mental health challenges that so many of the community members were experiencing at that time.

## Modification to Existing Project for 2021/22:

When facing the continuing challenges of the pandemic, NAMI staff proposed an additional program that could augment the Ending the Silence program and meet the additional needs of the community. This program entitled NAMI 101 was combined with the NAMI Community Capacity Building plan thereby creating two training options for community members. The original funding allocation for Ending the Silence program of \$35,500 per year will remain the same and NAMI Pomona Valley will now be able to offer both programs under this revised plan which went into effect on July 1, 2021.

This program modification became part of the MHSA Annual Update for FY 2021-22, posted for a 30-day comment period, was endorsed by the Mental Health Commission during the Public Hearing on June 8, 2021 and approved by Tri-City Governing Board on June 16, 2021.

## Cultural Competence

The Ending the Silence program is available in both English and Spanish and is facilitated by a diverse set of trainers who incorporate concepts such as how cultural difference can contribute to mental health condition and/or signs and symptoms not being addressed or acknowledged. Training materials are also available in Spanish.

## Community Partners

NAMI collaborates with local school districts to assist with training parents and teachers in a multitude of programming including Ending the Silence.

They are also connected with the local Kiwanis Club which traditionally services older adults in addition to other local organizations who serve veterans.

## Data and Outcomes

Based on lack of access to schools and staff, NAMI Pomona Valley was not able to complete the required number of Ending the Silence trainings as indicated in their Memo of Understanding with Tri-City Mental Health. With these limitations in mind, outcome and performance measures are not available for Ending the Silence for FY 2020-21.

# Housing Stability Program

## Program Description

Stable housing is a necessary foundation to be able to create wellbeing and support a person's mental health. Tri-City Housing staff work diligently with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The Housing Stability Program (HSP) is a prevention program designed to help people with mental illness maintain their current housing or find more appropriate housing.

## Target Population

Landlords, property owners and property managers in the Tri-City area who could have tenants experiencing mental illness who need support to maintain their current housing or to find a more appropriate place of residence. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships.

New Landlords Engaged	Landlord Luncheons Held	Attendees (Unique)	Repeat Attendees (Duplicates)
19	8	56	70

## Program Update

Housing in general became even more of a challenge in FY 2020-21. The stay-at-home orders put into place to reduce the spreading of COVID 19, resulted in people confined to their place of residents due to employment closures, reduction in work hours, or because they or someone in their home was vulnerable to COVID-19. This created a financial challenge as many households began to fall behind on their rent which in turn impacted property owners, landlords, and property managers who grew concerned about being able to pay their own bills as they were not collecting on all rents.

In addition to halting evictions for nonpayment of rent, landlords had restrictions on evictions for no-fault reasons, denying entry to a landlord, or unauthorized occupants or pets if those situations were related to the pandemic. These restrictions made it difficult for landlords to address concerns on their properties.

In response, the HSP staff made it a point to assist with Housing referrals that involve evictions or landlord issues. By adding this support, staff were able to connect to new landlords and demonstrate how Tri-City can help troubleshoot when issues arise. HSP staff also assisted with the City of Pomona Rent Relief program with outreaching to landlords to encourage their participation. Through these community connections, HSP staff received calls from other landlords inquiring about the program and how they could connect their tenants to it.

Landlord Hour provided opportunities for a virtual round table where participants could discuss situations they were encountering and assist each other by providing feedback regarding dilemmas presented. The Housing Rights Center, a non-profit organization dedicated to securing

and promoting fair housing, was also invited to present multiple times during the year to educate the landlords and property owners about the changes in tenant protections, landlord resources and responsibilities during the pandemic.

Future efforts for the HSP staff include focusing on increasing landlord outreach, providing more information about the different subsidy programs that renters can receive through the Housing Authorities, and reminding them how beneficial these programs were to keeping rents up to date during the pandemic.

## Challenges and Solutions

As group activities moved to virtual platforms during the pandemic, the monthly Landlord Lunch meetings saw a significant drop in attendance. In 2018-19, the attendance for this group was 240, in FY 2019-20 total attendance was 165 and in FY 2020-21 it dropped to 71. This made it harder to engage with landlords to help give them the most up-to-date information and resources that could help them in at their sites.

In response to this concern, the monthly Landlord Lunch meeting was rebranded to Landlord Hour to eliminate the expectation of a provided meal. The RSVP system for these meetings was also altered. Previously, attendees would call or send an email to confirm their attendance. By implementing the use of Eventbrite, it became easier to keep track of RSVPs, gather contact information, and the system provides a calendar invite and reminders to those who RSVP.

The Housing Division identified that with all the additional stressors landlords were encountering during the pandemic, it would be helpful to have a webinar to help them with stress management. In September 2020, a new webinar debut entitled Landlord Everyday Mental Health. The focus of the webinar is to help property owners and managers identify how they can best address a difficult situation or interaction with someone on their property and learn coping skills to help take care of themselves, as well.

## Cultural Competence

Tri-City's Housing programs offer fair housing to all individuals and families regardless of status. In addition, the Housing Department staff are trained in cultural competency.

Four of the six housing staff are bilingual in English and Spanish. In addition, participants can request the language line if assistance is needed in a different language. Communication is maintained by distributing flyers in multiple languages.

Presenters for the Landlord Hour provide information regarding reasonable accommodations and emotional support animals. Staff add information about resources such as Social Security Disability Insurance and Health Advocates which landlords can use to provide access for those who have identified with a physical disability at their sites.

Mental Health First Aid training is offered to landlords, owners, and property managers to help them better understand and support individuals with mental health disabilities.

## Community Partners

In addition to referrals made within Tri-City's own departments, the Housing Department staff work collaboratively with outside community partners including landlords in the community, Volunteers of America, Catholic Charities, Family Solutions, Union Station, Pomona Housing

Authority, sober livings, Los Angeles County Development Authority, Housing Rights Center, Neighborhood Legal Services and the House of Ruth.

Local landlords attend monthly meetings hosted by the HD staff to learn more about information and resources that are specific to their needs.

### Success Story

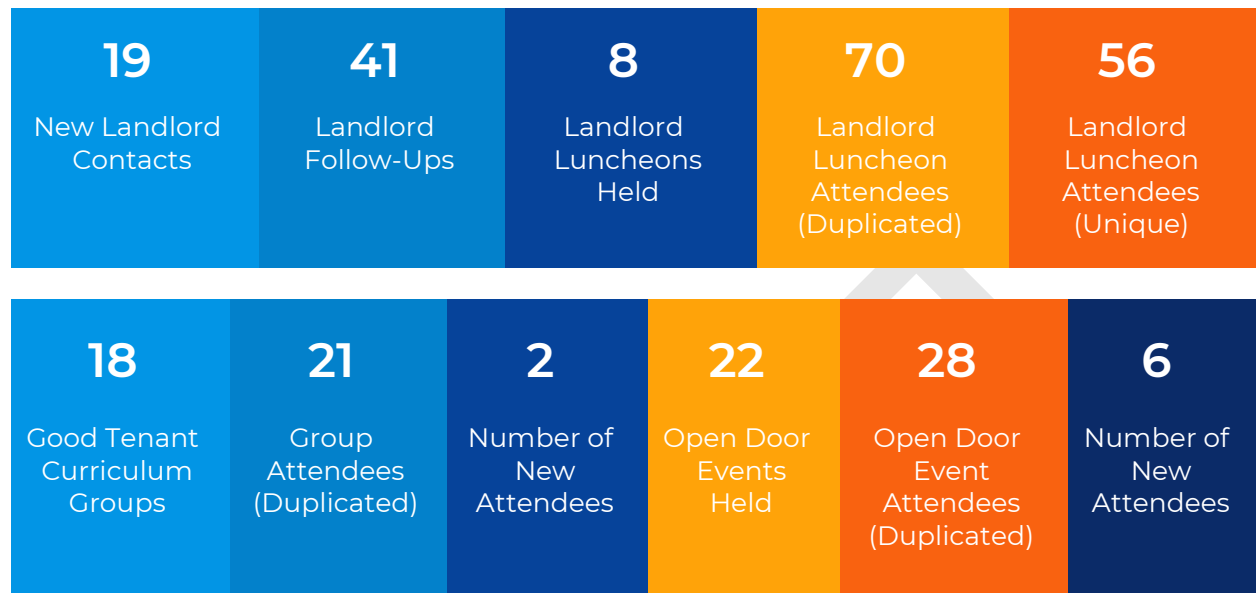
Despite the rebranding of the Landlord Lunch to the Landlord Hour, and the move to a virtual platform, 8 meetings were held during FY 2020-21 with an average of 8 individuals in attendance. HS staff remain optimistic about this resource and will continue to provide meetings on a regular basis and build on the support offered to these important key holders in our three cities.

DRAFT

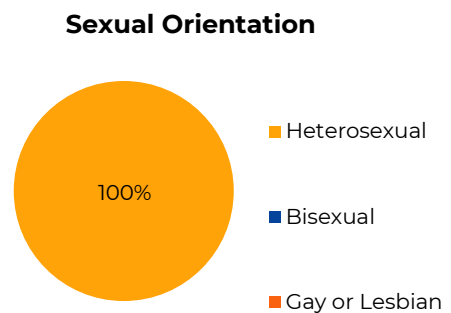
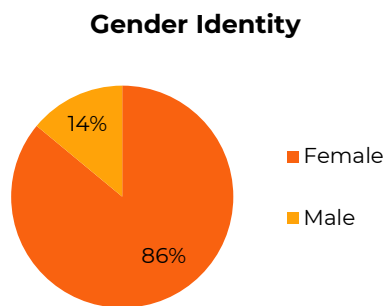
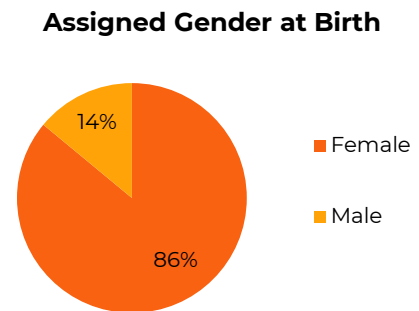
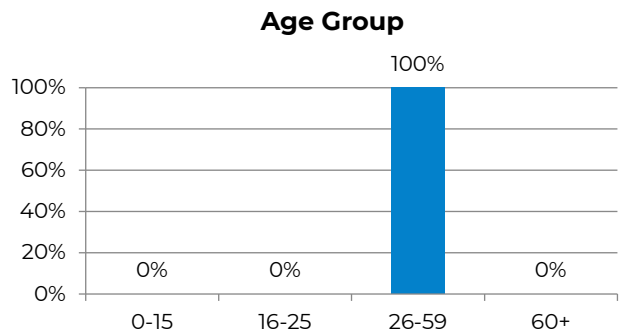


# Program Summary

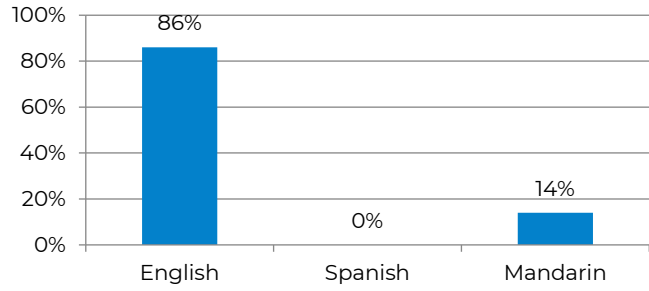
## How Much Did We Do?



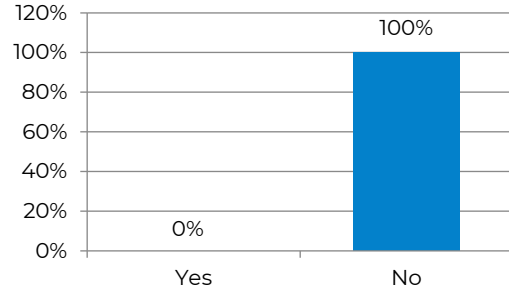
## PEI Demographics – Includes Housing Participants



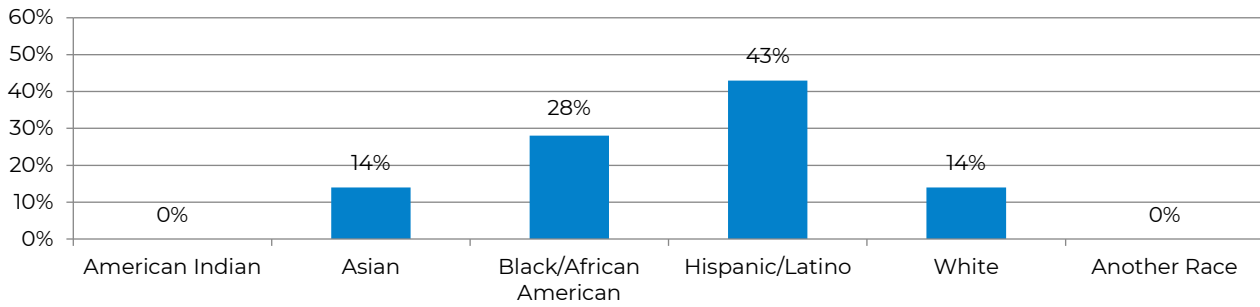
### Primary Language



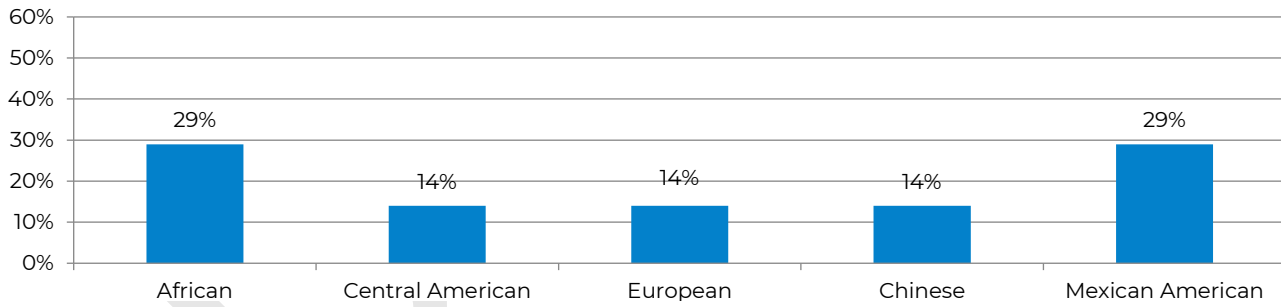
### Veteran



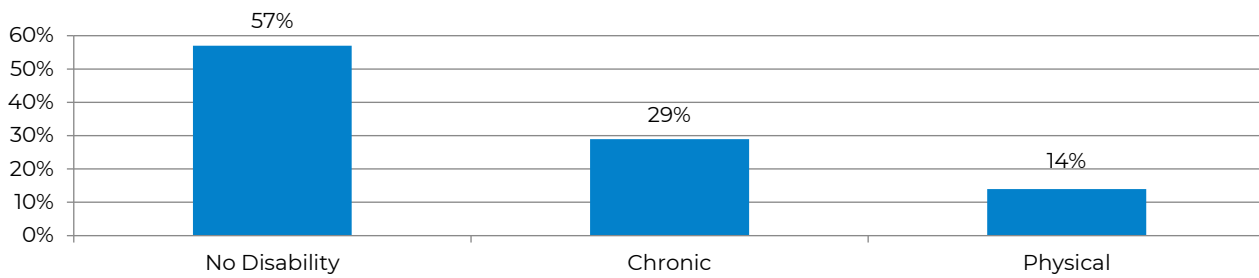
### Race



### Ethnicity

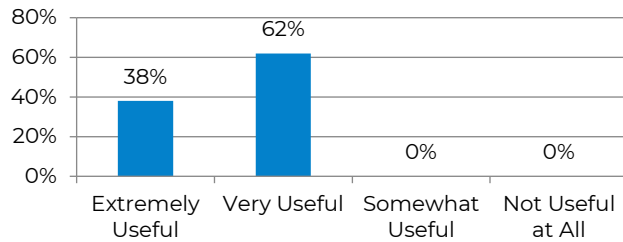


### Disability

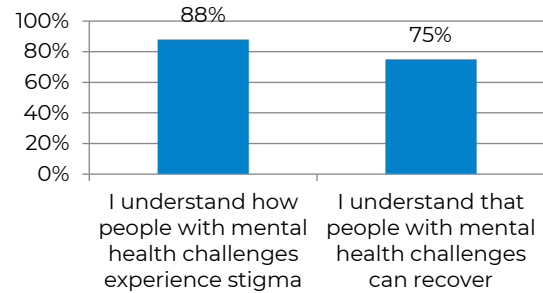


## How Well Did We Do It?

**Landlord Luncheon attendees' ratings of how useful the information was from the event.**



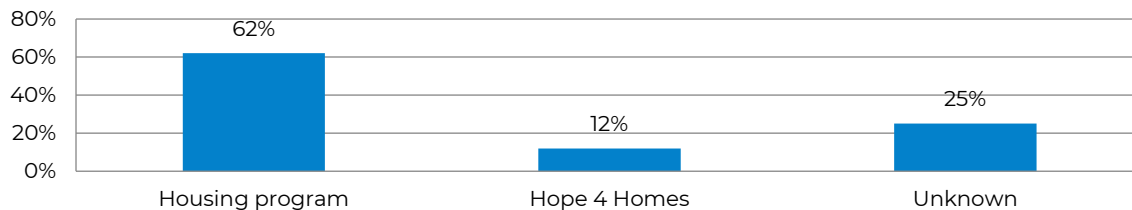
**Percent of Landlords that agree or strongly agree with the following statements:**



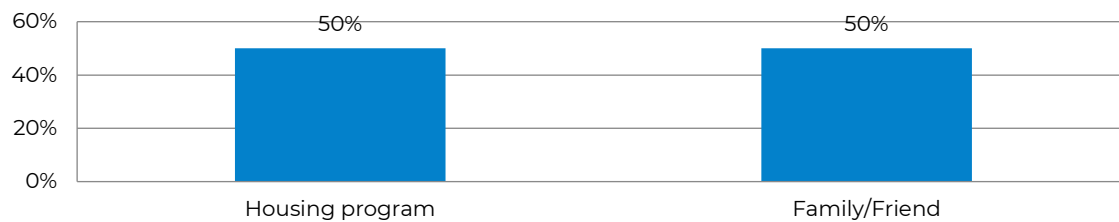
**100%**  
Good Tenant Curriculum Participants Would Recommend This Curriculum to Others

**100%**  
Good Tenant Curriculum Participants Reported the Presenter was Engaging and Approachable

**Landlord - How did you hear about us:**

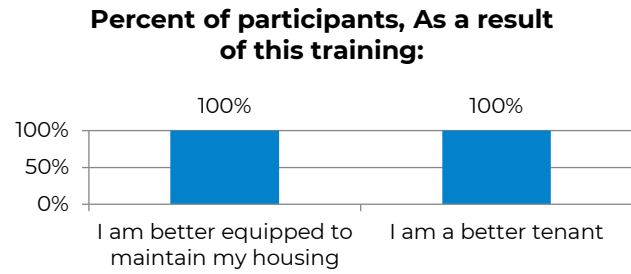


**Good Tenant Curriculum - How did you hear about us:**

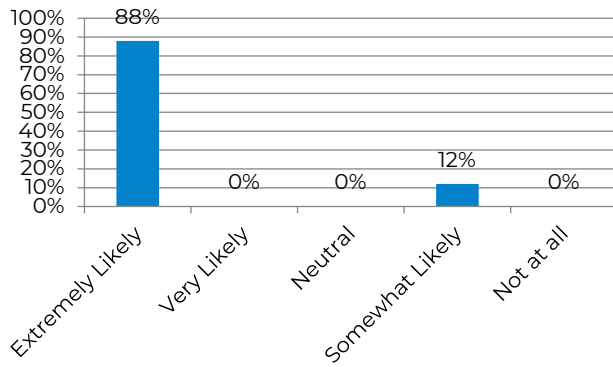


## IS ANYONE BETTER OFF?

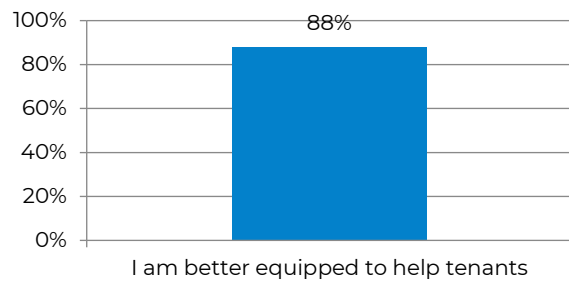
**100%**  
 Good Tenant Curriculum participants reported that staff helped them obtain the information needed so that they



**How likely are you to reach out to Tri-City, if you suspect someone has a mental health challenge?**



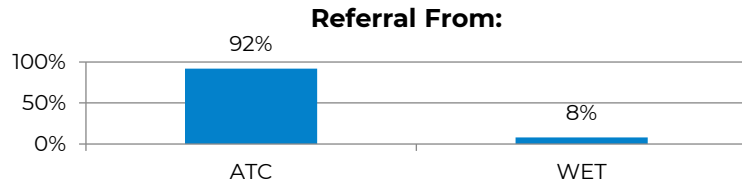
**Percent of participants, As a result of this training:**



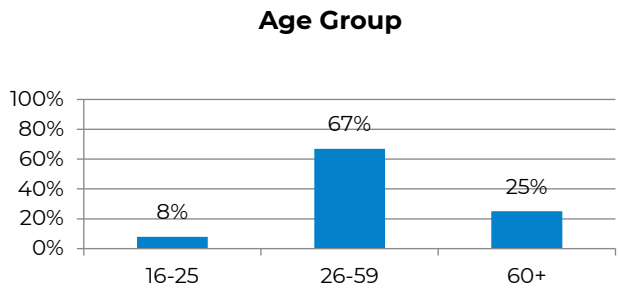
<b>Number of Potential Responders</b>	64
<b>Setting in Which Responders were Engaged</b>	Community
<b>Type of Responders Engaged</b>	Landlords and community members
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	There were no referrals for individuals with serious mental illness referred to treatment from this program.  Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

Timely Access to Services for Underserved Populations Strategy

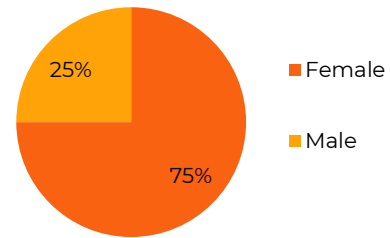
**12**  
MHTSA referrals into  
Housing Stability



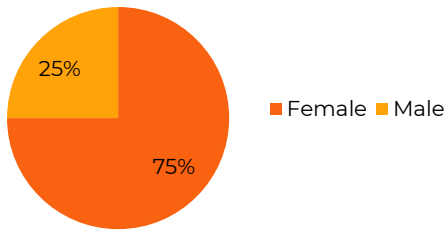
PEI Demographics based on MHTSA Referrals



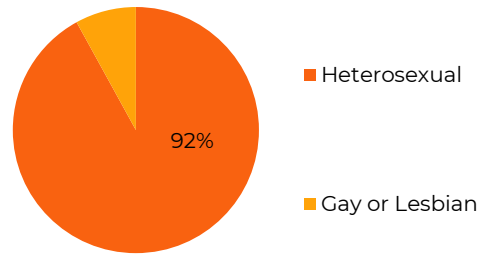
**Assigned Gender at Birth**



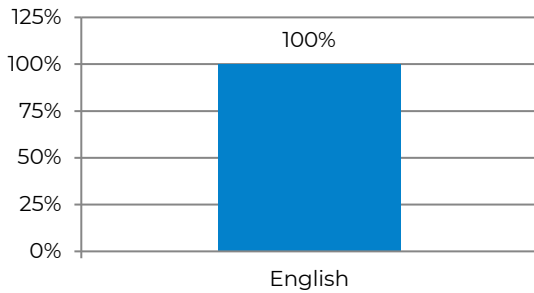
**Gender Identity**



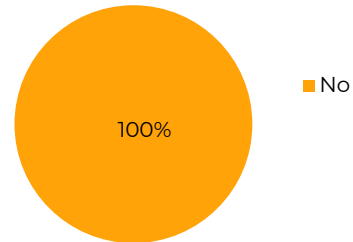
**Sexual Orientation**

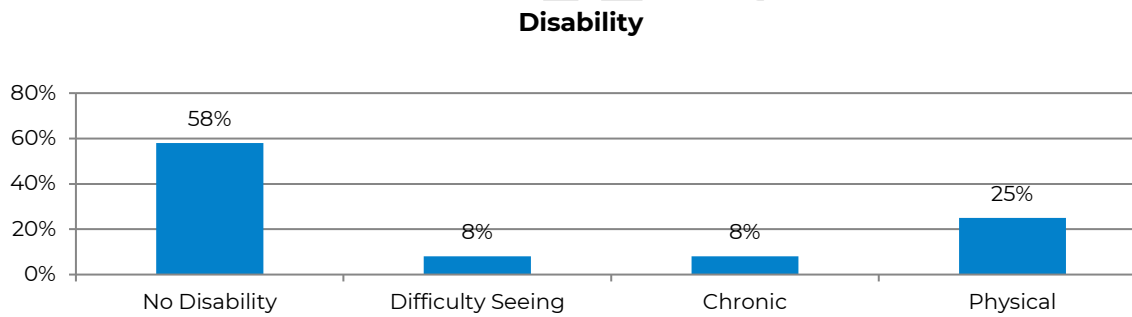
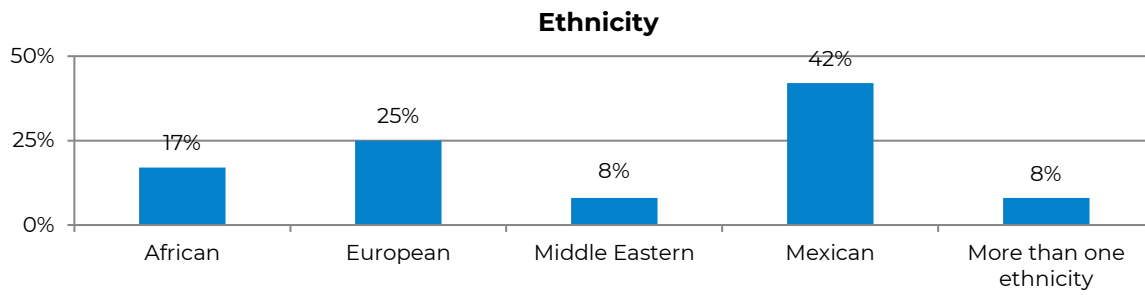
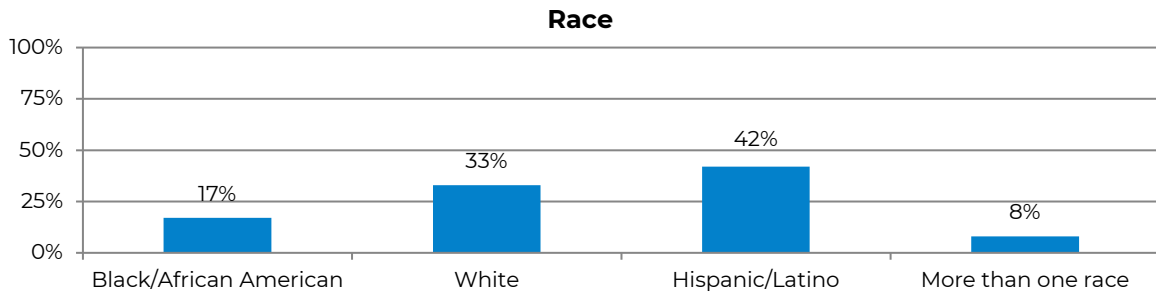


**Primary Language**



**Veteran**





# Therapeutic Community Gardening

## Program Description

The Therapeutic Community Gardening program utilized therapeutic horticulture, a process of incorporating the relationship between individuals and nature as a form of therapy and rehabilitation with the goal of decreasing isolation and increasing mental health benefits through gardening activities and group therapy exercises. The Garden offers the perfect setting for promoting mindfulness, healing, resiliency, support, and growth for participants. Gardeners learn to plant, maintain, and harvest organic fruits, vegetables, flowers, and other crops for therapeutic purposes and symptom management. TCG staff includes a clinical program manager, clinical therapist, mental health specialist and community garden farmer. Groups are available in both English and Spanish.

## Target Population

Community members including unserved and underserved populations, adults, youth ages 16-25, families with children, older adults, and veterans.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	14	11	39	13	20	97
Cost Per Person	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158	\$3,158

## Program Update

During FY 2020-21, the Therapeutic Community Garden program was fully staff and included the hiring of a new Community Garden farmer. As with most MHSAs programs, groups and workshops were held virtually in keeping with COVID safety standards and increased the number of groups held from one to seven. In partnership with Tri-City psychiatrists, medical students from the Western University of Health Sciences were invited to shadow staff and implement a monthly wellness group specifically for improving the wellness and well-being of those same medical students. Additional workshops were held in partnership with local senior centers that focused on older adults.

Over the next fiscal year, the TCG staff will continue to offer virtual groups and workshops. However, planning is underway to support in-person groups and workshops once COVID restrictions allow. In addition, staff plan to increase outreach to outside agencies and organizations focusing on all age groups, including transition age youth.

## Challenges and Solutions

Challenges for the TCG program during FY 2020-21 included outreaching to individuals who had difficulty understanding or utilizing technology to connect to virtual groups or workshops. This includes limited access to computers, phones and/or internet services. In response to this

challenge, TCG staff worked with individuals one-on-one to help them connect to virtual groups. In addition, copies of presentations were provided for those who were unable to connect.

Additional challenges included difficulty engaging TAY (transition age youth ages 16-25) as well as a low attendance in the Spanish adult groups. TCG staff implemented groups specifically targeting TAY and partnering with other Tri-City programs who also serve this critical population. Local colleges and school districts were also engaged to help promote this resource.

## Cultural Competence

The TCG provides a “come as you are” environment, welcoming all cultures, ethnicities, identities, and backgrounds. Inclusion is emphasized and lessons often discuss individual choice, diversity of backgrounds, differences of opinions and more. Materials are available in Spanish (waivers, enrollment sheet, referral, questionnaires, flyers, how to garden handouts, recipes, curriculum PowerPoints). The TCG staff also include a full-time bilingual Mental Health Specialist as well as the use of interpretation services when needed.

In order to meet the needs of Spanish-speaking participants, TCG offers groups in both Spanish and English. In addition, handouts, planning instructions and presentations are also available in Spanish. For individuals who have memory or learning impairments, activities are modified by repeating information shared in group, offering verbal, written and visual cues, providing copies of lessons/instructions to individuals in person or mailed to their address when requested. TCG also offers all directions and lessons in enlarged font for those with visual impairments.

Curriculum developed for TCG includes discussions about diversity, culture, and inclusion. Metaphors are used that compare diversity in the garden (companion planting, intercropping, trap plants, crop rotation etc.) as beneficial mirroring diversity in our society (different people bringing different strengths, abilities, opinions, etc.).

The TCG staff increased outreach efforts utilizing bilingual staff to engage Spanish speaking clients and Tri-City’s own Spanish-speaking cultural group, Adelante. Finally, staff partnered with outside organizations who serve the Spanish speaking population including Pomona Unified School District and their Community Liaison program.

## Community Partners

The Therapeutic Community Garden staff network and collaborate with a multitude of community partners and organizations. Examples include 1) local food banks where garden produce is shared in support of their food insecurity programs, 2) annual events with Cal Poly Pomona Veterans Resource Center targets veterans and their families, offering wellness support through free TCG groups, 3) outreach with Pomona Unified School District targeting Children and TAY youth as well as their families, 4) partnered with Alcoholics Anonymous to advertise groups and provide fresh and natural snacks from the garden as a healthy alternative.

Other examples of organizations in which TCG engages in strong community partnerships:

- **Sustainable Claremont** – Outreach to community members via virtual workshop
- **Mt. San Antonio Gardens Pomona** - Outreach to older adults via virtual workshop
- **Joslyn Center Claremont** - Outreach to older adults via virtual workshop



- **University of La Verne** - Outreach to students via virtual workshop
- **Pomona Unified School District** - Outreach to youth and via virtual workshop
- **Pomona Valley Hospital Medical Center (PVHMC)**: TCG staff facilitated a Residents Wellness Workshop
- **Pilgrim's Place Claremont** - Outreach retirement community via flyer distribution
- **Cal Poly Pomona Veterans Center** – Outreach to Veterans
- **La Verne Youth and Family Action Committee at City Hall** – Outreach
- **Pomona Mayor's Office** - Community Outreach
- **California Community Inclusion and Diversity Summit**
- **Medical students from University of California, Riverside (UCR) and Western University of Health Sciences** – Students shadowed TCG groups

## Success Story

An individual initially attempted to connect to clinical services, however felt the process invasive and became very guarded during the assessment. Ultimately, this individual did not meet medical necessity for services and instead was guided to the Therapeutic Community Garden (TCG) which has a less formal approach. Once enrolled in TCG, the staff was able to build rapport and therapeutic trust and as the groups progressed, staff were able to help them identify goals and in turn become healthier both physically and mentally. One critical function of TCG is to act as a two-way bridge with clinical services where participants find support and can be referred to clinical services when appropriate.

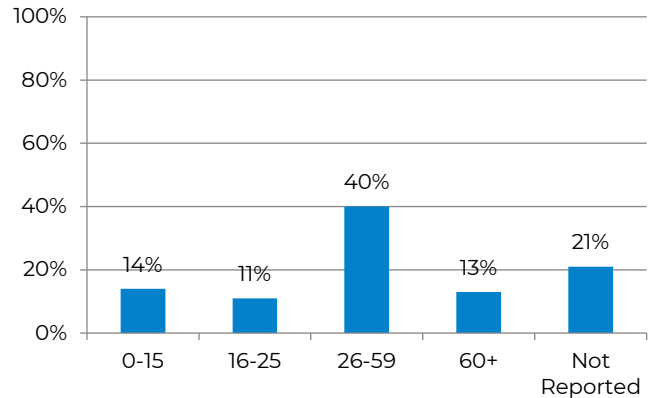
# Program Summary

## How Much Did We Do?

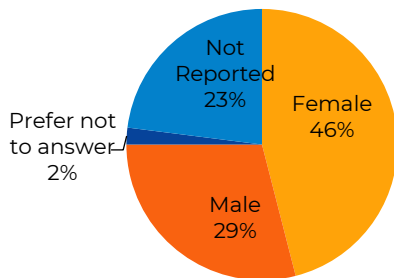
**97**  
Unique Individuals Served

**11 Months**  
Average Length of Time  
Participants Enrolled in TCG

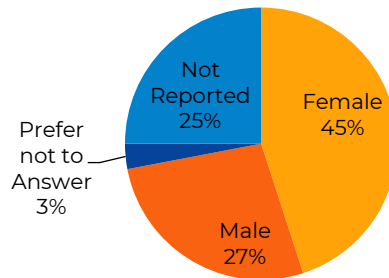
**Age Group**



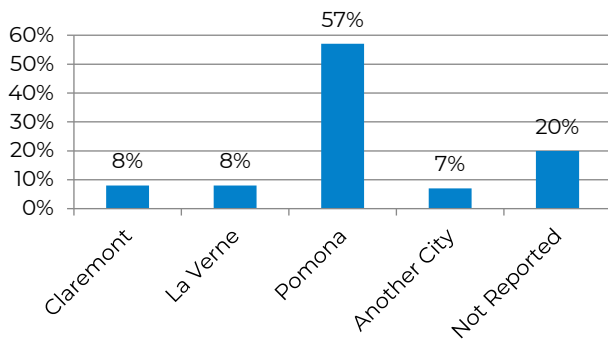
**Assigned Gender at Birth**



**Current Gender Identity**

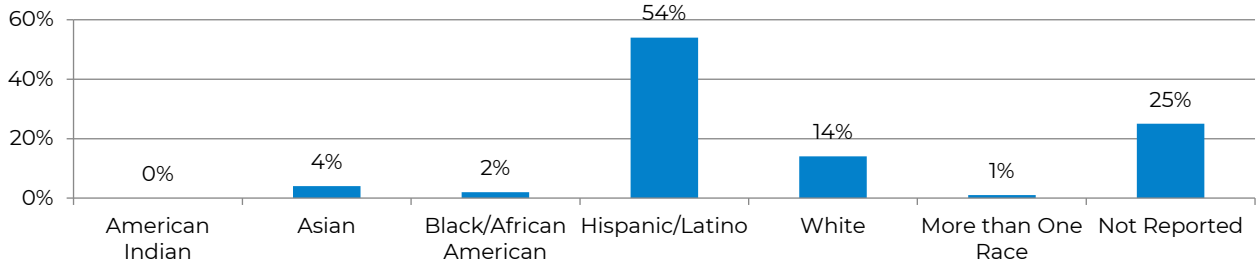


**City**

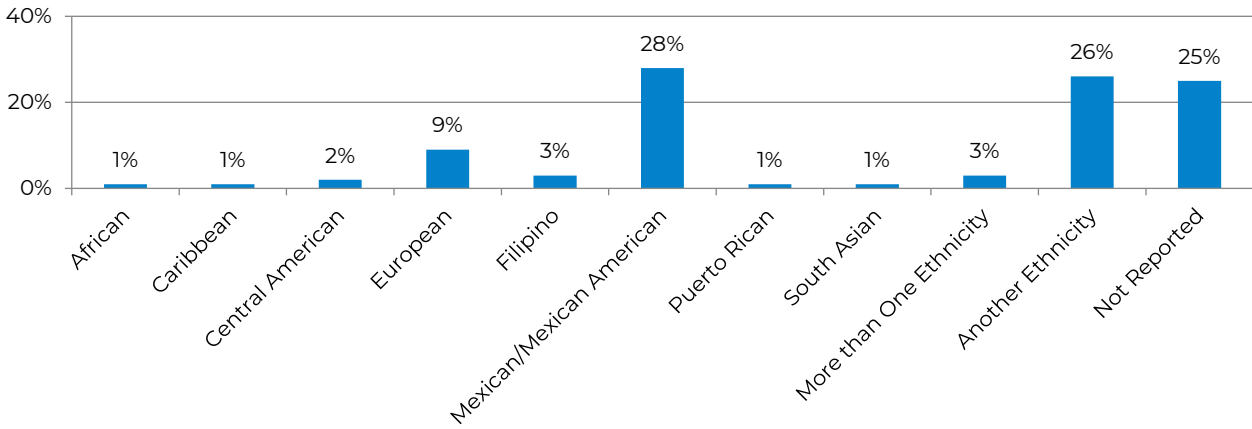


**37%**  
of TCG participants are enrolled in clinical services, while 63% are community members.

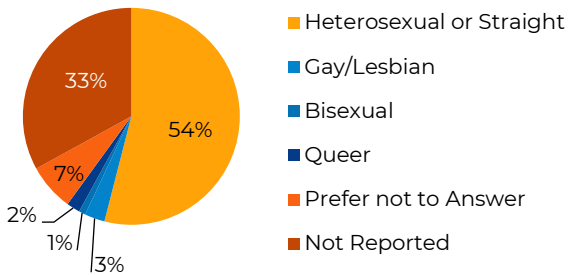
### Race



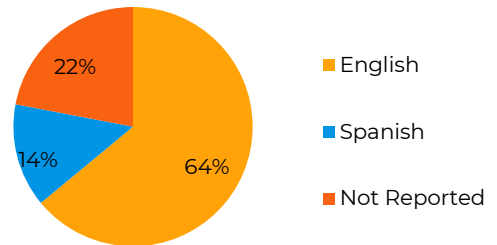
### Ethnicity



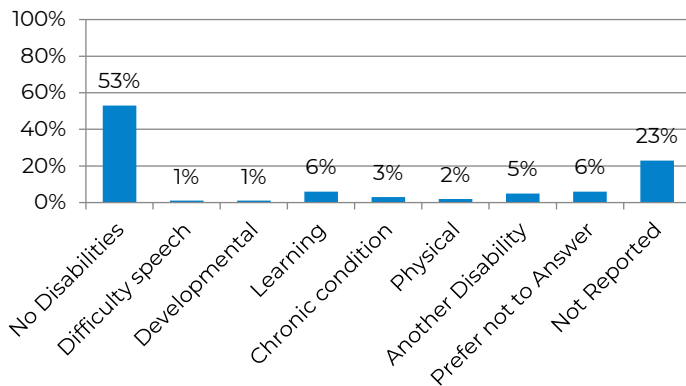
### Sexual Orientation



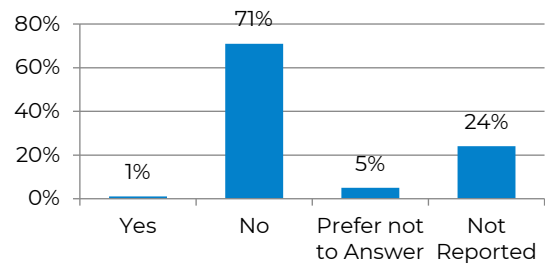
### Primary Language



### Disability



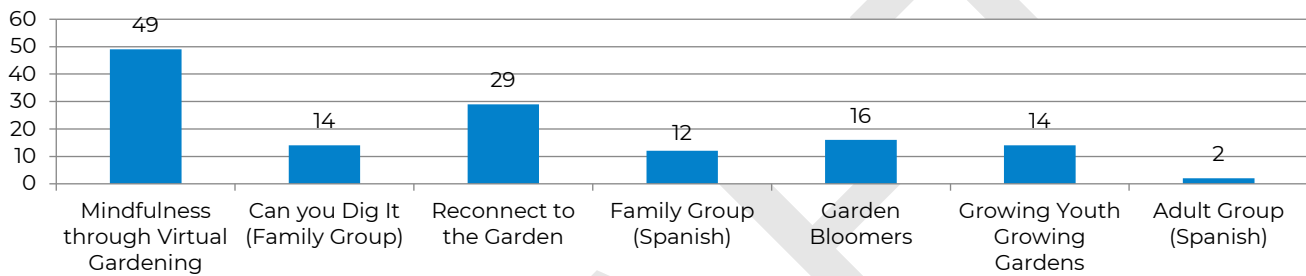
### Veteran



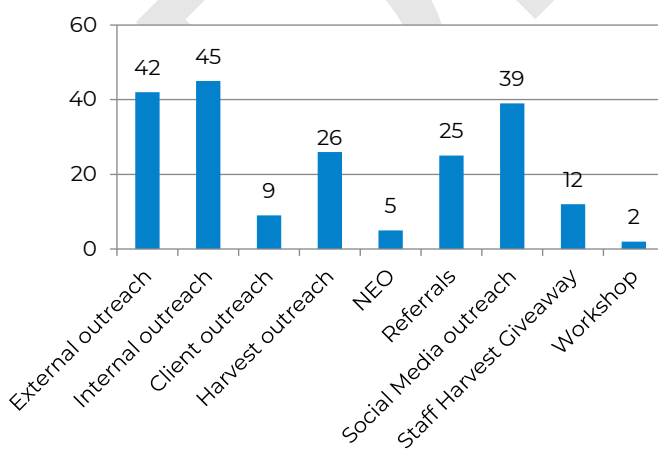
## How Well Did We Do It?



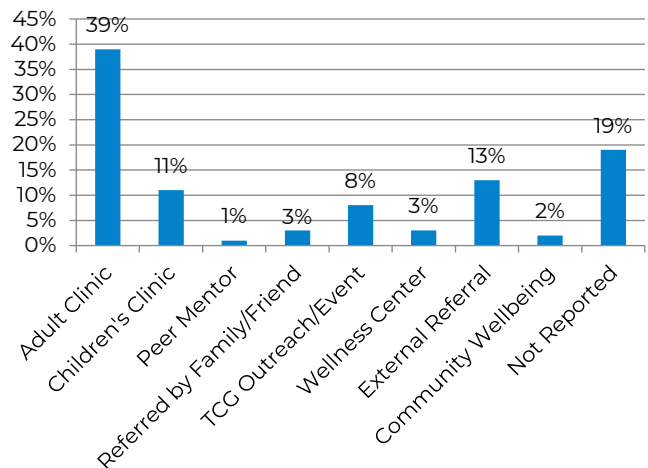
**Type of Groups Held**



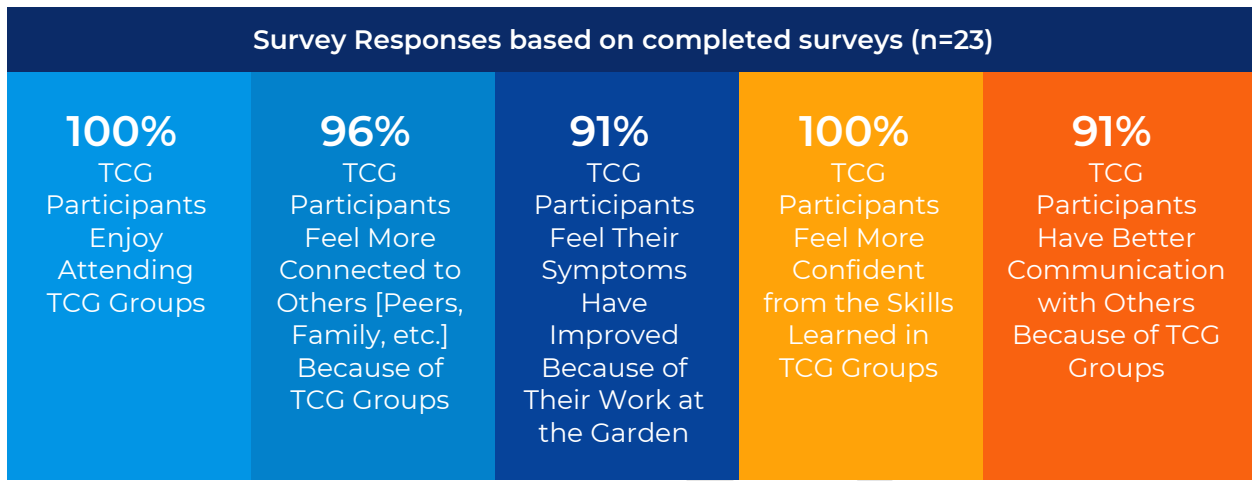
**Type of Outreach**



**Referral Source**



## Is Anyone Better Off?



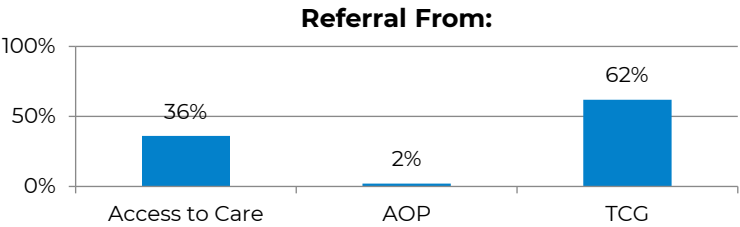
### TCG Participant Feedback – How have you benefited from participating in TCG groups?

“I find it relaxing, enjoying talking to people about plants.”	“They give a lot of good garden suggestion.”
“I feel more relaxed, more confident, about myself and the conversations we have.”	“I am doing something that makes me feel good that is caring, my kids are grown so it gives me something else to take care of.”
“Able to speak more openly to others.”	“I have gained more confidence on expressing my emotions.”
“I’ve learned new things about gardening that have been really helpful.”	“I feel happier when I join the group.”
“I really like the session, and I always feel calmer after attending.”	“I have learned so much about things I would have never thought about before.”
“It built my self-esteem and my self-confidence.”	“Gives me something to do and allows me to socialize with others.”
“I’ve learned more coping skills, learned to socialize more, and have been able to socialize in a healthier way in an environment that is not viable to socialize at this time.”	

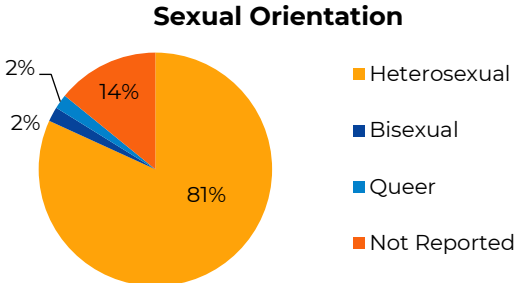
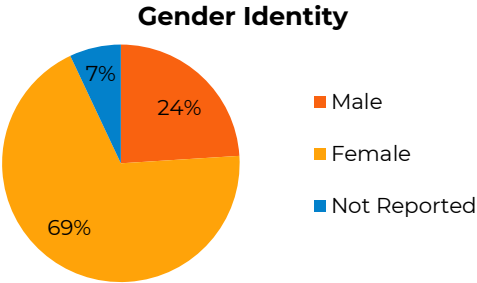
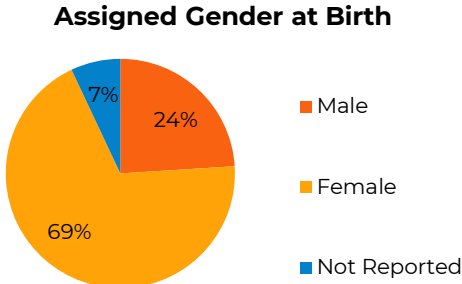
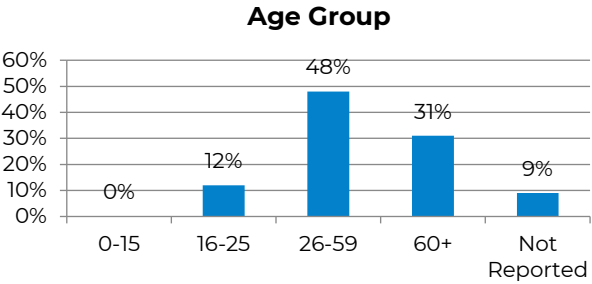
<b>Number of Potential Responders</b>	97
<b>Setting in Which Responders were Engaged</b>	Community, schools, health Centers, workplace, and outdoors.
<b>Type of Responders Engaged</b>	TAYs, teachers, LGTBQ, families, religious leaders, and those with lived experience.
<b>Access and Linkage to Treatment Strategy</b>	<p>There were no referrals for individuals with serious mental illness referred to treatment from this program.</p> <p>Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.</p>

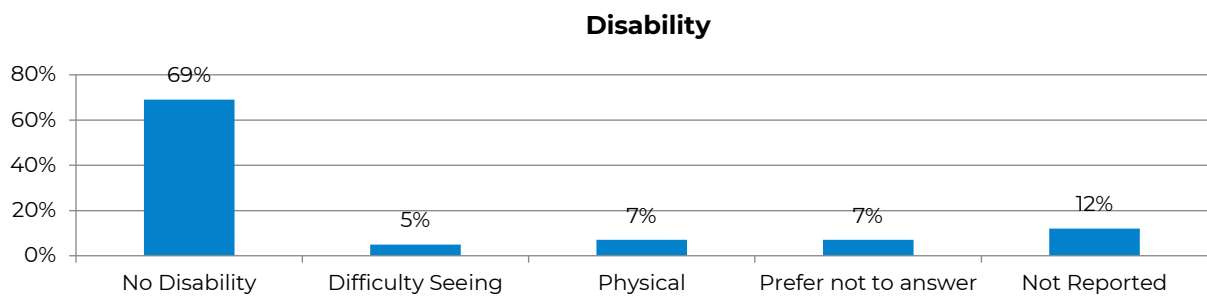
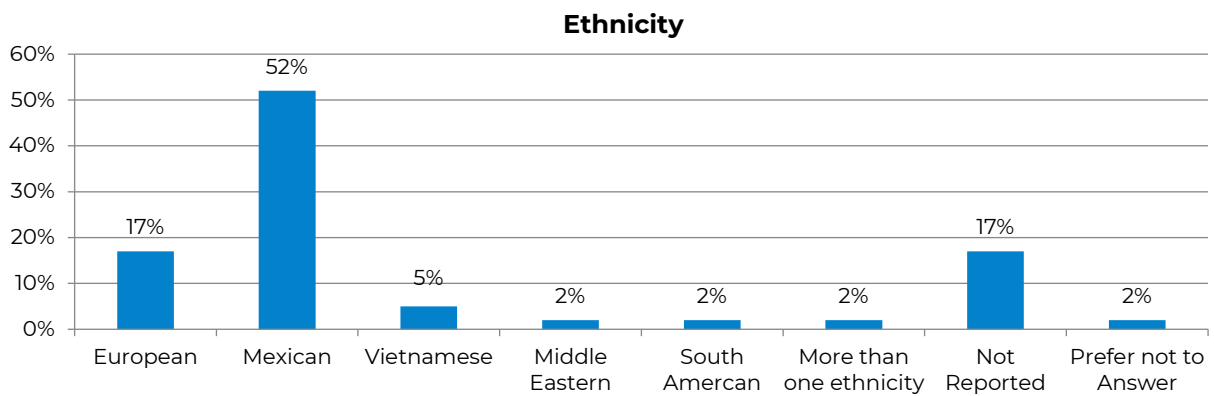
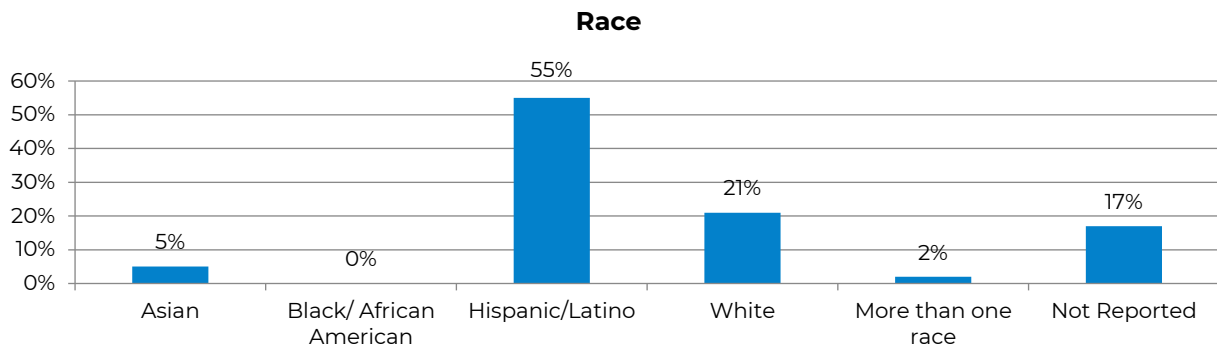
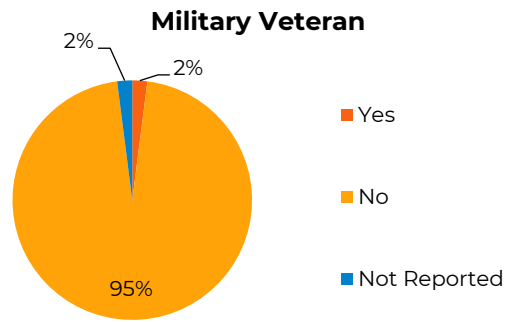
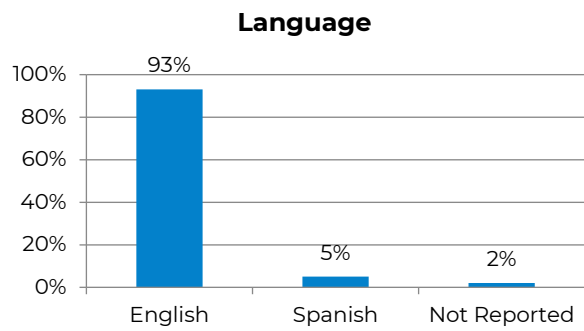
Timely Access to Services for Underserved Populations Strategy

**42**  
MHA Referrals coming into TCG Program



PEI Demographics based on MHA Referrals





# Early Psychosis Program

## Program Description

Tri-City's Early Psychosis Program (EPP) is designed for young people and their families who are at risk of developing psychosis or experiencing a first episode psychosis. This coordinated specialty care program is focused on assisting a young person manage their symptoms, prevent deterioration, and equip their family to be the best support for them. Awareness, early detection, and access to services is needed to help young people with psychosis recover. Utilizing the PIER (Prevention, Intervention, Enforcement and Reentry) model, Tri-City staff host workshops and trainings for community members and school personnel focused on recognizing and addressing the earliest symptoms of mental illness. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The goal for this program includes increasing awareness among community members in recognizing the signs and symptoms of early psychosis and how to connect individuals to services as well as to reduce the time of untreated psychosis and severe mental illness.

## Target Population

Transition Age Youth (TAY) ages 16 to 25 who are experiencing psychosis and are not currently enrolled in mental health services.

Age Group	Children 0-15	TAY 16-25	Adults 26-59	Older Adults 60+	Not Reported	Total Served
Number Served FY 2020-21	0	1	42	4	62	109
Cost Per Person	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112	\$3,112

## Program Update

In FY 2020-21, EPP staff were able to complete the PIER (Prevention, Intervention, Enforcement and Reentry) model. This evidence-based treatment option uses three key components- community outreach, assessment, and treatment to reduce symptoms, improved function and decrease relapse. The next phase of this training program includes monthly supervision for outreach for specific components of the program.

One component of the Early Psychosis program is training and stigma reduction. Even with the challenges of the COVID19 pandemic, there were 109 people who attended an Early Psychosis training during the last fiscal year. Positive ratings from attendees include: 94% reported that they “understood the symptoms of early psychosis” and 94% agreed that they were “provided with new and useful resources”. An additional 89% agreed that “their belief that people with early psychosis can recover” increased because of the training and 87% agreed that they would “reach out to Tri-City, if they suspected someone had a mental health challenge”.



The occupational therapist (OT) began to complete sensory profiles for EPP clients which helped to provide a more comprehensive view of client's needs and ways to provide support. The OT also met with parents and clients to share outcomes leading to some meaningful conversations and learning.

## Challenges and Solutions

Limitations placed on program delivery due to the pandemic made it difficult for the first half of fiscal year 2020-21. Apprehension by clients and staff to meet in person and staff shortages led to slow engagement for some clients. In addition, providing services via telehealth presented a challenge when attempting to engage families to participate.

High staff turn-over also presented a challenge for the EP program. As staff decreased, cases had to be transferred and this exacerbated a feeling of suspicion that already made it difficult to engage certain populations. Some clients and families were reluctant to participate in groups and had reservations about involving family members or participating in groups with other families.

Finally, outreach and engagement with community partners, who were also struggling with the pandemic, when scheduling outreach events or webinars, resulted in cancelled events or low attendance.

Efforts to address these challenges in the future include 1) ensuring that all staff participate in the PIER supervisions to assist other team members who may not be as comfortable with the assessments or skills required for this program 2) host webinars on the Tri-City website and invited community partners and utilized social media to advertise these events and 3) rethink outreach and engagement with this population, complete screening prior to enrollment, start conversation about EP program earlier and complete assessment faster.

## Cultural Competence

The Early Psychosis program consists of multicultural staff who provide services in both English and Spanish. Workshops and webinars, including outreach and engagement, are also available in both languages. Additional languages are available via the language line. Materials for trainings are available to be translated upon request.

In addition, barriers to seeking services due to stigma, lack of knowledge, or other barriers experienced by individuals who identify as gay, lesbian, bisexual, transgender, or questioning are addressed.

## Community Partners

Local schools are the primary community partners for this program. In FY 2020-21, the EP team provided a virtual presentation to the Pomona Unified School District during one of their staff development days. Twenty-five teachers attended and received training on the early warning signs of psychosis. Training opportunities have been extended to all school districts in the Tri-City area.

## Success Story

One critical component of the Early Psychosis program is to provide psychoeducation about psychosis and its impact on the mind and the body. After attending the educational workshop,

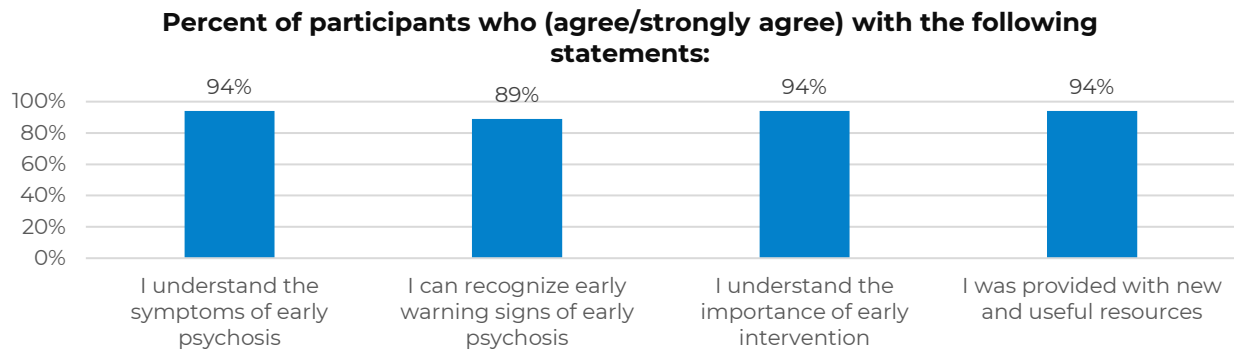
several clients shared that they felt understood and had a better understanding of their symptoms. Family members also reported having a clearer understanding of their loved one.

## Program Summary

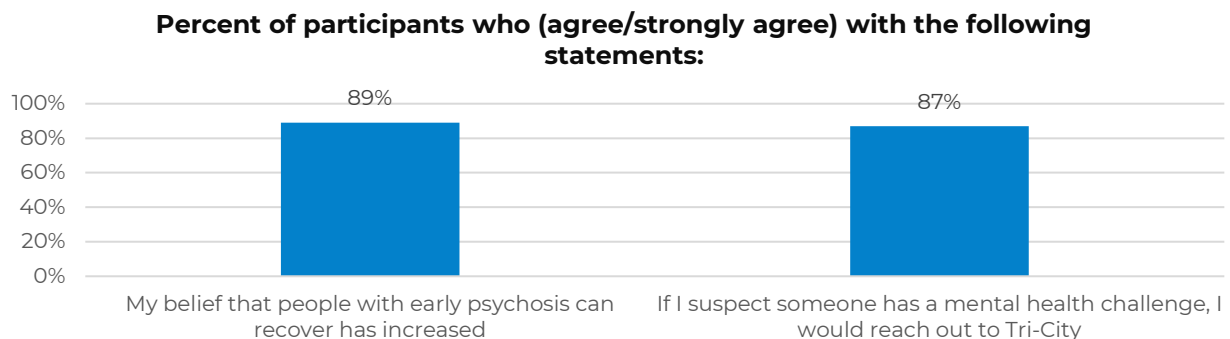
### How Much Did We Do?



### How Well Did We Do It?

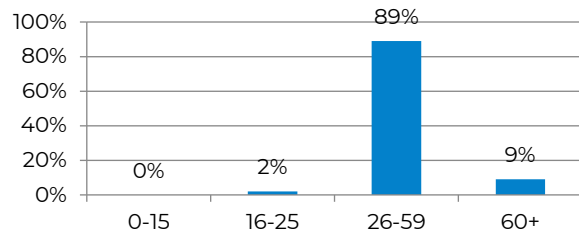


### Is Anyone Better Off?

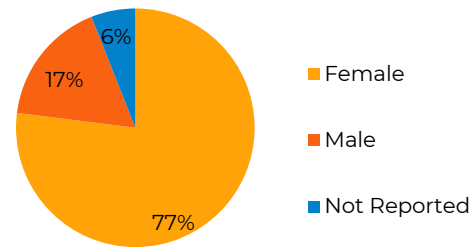


## PEI Demographics

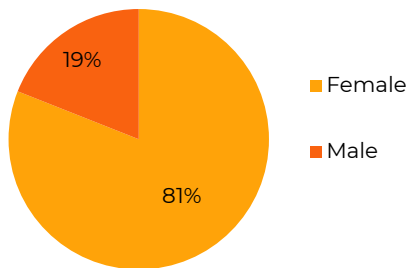
### Age Group



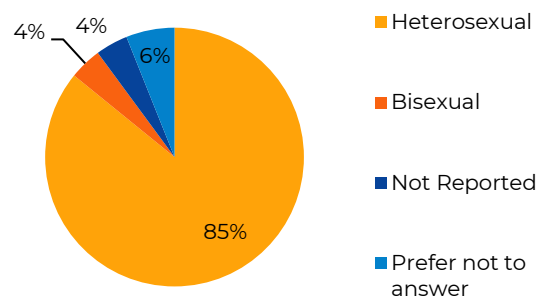
### Assigned Gender at Birth



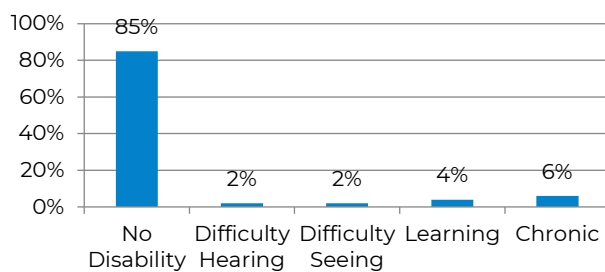
### Gender Identity



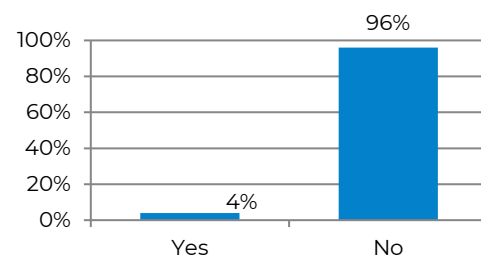
### Sexual Orientation



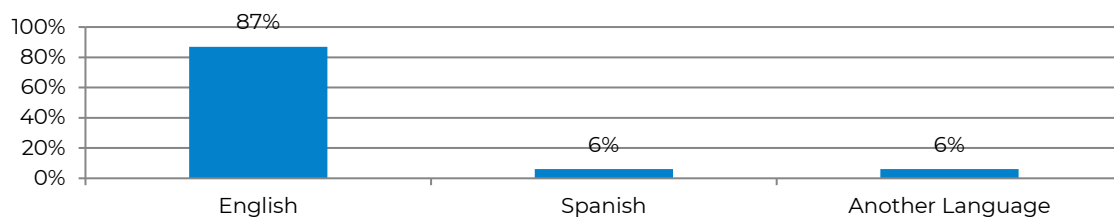
### Disability

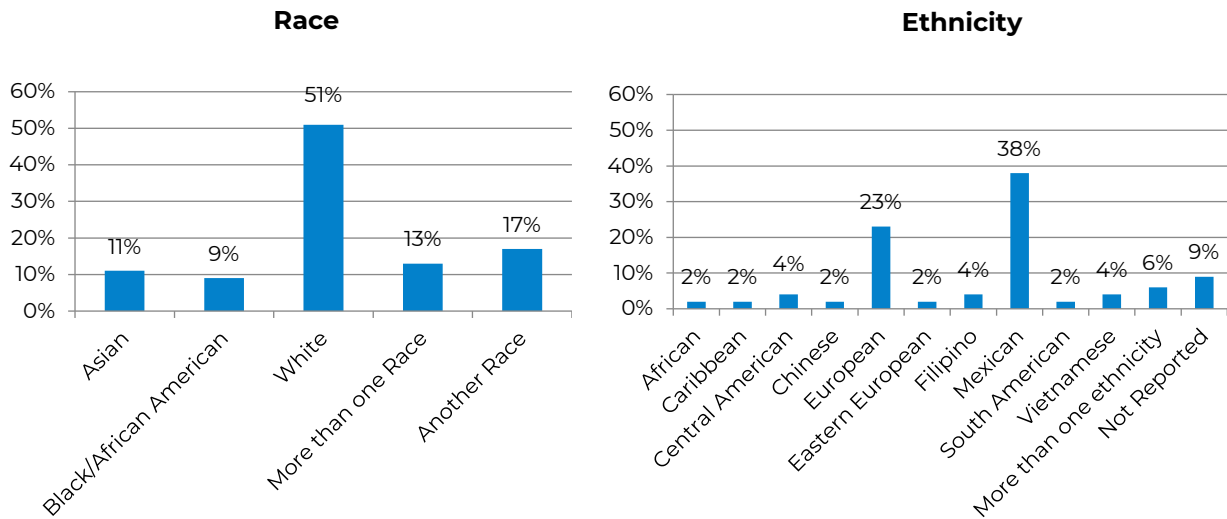


### Military Veteran



### Language Spoken by Group Participants





<b>Number of Potential Responders</b>	109
<b>Setting in Which Responders were Engaged</b>	Community, schools, health centers, and workplace.
<b>Type of Responders Engaged</b>	Community members
<b>Underserved Populations</b>	African American, Asian American and Pacific Islander, Latino, Lesbian/Gay/Bisexual/Transgender/Questioning, Native American, Refugee/Immigrant, transition-aged youth, older adults and those who are physically disabled.
<b>Access and Linkage to Treatment Strategy</b>	Tri-City encouraged access to services by creating a referral form, identifying point people in each program to promote, receive, and follow-up on referrals. Regular meetings were held to improve the process and identify referrals to the agency's PEI programs.

### Timely Access to Services for Underserved Populations Strategy

**1**  
External MHSR Referral to  
Early Psychosis

**4**  
Internal MHSR Referrals to  
Early Psychosis

# Innovation (INN)

Innovation consists of short-term projects, one to five years, that explore novel efforts to strengthen aspects of the mental health system.

# Innovation (INN)

Innovation projects are designed to evaluate the effectiveness of new or changed practices in the field of mental health, with a primary focus on learning. Innovation provides county-administered mental health systems in California the opportunity to "try out" new or changed approaches that can inform current and future mental health practices. These projects are intended and implemented as time-limited (maximum of five years), after which an alternative source of funding must be identified if the project is deemed successful.

## Help@Hand/Tech Suite Project

The Help@Hand or Tech Suite project was approved in 2018 with the primary purpose of increasing access to mental health care by providing a nontraditional system for individuals who may be reluctant to access services through a more formal clinical setting. Using computers, tablets and smartphones, community members will be able to access a suite of technology-based mental health services focused on prevention, early intervention, and family and social support with the intent to: decrease emergency care services; reduce psychiatric hospitalizations; and reduce the duration of untreated mental illness.

<b>Project Dates</b>	January 1, 2019 to December 31, 2023
<b>Project Funding Amount</b>	\$1,674,700.00
<b>Target Populations</b>	<ul style="list-style-type: none"><li>• Transition age youth and college students (up to age 25) who are seeking peer support or who are interested in offering their support as trained peer listeners</li><li>• Older adults (ages 60+) who lack transportation or are unable to access traditional services</li><li>• Non-English-speaking clients and community members who may be experiencing stigma and language barriers</li></ul>

## Program Update

Tri-City's Innovation project, Help@Hand, continues to move forward with efforts focused on solidifying the project's infrastructure at the Collaborative level including document translation into Spanish, finalizing vendor contracts, and launching applications at the county level. Five counties/cities who are a part of the collaborative were exploring products for potential pilots for this project.

In February 2021, Tri-City conducted focus groups to determine whether myStrength, Headspace, or Mindstrong best met the needs of their older adult, TAY, and monolingual Spanish-speaking populations. Tri-City held two focus groups with Peers and consumers, and one focus group with clinical staff. Tri-City decided to pilot myStrength with its target populations based on feedback from the focus groups.

Tri-City worked on planning a three-month pilot with 60 participants (20 from each target population- older adults, TAY, and monolingual Spanish-speakers). Participants would be recruited through clinical referrals and community outreach. Participants could meet with Tri-City's program coordinator to learn more about the project and participate in Appy Hours to get digital literacy support prior to the pilot. Painted Brain, a peer-led organization that supported other counties/cities' Help@Hand projects, would onboard pilot participants, host Appy Hours, and support participants in completing evaluation activities.

In April 2021, Tri-City participated in three pre-launch training sessions held by myStrength. The sessions aimed to understand Tri-City's pilot plan, the type of app data Tri-City would access, and marketing strategies. Tri-City also attended a demonstration of myStrength.

In May 2021, a contract was executed between Tri-City and myStrength. Tri-City would purchase 5,000 myStrength licenses.

## FY 2021-22 Future Directions

In October 2021, Tri-City discontinued their pilot planning and launch due to staffing shortages.

Beginning in January 2022, Tri-City plans to revisit which technologies to implement based on the results and learnings from pilots and implementations conducted by other Help@Hand counties/cities. Tri-City may work with myStrength to amend their contract for the licenses that were already purchased.

## Restorative Practices for Improving Mental Health (RPIMH)

In December 2020, Tri-City issued an open invitation to community members and stakeholders from the Tri-City area to share their ideas for new potential innovation projects. Tri-City's Innovation workgroup met over several weeks to finalize ideas and proposals for these new projects. This group of 17 community members and 3 Tri-City staff came together to discuss the needs of people residing in the Tri-City area as well as perceived gaps in service and how these can be addressed through the creation of one or more community-driven projects. This process included reviewing the results of the Community Planning Survey where participants identified unserved and underserved populations as well as barriers to service.

After extensive research and review, Restorative Practices in Mental Health (RPIMH), a three-year plan was proposed which combined three wellbeing practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support targeting Tri-City staff, transition age youth and community youth support staff. Although the COVID-19 pandemic created numerous obstacles to the Innovation planning process, community members brought forth the idea of RPIMH which was then endorsed by stakeholders and approved unanimously by both the Mental Health Commission and Tri-City Governing Board on May 19, 2021.

On June 29, 2021, the MHSOAC Director and MHSOAC Project Manager met virtually with representatives from the Mental Health Services Oversight and Accountability Commission (MHSOAC). The purpose of this meeting was to answer any remaining questions the MHSOAC had prior to making their final decision regarding approval of this project. Ultimately, the Chair and Executive Director of the MHSOAC felt this project did not meet the threshold for "Innovation". Therefore, the RPIMH project did not receive the final MHSOAC approval which is required for all Innovation projects to move forward. Unfortunately, the RPIMH project included funds in amount of approximately \$272,000 that were subject to reversion on June 30, 2021.

Despite this setback, Tri-City staff continue to engage in the extensive process of developing another Innovation project with the assistance of community partners and stakeholders. The hope is with the future reduction of COVID restrictions, stakeholders will once again be able to meet in person and develop a meaningful and viable Innovative project.

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# Workforce Education and Training (WET)

The WET efforts focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel.

# Workforce Education and Training

The Workforce Education and Training plan focus on strengthening and supporting existing staff and caregivers through trainings while focusing on attracting new staff and volunteers to ensure future mental health personnel. This plan is not designed to focus on providing services but rather in training and supporting the people who are charged with the delivery of the services and supports including clinical staff providing treatment services, staff who provide prevention and wellbeing supports, family and community caregivers and volunteers who offer informal but vital support to loved ones and others.

A second component of this plan is the recruiting of students, community members, and volunteers to expand the recovery and wellbeing supports provided by staff. It is clear the demand for mental health services in the Tri-City area far exceeds the current and projected availability of staff. With this in mind, by increasing the pool of interest in the mental health system, these efforts can work to generate new staff members over time by encouraging high school and college students to realistically consider a career in the community mental health field in the Tri-City area.

## Program Update

During FY 2020-21, 36 trainings, conferences and educational opportunities were available for staff. Training topics included cultural competence, trauma and parenting, forensic training, Adverse Childhood Experiences (ACEs), stress, resiliency and restorative practices.

In August 2021, Tri-City stakeholders approved the transfer of \$900,000 from the Community Services and Supports (CSS) plan to Workforce Education and Training (WET) plan. The purpose of these funds was to:

- 1) Create two new positions within WET. The first position is Social Media Specialist, who will focus on increasing Tri-City's social medial presence. The second position is Diversity Equity and Inclusion (DEI) Coordinator who will oversee the cultural inclusion strategy of the agency.
- 2) Create new incentives for new hires as well as existing staff as a part of recruitment and retention strategy under the existing WET program, *Engaging Volunteers and Future Employees*, which includes a student loan repayment option. The budget for the loan repayment option is \$500,000 in one-time funds.

The implementation of the WET program stresses the importance of learning – a relevant goal of cultural equity, diversity, and inclusion – and incorporates ongoing efforts to inform, engage and educate volunteers and peers about opportunities and careers in the community mental health system. Several positions within this agency have been filled by peers and volunteers, but in an effort to increase the percentage, Tri-City has instituted the Peers 2 Careers (P2C) program.

The Peers 2 Careers (P2C) program is a self-paced structured program that is optional and based on the individual goals of the client/volunteer. The P2C program offers a selection of educational and experiential opportunities that promote knowledge of mental health and contribute to a greater desire to work or volunteer in the mental health system through three different pathways:

## Pathway 1: Wellness Center

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### H.O.P.E Transition/Graduation

Helping-Oneself-Positively-Empowers (HOPE) is a seven-week group that focuses on helping individuals who are receiving formal mental health treatment services at Tri-City and are in the process of transitioning to lower level of care. Participants identify and discuss positive coping skills to help alleviate and deescalate unwanted mental health symptoms. The group provides rapport, non-judgment and a listening ear to those who attend.

### Wellness Center

Participants are expected to sit in on at least two support groups from the four programs available at the center: Family Wellbeing, TAY Resource Center, Older Adult Wellbeing, and Community Services and Supports. Each group is designed to share basic concepts of recovery, and peer support.

### Employment Curriculum

Participants are expected to complete the eight-week employment curriculum to learn basic expectations and responsibilities of an employee.

### Computer Classes

This is a 24-week computer class that focuses on basic computing skills that individuals can utilize to be able to perform basic job-related tasks/duties.

### Wellness Recovery Action Plan (WRAP)

Wellness Recovery Action Plan (WRAP) focuses on taking care of one's mental wellbeing. Participants learn how to create a wellness tool to help identify specific situations, early warning signs that the situation/event has worsened and develop an action plan to help get them through it.

## Pathway 2: Service-Learning

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### Service-Learner

Service-Learners (formerly called volunteers) provides support in many of the MHSAs programs offered by Tri-City. Service-Learners participate in various community events throughout the year such as community meetings, holiday parade, and stigma reduction events such as Tri-City's Green Ribbon Week.

### Working Independence Skills Helping (WISH)

Working Independence Skills Helping (WISH) program helps individuals build their self-confidence and self-esteem while gaining viable skills to further their professional and employment growth. The eight-week program emphasizes team building, conflict resolution, communication, and employment skills building.

## Summer Camp

Summer Camp provides a unique opportunity for individuals ages 16 and over who are interested in working with children to volunteer and provide support to a four-week day camp facilitated by Tri-City Wellness Center staff.

## Peer Mentor Program

The program runs annually from September through May. The program is comprised of a committed diverse group of individuals with various backgrounds, culture, identities and lived experiences age 18 and over. Participants gain hands-on experience working with individuals in community mental health while experiencing personal growth. The program provides extensive training and supervision on numerous topics focusing on mental health and mental wellbeing.

## Pathway 3: Relias Training

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Relias is an online e-learning system that contains over 400 behavioral health courses. Participants can enroll in courses and take them at their own pace online. Once a course is complete, participants can print out a certificate of completion.

Relias continues to be a recognized leader in online training services for the healthcare industry. During FY 2020-21, 618 online courses were completed by Tri-City staff increasing their capacity to provide informed care to clients as well as meeting requirements for licensure. Relias serves as a virtual training platform for staff who are required to complete a set of courses as well as given the opportunity to pursue courses that are of interest and related to their role within Tri-City.

## Challenges and Solutions

With many schools minimizing the requirements for volunteering as part of their programs, Tri-City received far fewer Service Learner applications than in previous fiscal years. The students who did volunteer were frequently unable to find sufficient opportunities to provide support to Tri-City departments.

For staff trainings multiple challenges arose during this fiscal year. Some staff felt less comfortable receiving training in an online format and preferred a live interaction for their training. Due to ongoing restrictions, however, this was not always possible. Additionally, as staff shortages became more pronounced, the capacity for departments to engage in significant amounts of training while still meeting client needs was compromised.

To attract more candidates both for service-learners and for recruiting employees, WET staff increased outreach efforts through colleges and career fairs. Service-learners were also encouraged to use strengths that were particularly suited for a more virtual environment, including social media skills, supporting virtual meetings, etc.

Staff trainings were kept shorter, offered less frequently, and prioritized during this past fiscal year as the reduction in staff became more problematic during this fiscal year.

## Cultural Competence

Tri-City strives to engage underserved populations by communicating in ways that are accessible to all members of the community. This includes communicating via a variety of social media platforms and incorporating messaging that is both reflective of the diverse populations that we

serve and containing messaging that is often directly relevant to the experiences of these populations within the three cities that we serve.

To support staff in building their capacity to address barriers related to these disparities, Tri-City staff participated in a series of discussions facilitated by Dr. Allen Lipscomb. This series of discussions were preceded by an introductory training including strategies for effectively communicating around topics of justice, equity, diversity, and inclusion. The intention of the trainings was to provide staff the skills, tools, and confidence to initiate and engage in difficult conversations around race and culture. Following these trainings, Tri-City staff were better able to communicate with co-workers and management more effectively about issues that they perceive to be impacting both their client's and their own experiences.

Tri-City ensures communications are either translated or capable of being automatically translated. Additionally, flyers are created in both Spanish and English. WET and the Communications department frequently collaborates with staff in other departments to translate and ensure cultural appropriateness.

The perspectives of members of these underserved communities are considered in the selection of content that is represented on social media, and in the selection of trainings that are offered to staff.

## Community Partners

### **Southern California Regional Partnership**

Tri-City participated in monthly meetings with the Southern California Regional Partnership (SCRIP), a collaboration of Workforce Education and Training coordinators and supervisors from 10 counties across Southern California. Regional Partnerships are set forth in Section 5822 of the Welfare and Institutions Code as an important workforce strategy to assist the Public Mental Health system in its efforts to expand outreach to multicultural communities, increase the diversity of the workforce, reduce the stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques.

The SCRIP collaborated to apply for a grant from the Office of Statewide Health Planning and Development to participate in 5 programs: Career Pipeline Development, Stipends for graduate level students, scholarships, Loan Repayment and Retention. Those projects have been approved and will begin during the next fiscal year.

## Success Story

During the fiscal year 2020-2021, one of the greatest successes was being able to prioritize Tri-City's commitment to ensuring an entire workforce dedicated to the values of justice, equity, diversity, and inclusion. The entire agency staff participated in a series of increasingly difficult conversations over a 6-month period which demonstrated a commitment that future conversations can be held in a safe space throughout the agency.

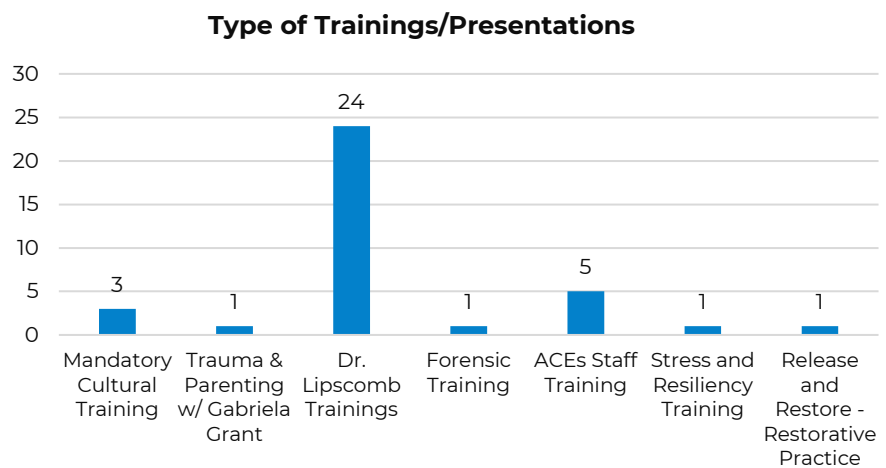
## Program Summary

### How Much Did We Do?

**202**  
Service-learning Hours Completed

**9**  
Service Learner Applications

**36**  
Trainings, Conferences, and Educational Opportunities for Staff



### How Well Did We Do It?

**4**  
Applicants Became Service-Learners

**1**  
Service-Learner was Hired at Tri-City

**2,618**  
Course Completed by Staff through the Relias Online Training

# Capital Facilities and Technological Needs (CFTN)

The CFTN plan focuses on improvements to facilities, infrastructure, and technology of the local mental health system.

## Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component of the Mental Health Services Act allocates funds for projects designed to improve the infrastructure of community mental health including the purchase, development or renovation of buildings used to house and support MHSa programs and staff. The technological portion of this plan supports counties in transforming existing clinical and administrative technology systems while increasing access to mental health records and information electronically for consumers and family members.

### Program Update

There were two notable events in FY 2020-21 impacting the Capital Facilities and Technological Needs plan. The first was an amendment to the Capital Facilities and Technological Needs Project Proposal dated March 18, 2020. This amendment represented the redistribution of tasks and costs between original vendors, RKA Consulting Group and Withers and Sandgren, contracted to complete capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Avenue, Pomona 91767.

The original Capital Facilities and Technological Needs Project proposal was approved by Tri-City Mental Health (TCMH) Governing Board on March 18, 2020. The proposal encompassed two renovation projects; 1) electrical upgrade and office space remodel of the MHSa administration office located at 2001 N. Garey Ave, Pomona, 91767 in the amount of \$509,208.00 and 2) capital improvements to the Therapeutic Community Garden located at 2008 N. Garey Ave., Pomona, 91767 in the amount of \$461,760.00. The total amount approved for both projects was \$970,968.00.

Although the first project continued as originally approved, the second renovation project involving the garden located adjacent to the TCMH clinic, required a shift in both tasks and costs initially proposed by each vendor. These estimates were based on projected deliverables from each vendor at the time of the original proposal. However, upon further examination of each vendor's role and capacity, it was determined that several components of the project would need to be eliminated or transferred resulting in a shift in costs for each vendor.

The second update to the CFTN plan included a new project which proposed to expend existing MHSa funds assigned to Capital Facilities and Technological Needs to implement a new Electronic Health Record (EHR) system and client referral management platform.

Through this proposal, TCMH intends to migrate its current EHR platform from Welligent to the Cerner Electronic Health record platform at a cost of \$270,436. Additionally, TCMH does not currently have a centralized referral management platform. Such a system would allow TCMH to ensure the quality of referrals delivered by TCMH, as well as allow for both increased transparency and follow-up from both the TCMH clinical and Community Navigator staff as well as the participants. Unite Us will be implemented at a cost of \$30,000 as a pilot over the next 3 years within two departments of Tri-City that are primary access points to care and services: Access to Care and Community Navigators. Both of these teams are responsible to receive referrals for requests for treatment services and/or requests for basic needs necessary for well-being.



# **MHSA Expenditure Plan**

# MHSA Expenditure Plan

## Cost Per Participant

The services provided in Fiscal Year 2020-21 are summarized in the table below per the guidelines for this Annual Update by age group, number of clients served, and average cost per person:

Summary of MHSA Programs Serving Children, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (Child)	CSS	78	\$21,082
Full Service Partnership (TAY)	CSS	161	\$11,873
Community Navigators	CSS	280	\$175**
Wellness Center	CSS	1,551	\$632**
Supplemental Crisis Services	CSS	251	\$706**
Family Wellbeing Program	Prevention and Early Intervention	113	\$244**
Peer Mentor Program (TAY Wellbeing)	Prevention and Early Intervention	129	\$371
Therapeutic Community Gardening	Early Intervention	31	\$3,158**
Early Psychosis	Prevention and Early Intervention	2	\$3,112**

Summary of MHSA Programs Serving Adults and Older Adults, Including TAY			
Program Name	Type of Program	Unique Clients Served	Cost Per Person
Full Service Partnership (TAY)	CSS	161	\$11,873
Full Service Partnership (Adult)	CSS	315	\$11,925
Full Service Partnership (Older Adult)	CSS	87	\$7,150

Community Navigators	CSS	1,532	\$175**
Wellness Center	CSS	1,745	\$632**
Supplemental Crisis Services	CSS	1,030	\$706**
Field Capable Clinical Services for Older Adults	CSS	32	\$2,503
Family Wellbeing Program	Prevention and Early Intervention	254	\$244**
Peer Mentor Program (Older Adult Wellbeing)	Prevention and Early Intervention	247	\$371
Therapeutic Community Gardening	Early Intervention	65	\$3,158**
Early Psychosis	Prevention and Early Intervention	106	\$3,112**

**\*\* These programs do not collect costs by client age group; therefore, these cost amounts reflect the average cost per client served for all age groups combined.**

In FY 2020-21, Tri-City served approximately 2,889 unduplicated clients who were enrolled in formal services. Tri-City currently has 167 full-time and 15 part-time employees and an annual operating budget of \$29.2 million dollars. Tri-City strives to reflect the diversity of its communities through its hiring, language spoken, and cultural competencies.

As with many agencies and organizations, Tri-City has struggled with both staff recruitment and retention. Since January 2021, Tri-City has experienced a 17.3% turnover of our current workforce with 35 resignations from January through August 2021. In addition, it has become increasingly difficult to attract and retain qualified Behavioral health staff.

The following chart reflects a comparison between Tri-City staff and the demographics of the cities we serve as of June 2021. The Hispanic/Latinx, Black/African American and Native Hawaiian/Pacific Islander populations are successfully represented by Tri-City staff while the Asian and Native American/Alaska Native continue to be a focus for recruitment.

### HR Staff Data compared to Tri-City Race Demographics

Demographic for Cities of Claremont, La Verne and Pomona	Percent of Population	Demographics for Tri-City Mental Health Staff	Percent of Staff
White	21.6%	White	13.7%
Hispanic/Latinx	58.4%	Hispanic/Latinx	56.8%
Asian/Pacific Islander	11.5%	Asian/Pacific Islander	9.3%
Black/African American	4.9%	Black/African American	8.8%
Native American/Alaska Native	0.3%	Native American/Alaska Native	0.5%
Native Hawaiian/Pacific Islander	--	Native Hawaiian/Pacific Islander	0.5%
Other	0.5%	Other	8.8%
Two or More Races	2.8%	Two or More Races	1.5%

*(Total may not add up to 100 percent, as individuals may select multiple races/ethnicities).*

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## FY 2022/23 Mental Health Services Act Annual Update Funding Summary

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2022/23 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	19,278,875	4,037,204	2,697,746	808,952	1,529,299	
2. Estimated New FY 2022/23 Funding	8,477,602	2,119,401	557,737			
3. Transfer in FY 2022/23 <sup>a/</sup>	(2,700,000)	0	0	1,000,000	1,700,000	0
4. Access Local Prudent Reserve in FY 2022/23	0	0				0
5. Estimated Available Funding for FY 2022/23	25,056,477	6,156,605	3,255,483	1,808,952	3,229,299	
<b>B. Estimated FY 2022/23 MHSA Expenditures</b>	12,284,819	2,221,506	1,043,021	957,628	703,183	
<b>G. Estimated FY 2022/23 Unspent Fund Balance</b>	12,771,658	3,935,099	2,212,462	851,324	2,526,116	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	2,349,321
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Estimated Local Prudent Reserve Balance on June 30, 2023	2,349,321

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**FY 2022/23 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. 1a-Child FSP	1,729,377	728,195	500,591		500,591	
2. 1b-TAY FSP	2,295,154	1,227,332	704,053		363,769	
3. 1c-Adult FSP	4,854,027	3,213,743	1,640,284			
4. 1d-Older Adult FSP	929,029	688,860	240,169			
<b>Non-FSP Programs</b>						
1. Community Navigators	668,297	668,297				
2. Wellness Center	1,551,511	1,551,511				
3. Supplemental Crisis Services	968,535	968,535				
4. Field Capable Clinical Services for Older Adults	131,644	131,644				
5. Permanent Supportive Housing	609,573	604,573				5,000
<b>CSS Administration</b>	3,199,092	2,502,129	544,429		152,534	
<b>CSS MHSA Housing Program Assigned Funds</b>	0	0				
<b>Total CSS Program Estimated Expenditures</b>	16,936,239	12,284,819	3,629,526	0	1,016,894	5,000
<b>FSP Programs as Percent of Total</b>	79.8%					

**FY 2022/23 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Family Wellbeing	103,067	103,067				
2. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
3. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
4. Community Capacity Building (Community Wellbeing, Stigma Reduction and Suicide Prevention, and Community Mental Health Training)	445,097	445,097				
5. NAMI Community Capacity Building Program (Ending the Silence)	35,500	35,500				
6. Housing Stability Program	196,527	196,527				
<b>PEI Programs - Early Intervention</b>						
7. Older Adult Wellbeing (Peer Mentor)	54,552	54,552				
8. Transition-Age Youth Wellbeing (Peer Mentor)	52,003	52,003				
9. Therapeutic Community Gardening	371,806	371,806				
10. Early Psychosis	162,003	162,003				
<b>PEI Programs - Other</b>						
11.	0	0				
12.	0	0				
13.	0	0				
<b>PEI Administration</b>	618,397	618,397				
<b>PEI Assigned Funds</b>	76,000	76,000				
<b>Total PEI Program Estimated Expenditures</b>	2,145,506	2,221,506	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	<b>Fiscal Year 2022/23</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Help @ Hand	182,009	182,009				
2. Pending Innovation Programs*	789,360	789,360				
3.	0	0				
4.	0	0				
<b>INN Administration</b>	71,652	71,652				
<b>Total INN Program Estimated Expenditures</b>	<b>1,043,021</b>	<b>1,043,021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



**FY 2022/23 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	<b>Fiscal Year 2022/23</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. A Systematic Approach to Learning and Improvement	194,235	194,235				
2. Engaging Volunteers and Future Employees	535,067	535,067				
3.	0					
<b>WET Administration</b>	228,326	228,326				
<b>Total WET Program Estimated Expenditures</b>	957,628	957,628	0	0	0	0

**FY 2022/23 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: TRI-CITY MENTAL HEALTH AUTHORITY

Date: 3/11/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
1. Electrical Upgrade & Office Space Remodel	233,033	233,033				
2. Capital Improvements to Therapeutic Community Garden	452,760	452,760				
<b>CFTN Programs - Technological Needs Projects</b>						
3. Cerner Electronic Health Record System Implementation	17,390	17,390				
4.	0	0				
5.	0	0				
<b>CFTN Administration</b>	0	0				
<b>Total CFTN Program Estimated Expenditures</b>	703,183	703,183	0	0	0	0

# Appendix



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

**DATE:** April 20, 2022

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

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

**BY:** Rimmi Hundal, Director of MHSA and Ethnic Services  
Dana Barford, Manager of MHSA

**SUBJECT:** Consideration of Resolution No. 652 Approving the Multi-County Collaborative Psychiatric Advance Directives (PADs) Project under the Mental Health Services Act (MHSA) Innovation (INN) Plan Effective July 1, 2022 Through June 30, 2025, as Recommended by TCMHA MHC

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Summary:

This MHSA INN project proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs) is a collaboration between Tri-City Mental Health and six other counties. The estimated funding for this three-year project is \$789,360 and will begin on July 1, 2022 and end on June 30, 2025. A draft of this proposal was posted on March 11, 2022 for a 30-day review process which ended on April 12, 2022. Staff circulated a draft of the Innovation Plan by posting a copy of the plan on TCMH's website as well as promoting the posting on social media. Copies of the plan were also placed at the local community centers and the local libraries. Comments were welcomed via email, fax or phone. All comments received regarding this plan were shared during the MHSA Public Hearing hosted by the Mental Health Commission on April 12, 2022. This plan was endorsed by the Commission and is now presented to the Governing Board for approval and adoption.

Background:

Psychiatric Advance Directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. The psychiatric advance directive allows the individual's wishes and priorities to inform mental health treatment.

Stakeholder involvement is a critical component to the success of the MHSA Innovation process for Tri-City and staff continue to value and empower them throughout the community planning process. In preparation of this Innovation Plan, community members were invited to participate in stakeholder meetings and workgroups focusing on reviewing current MHSA programming and identifying possible gaps in service. These workgroups helped to develop the newest proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs).

**Governing Board of Tri-City Mental Health Authority  
Consideration of Resolution No. 652 Approving the Multi-County Collaborative Psychiatric  
Advance Directives (PADs) Project under the Mental Health Services Act (MHSA)  
Innovation (INN) Plan Effective July 1, 2022 Through June 30, 2025, as Recommended by  
TCMHA MHC  
April 20, 2022  
Page 2**

Fiscal Impact:

The Agency has funds available under MHSA INN Plan Component to support the INN Plan from July 1, 2022 to June 30, 2025.

Recommendation:

Staff recommends that the Governing Board adopt Resolution No. 652 approving the Multi-County Psychiatric Advance Directives (PADs) Project under MHSA Innovation Plan effective July 1, 2022 through June 30, 2025, as recommended by the Tri-City Mental Health Commission.

Attachments:

*Attachment 10-A:* Resolution No. 652 - DRAFT

*Attachment 10-B:* Innovation Plan Multi-County Collaborative Psychiatric Advance Directives (PADs)

**RESOLUTION NO. 652**

**A RESOLUTION OF THE GOVERNING BOARD OF THE TRI-CITY MENTAL HEALTH AUTHORITY APPROVING THE MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE DIRECTIVES (PADs) PROJECT UNDER THE MENTAL HEALTH SERVICES ACT (MHSA) INNOVATION (INN) PLAN EFFECTIVE JULY 1, 2022 - JUNE 30, 2025**

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

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

A. Tri-City Mental Health Authority (“Authority” or “TCMHA”) desires to approve a Multi-County Collaborative Psychiatric Advance Directives (PADs) Project under the Mental Health Services Act (MHSA) Innovation (INN) Plan, effective July 1, 2022 through June 30, 2025, as recommended by the Authority’s Mental Health Commission.

B. PADs will allow an individual’s wishes and priorities to support mental health treatment decisions.

C. The estimated funding for PADs project is \$789,360 and will funded through the Authority’s MHSA INN Plan Component.

**2. Action**

The Governing Board approves and adopts the proposed Multi-County MHSA Innovation Psychiatric Advance Directives Project, effective July 1, 2022 through June 20, 2025.

**3. Adoption**

PASSED AND ADOPTED at a Regular Meeting of the Governing Board held on April 20, 2022, by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

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

APPROVED AS TO FORM:  
DAROLD PIEPER, GENERAL COUNSEL

ATTEST:  
MICAELA P. OLMOS, RECORDING SECRETARY

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

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

# Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE  
Mental Health Services Act

DRAFT



**CONCEPTS****FORWARD**  
CONSULTING

**ATTACHMENT 10-B**

**Innovation Work Plan:** In progress

**Additional Mental Health Plan/County:** Tri-City Mental Health and Contra Costa

**Project Title:** Multi-County Psychiatric Advance Directives (PADs) Innovation Project

**Duration of the Project:** Current through June 30, 2025



DRAFT



## Introduction:

In 2006, the Center for Medicare and Medicaid Services (CMS) made it clear that a Psychiatric Advance Directive (PAD) should be a part of psychiatric care. Approximately twenty-seven states have enacted laws and policies recognizing PADs since the 1990s. However, PADs are often written with a focus on physical health, with little to no room for psychiatric health, plans, arrangements, or instructions to assist in the event of a mental health crisis. Also, the length and number of different PADs templates make it confusing for the individual filling out the PAD and the health care and law enforcement (LE) charged to comply with them. With such confusion, how can LE or hospitals know whether a PAD is valid or not?

As stated on the website of the National Resource Center on Psychiatric Advanced Directives (NRC), "Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives are used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness." (National Resource Center on Psychiatric Advance Directives, n.d.), The website further explains that California does not currently have a specific legal statute encouraging or recognizing PADs, thus leading to the underutilization of PADs in the state.

Californians living with mental illness continue to face high rates of recidivism, inpatient non-voluntary hospitalization, homelessness, and incarceration. These problems persist despite the state's efforts to avoid or reduce 5150 involuntary hospitalizations and incarceration. For example, California has deployed teams to conduct outreach to homeless individuals to engage them in services. Unfortunately, these and other efforts have not led to meaningful reductions in hospitalization and incarceration, or improved treatment outcomes.

June 2021 turned the corner here in California when five counties, with Mental Health Services Act (MHSA) funding banded together to move PADs to the forefront of conversation within California. Additional counties will be joining the project this year. The Multi-County PADs project seeks to make PADs accessible to our mental health consumers, as well as LE and hospitals both Emergency Department (ED) and Inpatient Psychiatric Unit (IPU). A significant aspect of the project is the creation of a cloud-based technology platform. The platform will operate in real-time, allowing consumers to create, access, store and share their PAD with their appointed advocate, loved ones and providers. It will also create a shared system for healthcare providers and first responders across the state, giving them immediate access to a consumer's PAD during crisis and facilitating care coordination across agencies. A dynamic technology platform with a single point of access and real-time capabilities does not currently exist and is the key innovative component of the multi-county effort.

Aspects for the success of PADs in California are that of: Education and training our PCPs, EDs, LE and IPU on what is a PAD, and how to refer an individual to create a PAD; Accessibility to create a PAD in multiple threshold languages; Voice of the consumer, to create their PAD, what works best for them in a crisis and full autonomy for their decisions ahead of time; Technology to quickly and seamlessly create, store, access and share PADs in real-time ; Acceptance and enforceability to upload a PAD with a legal electronic signature and the requirement of PCPs, EDs, IPU and LE to ask the individual in crisis if they have a PAD, and in turn, seek the information on the cloud-based technology platform; Longevity of the

cloud-based platform, to have funding for the ongoing licensing fee to keep PADs operable year after year; and finally, Protection for the individual, knowing their voice will be heard in the time of crisis, their appointed advocate will mirror that voice and a PAD will never be used to force or coerce treatment.

**Primary Purpose:**

*“Increases the quality of mental health services, including measured outcomes.”*

Using PADs, current clients and non-engaged consumers will gain autonomy in decision-making toward their mental health care supports and services. This county-wide project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs County "tool-kit," and evaluate the process and success in engaging clients and non-engaged consumers.

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.

This proposed project will meet several unmet needs across the state:

1. Provide standardized training to increase understanding of the existence and benefits of PADs by communities and stakeholders.
2. Develop and implement a standardized PAD template, ensuring that individuals have autonomy and are the leading “voice” in their care, especially during a mental health crisis.
3. Utilize peers to facilitate creation of PADs so that shared lived experience and understanding will lead to more open dialogue, trust, and improved outcomes.
4. Develop and implement a standardized training "tool-kit" to enable PAD education, policy, and practice fidelity from county to county.
5. Align mental health PADs with medical Advance Directives, with a focus on treating the “whole person” throughout the life course.
6. Utilize a technology platform for easy access to training, materials, creation, storage, and review of PADs.
7. Create a fully functioning cloud-based PADs Technology Platform, for ease of use by consumers, LE, or hospitals {Emergency Departments (ED) and Inpatient Units (IPU)}, for in-the-moment use.
8. Use legislative and policy advocacy, with consumer voices in the lead, to create a legal structure to recognize and enforce PADs, so that consumer choice and self-determination are recognized and respected throughout California.
9. Evaluate (a) the effectiveness of this project; (b) the ease of use and recognition of PADs; (c) the impact of PADs on the quality of mental health supports and services; and (d) most importantly, the impact of PADs on the quality of life of consumers.

**Proposed Project:**

The proposed Innovations Project seeks to expand on Fresno’s previously approved PADs project by:

1. Engage the community, consumers, peers, families, consumer advocacy groups, LE, ED’s, IPU,

- and the judicial system.
- a. Provide training and ongoing informational webinars and/or in-person discussions on:
    - i. What is a PAD?
    - ii. Why are PADs essential for consumer choice, self-determination, physical and mental health, and improved treatment outcomes?
  - b. Enable consumer participation through workgroups, focus groups, and surveys.
  - c. Ensure that consumers are the leading voice in creating the standardized PADs template in California.
  - d. Lead discussions on access and consent to treatment through PADs.
  - e. Engage consumers in discussion on legislation, policy, and advocacy on PADs.
  - f. Work with people from diverse ethnic and cultural backgrounds to ensure cultural competency.
2. Develop Community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the Mental Health Plan, crisis centers, hospitals (ED, IPU), LE, homeless services, and transitional-aged youth (TAY) services.
    - a. Create a library or “tool-kit” of resources.
    - b. Create standardized videos and training material.
  3. Create a standardized PAD template.
    - a. Submit to the NRC for inclusion in the California section of the website.
    - b. Create a step-by-step training guide/video for development and implementation of PADs.
  4. Training of Trainers
    - a. Identify Peer trainers
    - b. Identify PAD Teams
    - c. Train PAD Teams
    - d. Train community providers
    - e. Train clinicians
    - f. Create a standard video module to be added to the technology platform for future use by additional counties.
  5. Draft and advocate for legislation enabling PAD use accessibility, adherence, and sustainability.
  6. Create a statewide PADs Technology Platform.
    - a. Ensure medical and mental health parity.
    - b. Identify access points for LE, hospitals (ED, IPU), and crisis teams.
    - c. Utilize consumers and consumer advocacy groups for PADs facilitation, access, and consent discussion.
    - d. House training videos and templates for ease of statewide use and accessibility.
    - e. Ensure Platform ease of use during a crisis encounter by LE, hospitals (ED, IPU), and crisis response teams.
  7. Evaluate the impact of PADs with process and impact data and outcomes.
    - a. Hold focus groups.
      - i. Was training effective?
      - ii. Understanding PADs
      - iii. Consumer use of PADs

- b. Surveys
- c. Evaluate county-specific priority pilot populations.
- d. Evaluate impact on access to and quality of mental health services and supports
- e. Evaluate impact on consumer quality of life.

**Project Status:**

On June 24, 2021, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Multi-County PADs Innovations Project. Beginning July 1, 2021, the five participating counties identified a fiscal intermediary and created a standard agreement for all counties to operationalize. The process to create this extensive multi-county agreement was overseen by these counties working in collaboration with their county counsel, and in coordination with Syracuse University (SU), the fiscal intermediary. This was no easy task; each county was able to weigh in on a document to be accepted by all participating counties and be available for any future participating Mental Health Plan (MHP)/County. Since the participating counties have taken on the initial financial burden with all contractors, as new MHPs join, additional needs were identified to enhance the goals of the project.

One such item is that of transparent communication. As a multi-county project, it would be up to each individual county to report on the progress of the project. A website to present up-to-date project activities, reports, fiscal accountability, and ongoing county stakeholder input opportunities, would be most beneficial for the project.

Another item is to increase funding for a “peer voice” contract to \$400,000. Currently, Mariposa County has established \$60,000 in funding towards the statewide peer voice contract. Some of the participating counties do not have active peer stakeholder groups and would need a more hands-on role for the peer contractor. The idea of having peers trained to facilitate PADs, participate in legislation conversations, assist in creating and training new local PAD teams, increase local peer participation, and be the statewide voice of peers for the project, led to the desire to pay peers a living wage and sustain the project through its entirety. This contract would be released to begin fiscal year 2022/23.

**Budget Narrative:**

In addition to the expanded peer voices contract, all budget narrative activities remain in place as per the MHSOAC approved Innovations project, dated June 24, 2021. Contractors expanded their scope to accommodate new participating MHP involvement. Contractor(s) with additional duties are as follows:

Idea Engineering BUDGET ADDENDUM FEB. 17, 2022:

- 1) PADs Identification Materials for Consumers – Additional creative development and materials
  - Strategic consultation and creative direction
  - Graphic design, copywriting and editing, Spanish translation, art production, production coordination
  - Non-recurring costs: Printing & production of PADs communication materials
- 2) Technical Support: Increase to provide support to additional counties
  - Strategic consultation and creative direction

- Graphic design, copywriting and editing, Spanish translation, art production, production coordination

3) Website

- Development & Support:
  - Strategic consultation and creative direction
  - Graphic design, copywriting and editing, art production, production coordination, programming
- Hosting & technical maintenance
- UserWay plug-in licensing

**New MHP/County participation:**

Two MHPs have voiced their desire to participate in the MHSOAC approved Multi-County PADs Innovations Project, Tri-City Mental Health a medium MHP and Contra Costa a large county MHP. These MHPs will begin activities July 1, 2022. Budget expenses are determined by county size and MHP/County chosen staffing and administrative costs.

Each participating county will create a county specific description of local need, local community planning process with timeline and budget, including budget narrative. (Appendix A)

**Project Expansion Budget:**

		FY 22/23	FY 23/24	FY 24/25	Total
	<b>CONSULTANT COSTS / CONTRACTS (training, facilitator, evaluation)</b>				
1.	Total Costs	\$472,655	\$444,418	\$408,492	\$1,325,565
3.	Multi-County Fiscal Intermediary	\$66,279	\$66,278	\$66,278	\$198,835
3.	<b>Total Consultant Costs</b>	<b>\$538,934</b>	<b>\$510,696</b>	<b>\$474,770</b>	<b>\$1,524,400</b>

## Appendix A:

### Tri-City Mental Health

#### County Contact and Specific Dates

- Primary County Contact: Amanda Colt, Program Coordinator-INN, [acolt@tricitymhs.org](mailto:acolt@tricitymhs.org), 909-326-4638
- Date Proposal posted for 30-day Public Review: **March 11 to April 12, 2022**
- Date of Local Mental Health Board Public Hearing: **April 12, 2022**
- Date of BOS approval or calendared date to appear before BOS: **April 20, 2022**

#### Description of the Local Need

Tri-City Mental Health Authority (Tri-City) provides services to a community comprised of three very distinct cities – Claremont, La Verne, and Pomona, which have a total of approximately 300,000 residents. Not only do these cities vary by size and population, but they also vary financially, by their views on mental health, and their overall community cultures.

For more than 60 years, Tri-City Mental Health has served as the mental health authority for this area and has worked diligently to develop strong and collaborative relationships with our three local law enforcement agencies. Within the past decade, these agencies have increased their efforts to identify and respond appropriately when encountering someone who is exhibiting signs of mental illness. Tri-City has supported these efforts by providing training in identifying and responding to individuals with mental illness in crisis.

However, studies have shown that the arrest rate of individuals with mental illness can often be based on the current behavior of the individual, which can be aggressive or threatening, as opposed to the presence of mental illness itself. We believe that we can offer further support by providing a predetermined road map for mental health treatment such as PADs which can help to ensure the individual in crisis is able to receive not only the care they need, but on their terms, and thereby reducing the rates of incarceration.

#### Target Population

Based on Tri-City's annual Community Planning Survey and input from MHSA workgroup members, the following target populations were selected:

1. Transition Age Youth/Young Adults ages 18 to 25
2. Homeless or at Risk of Homelessness

## **Description of the Response to the Local Need**

This project intends to:

1. Empower individuals with mental illness to self-select and predetermine their future mental health services should they experience a crisis.
2. Strengthen support for consumers by providing additional options for law enforcement personnel as they encounter individuals with mental illness in a crisis.
3. To provide Tri-City clinical staff with another tool to offer to clients and consumers who are encouraged to take control of their treatment in a crisis and recovery.
4. Provide the opportunity for local peers to outreach and engage other consumers in the community by presenting these psychiatric advance directives to build trust while promoting autonomy and self-determination.

We believe that by implementing the PAD's project in our community, Tri-City can promote interagency and community collaboration related to the response to crisis situations involving individuals with mental illness by local law enforcement, jails, hospitals, and homeless shelters personnel.

One example of enhancing this collaboration is through the partnership between Claremont Police Department and Tri-City's Psychiatric Assessment and Care Team (PACT) program. PACT utilizes a team approach to efficiently respond to social-emotional/mental health needs of Claremont residents by using trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance, including in response to addressing persons who do not have a permanent residence. The PADs collaborative will provide an additional resource for law enforcement and clinical professionals when responding to the needs of a community member during a mental health crisis.

In addition, Tri-City intends to employ this option with our own agency crisis response programs. These programs include our Intensive Outreach and Engagement (IOE) team which was designed to assist individuals in crisis out in the community with identifying a variety of needs and connecting them to local support services. With close coordination and consultation between community providers, law enforcement and hospitals, this mobile response team can provide the resources needed to reduce repeated emergency room visits and/or arrests due to a mental health crisis. Through this project, the IOET will be able to rapidly support the intentions of the individual and streamline their referrals for care.

## **Description of the Local Community Planning Process**

In September 2021, stakeholders were invited to join Tri-City's Innovation planning process. In an ongoing effort to collect additional stakeholder input, stakeholders and community members were encouraged to complete Tri-City's MHSA Community Planning Process Survey to share their thoughts and concerns regarding the availability of support services, priority populations and unmet needs within the Tri-City service

area. This annual community planning survey is available in both English and Spanish and is used to identify the needs and priorities of the three cities. These results were then presented to the Innovation workgroups who were able to incorporate these needs and concerns in the creation of new Innovation projects. In addition, community members were invited to complete Tri-City's Innovation Idea Survey which is posted on our website year around for stakeholders to submit ideas to be considered by workgroups for future Innovation plans.

Between October 2021 and January 2022, Tri-City held five Innovation workgroups which consisted of community members who identified as peers with lived experience, religious leaders, teachers and professors, students, and family members of mental health consumers. Workgroup meeting announcements were posted on our website, social media and distributed locally via flyers to ensure maximum participation from stakeholders. Community members submitted seven ideas via our Innovation Idea Survey, which were then presented and shared with workgroup members. During the workgroup meetings stakeholders were also introduced to three multi-county collaboratives that were open for Tri-City to join. As a group, stakeholders considered all options and choose the PAD's Collaborative as a priority project.

On February 24, 2022, community stakeholders came together to review this project proposal and consider approval as the next Innovation project. Following the presentation stakeholders were asked to vote on the project. Participants included representatives from local law enforcement as well as community members, consumers, faith-based leaders, Latino populations, local colleges, mental health commission members, Tri-City clinical staff and others. One hundred percent of participants in attendance voted in favor of moving forward with the Multi-County Collaborative Psychiatric Advance Directives as the next Innovation project for Tri-City.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project will be posted on Tri-City's website on 3/11/2022 for a 30-day public comment period ending 4/12/2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is scheduled to be presented to the Mental Health Board during a Public Hearing scheduled for April 12, 2022. This plan will then be presented to Tri-City's Governing Board on April 20, 2022 for approval and adoption.

#### Budget Narrative for County Specific Needs:

The total proposed budget for this three-year project is \$789,360. This Innovation project will first utilize any unexpended Innovation funds from prior years that may be subject to reversion which includes \$551,000 which is subject to reversion on June 30, 2022.

Project expenditures are categorized into three main areas and described in detail below:



### Tri-City Personnel:

- MHSA Program Coordinator (.5 FTE) This position is responsible for the direct management and oversight of the PADs project. These duties include the implementation of the project, coordinating with Clinical Wellness Advocates, coordinating with program analysts and Collaborative project management.
- MHSA Projects Manager (.1 FTE) This position is responsible for administrative oversight of the project such as monitoring project expenditures; attending collaborative meetings and providing ongoing status updates to local stakeholders.
- Clinical Wellness Advocate (Peer) (1.0 FTE) This position is responsible for supporting the implementation activities of the project. This includes providing community PAD training, attending PAD multi-county planning, implementation meetings and assisting community members in completing their PADs documentation
- Program Analyst (.1 FTE) Tri-City data analysts will support this program through processing of evaluations, and analysis of data that is gathered throughout the project period.

### Indirect Costs

- This includes administrative costs which is estimated at 15% of salaries & Benefits

### Direct Costs

- This includes \$324,927 in collaborate costs.
- This also includes \$45,000 in legal aid consultant costs.

**Budget by Fiscal Year and Specific Budget Category for County Specific Needs**

<b>BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*</b>					
<b>EXPENDITURES</b>					
	<b>PERSONNEL COSTS (salaries, wages, benefits)</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>TOTAL</b>
1.	Salaries	115,693	121,478	127,552	364,723
2.	Direct Costs				
3.	Indirect Costs	17,355	18,222	19,133	54,710
4.	<b>Total Personnel Costs</b>	<b>133,048</b>	<b>139,700</b>	<b>146,685</b>	<b>\$ 419,433</b>
	<b>OPERATING COSTS*</b>				
5.	Direct Costs				
6.	Indirect Costs				
7.	<b>Total Operating Costs</b>				<b>\$</b>
	<b>NON-RECURRING COSTS (equipment, technology)</b>				
8.					
9.					
10.	<b>Total non-recurring costs</b>				<b>\$</b>
	<b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b>				
11.	Direct Costs	123,309	123,309	123,309	369,927
12.	Indirect Costs				
13.	<b>Total Consultant Costs</b>	<b>123,309</b>	<b>123,309</b>	<b>123,309</b>	<b>369,927</b>
	<b>OTHER EXPENDITURES (please explain in budget narrative)</b>				

14.					
15.					
16.	<b>Total Other Expenditures</b>				\$
	<b>BUDGET TOTALS</b>				
	<b>Personnel (total of line 1)</b>	<b>115,693</b>	<b>121,478</b>	<b>127,552</b>	<b>\$364,723</b>
	<b>Direct Costs (add lines 2, 5, and 11 from above)</b>	<b>123,309</b>	<b>123,309</b>	<b>123,309</b>	<b>\$369,927</b>
	<b>Indirect Costs (add lines 3, 6, and 12 from above)</b>	<b>17,355</b>	<b>18,222</b>	<b>19,133</b>	<b>\$54,710</b>
	<b>Non-recurring costs (total of line 10)</b>				\$
	<b>Other Expenditures (total of line 16)</b>				\$
	<b>TOTAL INNOVATION BUDGET</b>	<b>256,357</b>	<b>263,009</b>	<b>269,994</b>	<b>\$789,360</b>

**Total Budget Context – Expenditures by Funding Source and Fiscal Year (FY):**

<b>A.</b>	<b>Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>TOTAL</b>
1.	Innovative MHSAs Funds	\$17,355	\$18,222	\$19,133	\$54,710
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
<b>6.</b>	<b>Total Proposed Administration</b>	<b>\$17,355</b>	<b>\$18,222</b>	<b>\$19,133</b>	<b>\$54,710</b>
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>TOTAL</b>
1.	Innovative MHSAs Funds	\$8,783	\$9,222	\$9,683	\$27,688

2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	<b>Total Proposed Evaluation</b>	<b>\$8,783</b>	<b>\$9,222</b>	<b>\$9,683</b>	<b>\$27,688</b>
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>TOTAL</b>
1.	Innovative MHSA Funds*	<b>256,357</b>	<b>263,009</b>	<b>269,994</b>	<b>\$789,360</b>
2.	Federal Financial Participation				\$
3.	1991 Realignment				\$
4.	Behavioral Health Subaccount				\$
5.	Other funding**				\$
6.	<b>Total Proposed Expenditures</b>	<b>256,357</b>	<b>263,009</b>	<b>269,994</b>	<b>\$789,360</b>

DRAFT



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

**DATE:** April 20, 2022

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

**FROM:** Jesse Duff, LMFT, Interim Executive Director

**BY:** Diana Acosta, Chief Financial Officer

**SUBJECT:** Consideration to Extend Agreement with Eide Bailly for Audit Services for Fiscal Years Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively

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Summary:

Staff is recommending that the Governing Board authorize extending the agreement with Eide Bailly, LLP (formerly Vavrinek, Trine & Day, & Co., LLP) for two additional years to perform auditing services for the Fiscal Years ending June 30, 2022, and 2023. The cost to continue to provide these services will increase 8%; however, the same terms and conditions will remain.

Background:

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

Tri-City had contracted with Vavrinek, Trine & Day, & Co., LLP (VTD) for auditing services of its Financial Statements since 2004 and in 2017 a competitive bid process for the selection of independent auditors was completed. As part of the RFP process, an Ad-Hoc Committee was formed to review the Proposals received, formulate interview questions, interview the top three firms, and ultimately select the top Proposal to recommend to the Governing Board for its approval. At its June 21, 2017 meeting, the Governing Board adopted Resolution No. 437 authorizing and awarding a five-year contract to Vavrinek, Trine, Day & Co. (VTD) for auditing services.

**Governing Board of Tri-City Mental Health Authority**  
***Consideration to Extend Agreement with Eide Bailly for Audit Services for Fiscal Years***  
***Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively***  
**April 20, 2022**  
**Page 2**

In 2019, VTD announced that effective July 22, 2019, they had combined its practice with Eide Bailly, a national CPA firm. Eide Bailly has been in practice for over 100 year and has over 40 offices across 14 states and employs over 2,500 staff members specializing in various industries including government and health care. The firm employs a much larger pool of professionals and because of the merger Tri-City has and would continue to receive services from a new firm and under new quality assurance practices.

While it is customary and best practice to go to market at each five-year interval, staff is currently requesting the Governing Board's authorization to postpone going to market during this time of significant and critical staff-shortages, which limit staff's ability to engage in additional projects. As previously disclosed, Tri-City is also currently in the midst of completing and implementing various projects, experiencing staffing issues and as a result, the finance department is also involved with these varying projects and goals including:

- Implementation of a new Electronic Health Record System (Cerner)
- Comprehensive Classification and Compensation Study (Koff & Associates)
- Management of New Grants
- Information Gathering/Preparation for the Implementation of Cal-AIM

If the Governing Board authorizes to extend the agreement with Eide Bailly, Tri-City will prepare an Amendment to the Agreement and present it for Board approval at its May 18, 2022 meeting. Should the Governing Board decide against engaging Eide Bailly for an additional two years, staff still has the opportunity to prepare a Request for Proposal (RFP) and select a new audit firm.

Fiscal Impact:

Eide Bailly prepared a Fee Quote (Attachment 11-A) for continuing their professional services for an additional two years. The proposed rates for \$36,428 in FY 2022-23; and \$36,428 in FY 2023-24, reflect an 8% increase from the prior year fees of \$33,730; \$36,428 for Fiscal Year 2022-23; and \$36,428 for Fiscal Year 2023-24. If the two year extension is approved, the cost for the auditing services will be funded from a combination of 1991 Realignment and MHSA Funds.

Recommendation:

Staff recommends that the Governing Board authorize extending the Agreement with Eide Bailly for Audit Services for Fiscal Years Ending June 30, 2022, and 2023, in the amount of \$36,428 per year, respectively; and direct staff to prepare the Amendment for Board approval at its May 18, 2022 meeting.

Attachments

*Attachment 11-A:* Eide Bailly Fee Quote dated April 15, 2022



April 15, 2022

Trevor Bogle  
 Tri-City Mental Health Authority  
 Claremont, California

Dear Mr. Bogle,

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

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

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

Schedule of Professional Fees and Expenses		
Description of Services	2021-2022	2022-2023

Audit of Tri-City Financial Statements	\$ 36,428	\$ 36,428
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Quoted Hourly Rates of the Firm's Professionals		
Description of Services	2021-2022	2022-2023

Partner	\$ 240	\$ 240
Senior Manager/Manager	200	200
Senior Associate	145	145
Associate	115	115
Paraprofessional	70	70

ATTACHMENT 11-A

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Phil White". The signature is fluid and cursive, with a long horizontal stroke at the end.

Phil White, CPA  
Partner





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

**DATE:** April 20, 2022  
**TO:** Governing Board of Tri-City Mental Health Authority  
**FROM:** Jesse H. Duff, Interim Executive Director  
**SUBJECT:** Executive Director's Monthly Report

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**EXECUTIVE DIRECTOR RECRUITMENT UPDATE**

Following the Shortlist Meeting of April 7, 2022, the Governing Board selected the candidates to be interviewed on April 26th. The interviews will be conducted virtually and calendar invitations have already been emailed. The second day of interviews are scheduled on May 3rd, which also will be conducted virtually.

**COVID-19 OPERATIONS UPDATE**

March 1, 2022 was the State required vaccination booster deadline for all healthcare workers who are booster eligible. As of April 12, 2022, Tri-City staff have a vaccination compliancy rate of 88.59% with a vaccination booster compliancy rate of 98.00%.

**HUMAN RESOURCES UPDATE**

Staffing – Month Ending March 2022

- Total Staff is 171 full-time and 13 part-time plus 51 full time vacancies 4 part time vacancies for a total of 231 positions.
- There were 3 new hires in March.
- There were 1 separations in March.

Workforce Demographics in March 2022

American Indian or Alaska Native =	0.54%
Asian =	9.78%
Black or African American =	6.52%
Hispanic or Latino =	57.61%
Native Hawaiian or Other Pacific Islander =	0.54%
Other =	8.70%
Two or more races =	1.09%
White or Caucasian =	15.22%

**Governing Board of Tri-City Mental Health Authority**  
**Monthly Staff Report of Jesse H. Duff**  
**April 20, 2022**  
**Page 2**

Posted Positions in March 2022

Clinical Supervisor I - Adult FSP	(1 FTE) <i>1 hire pending</i>
Clinical Supervisor I - COP	(1 FTE)
Clinical Therapist I/II Access to Care	(4 FTEs)
Clinical Therapist I/II - Adult	(8 FTEs) <i>2 hires pending</i>
Clinical Therapist I/II – Child & Family	(5 FTEs) <i>2 hires pending</i>
Clinical Therapist I/II – TCG	(1 FTE) <i>1 hire pending</i>
Clinical Wellness Advocate I/II/III	(1 FTE)
Community Navigator	(1 FTE) <i>1 hire pending</i>
Executive Director	(1 FTE)
Housing Wellness Advocate	(.5 FTE)
Human Resources Analyst	(1 FTE)
Mental Health Specialist – TCG	(1 FTE)
Mental Health Specialist – Adult	(5 FTEs) <i>5 hires pending</i>
Mental Health Worker – Wellness Center	(1 FTE)
MHSA Program Supervisor – Wellness Center	(1 FTE) <i>1 hire pending</i>
Program Support Assistant IV	(1 FTE)



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

**DATE:** April 20, 2022

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

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

**SUBJECT:** Monthly Finance and Facilities Report

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**UNAUDITED FINANCIAL STATEMENTS FOR THE EIGHT MONTHS ENDED  
FEBRUARY 28, 2022 (2022 FISCAL YEAR-TO-DATE):**

The financials presented herein are the PRELIMINARY and unaudited financial statements for the eight months ended February 28, 2022. These financial statements include the activities from the clinical outpatient operations as well as activities from the implemented MHSA programs under the CSS, PEI, INN, WET and CFTN plans.

The increase in net position (income) is approximately \$3.4 million. MHSA operations accounted for approximately \$4.1 million of the increase, which is primarily the result of recognizing MHSA revenues on hand at the beginning of the fiscal year. MHSA non-operating revenues are reflected when MHSA funds have been received and are eligible to be spent.

During fiscal 2021, Tri-City received MHSA funding of approximately \$15.4 million, of which \$8.4 million were for approved programs for fiscal 2021-22 MHSA operations and was reflected as MHSA Revenue Restricted for Future Period on the Statement of Net Position (balance sheet) at June 30, 2021. These restricted MHSA revenues have now been recorded as non-operating revenues in fiscal 2021-22. In addition, during this current fiscal year 2021-22 approximately \$13.1 million in MHSA funding has been received of which \$3.5 million was identified and approved for use in the current fiscal year 2021-22 and recorded as non-operating revenues, bringing the total MHSA non-operating revenues recognized to date up to approximately \$11.9 million. Unlike the requirement to reflect all available and **approved** MHSA funding when received as non-operating revenues, MHSA operating costs are reflected when incurred. Therefore, the matching of revenue to expense is not consistent as the timing of expenditures will lag behind the timing of revenue recognition.

The decrease in net position of approximately \$751 thousand is from Clinic outpatient operations, which is the result of operations for the eight months ended February 28, 2022 which includes one-time payments made at the beginning of the year.

**Governing Board of Tri-City Mental Health  
Jesse h. Duff, Interim Executive Director  
Monthly Staff Report of Diana Acosta  
April 20, 2022  
Page 2**

The total cash balance at February 28, 2022 was approximately \$38.6 million, which represents an increase of approximately \$3.7 million from the June 30, 2021 balance of approximately \$34.9 million.

Outpatient Clinic operations, after excluding any intercompany receipts or costs resulting from MHSA operations, had a decrease in cash of approximately \$2.2 million. MHSA operations reflected an increase in cash of approximately \$5.8 million, after excluding intercompany receipts or costs resulting from clinic operations. The increase reflects the receipt of approximately \$13.1 million in MHSA funds offset by the use of cash for MHSA operating activities.

Approximately \$6.0 million in Medi-Cal cash receipts have been collected for both Outpatient Clinic Operations and MHSA Operations within the eight months ended February 28, 2022. Additionally, \$1.2 million has been received through April 12, 2022.

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

### Overall Financial Update:

We continue to closely monitor for any new developments and updated revenue projections from CBHDA. As such, planning appropriately to ensure we meet the needs of our community, and having the ability to make changes as we go will be necessary in the upcoming years, especially if projections wind up being significantly different than currently projected.

The Finance Department will be turning their attention over to various projects including the development and completing the fiscal year 2022-23 Operating Budget, implementing Cerner, the new grants and the compensation study.

### CalAIM:

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

MHSA Funding Updates

**Estimated Current Cash Position** – The following table represents a brief summary of the estimated (unaudited) current MHSA cash position as of the eight months ended February 28, 2022.

	<b>MHSA</b>
Cash at February 28, 2022	\$ 31,386,642
Receivables net of Reserve for Cost Report Settlements	(693,295)
Prudent Reserves	(2,200,000) *
Estimated Remaining Expenses for Operations FY 2021-22	(3,653,143) **
Reserved for future CFTN Projects including approved TCG Project	(1,247,389)
Total Estimated Adjustments to Cash	<u>(7,793,827)</u>
Estimated Available at June 30, 2022	<u>\$ 23,592,815</u>
Estimated remaining MHSA funds to be received in FY 2021-22	\$ (531,097)

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

\*\* Estimated based on adopted operating budget for fiscal year 2021-22, net of estimated revenue, including actual and estimated amounts to year end 06/30/2022.

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

- The Pharmacy-The construction phase is now complete. Final steps and other administrative processes, including awaiting final certifications, are currently under way by Genoa in preparation for opening the pharmacy, which is currently expected to take place sometime during the summer.
- Electrical/Power Upgrade Project at 2001 N. Garey Ave. (MHSA Administrative Building): Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. As previously reported, a contractor was selected back in October of 2021 and the project is now considered substantially complete and currently pending final review.
- The Community Garden Upgrades: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently still in the planning phase however progress continues to be made. The most recent update includes having received comments on the plans from the City on the 11<sup>th</sup> of April. Once the plans are approved by the City, the next phase will involve soliciting contractors through an RFP process. Target date of project completion continues to be closer to calendar year end 2022.
- Office Space Remodel at the MHSA Administrative Building: Project concept was initially approved in March of 2020 as part of the approved CFTN Plan. This project is currently in the planning phase however had been temporarily on hold until the Electrical/Power Upgrade Project noted above, is complete as this project is also being performed in the same building. The next phase will involve soliciting contractors through an RFP process. Target date of project completion will be closer to calendar year end 2022.

Attachments:

*Attachment 13-A: February 28, 2022 Unaudited Monthly Financial Statements*

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

	AT FEBRUARY 28, 2022			AT JUNE 30, 2021		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>Current Assets</b>						
Cash	\$ 7,191,220	\$ 31,386,642	\$ 38,577,862	\$ 8,578,296	\$ 26,320,242	\$ 34,898,537
Accounts receivable, net of reserve for uncollectible accounts \$485,313 at February 28, 2022 and \$482,113 at June 30, 2021	3,697,528	2,077,100	5,774,628	3,656,192	2,344,087	6,000,279
Total Current Assets	<u>10,888,748</u>	<u>33,463,742</u>	<u>44,352,491</u>	<u>12,234,488</u>	<u>28,664,329</u>	<u>40,898,816</u>
<b>Property and Equipment</b>						
Land, building, furniture and equipment	3,845,897	9,732,674	13,578,570	3,778,377	9,595,862	13,374,238
Accumulated depreciation	(2,610,954)	(4,017,983)	(6,628,937)	(2,519,499)	(3,809,586)	(6,329,086)
Total Property and Equipment	<u>1,234,943</u>	<u>5,714,691</u>	<u>6,949,634</u>	<u>1,258,877</u>	<u>5,786,276</u>	<u>7,045,153</u>
<b>Other Assets</b>						
Deposits and prepaid assets	162,210	565,475	727,685	66,611	572,212	638,823
Note receivable-Housing Development Project	-	2,800,000	2,800,000	-	2,800,000	2,800,000
Total Noncurrent Assets	<u>1,397,153</u>	<u>9,080,166</u>	<u>10,477,319</u>	<u>1,325,488</u>	<u>9,158,488</u>	<u>10,483,976</u>
<b>Total Assests</b>	<u>\$ 12,285,901</u>	<u>\$ 42,543,909</u>	<u>\$ 54,829,809</u>	<u>\$ 13,559,976</u>	<u>\$ 37,822,816</u>	<u>\$ 51,382,792</u>
<b>Deferred Outflows of Resources</b>						
Deferred outflows related to the net pension liability	2,893,978	-	2,893,978	2,893,978	-	2,893,978
Total Deferred Outflows of Resources	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>	<u>2,893,978</u>	<u>-</u>	<u>2,893,978</u>
<b>Total Assets and Deferred Outflows of Resources</b>	<u>\$ 15,179,879</u>	<u>\$ 42,543,908</u>	<u>\$ 57,723,787</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</u>
<b>LIABILITIES</b>						
<b>Current Liabilities</b>						
Accounts payable	346,838	-	346,838	554,813	1,144	555,956
Accrued payroll liabilities	133,417	207,606	341,023	587,125	115,353	702,478
Accrued vacation and sick leave	526,626	899,187	1,425,813	633,584	1,078,193	1,711,777
Reserve for Medi-Cal settlements	3,307,175	2,770,395	6,077,569	3,062,368	2,537,262	5,599,630
Current portion of mortgage debt	-	-	-	771,676	-	771,676
Total Current Liabilities	<u>4,314,056</u>	<u>3,877,187</u>	<u>8,191,243</u>	<u>5,609,565</u>	<u>3,731,951</u>	<u>9,341,517</u>
<b>Intercompany Acct-MHSA &amp; TCMH</b>	458,319	(458,319)	-	(314,268)	314,268	-
<b>Long-Term Liabilities</b>						
Mortgages and home loan	-	58,872	58,872	-	58,872	58,872
Net pension liability	6,325,906	-	6,325,906	6,325,906	-	6,325,906
Unearned MHSA revenue	-	10,085,076	10,085,076	-	435,392	435,392
Total Long-Term Liabilities	<u>6,325,906</u>	<u>10,143,948</u>	<u>16,469,854</u>	<u>6,325,906</u>	<u>494,264</u>	<u>6,820,170</u>
<b>Liabilities Subject to Compromise</b>						
Class 2 General Unsecured Claims	-	-	-	-	-	-
Class 3 Unsecured Claim of CAL DMH	-	-	-	-	-	-
Class 4 Unsecured Claim of LAC DMH	-	-	-	-	-	-
Total Liabilities Subject to Compromise	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Total Liabilities</b>	<u>11,098,281</u>	<u>13,562,816</u>	<u>24,661,097</u>	<u>11,621,203</u>	<u>4,540,483</u>	<u>16,161,686</u>
<b>Deferred Inflow of Resources</b>						
MHSA revenues restricted for future period	-	-	-	-	8,413,847	8,413,847
Deferred inflows related to the net pension liability	45,120	-	45,120	45,120	-	45,120
Total Deferred Inflow of Resources	<u>45,120</u>	<u>-</u>	<u>45,120</u>	<u>45,120</u>	<u>8,413,847</u>	<u>8,458,967</u>
<b>NET POSITION</b>						
Invested in capital assets net of related debt	1,234,943	5,714,691	6,949,634	487,201	5,786,276	6,273,477
Restricted for MHSA programs	-	23,266,401	23,266,401	-	19,082,210	19,082,210
Unrestricted	2,801,535	-	2,801,535	4,300,430	-	4,300,430
Total Net Position	<u>4,036,477</u>	<u>28,981,092</u>	<u>33,017,569</u>	<u>4,787,631</u>	<u>24,868,486</u>	<u>29,656,117</u>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<u>\$ 15,179,879</u>	<u>\$ 42,543,908</u>	<u>\$ 57,723,787</u>	<u>\$ 16,453,954</u>	<u>\$ 37,822,816</u>	<u>\$ 54,276,771</u>

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

MHSA=Mental Health Services Act (Proposition 63)

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 28, 2022 AND 2021**

	PERIOD ENDED 2/28/22			PERIOD ENDED 2/28/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>OPERATING REVENUES</b>						
Medi-Cal FFP	\$ 2,238,373	\$ 1,899,689	\$ 4,138,062	\$ 2,472,058	\$ 2,145,890	\$ 4,617,948
Medi-Cal FFP FYE Prior Year	-	-	-	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	501,654	417,997	919,650	601,083	451,189	1,052,272
Medi-Cal SGF-EPSDT Prior Year	-	-	-	(29,906)	15,202	(14,704)
Medicare	8,120	3,751	11,871	691	1,068	1,759
Contracts	12,500	19,048	31,548	376,788	19,048	395,836
Patient fees and insurance	617	111	727	808	-	808
Rent income - TCMH & MHSA Housing	9,128	48,646	57,774	21,593	59,635	81,228
Other income	619	241	859	87,414	363	87,777
<b>Net Operating Revenues</b>	<b>2,771,010</b>	<b>2,389,481</b>	<b>5,160,491</b>	<b>3,657,294</b>	<b>2,694,288</b>	<b>6,351,582</b>
<b>OPERATING EXPENSES</b>						
Salaries, wages and benefits	5,193,366	7,705,183	12,898,549	5,165,182	8,029,210	13,194,393
Facility and equipment operating cost	533,282	844,396	1,377,678	438,765	764,807	1,203,573
Client lodging, transportation, and supply expense	155,862	578,594	734,456	210,650	1,205,211	1,415,861
Depreciation	111,889	285,454	397,343	97,025	278,680	375,705
Other operating expenses	384,366	774,346	1,158,712	395,953	856,741	1,252,695
<b>Total Operating Expenses</b>	<b>6,378,765</b>	<b>10,187,973</b>	<b>16,566,738</b>	<b>6,307,575</b>	<b>11,134,650</b>	<b>17,442,225</b>
<b>OPERATING (LOSS) (Note 1)</b>	<b>(3,607,755)</b>	<b>(7,798,492)</b>	<b>(11,406,247)</b>	<b>(2,650,281)</b>	<b>(8,440,362)</b>	<b>(11,090,643)</b>
<b>Non-Operating Revenues (Expenses)</b>						
Realignment	2,528,578	-	2,528,578	2,876,617	-	2,876,617
Contributions from member cities & donations	-	-	-	70,236	-	70,236
MHSA funds	-	11,870,954	11,870,954	-	13,243,213	13,243,213
Grants and Contracts	332,603	-	332,603	70,000	-	70,000
Interest Income	8,724	40,145	48,868	20,860	102,063	122,923
Interest expense	(11,840)	-	(11,840)	(27,000)	-	(27,000)
Gain/(Loss) on disposal of assets	(1,464)	-	(1,464)	-	-	-
Total Non-Operating Revenues (Expense)	2,856,601	11,911,099	14,767,700	3,010,713	13,345,276	16,355,989
<b>INCOME (LOSS)</b>	<b>(751,154)</b>	<b>4,112,606</b>	<b>3,361,452</b>	<b>360,432</b>	<b>4,904,914</b>	<b>5,265,346</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>(751,154)</b>	<b>4,112,606</b>	<b>3,361,452</b>	<b>360,432</b>	<b>4,904,914</b>	<b>5,265,346</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	<b>4,787,631</b>	<b>24,868,486</b>	<b>29,656,117</b>	<b>3,879,375</b>	<b>22,645,870</b>	<b>26,525,245</b>
<b>NET POSITION, END OF MONTH</b>	<b>\$ 4,036,477</b>	<b>\$ 28,981,092</b>	<b>\$ 33,017,569</b>	<b>\$ 4,239,807</b>	<b>\$ 27,550,784</b>	<b>\$ 31,790,591</b>

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

**Definitions:**

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

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

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

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



**TRI-CITY MENTAL HEALTH AUTHORITY  
CONSOLIDATING STATEMENTS OF CASH FLOWS  
EIGHT MONTHS ENDED FEBRUARY 28, 2022 AND 2021**

	PERIOD ENDED 2/28/22			PERIOD ENDED 2/28/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>Cash Flows from Operating Activities</b>						
Cash received from and on behalf of patients	\$ 2,985,938	\$ 2,881,687	\$ 5,867,625	\$ 4,227,413	\$ 2,974,845	\$ 7,202,257
Cash payments to suppliers and contractors	(1,377,082)	(2,191,743)	(3,568,825)	(902,132)	(3,129,416)	(4,031,549)
Payments to employees	(5,754,032)	(7,791,936)	(13,545,968)	(5,566,968)	(7,725,831)	(13,292,799)
	<u>(4,145,176)</u>	<u>(7,101,992)</u>	<u>(11,247,168)</u>	<u>(2,241,688)</u>	<u>(7,880,402)</u>	<u>(10,122,090)</u>
<b>Cash Flows from Noncapital Financing Activities</b>						
MHSA Funding	-	13,106,681	13,106,681	-	11,556,103	11,556,103
CalHFA-State Administered Projects	-	110	110	-	35,690	35,690
Realignment	2,528,578	-	2,528,578	2,876,617	-	2,876,617
Contributions from member cities	-	-	-	70,236	-	70,236
Grants and Contracts	321,923	-	321,923	70,000	-	70,000
	<u>2,850,501</u>	<u>13,106,792</u>	<u>15,957,293</u>	<u>3,016,853</u>	<u>11,591,793</u>	<u>14,608,646</u>
<b>Cash Flows from Capital and Related Financing Activities</b>						
Purchase of capital assets	(89,419)	(213,870)	(303,289)	(143,296)	(129,361)	(272,657)
Principal paid on capital debt	(771,676)	-	(771,676)	(20,107)	-	(20,107)
Interest paid on capital debt	(11,840)	-	(11,840)	(27,000)	-	(27,000)
Intercompany-MHSA & TCMH	772,587	(772,587)	-	(652,499)	652,499	-
	<u>(100,347)</u>	<u>(986,457)</u>	<u>(1,086,804)</u>	<u>(842,901)</u>	<u>523,138</u>	<u>(319,764)</u>
<b>Cash Flows from Investing Activities</b>						
Interest received	7,946	48,058	56,004	33,683	166,786	200,469
	<u>7,946</u>	<u>48,058</u>	<u>56,004</u>	<u>33,683</u>	<u>166,786</u>	<u>200,469</u>
<b>Cash Flows from Reorganization Items</b>						
Cash payments to Bankruptcy Class 3 and 4 Unsecured	-	-	-	(325,000)	-	(325,000)
	<u>-</u>	<u>-</u>	<u>-</u>	<u>(325,000)</u>	<u>-</u>	<u>(325,000)</u>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	(1,387,076)	5,066,400	3,679,325	(359,052)	4,401,314	4,042,262
<b>Cash Equivalents at Beginning of Year</b>	8,578,296	26,320,242	34,898,537	7,395,355	23,736,461	31,131,816
<b>Cash Equivalents at End of Month</b>	<u>\$ 7,191,220</u>	<u>\$ 31,386,642</u>	<u>\$ 38,577,862</u>	<u>\$ 7,036,303</u>	<u>\$ 28,137,775</u>	<u>\$ 35,174,078</u>

**Definitions:**

TCMH=Tri-City's Outpatient Clinic

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**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**ACTUAL TO BUDGET COMPARISON**  
**EIGHT MONTHS ENDING FEBRUARY 28, 2022**  
**(UNAUDITED)**

	TRI-CITY MENTAL HEALTH OUTPATIENT CLINIC (TCMH)			TRI-CITY MENTAL HEALTH SERVICES ACT (MHSA)			TRI-CITY MENTAL HEALTH AUTHORITY CONSOLIDATED		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
<b>OPERATING REVENUES</b>									
Medi-Cal FFP	\$ 2,440,974	\$ 3,104,338	\$ (663,364)	\$ 2,071,634	\$ 2,602,717	\$ (531,082)	\$ 4,512,608	\$ 5,707,055	\$ (1,194,446)
Medi-Cal SGF-EPSDT	547,059	1,021,107	(474,048)	455,830	745,755	(289,924)	1,002,890	1,766,862	(763,972)
Medicare	8,120	1,333	6,787	3,751	1,333	2,417	11,871	2,667	9,204
Patient fees and insurance	617	1,400	(783)	111	-	111	727	1,400	(673)
Contracts	12,500	13,333	(833)	19,048	-	19,048	31,548	13,333	18,214
Rent income - TCMH & MHSA Housing	9,128	3,567	5,562	48,646	70,333	(21,688)	57,774	73,900	(16,126)
Other income	619	-	619	241	-	241	859	-	859
Provision for contractual disallowances	(248,007)	(206,272)	(41,735)	(209,780)	(132,135)	(77,644)	(457,786)	(338,407)	(119,379)
<b>Net Operating Revenues</b>	<b>2,771,010</b>	<b>3,938,807</b>	<b>(1,167,797)</b>	<b>2,389,481</b>	<b>3,288,003</b>	<b>(898,522)</b>	<b>5,160,491</b>	<b>7,226,809</b>	<b>(2,066,319)</b>
<b>OPERATING EXPENSES</b>									
Salaries, wages and benefits	5,193,366	6,138,089	(944,722)	7,705,183	9,007,913	(1,302,730)	12,898,549	15,146,001	(2,247,452)
Facility and equipment operating cost	535,068	568,622	(33,554)	847,033	867,179	(20,146)	1,382,101	1,435,801	(53,700)
Client program costs	149,527	168,655	(19,129)	552,654	782,345	(229,692)	702,180	951,001	(248,820)
Grants			-	67,475	56,667	10,808	67,475	56,667	10,808
MHSA training/learning costs			-	53,402	76,111	(22,709)	53,402	76,111	(22,709)
Depreciation	111,889	100,175	11,715	285,454	287,266	(1,812)	397,343	387,441	9,903
Other operating expenses	388,915	435,403	(46,488)	676,773	742,307	(65,534)	1,065,688	1,177,710	(112,022)
<b>Total Operating Expenses</b>	<b>6,378,765</b>	<b>7,410,943</b>	<b>(1,032,178)</b>	<b>10,187,973</b>	<b>11,819,787</b>	<b>(1,631,814)</b>	<b>16,566,738</b>	<b>19,230,731</b>	<b>(2,663,993)</b>
<b>OPERATING (LOSS)</b>	<b>(3,607,755)</b>	<b>(3,472,137)</b>	<b>(135,618)</b>	<b>(7,798,492)</b>	<b>(8,531,785)</b>	<b>733,292</b>	<b>(11,406,247)</b>	<b>(12,003,921)</b>	<b>597,674</b>
<b>Non-Operating Revenues (Expenses)</b>									
Realignment	2,528,578	2,636,896	(108,318)	-	-	-	2,528,578	2,636,896	(108,318)
MHSA Funding	-	-	-	11,870,954	12,222,954	(352,000)	11,870,954	12,222,954	(352,000)
Grants and contracts	332,603	230,204	102,399	-	-	-	332,603	230,204	102,399
Interest (expense) income, net	(3,116)	(16,405)	13,289	40,145	46,947	(6,802)	37,029	30,542	6,487
Other income-loss on disposal of assets	(1,464)	-	(1,464)	-	-	-	(1,464)	-	(1,464)
<b>Total Non-Operating Revenues (Expense)</b>	<b>2,856,601</b>	<b>2,850,695</b>	<b>5,906</b>	<b>11,911,099</b>	<b>12,269,901</b>	<b>(358,802)</b>	<b>14,767,700</b>	<b>15,120,596</b>	<b>(352,896)</b>
<b>INCREASE(DECREASE) IN NET POSITION</b>	<b>\$ (751,154)</b>	<b>\$ (621,441)</b>	<b>\$ (129,713)</b>	<b>\$ 4,112,606</b>	<b>\$ 3,738,116</b>	<b>\$ 374,490</b>	<b>\$ 3,361,452</b>	<b>\$ 3,116,675</b>	<b>\$ 244,778</b>

**Definitions:**

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

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**TRI-CITY MENTAL HEALTH AUTHORITY  
ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
EIGHT MONTHS ENDING FEBRUARY 28, 2022**

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

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

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

**Net Operating Revenues**

***Net operating revenues are lower than budget by approximately \$2.1 million for the following reasons:***

- 1 Medi-Cal FFP revenues for FY 2021-22** were approximately \$1.2 million lower than the budget. Medi-Cal FFP revenues were \$663 thousand lower for TCMH and \$531 thousand lower for MHSA. At TCMH, the adult program revenues were lower than budget by \$332 thousand and the children program revenues were lower by \$331 thousand. For MHSA, the adult and older adult FSP programs were lower than budget by \$326 thousand and the Children and TAY FSP programs were lower by \$205 thousand.
- 2 Medi-Cal SGF-EPSDT revenues for fiscal year 2021-22** were lower than budget by \$764 thousand of which \$474 thousand lower were from TCMH and \$290 thousand lower were from MHSA. SGF-EPSDT relates to State General Funds (SGF) provided to the agency for provision of qualifying Medi-Cal services for Early Prevention Screening and Diagnostic Testing (EPSDT) to children and youth under 21 years. These funds are in addition to the FFP reimbursed by the federal government.  
  
> *Medi-Cal and Medi-Cal SGF-EPSDT revenues are recognized when the services are provided and can vary depending on the volume of services provided from month to month. Projected (budgeted) services are based on estimated staffing availability and the assumption that vacant positions will be filled.*
- 3 Medicare revenues** are approximately \$9 thousand higher than the budget. Tri-City records revenue when the services are provided and the claims are incurred and submitted.
- 4 Contract revenues** are higher than the budget by approximately \$18 thousand mainly from MHSA. The contract amount at MHSA represents the Clifford Beers Housing's share of cost for funding a Residential Services Coordinator position to provide on-site services to all residents at the Holt Avenue Family Apartments.
- 5 Rent Income** was lower than the budget by \$16 thousand. The rental income represents the payments collected from the tenants staying at the Tri-City apartments on Pasadena and at the MHSA house on Park Avenue.
- 6 Provision for contractual disallowances** for fiscal year 2021-22 is \$119 thousand higher than budget.

**Operating Expenses**

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

- 1 Salaries and benefits** are approximately \$2.2 million lower than budget and of that amount, salaries and benefits are \$945 thousand lower for TCMH operations and are \$1.3 million lower for MHSA operations. These variances are due to the following:  
  
TCMH salaries were lower than budget by \$587 thousand due to vacant positions and benefits are lower than budget by \$358 thousand.  
  
MHSA salaries are lower than budget by \$859 thousand. The direct program salary costs are lower by \$774 thousand due to vacant positions and the administrative salary costs are lower than budget by \$85 thousand. Benefits are lower than the budget by \$444 thousand. Of that, health insurance is lower than budget by \$281 thousand, state unemployment insurance is lower by \$45 thousand, workers compensation is lower by \$40 thousand and retirement insurance is lower by \$35 thousand. Other insurances are lower by \$43 thousand.
- 2 Facility and equipment operating costs** were lower than the budget by \$54 thousand. Facility and equipment operating costs were \$34 thousand lower for TCMH and were \$20 thousand lower for MHSA.
- 3 Client program costs** are lower than the budget by \$249 thousand mainly from MHSA due to lower FSP client costs.
- 4 Grants for fiscal year 2021-22** awarded under the Community Wellbeing project are \$11 thousand higher than the budget due to timing.
- 5 MHSA learning and training costs** are lower than the budget by approximately \$23 thousand.
- 6 Depreciation** is \$10 thousand lower than the budget.
- 7 Other operating expenses** were lower than the budget by \$112 thousand of which \$46 thousand lower were from TCMH and \$66 thousand lower were from MHSA. At TCMH, professional fees were lower than budget by approximately \$113 thousand and the security expense was lower by \$10 thousand. These lower costs were offset by higher attorney fees, personnel recruiting fees, dues and subscriptions, conference and mileage expenses. At MHSA, the lower costs were mainly from the professional fees and security expense.

**TRI-CITY MENTAL HEALTH AUTHORITY  
ACTUAL TO BUDGET VARIANCE EXPLANATIONS  
EIGHT MONTHS ENDING FEBRUARY 28, 2022**

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

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

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**Non-Operating Revenues (Expenses)**

*Non-operating revenues, net, are higher than budget by approximately \$245 thousand as follows:*

**1 TCMH non-operating revenues** are \$6 thousand higher than the budget. Of that, realignment fund is lower than the budget by \$108 thousand. Interest income netted with interest expense is lower than the budget by \$13 thousand. Grants and contracts are higher than the budget by \$102 thousand including the City of Pomona Measure H program, Los Angeles County Covid-19 Community Equity Fund, Pomona Rental Assistance Program and Adverse Childhood Experiences grant.

**2 MHSA non-operating revenue** is \$352 thousand lower than the budget.

In accordance with Government Accounting Standards Board, MHSA funds received and available to be spent must be recorded as non-operating revenue as soon as the funds are received. Funds are available to be spent when an MHSA plan and related programs have been approved and the proposed expenditures for those programs have been approved through an MHSA plan, MHSA update, or State Oversight and Accountability Commission.

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

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

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

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

**Interest income for MHSA** is lower than budget by \$7 thousand.

**TRI-CITY MENTAL HEALTH AUTHORITY**  
**CONSOLIDATING STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**EIGHT MONTHS ENDED FEBRUARY 28, 2022 AND 2021**

	PERIOD ENDED 2/28/22			PERIOD ENDED 2/28/21		
	TCMH Unaudited	MHSA Unaudited	Consolidated Unaudited	TCMH Audited	MHSA Audited	Consolidated Audited
<b>REVENUES</b>						
Medi-Cal FFP, net of reserves	\$ 2,238,373	\$ 1,899,689	\$ 4,138,062	\$ 2,472,058	\$ 2,145,890	\$ 4,617,948
Medi-Cal FFP FYE Prior Year	-	-	-	126,765	1,894	128,659
Medi-Cal SGF-EPSDT	501,654	417,997	919,650	601,083	451,189	1,052,272
Medi-Cal SGF-EPSDT Prior Year	-	-	-	(29,906)	15,202	(14,704)
Medicare	8,120	3,751	11,871	691	1,068	1,759
Realignment	2,528,578	-	2,528,578	2,876,617	-	2,876,617
MHSA funds	-	11,870,954	11,870,954	-	13,243,213	13,243,213
Grants and contracts	345,103	19,048	364,150	446,788	19,048	465,836
Contributions from member cities & donations	-	-	-	70,236	-	70,236
Patient fees and insurance	617	111	727	808	-	808
Rent income - TCMH & MHSA Housing	9,128	48,646	57,774	21,593	59,635	81,228
Other income	619	241	859	87,414	363	87,777
Interest Income	8,724	40,145	48,868	20,860	102,063	122,923
Gain on disposal of assets	(1,464)	-	(1,464)	-	-	-
<b>Total Revenues</b>	<b>5,639,451</b>	<b>14,300,579</b>	<b>19,940,030</b>	<b>6,695,007</b>	<b>16,039,564</b>	<b>22,734,571</b>
<b>EXPENSES</b>						
Salaries, wages and benefits	5,193,366	7,705,183	12,898,549	5,165,182	8,029,210	13,194,393
Facility and equipment operating cost	533,282	844,396	1,377,678	438,765	764,807	1,203,573
Client lodging, transportation, and supply expense	155,862	578,594	734,456	210,650	1,205,211	1,415,861
Depreciation	111,889	285,454	397,343	97,025	278,680	375,705
Interest expense	11,840	-	11,840	27,000	-	27,000
Other operating expenses	384,366	774,346	1,158,712	395,953	856,741	1,252,695
<b>Total Expenses</b>	<b>6,390,605</b>	<b>10,187,973</b>	<b>16,578,578</b>	<b>6,334,575</b>	<b>11,134,650</b>	<b>17,469,225</b>
<b>INCREASE (DECREASE) IN NET POSITION</b>	<b>(751,154)</b>	<b>4,112,606</b>	<b>3,361,452</b>	<b>360,432</b>	<b>4,904,914</b>	<b>5,265,346</b>
<b>NET POSITION, BEGINNING OF YEAR</b>	4,787,631	24,868,486	29,656,117	3,879,375	22,645,870	26,525,245
<b>NET POSITION, END OF MONTH</b>	<b>\$ 4,036,477</b>	<b>\$ 28,981,092</b>	<b>\$ 33,017,569</b>	<b>\$ 4,239,807</b>	<b>\$ 27,550,784</b>	<b>\$ 31,790,591</b>

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

**Definitions:**

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

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

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

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



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

**DATE:** April 20, 2022

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

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

**SUBJECT:** Monthly Clinical Services Report

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### **ACCESS TO CARE**

There was a total of 167 service requests made for adults in the month of March. In terms of request type, thirty-two were walk-in service requests, 109 were called-in, there were 17 SRTS referrals/SRTS hospital discharge referrals, there were six in-writing referrals and 3 FSP/FCCS. There was a total of eleven service requests that were hospital discharges. There were nineteen referrals received from IOET for adults. As of 2/1/2022 18–20-year-old service requests were moved to be processed and serviced at our Royalty site under COP and now as of 04/05/2022, individuals 18-25 years in age will be processed through our Royalty site under COP. Therefore, our numbers for adults will be lower than previous months.

Most service requests were called in over the phone at 65.26% (109). The number of individuals walking into the clinic to access services continues to increase.

Below is a breakdown of dispositions based on the 167 service requests received for March/2022:

- 2.99% (5) Pending disposition.
- .59% (1) Already receiving MH services.
- 81.43% (136) Initial Appointment Given.
- Zero percent (0) Crisis 5150/5585
- 3.59% (6) Individual/collateral declined services
- 1.79% (3) Referred back to private insurance
- 1.19% (2) Referred to another MH agency
- .59 (1) Referred to other type of agency
- 7.78% (13) Unable to contact.

There was a total of 102 service requests received at the Royalty location for children and TAY in the month of March. Of the 102 service requests, twelve were walk-ins, forty-one were called-in, forty-three were in-writing referrals, 0 were FSP referrals, 3 were SRTS referrals and 3 were pending. There was four hospital discharge and four referrals from IOET.

**Governing Board of Tri-City Mental Health Authority**  
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As of 04/05/2022, 18–25-year-old service requests and intakes will be processed at Royalty under COP. The numbers of service requests will reflect an increase due to this change. A change was also made in February/2022 to service 18–20-year-old individuals at our Royalty site and since has increased to 25 years of age.

Intakes:

There was a total of 108 intakes initiated by staff during the month of March for both adults and children by the following departments: ATC, AOP, COP, FSP, SPT, and IOET.

Individuals assessed were assigned to the following clinical programs:

- 55 AOP (50.92%)
- 34 COP (31.48%)
- 6 FSP Adult (5.55%)
- 0 FSP Older Adult (0%)
- 3 FCCS (2.77%)
- 7 FSP Children (6.48%)
- 3 FSP TAY (2.77%)

(Total: 108)

Access to Care clinician Ponney initiated a total of twenty-six intakes which is 24.07% of the total number of intakes initiated for the month of March for the entire agency. Access to Care department when staffed appropriately previously completed approximately 50% of the intakes-initiated agency wide.

**ADULT SERVICES**

Intakes:

The last 3 months the number of intakes for AOP are 77, 79 to 69 this month. The number of FSP intakes are 6, 8, to six this month. The FSP Older Adult intakes are similar in numbers at 0 intakes the last 3 months. FCCS intakes are 0, 3, to three this month. Overall, the total number of intakes provided are similar in numbers despite ongoing challenges with cancellations, no shows, and staff retention.

The shortage in clinical therapists continues to impact the intake slots available leading to intakes being scheduled several weeks in advance, which in turn leads to some clients no longer showing for intakes.

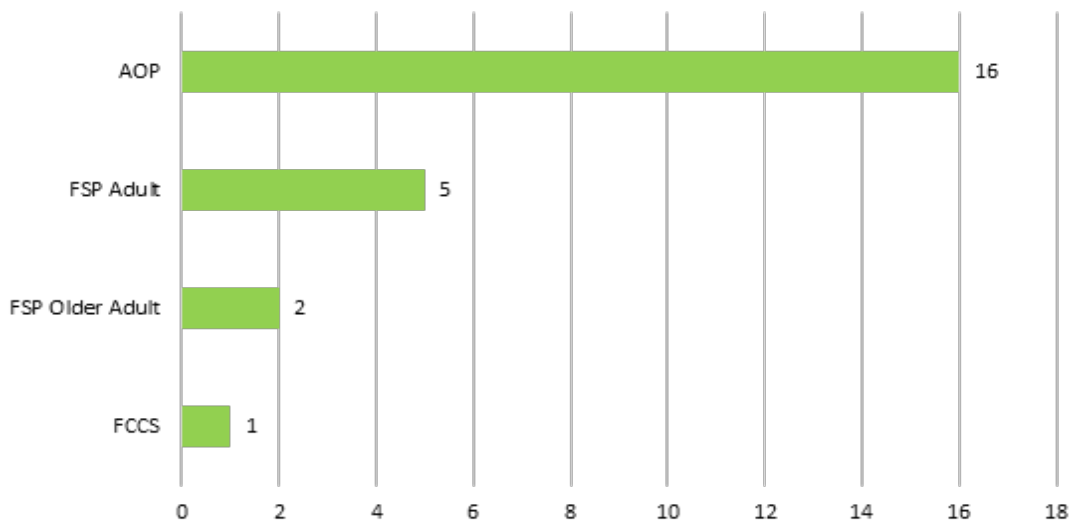
Discharges:

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

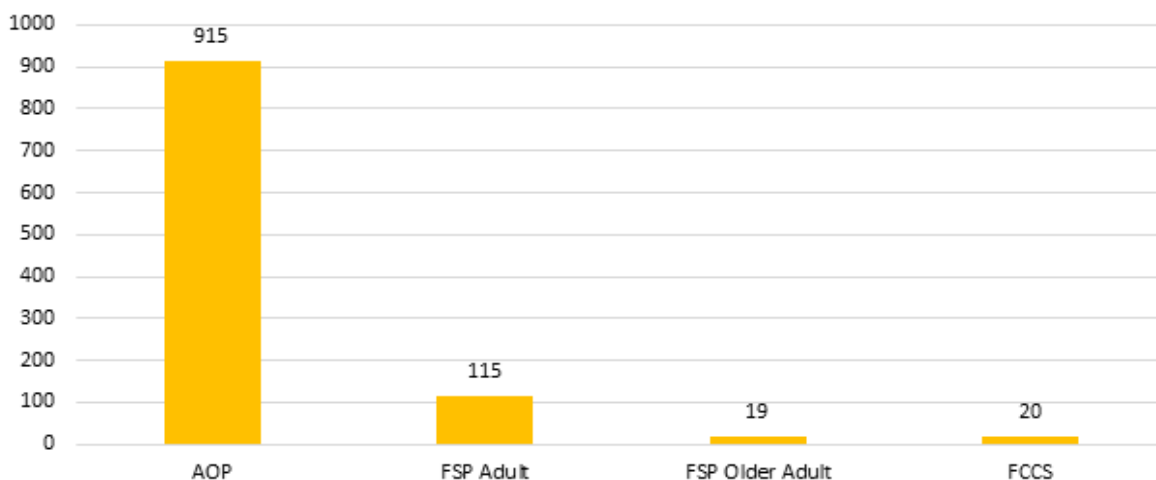
Active Clients:

The last 3 months the number of active clients for AOP are 924, 925, to 915 this month. The number of FSP active clients are 131, 126, to 115 this month. The FSP Older Adult active cases are 27, 21, to nineteen this month. FCCS's active cases are 16, 18, to twenty this month. Overall, the total number of active clients the last three months are 1,098, 1090, to 1069 this month. Please note, adult department staffing shortages impacts frequency of client sessions and as a result, groups as well as Clinical Wellness Advocates (CWA) and Co-Occurring Support Teams (COST) assistance is being provided to clients at this time. To remedy staff shortage, the department will need additional clinical support. In addition, staff are actively discharging clients which may attribute to the decreased number of active cases this month.

Discharges

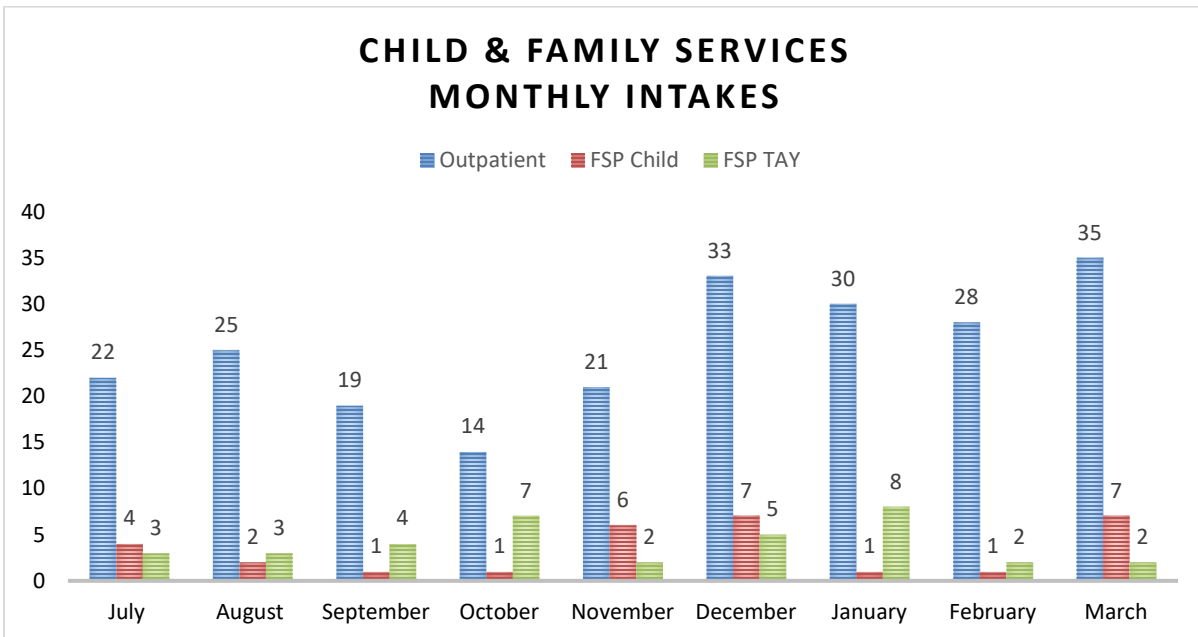
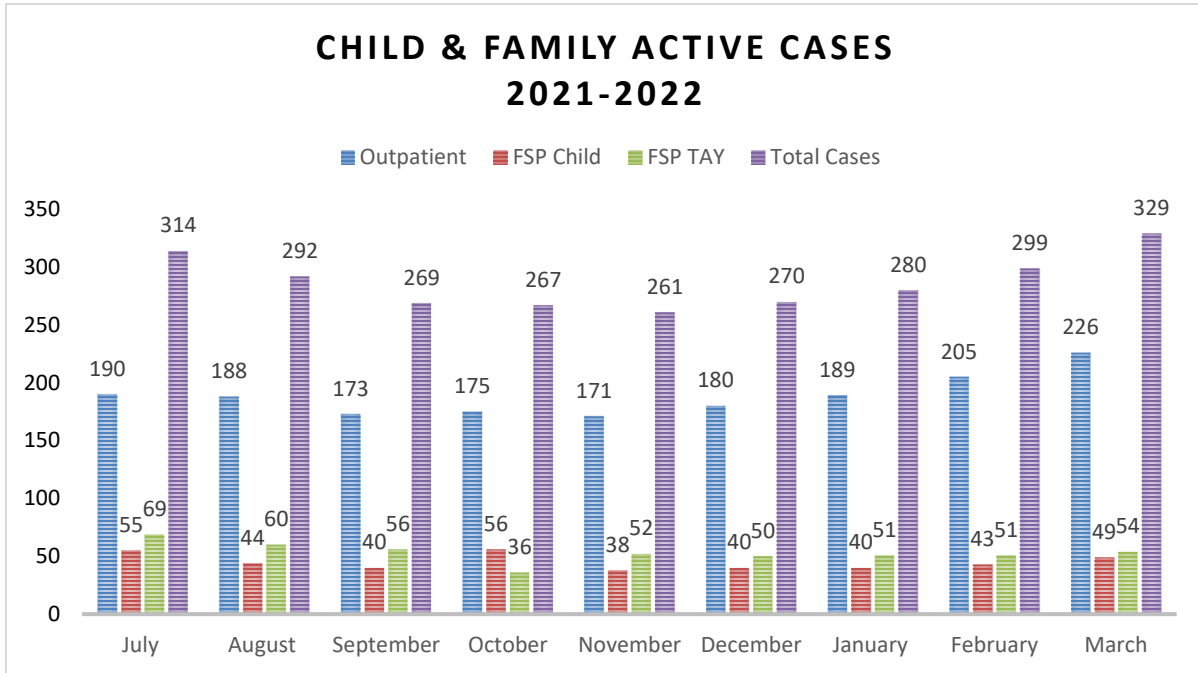


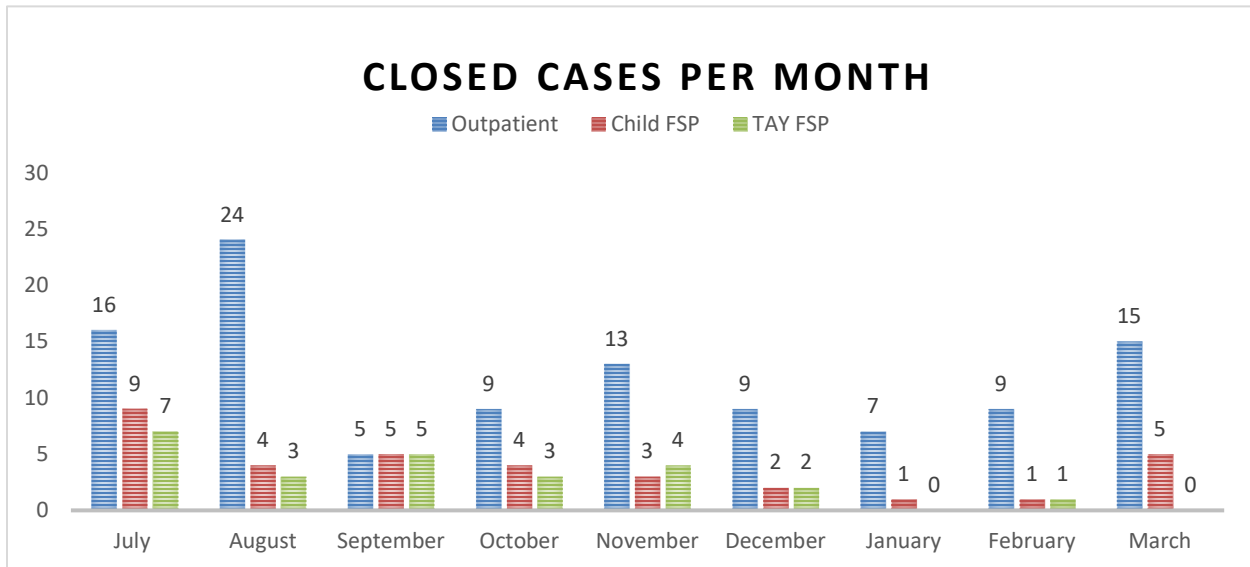
Active Clients





**CHILD AND FAMILY SERVICES**





Data overview:

The month of March marks the beginning of one of the peak seasons as evident by the increase in total number of intakes completed (Feb – 31 & March-44) and service requests (Feb – 74 & March 102). The number of clinicians has also helped with increasing number of intake slots available. Regardless, with the expansion of the department taking in the outpatient TAY age youth ( 20-25) there will be a need for more intake slots. Currently, the outpatient team is extremely limited with four clinicians (1 recent hire) and two openings. Without the effort of all the clinicians in the department (FSP & SPT) the outpatient team would not be able to meet the demand for intakes. With the recent salary change there has been a slight increase in clinician applicants, hopefully with time this will continue to increase the pool of candidates and assist with retention.

With the increase in cases and intakes the department continues to focus on creating the infrastructure to effectively serve incoming clients. The department has shifted to creating several open groups for specific ages ranging from 6–25-year-olds to meet current and future demand for services. Supervisors are working on coaching staff on how to be more at ease with recommending group as a primary form of treatment and addressing barriers. Two positive factors that will contribute to faster completion of assessment is the reduction in documentation for adult assessments and need to use of language for the 20-25 population.

Finally, the ATC data indicating an increase in service requests from 74-102 may speak to the state opening and returning to some “routine” families may now have the time to address youth’s mental health needs. Furthermore, with all the schools providing in person schooling school staff are noticing mental health needs and sending referrals. This month alone almost half of all service requests ( 43) came from the schools. (PUSD -30, CUSD -6, BUSD -3)

## **THERAPEUTIC COMMUNITY GARDEN (TCG)**

Beginning March 4, 2022, TCG had to take a hiatus from groups while we work to rebuild and expand our TCG team. Most group participants were informed during the last few weeks of February/2022 of TCG's hiatus and were provided alternative community resources to utilize while groups are paused.

Re-Connect groups will restart beginning April 1<sup>st</sup>, 2022, and will take place twice month (i.e., 1<sup>st</sup> and 3<sup>rd</sup> Friday of the month). Kyra and Dr. Lobato have reached out to most of the TCG RE-Connect in the Garden group members and have alerted them of the new start date. Many were incredibly pleased that one of our groups will soon be restarting. We hope to have some of our other groups up and running by May/2022.

## **HOUSING**

Six years ago, a Full-Service Partnership (FSP) program client was referred to the Housing Division(HD). The client was experiencing homelessness along with their three young children and was recovering from a traumatic event their whole family endured. The HD was able to help connect the family to Permanent Supportive Housing along with securing move-in costs through a partner agency's Rapid Rehousing program. Since connecting with Tri-City MHS, the family has also benefited from groups such as Anger Management and Coffee Talk, holiday celebrations and toy giveaways, children's summer day camp, Shoes That Fit, backpack giveaways, Therapeutic Community Gardening, employment counseling, linkage to expungement, educational resources, and more. Client through the support of their treatment team is better able to recognize the signs of a mental health crisis and has helped friends and family connect to services. They can calmly express themselves and ask for help. The client has taken the steps towards securing their financial future by starting a small business and applying for Pomona's Section 8 program.

## **CO- OCCURRING SUPPORT TEAM (COST)**

### **Success Story:**

The success story we are highlighting this month is from a 59-year-old female, who began receiving services with Tri-City in May 2018. She is diagnosed with depression disorder, anxiety disorder PTSD and substance use disorder involving alcohol, cannabis, stimulants, sedatives, and nicotine. Client was residing at a local sober living home, which provided her with the structure and safety to begin her journey in recovery. Upon admission to Tri-City, client's main objective was to learn coping skills to manage her mental health symptoms. However, after intense work with her therapist, she agreed to participate in COST support services, to ensure she maintained her sobriety. During her participation in COST services, client overcame multiple challenges that would typically threaten the sobriety of those in recovery.

However, client consistently participated in SUD groups and mental health services. Client did the footwork to get her driver's license back, after not having driven a car for several years. Client also faced the wreckage of her past with regards to repairing her relationships with her children. In addition, client has been able to experience the grieving process after losing her daughter, who overdosed on heroin a little over one year ago. In spite of these turbulent conditions, client continues to thrive in her recovery journey with the support of her Tri-City mental health treatment team and supplemental support services from COST. She has served as an asset to the group process as her peers are able to identify with her experiences. Client learned how to provide constructive feedback to her peers, who are in the initial stages of their recovery and is an inspiration. She now has over two years of sobriety. Her mental health team is now in the process of transitioning her to a lower level of care as she has met all her treatment plan goals. Client has met her recovery goals with regards to managing her substance use disorder as well and was successfully discharged from services in February 2022. She has developed a strong outside sober support system, and reports feeling strong enough to move forward with her life as she utilizes the coping skills she has learned throughout her participation at Tri-City. We wish her the best in all her endeavors.

#### **UPDATE ON GRANTS**

Consultant and Tri-City staff members are meeting with community partners to set up community forums to elicit feedback for both the Crisis Mobile Unit and Mental Health Student Services Act Grants. Forums and surveys will go out to the community in May and June.



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

**DATE:** April 20, 2022

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

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

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

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**BEHAVIORAL HEALTH INTEGRATION**

The term “behavioral health” means the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Behavioral health conditions and the behavioral health field have historically been financed, authorized, structured, researched, and regulated differently than other health conditions. As we learn more about the physical impacts of traumatic experiences and behavioral health conditions, and the behavioral impacts of physical health conditions, we will need to view behavioral health as we do any other health issue. Consequently, systems, financing, laws, and structures will have to change to incorporate and respond appropriately to these new understandings.

The impact of untreated behavioral health conditions on individuals’ lives and the cost of health care delivery in the United States is staggering. Persons with any mental illness are more likely to have chronic conditions such as high blood pressure, asthma, diabetes, heart disease and stroke than those without mental illness. And those individuals are more likely to use hospitalization and emergency room treatment. (National Survey on Drug Use and Health Report) Similarly, persons with physical health conditions such as asthma and diabetes report high rates of substance use disorders and serious psychological distress.

According to the Center for Medicaid and Medicare Services (CMS), 50 percent of Medicaid enrollees have a mental health diagnosis. Further, persons diagnosed with mental illness and common chronic health conditions have health care costs that are 75 percent higher than those without a mental health diagnosis; for persons with a co-occurring mental or substance use disorder and common chronic condition, the cost is two to three times higher than average Medicaid enrollees. For those with diabetes, the cost of treating this health condition is as much as four times higher when a co-occurring condition such as depression or alcohol addiction is untreated. A recent review indicates that major mental health diagnoses are associated with death from 7 – 24 years earlier than for those without such disorders; substance use disorders also were associated with increased mortality.

**Governing Board of Tri-City Mental Health Authority**  
**Monthly Staff Report of Dr. Seeyam Teimoori**  
**April 20, 2022**  
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To ensure we actively and effectively addressing this matter, in Tri-City Mental Health, in addition to frequent discussions and trainings for our psychiatrists and medical staff, we have been partnering with medical clinics in our community to expand our resources. Currently, we are in discussions with Pomona Valley Family Medicine Residency program, to expand their collaborations with us to provide outpatient care in addition to “street medicine” which can be hugely beneficial to our clients. The plan is also to provide care in areas which are hard to find providers in our area, such as hormone therapy for our transgender clients and coordination of care for clients with multiple medical comorbidities. This can also result in better training for our future primary care physicians to be more confident in treating clients with mental illness.



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

**DATE:** April 20, 2022

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

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

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

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## **ETHNIC SERVICES**

The new Diversity Equity and Inclusion (DEI) Coordinator introduced herself to all wellness advisory councils and learned what each has been doing thus far. She will support and lead the Cultural Inclusion Diversity Committee (CIDC) and all subcommittees to continue our efforts of being a more inclusive agency.

In March, we celebrated Transgender Day of Visibility (TDOV) a day dedicated to celebrating the accomplishment of transgender and gender-nonconforming people. Highlights of the progress made in the last couple of years in addition to resources to become a better ally were distributed to all Tri-City staff to continually educate our workforce and therefore better serve our community.

On April 6<sup>th</sup>, the DEI coordinator met with a volunteer from the Pomona College to discuss a collaboration for a new advisory council. In partnership with this individual and the connections we have to the Native American Community, we hope to establish a Native American wellness advisory council for Tri-City. This council will align with other subcommittees to continue our effort to better serve and build bridges within our underrepresented communities.

## **COMMUNITY PLANNING PROCESS**

On Tuesday, April 12, 2022, a Public Hearing was held during the Mental Health Commission meeting. The MHSA Projects Manager presented an overview of the (MHSA) Annual Update for FY 2022-23. In addition, the new Innovation project proposal, Multi-County Collaborative Psychiatric Advance Directives (PADs), was also presented for approval. Each of these plans were posted on March 11, 2022 for the required 30-day review period which ended on April 12, 2022. Staff circulated a draft of the Annual Update and PADs project proposal by making electronic copies available on Tri-City's website and hard copies available at several community centers and other places of community gatherings. Several methods of collecting feedback were available such as phone, fax, email, mail, and comment cards. The following comments were received and presented during the Public Hearing.

Comments regarding MSHA Annual Update FY 2022-23:

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

Comments regarding Multi-County Collaborative Psychiatric Advance Directives (PADs):

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

These plans were endorsed by the Mental Health Commission and are now presented to the Governing Board for approval and adoption.

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

During the month of March, WET program staff continued the effort to ensure Tri-City staff have the training necessary to serve our communities. Training plans on Relias (Tri-City's online learning platform) for all staff have been updated to include HIPAA Security training which addresses the importance of protecting personal health information in a range of technologies. In total, staff have completed 159 online courses over a period of 102 hours.

Social Media continues to be an important method of communicating with the communities that we serve.

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

- On Facebook, Tri-City reached 619 people
- On LinkedIn, Tri-City reached 75 views
- On Instagram, Tri-City reached 542 people and
- On Twitter, Tri-City made 901 impressions.

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

### Community Wellbeing Being

The Community Wellbeing (CWB) program is a partnership between Tri-City Mental Health and local communities in the form of grants that promote wellbeing. Communities may apply for up to \$10,000 a year and for up to 3 years. The goal of these grants is to increase awareness of mental health and wellbeing.



Ongoing guidance and support is provided by Tri-City staff to help achieve the community's project goals and technical assistance is also provided to collect and receive data from the communities to evaluate the project's impact. Community Wellbeing Grant applications for Fiscal Year 2022-23 were due at 12pm on Friday, April 1<sup>st</sup> via email. There is a total of 36 applications received this year, out of which there were 33 applications from Pomona, 2 from Claremont and 1 from La Verne. The applications will be reviewed by a panel which will consist of a community member and two Tri-City staff on April 20<sup>th</sup> and 21<sup>st</sup>, followed by interviews by the same panel on May 11<sup>th</sup> and May 12<sup>th</sup>.

### Stigma Reduction

During March, program staff organized and promoted Green Ribbon Week (GRW), Tri-City's annual stigma reduction campaign that takes place during the 3<sup>rd</sup> week of March. This year marked the 8th annual recognition of Tri-City Mental Health's commitment to end mental health stigma with the theme **#TalkToHeal**. Throughout the week, there were four webinars and kits were distributed to community partners such as city employees, educators and staff from K-12 schools and colleges in Pomona, Claremont, and La Verne. The kits included mental health related items – pencils, mental health support guides, stickers, pins, bracelets, and lime green ribbons. There was a virtual GRW kit available online to download through Tri-City's website. The virtual kit included virtual conference backgrounds, Green Ribbon Week poster, and pledge cards. This provided an opportunity for individuals to participate in Green Ribbon Week virtually.

In the upcoming months, program staff will prepare events and activities for Compassionate Pomona's "Kindness Pomona" campaign that will take place during April. Kindness Pomona encourages community members to spread kindness through various activities and events. Program staff plans to incorporate #kindnessPomona into social media posts to share awareness and encourage the community to spread kindness.

Next month we will be celebrating Mental Health Awareness Month. Activities, webinars, and social media content will be created incorporating California Mental Health Services Authority's (CalMHSA) new statewide mental health campaign: [Take Action 4 Mental Health](#). Formally known as Each Mind Matters, Take Action 4 Mental Health is part of California's ongoing mental health movement, the campaign is designed to help one check in, learn more, and get support for one's mental health or the mental health of someone one cares about. All events and activities will be posted on Tri-City's website and shared on social media sites.



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

**DATE:** March 20, 2022

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

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

**SUBJECT:** Monthly Best Practices Report

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## **COMPLIANCE & BEST PRACTICES**

### Safety Survey

Results from the safety survey have been analyzed and reported to executive leadership. The survey participation rate was 70% (132 responses were received).

The safety survey was developed and administered to agency workforce members in order to gather important feedback regarding perceptions on the following safety themes: 1) COVID-19, 2) Violence/aggressive behavior, and 3) Fires, earthquakes, and other natural disasters.

Concerning the three safety themes (above), staff were asked to rate their level of agreement with the following statements:

■ Strongly Disagree   ■ Disagree   ■ Neither Agree or Disagree   ■ Agree   ■ Strongly Agree

1. I feel safe in the workplace
2. I have the needed supplies/tools I need
3. I know what to do if a particular safety situation were to arise

Now that the results have been analyzed, both the quality improvement and safety committees will collaborate together to further disseminate the results of the survey to workforce members. Additionally, the committees, in collaboration with agency leadership, will also work to further identify and target the most critical needs, and will work to develop process and practices to strengthen what is working, as well as implement strategies to improve presented challenges.

### Cerner – Electronic Health Record

The Best Practices team continues to collaborate with the IT department to facilitate the transition to the new electronic health record. Currently, the Best Practices team is focusing on: transitioning existing data into the new system, testing the quality of the data files, the development/redesign of existing workflow processes with superuser and subject matter experts, as well as validation testing for the proposed workflow processes that will be used in the new EHR.



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

**DATE:** April 20, 2022

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

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

**SUBJECT:** Monthly Information Technology Report

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

- For the month of March 2022, the I.T. department received 298 support requests. The three month rolling average is 253 tickets.
- The I.T. department welcomed a new member of the team, Bob Taechanarong as an Information Technology Specialist II.

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

- Cerner Implementation – Project is currently on track and on budget. Go-Live is tentatively scheduled for end of late June/early July 2022.
  - Major Milestone: Tri-City Super User training has been completed.
  - Next Steps
    - Continue build work for Tri-City Cerner instance
    - Coordinate End User Training
    - Finalize workflows

### Calaim Update – Data Exchange

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

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

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

### Current Projects

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